

Unsecured Life: The Experience of the Veteran Posttraumatic Stress Disorder Wives

Golbahar Akoondzadeh¹, Esmat Nouhi^{2*}, Abbas Ebadi³

¹Nursing Research Center, Razi Faculty of Nursing and Midwifery, Kerman University of Medical Sciences, Kerman, Iran

²Medical Surgical Nursing Education Department, Nursing Research Center, Kerman University of Medical Sciences, Kerman, Iran

³Behavioral Sciences Research Center and Nursing Faculty Baqiyatallah University of Medical Sciences, Tehran, Iran
Email: *en.nasari.farzad@gmail.com

How to cite this paper: Akoondzadeh, G., Nouhi, E. and Ebadi, A. (2018) Unsecured Life: The Experience of the Veteran Posttraumatic Stress Disorder Wives. *International Journal of Clinical Medicine*, 9, 281-293.

<https://doi.org/10.4236/ijcm.2018.94025>

Received: October 14, 2017

Accepted: April 24, 2018

Published: April 28, 2018

Copyright © 2018 by authors and Scientific Research Publishing Inc. This work is licensed under the Creative Commons Attribution International License (CC BY 4.0).

<http://creativecommons.org/licenses/by/4.0/>



Open Access

Abstract

Introduction: Disputativeness and incitement are one of the consequences of the posttraumatic stress disorder which causes intimacy reduction in veteran wives. This study was done with the aim of expressing the veteran posttraumatic stress disorder wives. **Method:** This qualitative study was done by qualitative content analysis method and 14 participants took part in this study who were all PTSD veteran wives in Golestan province in Iran. Data was gathered by semi-structured interview and by purposive sampling and was continued to the data well saturated. Data analysis was continuously done at the same time as collecting the data. **Findings:** The main theme and the eleven subtheme included: 1) Entanglement with wife condition: Not willing to have medicine treatment, frequent hospitalized, increasing the problems as the age goes up medicine, dependency on taking medicine, unpredictable wife behavior; 2) life erosion: Living along with fear, lost life; 3) stressful atmosphere in the house: Physical fight, unsecured feeling in the house, sensitive to noise; 4) being worry about future: Hopelessness, spoiled life. These were the main points of this study which cause the unsecured atmosphere for the families. **Conclusion:** Veteran in ability in controlling their anger causes emotional problems, intimacy decreasing and marriage dissatisfaction, anxiousness and being worry about future. Social and family supports such as consulting services, informative and educational systems have an important role in wives compatibility and life promotion.

Keywords

Unsecured Life, Wives Experiences, Veterans, Posttraumatic Stress

1. Introduction

War was many years ago but nowadays we still can see the consequences of the war which are poverty, weak mental sanitation, lack of security and lots of violence in the veteran life and they are the main challenges in the veteran and their family life [1]. Veterans have disorder in their feelings and in their anger so they have a quarrelsome behavior, they also have less sympathy and intimacy [2] [3] and this issue has a negative effect on the quality of their lives [4] [5]. The indirect victims of the war are the PTSD wives. These people have many problems in their social, professional and family lives [6]. Quarrelsomeness is a consequence in PTSD patients and usually this quarrelsome is towards their wives which causes a lot of problems [7] [8] and it sometimes can be bad for the veteran wives if it continues [9] [10]. Studies have shown that the PTSD veterans have physical and wordy quarrelsome with their wives and because of the intimacy and agreement lack, less satisfaction in their lives can be observed. They often have no hope to their life [3] [11]. Talking angrily and using a harsh language has a negative effect on the family and on the marriage life [11] and as the time passes, the wives' patience becomes less against their husbands and it causes more problems [12]. Veteran life shows that sleep disorder, disorder in social relationship and the roles cause life erosion [13]. Emotional sadness is a prevalent problem in PTSD wives and they hesitate whether to stay or leave [14] [15] and this continual process causes divorce [11]. The PTSD wives have many challenges to face in order to keep their life [9]. Understanding and discovering the emotional needs of the veterans have an important role in the improvement of the veterans and their wives [9] [16]. By finding out the needs of the veteran good health of their emotion, a good and suitable sanitary program can be planned for the family members [17]. Considering the PTSD prevalence in 18.1% of the war soldiers of Iran and Iraq and the given number related to the foundation of Martyrs and Veterans Affairs, the number of the psychotic disorder veterans is 36,354 and 1112 veteran of this number have psychotic disorder and are exposed to danger [18]. According to their cases, 80% of them have PTSD which are put in the range of weak to very serious, and almost 65% of them live with their families and the existence of a sick in a family has a deep and serious effect on the family members and especially on the family construction and also on the role and function of the family [19]. Therefore according to the cultural and religious form of the Iranian society and the existing gap between the research and clinical experiences in PTSD, qualitative study can help a lot in finding out the sanitary needs and repulsing it [20]. So the present study was done by the purpose of a general realization of the PTSD wife experiences.

