

Analysis of the Challenges Faced by the Families of Veterans with Post-Traumatic Stress Disorder: A Qualitative Study

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ABSTRACT

Objective: The purpose of the present study is to analyze the challenges faced by the families of veterans suffering from post-traumatic stress disorder (PTSD).

Methods: This research was conducted using a qualitative approach and grounded theory methodology. The statistical population consisted of 1,500 individuals, and participants were selected through purposive sampling based on the inclusion criteria. Data collection continued until theoretical saturation was achieved, resulting in the study of 42 families, including spouses and children of veterans with PTSD in Kermanshah province. Additionally, a literature review and semi-structured interviews with 10 experts and social work professionals in the field of family studies were conducted over a 12-month period in 2022. Data were analyzed using Strauss and Corbin's method.

Findings: The results were obtained through three stages of open coding, axial coding, and selective coding. Data analysis yielded 138 subcategories, 15 main categories, and 1 core category. The 15 main categories included: "quality of life issues, financial problems, internal family environment challenges, family functioning issues, psychological problems, parent-child relationship problems, challenges from surrounding individuals and social support networks, marital relationship issues, coping strategy problems, personality trait issues, life cycle challenges, organizational and cultural action problems, family outcome challenges, social outcome challenges, and individual outcome challenges." These were presented as causal, intervening, contextual factors, strategies, and outcomes in the final model.

Conclusion: This study, in connection with the research literature, provided a new understanding of the experiences of families of veterans with PTSD by describing their challenges. The findings revealed that these families face significant issues in various aspects of their lives, and reducing these challenges requires greater attention from responsible organizations and mental health centers.

Keywords: Post-Traumatic Stress Disorder, Qualitative Research, Families of Veterans, Challenge Analysis.

1. Introduction

War, as an unwanted phenomenon, has long-term and short-term effects on various aspects of individual, social, emotional, and family life for survivors of war and veterans (Khodabakhshi Kolai & Najmi Sadegh, 2020). Veterans, due to their specific conditions, may be exposed to emotional disturbances such as depression, anxiety, and post-traumatic stress disorder (PTSD). These emotional disturbances can affect the well-being and psychological health of their family members. These effects may manifest directly or indirectly through interactions with spouses and children (Khodabakhshi Kolai & Najmi Sadegh, 2020). In addition to severe physical injuries, war and military conflicts have always been associated with numerous psychological problems (Haji Hosseini et al., 2018).

One of the significant psychological injuries caused by war is PTSD. PTSD is a psychiatric disorder that occurs following exposure to life-threatening traumatic events. According to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), PTSD is characterized by four categories of symptoms: recurrent intrusive thoughts, avoidance, negative alterations in cognition and mood, and changes in arousal and reactivity (Ghezelsefloo et al., 2023; Jiang et al., 2023; Tajeryan et al., 2022, 2023). The lifetime prevalence of PTSD is 6.8%, and it is associated with functional impairment, decreased quality of life, significant economic costs, and a heavy burden on public health (Wheaton et al., 2023). The prevalence of PTSD among survivors of the Iran-Iraq war is higher than the global average, estimated at about 27.8% (Kianpoor et al., 2017; Shahmiri Barzoki et al., 2023).

The stress of war leads to severe problems for individuals, intensifying negative life experiences and difficulties. This, in turn, affects the surrounding people and family members, leading to negative impacts on daily physical functions and family health (Heidari & Meshkin Yazd, 2020). The consequences of such disorders for the relatives and families of veterans are so significant that the term "secondary trauma" or "secondary victim" is often used to describe the effects of the disorder on the relatives of the victim (Figley, 1995).

Living with a veteran suffering from PTSD not only brings numerous challenges for the affected individual but also creates problems and challenges for their close ones and family members. These consequences include the negative impact of the disorder on the interpersonal relationships between the veteran and their spouse; deterioration of

marital functioning; negative effects on the mental health and well-being of the veteran's spouse; and the burden of psychological disorders and issues such as depression. In other words, a veteran with PTSD can be likened to a stone falling into a pond, creating ripples that affect not only the veteran but also their relatives and family (Oudi et al., 2023).

Secondary traumatic stress is the stress resulting from helping or wanting to help a person who is suffering or has been traumatized. Learning about the details of a traumatic event experienced by a person under one's care, rather than personally experiencing a traumatic event, can trigger secondary stress (Ormiston et al., 2022). Figley (1995) reported that the families of Vietnam veterans frequently reflected the veterans' maladaptive behaviors, emotions, and attitudes, proposing the phenomenon of "catastrophic secondary stress response" (Figley, 1995). As psychological disorders such as PTSD, depression, or anxiety enter the family system, other members of the system, like intimate partners, may begin to exhibit similar symptoms as a coping mechanism to maintain the balance of the system, even if that balance is dysfunctional (Brennan, 2019).