2. Materials and Methods

Participants

In the present study, 14 women based on inclusion criteria (married, having a

powerful ability to communicate and having a good ability of speaking, willing to participate in the study, having suitable and good physical and mental condition in order to share their experiments with others. Their husbands were made sure by the psychologist that they had post traumatic stress disorder, their husbands had no physical harm and problems.) were entered the study by the directed method (**Table 1**).

This study was done in consulting centers so as the participant houses in Golestan province cities (Gorgan, Gonbad, Azadshahr, Aliabad katoul, Katoul farm). The aim of the interview and its method was explained to the participants before the interview started and they were assure that their personal identification and their names will be kept as a secret and they were told that they can leave the experiment anytime they like and their satisfaction were obtained before starting the experiment.

Data gathering was done between September 2014 to October 2015 using semi construction interview. The interview started by easy and general questions but the question process became more specific as the interviews progress went on. The main study questions were such as “What is your experience of living with your husband?”, “Explain a typical day of your day of your life.”, “Do you compare your life with the other people’s life?”, “How did you get used to your present life conditions?”, “What is your conception and explanation of a good and qualified life?”, “Can you explain more?” “Make it clear by giving an example please”.

3. Data Analysis

Average duration of interviews was 60 minutes, according to the terms of the participants were varied between 40 to 110 minutes. During interviews data coding and categorizing were conducted simultaneously that in the fourteenth interview researchers were saturated with information, which means researchers were faced with the same repetitive information, but to ensure two other interviews were carried out, but no new different information were added to data. For data conventional content analysis process, the data analysis was based on 3.1 Graneheim and Lundman method in 7 stage [21].

- 1) data and note-taking tips were arranged to analyzze the content.
- 2) in order to familiarizing with the data, the researcher has studied all texts several times, before encryption.
- 3) classes were extracted from data by inductive thinking that at this stage constant comparison between the data and obtained classes of each participant took place.
- 4) encoding was done according to data and at the same time their stability and accuracy were controlled.
- 5) In this section, after encoding text and continuous control coding process, the necessary agreement between the researchers and participant about obtained codes was done.

Table 1. Demographic characteristics of study participants (N = 14).

Participants	Age	number of children	Veteran percent	Years of marriage	Level of education	income level
1	59	8	35	33	Primary school only	Low
2	45	4	30	31	Bachelor	middle
3	55	4	20	32	Primary school only	Low
4	50	3	45	31	Diploma	middle
5	51	4	30	32	High school	middle
6	53	5	30	33	Primary school only	middle
7	52	3	35	32	High school	middle
8	55	3	25	30	High school	Low
9	45	2	15	25	Bachelor	middle
10	46	2	25	29	Bachelor	middle
11	48	3	35	33	Diploma	middle
12	54	4	25	32	High school	middle
13	49	2	20	27	Diploma	middle
14	52	3	25	29	High school	Low

6) After the consensus of the participants and researchers and facing the final code, information was provided to participants to control the accuracy of them, in the case of newer experiences of participants it can be added to the code.

7) The last stage, the conclusion was done from obtained codes, semantics and final classes were obtained from this information.

To ensure the validity and reliability of information obtained from this study reliability or audit criteria (Dependability), scientific accuracy were used such as Credibility, Confirm ability and Transferability [22] [23].

In this study, methods of validating was including the long-term involvement of research with the subject of study and information obtained from this research that controlling the accuracy of information was done by help of participants and researchers, to reduce sampling error in the survey have tried to follow the maximum diversity in terms of participants (age, education, occupation, disability percent, duration of marriage). At the end Verifiability control were assessed by foreign observers, familiar with qualitative research results, this means that parts of the transcript of an interview with related codes and emerging classes were examined and approved by two supervisors, familiar with qualitative research. For audit investigation, researcher has process of research accurately recorded and reported, to provide possibility of follow-up study.

4. Findings

580 primitive codes were exploited from the rich and explanations of the partic-

ipants. These codes were studied many times and after that they were summarized and then were classified based on their similarities. They were named by means of their originality. These four main categories include entanglement with the wife condition, life erosion, noisy atmosphere in the house, being worry about the future which leads to an unsecure and noisy atmosphere among the family (**Table 2**).

4.1. Entanglement with the Wife Conditions

Long term of the PTSD signs have a direct influence on the veteran wife who is the closest person who looks after the veteran and it causes serious harms on the veterans life function.

This theme includes not following the medical treatment, weariness because of the frequent hospitalizations, being dependent to medicine, increasing problems as the age goes up, and unpredictability of the spouse is the subtheme of this conception.

4.1.1. Not Following the Medical Treatment

The veterans are not willing to take medicine because of using it for a long term so they have no motivation to take medicine. For example, related to this, some of the participants say:

He was feeling well when he was taking his medicines but he doesn't take them anymore and says it is no use to take them so he becomes worse and worse everyday (participant 3).

He is tired of taking his medicines and doesn't listen to anyone and always obstinately says there is nothing wrong with me (participant 6).

Table 2. Themes and subthemes extracted from the study.

Main groups	Subgroup
Entanglement with wife condition	not willing to have medicine treatment
	frequent hospitalized
	Increasing the problems as the age goes up medicine
	dependency on taking medicine
Unsecured atmosphere	unpredictable wife behavior
	living along with fear
	Lost Life
Life erosion	physical fight
	Unsecured feelings in the house
Stressful atmosphere in the house	Sensitive to noise
	being worry about future
	Hopelessness
	Spoiled life

4.1.2. Frequent Hospitalizations

Function disorder can be observed in their families because of the frequent and long term of hospitalizations.

Related to this category, some of the participants have said:

I have always been commuting home and hospital in my life and I have always been busy with my children. I have always been going from one doctor to another one and from one hospital to the other because of my husband (participant 12).

He is hospitalized from time to time but he always telephones and asks them to let him free and he becomes bad as soon as he gets home so we will have to take him to hospital again but he can neither tolerate home nor hospital and we are not secured in the house and because of these commutes, both he and we are tired (participant 8).

4.1.3. Increasing the Problems as the Age Goes up

Sometimes the symptoms and signs of post traumatic stress disorder appears years after the harm, and the family patience decreases by growing age and problem intensification so related to this, some of the participants said as follow:

The longer the time of his illness passes he becomes worse and he has more problems every year, I have become too tired (participant 7).

I was young at the beginning and I had more patience but his problems became more as the time passed and I am not as patient as before (participant 1).

4.1.4. Dependency on Taking Medicine

Medicine is a way of curing these patients so they have to take medicine for many years; taking medicine regularly has a direct and close relationship with the patient conditions, so some of the participants have said as the following:

These patients must take medicine and they will feel bad if they leave taking their medicines, it is their medicine that lets them keep going (participant 4).

He feels bad when he stops taking his medicines, medicine is like his body control, he feels well as long as he takes them but he feels bad when he stops taking them (participants 2).