Clinically, the psychological distress experienced by individuals closely associated with trauma victims is described as the imitation of PTSD symptoms. Among them, the spouses of war veterans internalize PTSD symptoms due to their empathetic connection, regular presence with the veterans, and suppression of their own emotional needs (Wadsworth & Riggs, 2016). Family members, due to frequent and prolonged contact with the affected individual, experience significant emotional and nervous problems (Peraica et al., 2014). According to Bowen's family systems theory, the reaction of family members to the psychological trauma of one member can result in distancing among family members or the sacrifice of one member's functioning to maintain the family's overall, though impaired, functioning (Rezapour Mirsaleh et al., 2015).

Existing research demonstrates the extensive impact of trauma on the entire family system through processes related to parenting, marital relationships, family conflict, and aggression (Galovski & Lyons, 2004). Furthermore, much remains to be understood regarding the underlying mechanisms of post-traumatic distress within families and the complex dynamics among family members following traumatic exposure (Horesh & Brown, 2018).

The family, as the most fundamental social institution, can exert profound psychological impacts on its members and, in turn, be the source of significant societal changes. Studies have shown that the psychological issues of war

veterans negatively affect family progress and the well-being of their children. Research indicates that the psychological problems of veterans significantly affect family management, the upbringing of children, emotional relationships, economic and livelihood issues, and the education of family members, with substantial effects on children's personality, spouses' mental health, marital satisfaction, divorce, and separation. Loneliness and concerns about the future are among the problems faced by the spouses of veterans (Tsai et al., 2012). The spouses of veterans endure numerous stresses, including added roles and responsibilities, financial concerns, reduced social support, increased needs of the children, and a lack of family security, leading to fear, anxiety, and impaired family functioning (Verdeli et al., 2011).

Given the increasing prevalence of PTSD among families in our country, with one of its outcomes being the significant impact on the spouses and children of these families, it can be stated that the adaptation and adjustment of families of veterans with PTSD are challenged, resulting in reduced and disrupted family resilience and functioning. Therefore, identifying the problems of these families requires understanding from within their system. Since PTSD symptoms continue to appear in veterans three decades after the war and significantly affect their families, the spouses and children of veterans are indirect victims of war, facing numerous challenges in their social, occupational, and family lives. The results indicate that PTSD imposes significant psychological pressure on these individuals, leading to additional problems that are transferred to the spouses of veterans. Thus, addressing the psychological needs of veterans is as important as addressing their physical needs. Resilience as a primary strategy leads to an understanding of the needs of spouses and enhances interpersonal relationships, intimacy, and life satisfaction. Some level of stress experienced by veterans with PTSD is transferred to their spouses (Mohammadi & Hojjati, 2020).

Therefore, in this research, the researcher intends to analyze the challenges using a qualitative approach and to add components to an educational protocol aimed at improving the efficiency of families of veterans with PTSD. Upon reviewing the literature, no qualitative research has been conducted in Iran to explore the challenges faced by the families of veterans with PTSD. The current study was conducted with the aim of analyzing the challenges faced by the families of veterans with PTSD.

2. Methods

This research employs grounded theory methodology to explore the challenges faced by families of veterans with post-traumatic stress disorder (PTSD). The study is qualitative in nature, applied in purpose, and follows the classic Strauss and Corbin approach. It was conducted in five stages. In the first stage, a literature review was conducted, and semi-structured interview questions regarding the challenges of families were reviewed, reaching consensus on the content and questions. This ensured that the questions would accurately and sufficiently address the challenges faced by families of veterans with PTSD and experts. Semi-structured interviews were chosen to cover all areas of concern and extract similar types of data.

In the second stage, after drafting the semi-structured interview questions, the researcher conducted interviews with 42 families, including the spouses and children of veterans with PTSD from Kermanshah province, selected through purposive sampling in 2022. The inclusion criteria for spouses were: 1) a maximum age of 60 years, 2) a minimum education level of the third year of middle school to ensure cognitive ability to respond to research questionnaires, 3) the husband (father) diagnosed with PTSD by the Veterans Affairs Medical Commission, 4) informed consent and willingness to participate in the interview, and 5) no severe psychotic or active bipolar disorders according to medical history and clinical interviews. The inclusion criteria for children were a minimum age of 15 years and the same criteria as the spouses. Three interviewers—two women and one man—each with a master's degree in counseling, conducted the interviews with experts and the families of veterans with PTSD.

To ensure the validity of the questions and the appropriateness of the interview format, the questions prepared by the researcher were reviewed by family experts. Before each interview, participants were informed about the research objectives and asked for permission to record the interview. The interview duration for experts ranged from 30 to 45 minutes, while for families it was 90 to 120 minutes. The following are sample interview guide questions used with families:

What impact has the veteran with PTSD had on your family life?

What experiences do the families of veterans with PTSD have within their family context?

What actions do you take to reduce the challenges?

How do you perceive your family's future and conditions?