4.1.5. Unpredictable Wife Behavior

These patients are very changeable, they are good with you at a time and then they change quickly, they shout at you and become furious, you can not count on them at all (participant 2).

He is very kind when he is good but he suddenly attacks, hits and tells bad words when he becomes angry, but soon after he becomes sad, cries and apologizes (participant 3).

4.2. Life Erosion

The post traumatic stress disorder wives tolerate lots of serious pressure because they are in direct touch with their husbands and it causes them to feel their life is exposed to erosion by passing time, this group consists of two sub groups (living

with fear, lost life).

4.2.1. Living along with Fear

Because of many problems and entanglements in PTSD veteran life, their wives lots of anxiety and fear and related to this, some participants said as the follow.

It is too hard to live with a person whom you don't know when he becomes angry and starts fighting with you, you always have a kind of fear and think with yourself when he will be angry to beat you, there has always been a fear and anxiety in your life (participant 8).

There is no peace in this life but fear, even when you are asleep, you always have the nightmare that soon a very had event will happen (participant 4).

4.2.2. The Lost Life

The continuous problems and their increase in life causes the regret of the lost life in veteran wives and some of the participant said as the following:

I sometimes feel too tired of this life but I chose this life myself at the beginning but now I am too tired of it and I am too tired of its suffering, people who look at my life can not realize how hard and bad it is but I am demolished from inside, too tired (participant 7).

My life has not been more than bad luck and darkness, it has been suffering all throughout, my life and my youth has been ruined in this life, I have only continued living just because of my reputation (participant 12).

I never felt I was living these years but I tolerated this life because of my children, I consulted them, I bore these conditions because of my children (participant 6).

4.3. Stressful House Atmosphere

Because of the quarrelsomeness and disorder relationship of the veterans, anxiety and agitation is observed in the family function so that the category of the noisy condition in the house is formed of the subcategory of feeling unsecured in the house, mental entanglement, physical fight, and being sensitive to the noise.

4.3.1. Physical Fight

Sometimes the PTSD veterans quarrelsome and it happens because they have psychic problems and hit their wives, and related to this, for example some of the participants said as the following:

He throws everything near him when he becomes angry, he breaks everything which is in front of him, it has happened many times that he has started beating me till I was going to die, several times it happened that he beat me so hard that I had to be taken to the hospital (participant 5).

He punched my mouth somehow that my mouth became full of blood, he beat me a lot in the house and then throw me into the street and caused me to feel ashamed of the others. He is so strong that when he beats the children and I, he throws and bangs us to the to the wall (participant 8).

You can not talk to him, He soon starts shouting and making fuss (participant 2).

If your talk is not in his favor, the house becomes like the hell, he starts shouting, swearing and beating (participant 1).

4.3.2. Unsecured Feeling in the House

Another problem of this life is unsecured feeling in the house because of the husband conditions, for example some of the participants said as the following:

In a shared living with this kind of people, there is no security and quietness. It may happen at anytime in your life, it happens exactly same as an earthquake, all at once and everything becomes a mess and everything is destroyed (participant 4).

You don't feel safe even if when you are asleep, you wake up many times with the fear of being beaten and you will have to change the place of your sleeping, once he became nervous while he was sleeping and started to beat me and then broke whatever was near him (participant 1).

4.3.3. Sensitive to Noise

Another problem of the veteran is their sensitivity to noise and they soon become stimulated, for example some of the participants said as the following:

My husband doesn't have a good mood, the minute sound makes him angry; you must always go and come slowly, you must always talk in a low voice, nobody is to come and no sound must be heard (participant 10).

I cannot tolerate too and I am not patient enough, I cannot be among a group, I feel nervous, I can not bear noise, I become nervous because I scare a fight starts by making a little sound (participant 9).

4.4. Being Worry about Future

Future anxiety, especially being worry about the aged time and children future is another anxiety of the veteran wives. For example some of the participants said as the following:

4.4.1. Hopelessness

I have no hope for future, I am thinking about the time that what will happen to us when my husband and I get to old (participant 1).

All my anxiety is my children future, they didn't study well and there is no job for them; my husband and I cannot do them anything as well (participant 5).

4.4.2. Spoiled Life

I didn't have a good life and didn't enjoy my youth, all my anxiety is my daughters, I like them to be prosper and successful in their life (participant 8).

This life will never become peaceful and will not become a good life, you know that you are at the end of this life, the situation becomes worse and worse every day; I am only worry for my children, I don't like them to become bad-tempered same as their father (participant 6).

5. Discussion

The result of this study showed that the involvement with the husband illness,

life erosion, not having a quiet atmosphere in the house and anxiety for the children future has made a very unsecured situation for the PTSD veteran wives. As the period of the PTSD veteran illness has become prolonged, his problem has had bad influences on the family and the ones who live with him, especially very bad effect on their wives [24]. Not taking their medicines, the symptoms of the illness returns to the PTSD veterans and they will have to be hospitalized again, which causes negative effects on their social function and their families [25] [26]. studies show that the problem of these patient become more four months after their hospitalization [27]. The people who look after the PTSD veterans become mentally tired because of the frequent hospitalization of the veterans [28] and it cause them to become incompatible and they also will have disorder problems in their marriage life [3] [29]. Stressful situations of life, violence, lack of intimacy and kindness, husband's stimulation, cause the lack of coherence in the family relationship [13]. because their husbands cannot control their feelings and their anger so they become aggressive all at once [3] and all these aggressiveness doesn't always refers to their wives and their children but it damages them bodily, mentally and emotionally [30].

Studies show that the PTSD veterans do physical and verbal aggressiveness to their wives and it happens because of the lack of agreement and understanding between them so the intimacy declines by passing time so do the compatibility and satisfaction, therefore the rate of divorce goes up and the mentality health comes down in their wives [9]. Talking angrily, negative feelings and excitement, disorder in emotional relationship, anxiety and loneliness, growing role and responsibility in life, cause fear and hopelessness in marriage [11] [31]. an unsecured atmosphere is always dominating over the veteran families due to the existence of violence in the house, mental anxiety, and emotional problems [30] [32].

Sometimes the wives as well as the veterans become unable in life after 15 years of living together [33] [34]. Lack of realizing marriage of the emotional needs, insufficiency in social communication and in families, declining the power of tolerance and compatibility, cause hopelessness and as they have no hope for their future, the rate of divorce goes up [8]. There are some none medicines which can help the veterans such as consulting services and family protection, they can improve the relationship, increase the intimacy and mental health and can also make the veteran life and their family life much better [35] [36]. therefore understanding the veteran needs reducing the noise around the place they live, teaching the family how to behave the veterans at the time of their anger leads the veteran to cool down and become calm [12]. Teaching how to use the medicines can cause the negative mental disorder [25].

6. Conclusion

The findings of this study is a great help to the better conception of the PTSD consequences because with two decades passing by, the PTSD influences and

consequences are not only seen in veterans but penetrate to their families deeply. Therefore the veteran wives are the indirect victim of war and these people have numerous problems in their social, professional and family life. Results show that this exerts high mental pressure to the people which led to many further problems that will be transferred to the veteran wives. So paying attention to veteran wife mental and spiritual needs can be as important as paying attention to their physical needs. A few participants took part in this study and it indicates the limitations of this study which decreases the generalization due to the qualitative study qualification. Participants might have describe their personal experiences not as precisely as we expected Because our personal questions are qualitative research terms but the interviewer decided to take the participants' trust by making a friendly atmosphere during the interview to be able to manage these limitations.

7. Limitations

There are several limitations in this study. First, all of the samples were from Golestan residents. For a more general aspect, we can choose the participants from different parts of Iran. Also we suggest that a research be done for appointing the solutions of consistency in the PTSD veterans wives or be designed for appointing the quality of life in the PTSD veterans wives.

Acknowledgements

This article is part of the thesis PhD in Nursing with a code of ethics IR.KMU.REK 1394.141. Researchers express their gratitude to the support of authorities of Kerman University of Medical Sciences, officials of martyr Foundation of Golestan province in Iran and all participants of this research.

References

- [1] Augsburger, M., Meyer-Parlapanis, D., Bambonye, M., Elbert, T. and Crombach, A. (2015) Appetitive Aggression and Adverse Childhood Experiences Shape Violent Behavior in Females Formerly Associated with Combat. *Frontiers in Psychology*, **6**, 1756. <https://doi.org/10.3389/fpsyg.2015.01756>
- [2] Miles, S.R., Menefee, D.S., Wanner, J., Teten Tharp, A. and Kent, T.A. (2015) The Relationship between Emotion Dysregulation and Impulsive Aggression in Veterans with Posttraumatic Stress Disorder Symptoms. *Journal of Interpersonal Violence*.
- [3] LaMotte, A.D., Taft, C.T., Reardon, A.F. and Miller, M.W. (2014) Agreement between Veteran and Partner Reports of Intimate Partner Aggression. *Psychological Assessment*, **26**, 1369-1374. <https://doi.org/10.1037/pas0000018>
- [4] Lambert, J.E., Hasbun, A., Engh, R. and Holzer, J. (2015) Veteran PTSS and Spouse Relationship Quality: The Importance of Dyadic Coping. *Psychological Trauma: Theory, Research, Practice and Policy*, **7**, 493-499. <https://doi.org/10.1037/tra0000036>
- [5] Lambert, J.E., Engh, R., Hasbun, A. and Holzer, J. (2012) Impact of Posttraumatic Stress Disorder on the Relationship Quality and Psychological Distress of Intimate

Partners: A Meta-Analytic Review. *Journal of Family Psychology: JFP: Journal of the Division of Family Psychology of the American Psychological Association (Division 43)*, **26**, 729-737.

- [6] Klaric, M., Kvesic, A., Mandic, V., Petrov, B. and Franciskovic, T. (2013) Secondary Traumatization and Systemic Traumatic Stress. *Psychiatria Danubina*, **25**, 29-36.
- [7] Heinz, A.J., Makin-Byrd, K., Blonigen, D.M., Reilly, P. and Timko, C. (2015) Aggressive Behavior among Military Veterans in Substance Use Disorder Treatment: The Roles of Posttraumatic Stress and Impulsivity. *Journal of Substance Abuse Treatment*, **50**, 59-66. <https://doi.org/10.1016/j.jsat.2014.10.014>
- [8] Gerlock, A.A., Grimesey, J. and Sayre, G. (2014) Military-Related Posttraumatic Stress Disorder and Intimate Relationship Behaviors: A Developing Dyadic Relationship Model. *Journal of Marital and Family Therapy*, **40**, 344-356. <https://doi.org/10.1111/jmft.12017>
- [9] Mansfield, A.J., Williams, J., Hourani, L.L. and Babeu, L.A. (2010) Measurement Invariance of Posttraumatic Stress Disorder Symptoms among U.S. Military Personnel. *Journal of Traumatic Stress*, **23**, 91-99.
- [10] Greene, T., Lahav, Y., Kanat-Maymon, Y. and Solomon, Z. (2015) A Longitudinal Study of Secondary Posttraumatic Growth in Wives of Ex-POWs. *Psychiatry*, **78**, 186-197.
- [11] Runge, C.E., Waller, M., MacKenzie, A. and McGuire, A.C. (2014) Spouses of Military Members' Experiences and Insights: Qualitative Analysis of Responses to an Open-Ended Question in a Survey of Health and Wellbeing. *PLoS One*, **9**, e114755. <https://doi.org/10.1371/journal.pone.0114755>
- [12] Renshaw, K.D., Allen, E.S., Rhoades, G.K., Blais, R.K., Markman, H.J. and Stanley, S.M. (2011) Distress in Spouses of Service Members with Symptoms of Combat-Related PTSD: Secondary Traumatic Stress or General Psychological Distress? *Journal of Family Psychology*, **25**, 461-469. <https://doi.org/10.1037/a0023994>
- [13] Hojjati, H., Ebadi, A. and Zarea, K. (2015) Developing Erosion: The Experience of the Soldiers' Wives with PTST Arising from War. *Indian Journal of Natural Sciences*, **5**, 3369-3370.
- [14] Erbes, C.R., Meis, L.A., Polusny, M.A., Compton, J.S. and Wadsworth, S.M. (2012) An Examination of PTSD Symptoms and Relationship Functioning in U.S. Soldiers of the Iraq War over Time. *Journal of Traumatic Stress*, **25**, 187-190. <https://doi.org/10.1002/jts.21689>
- [15] Erbes, C.R., Meis, L.A., Polusny, M.A. and Arbisi, P.A. (2012) Psychiatric Distress among Spouses of National Guard Soldiers Prior to Combat Deployment. *Mental Health and Family Medicine*, **9**, 161-169.
- [16] Renshaw, K.D., Allen, E.S., Carter, S.P., Markman, H.J. and Stanley, S.M. (2014) Partners' Attributions for Service Members' Symptoms of Combat-Related Posttraumatic Stress Disorder. *Behavior Therapy*, **45**, 187-198. <https://doi.org/10.1016/j.beth.2013.10.005>
- [17] Yambo, T. and Johnson, M. (2014) An Integrative Review of the Mental Health of Partners of Veterans with Combat-Related Posttraumatic Stress Disorder. *Journal of the American Psychiatric Nurses Association*, **20**, 31-41. <https://doi.org/10.1177/1078390313516998>
- [18] Yahyavi, S.T., Zarghami, M., Naghshvar, F. and Danesh, A. (2015) Relationship of Cortisol, Norepinephrine, and Epinephrine Levels with War-Induced Posttraumatic Stress Disorder in Fathers and Their Offspring. *Revista Brasileira de Psiquiatria*, **37**, 93-98. <https://doi.org/10.1590/1516-4446-2014-1414>

- [19] Ahmadi, K., Rezapour, Y., Davoudi, F. and Saberi, M. (2013) Investigate of Validity and Reliability of Secondary Trauma Stress Scale for Evaluation of PTSD Symptoms in Samples of Warfare Victims' Wives. *International Journal of Wildland Fire*, **5**, 47-57.
- [20] Sirati Nir, M., Ebadi, A., Fallahi Khoshknab, M. and Tavallae, A. (2013) Spiritual Experiences of War Veterans Who Suffer from Combat-Related Post-Traumatic Stress Disorder: A Qualitative Study. *Journal of Religion and Health*, **52**, 719-729. <https://doi.org/10.1007/s10943-012-9629-2>
- [21] Graneheim, U.H., Lundman, B. (2004) Qualitative Content Analysis in Nursing Research: Concepts, Procedures and Measures to Achieve Trustworthiness. *Nurse Education Today*, **24**, 105-112. <https://doi.org/10.1016/j.nedt.2003.10.001>
- [22] Guba, E.G. (1981) ERIC/ECTJ Annual Review Paper: Criteria for Assessing the Trustworthiness of Naturalistic Inquiries. *Educational Communication and Technology*, **29**, 75-91.
- [23] Hsieh, H.F. and Shannon, S.E. (2005) Three Approaches to Qualitative Content Analysis. *Qualitative Health Research*, **15**, 1277-1288. <https://doi.org/10.1177/1049732305276687>
- [24] Franciskovic, T., Stevanovic, A., Jelusic, I., Roganovic, B., Klaric, M. and Grkovic, J. (2007) Secondary Traumatization of Wives of War Veterans with Posttraumatic Stress Disorder. *Croatian Medical Journal*, **48**, 177-184.
- [25] Lockwood, A., Steinke, D.T. and Botts, S.R. (2009) Medication Adherence and Its Effect on Relapse among Patients Discharged from a Veterans Affairs Posttraumatic Stress Disorder Treatment Program. *The Annals of Pharmacotherapy*, **43**, 1227-1232. <https://doi.org/10.1345/aph.1M017>
- [26] Fontana, A. and Rosenheck, R. (2010) War Zone Veterans Returning to Treatment: Effects of Social Functioning and Psychopathology. *The Journal of Nervous and Mental Disease*, **198**, 699-707. <https://doi.org/10.1097/NMD.0b013e3181f4ac88>
- [27] Bras, M., Brajkovic, L., Milunovic, V., Bicanic, I., Haller, F., Dordevic, V., *et al.* (2012) Psychiatrists' Empathy, Beliefs and Attitudes towards Veterans Suffering from Combat-Related Posttraumatic Stress Disorder. *Psychiatria Danubina*, **24**, 287-291.
- [28] Manteghi, A., Hebrani, P., Samari, A.A. and Heydari, A.S. (2010) Level of Expressed Emotion, Depression and Caregiver Burden in Wives of Veterans Admitted in Psychiatric Ward and Their Relationship with Readmissions. *Journal of Fundamentals of Mental Health*, **12**, 410-419.
- [29] Verdeli, H., Baily, C., Vousoura, E., Belser, A., Singla, D. and Manos, G. (2011) The Case for Treating Depression in Military Spouses. *Journal of Family Psychology*, **25**, 488-496. <https://doi.org/10.1037/a0024525>
- [30] Monson, C.M., Taft, C.T. and Fredman, S.J. (2009) Military-Related PTSD and Intimate Relationships: From Description to Theory-Driven Research and Intervention Development. *Clinical Psychology Review*, **29**, 707-714. <https://doi.org/10.1016/j.cpr.2009.09.002>
- [31] Leifker, F.R., White, K.H., Blandon, A.Y. and Marshall, A.D. (2015) Posttraumatic Stress Disorder Symptoms Impact the Emotional Experience of Intimacy during Couple Discussions. *Journal of Anxiety Disorders*, **29**, 119-127. <https://doi.org/10.1016/j.janxdis.2014.11.005>
- [32] Wolf, E.J., Harrington, K.M., Reardon, A.F., Castillo, D., Taft, C.T. and Miller, M.W. (2013) A Dyadic Analysis of the Influence of Trauma Exposure and Posttraumatic Stress Disorder Severity on Intimate Partner Aggression. *Journal of*

Traumatic Stress, **26**, 329-337. <https://doi.org/10.1002/jts.21805>

- [33] Loncar, M., Plasc, I.D., Bunjevac, T., Hrabac, P., Jaksic, N., Kozina, S., et al. (2014) Predicting Symptom Clusters of Posttraumatic Stress Disorder (PTSD) in Croatian War Veterans: The Role of Socio-Demographics, War Experiences and Subjective Quality of Life. *Psychiatria Danubina*, **26**, 231-238.
- [34] Zlotnick, C., Capezza, N.M. and Parker, D. (2011) An Interpersonally Based Intervention for Low-Income Pregnant Women with Intimate Partner Violence: A Pilot Study. *Archives of Women's Mental Health*, **14**, 55-65.
<https://doi.org/10.1007/s00737-010-0195-x>
- [35] Hayes, M.A., Gallagher, M.W., Gilbert, K.S., Creech, S.K., DeCandia, C.J., Beach, C.A., et al. (2015) Targeting Relational Aggression in Veterans: The Strength at Home Friends and Family Intervention. *The Journal of Clinical Psychiatry*, **76**, e774-e778. <https://doi.org/10.4088/JCP.14m09155>
- [36] Hojjati, H., Sarbani, A. and Alimmohammadzadeh, K. (2017) The Relationship between Daily Spiritual Experiences and Perceived Stress in the Spouses of War Veterans with Post-Traumatic Stress. *Journal of Military Medicine*, **19**, 135-142.