In the third stage, semi-structured interviews with social workers and experts were conducted, and the challenges were extracted based on their opinions. Simultaneously, the interviews were analyzed, and the number of interview sessions increased until theoretical saturation was achieved. To analyze the interview content, a systematic approach to concept formation and category extraction was used. The systematic research design in grounded theory emphasized the stages of data analysis through open coding, axial coding, and selective coding. The coding process was carried out during data collection. In open coding, the data were broken down into the smallest possible parts, then compared and categorized in the second stage based on differences and similarities. In the third stage, selective coding aimed to discover the limitations of the data and select the central category. During this stage, the concept that serves as a reference point for other categories and relates to them was recognized as the central variable.

In the fourth stage, studies related to the challenges of veteran families were analyzed, and relevant categories were extracted. In the fifth stage, the research was conducted using triangulation. Triangulation was based on categories extracted from interviews with experts, families of veterans with PTSD, and previous studies on the challenges of veteran families. The key areas identified in this research are: 1) Causal conditions, which lead to the formation of the core phenomenon and influence it; 2) Strategies, which are purposeful behaviors and interactions influenced by intervening conditions and the broader context; 3) Context, which includes specific background conditions that affect strategy implementation; 4) Intervening conditions, a set of mediating variables that either facilitate or limit the strategies; and 5) Outcomes, which are the results generated by adopting certain strategies. Data coding and analysis led to the identification of open, axial, and selective codes, presented within the Strauss and Corbin paradigmatic model, with the core phenomenon being the analysis of challenges faced by families of veterans with PTSD.

After obtaining the necessary permissions, interview times and locations were coordinated with the participants. To uphold research ethics, participants were informed of the study's objectives, interview method, and confidentiality. Consent was obtained before recording the interviews. To ensure confidentiality, participants' names were not used, and each participant was assigned a number. Data analysis and collection occurred simultaneously. The researcher took notes, and after each interview, the data were analyzed. To ensure the validity of the findings, the following steps were

taken: First, member checking was used, in which some participants reviewed the preliminary findings and the process of analyzing the extracted categories and provided feedback. Second, three experts (external auditors) reviewed and commented on the findings.

3. Findings and Results

Among the 42 participating families, which included the spouses and children of veterans, 9% of the spouses of veterans with PTSD were between the ages of 35 and 41, 40.50% were between 42 and 48, 38.09% were between 49 and 55, and 11.90% were between 56 and 61. Regarding education levels, 45.23% of the spouses had completed middle school, 35.72% had a high school diploma, 7.14% had an associate degree, and 11.91% had a bachelor's degree or higher. Additionally, 11.91% of the spouses were employed, while 88.09% were homemakers. Among the children of veterans with PTSD, 7.14% were between 15 and 18 years old, 38.09% were between 19 and 25, 47.62% were between 26 and 32, and 7.14% were between 33 and 39. Regarding education levels, 4.76% were students, 45.24% had a high school diploma, 14.28% had an associate degree, 28.57% had a bachelor's degree, and 7.14% had a master's degree or higher. Additionally, 14.29% of the children were employed, while 85.71% were unemployed.

In total, 138 concepts were identified in the first stage, categorized into 15 subcategories related to six main dimensions: causal dimension, core phenomenon, intervening dimension, contextual dimension, strategies dimension, and outcomes dimension.

A. Causal Dimension: This included 37 concepts organized into three categories: family functioning problems, parent-child interaction problems, and psychological issues.

B. Core Phenomenon Dimension: This included 36 concepts organized into four categories: quality of life problems, marital relationship problems, personality trait issues, and problems within the family's internal environment.

C. Intervening Dimension: This included 17 concepts organized into two categories: problems caused by surrounding individuals and social support networks, and financial and economic problems.

D. Contextual Dimension: This included six concepts organized into one category: life cycle problems.

E. Strategies Dimension: This included 15 concepts organized into two categories: coping strategy problems and organizational and cultural action problems.

F. Outcomes Dimension: This included 28 concepts organized into three categories: family outcome problems, social outcome problems, and individual outcome problems.

Table 1

Initial Concepts and Categories

Selective Categories	Axial Categories	Open Categories
Causal Conditions	Family functioning problems	Inability to adapt to changes, difficulties maintaining boundaries, failure to follow rules and discipline, life skills issues, inability to provide daily comfort, challenges in parenting roles, lack of attention to children's social, occupational, and educational development, marital dissatisfaction, rigid and inflexible sub-system boundaries, loss of father's authority, little emotional support from family members toward the father, decreased communication, arguments during family time.
	Parent-child interaction problems	Children's noncompliance, transmission of psychological issues to children, unmet expectations of children, father's irritability, over-controlling behavior toward children with restrictions, father's hostility toward children, emotional ambivalence of children toward the father, mother's alliance with children against the father.
	Psychological problems	Physical and psychological problems within the family, lack of meaning in life, hopelessness about the future, aggression, anxiety, worry, anger, depression, secondary PTSD, psychosomatic disorders, helplessness, dysfunctional relationships, verbal conflicts, regret over the past, mood swings, sexual problems (marital relationships).
Core Phenomenon	Quality of life problems	Issues with intimacy, lack of social support, difficulty establishing social connections, problems expressing emotions, lack of consultation and discussion among family members, lack of engagement with relatives, lack of respect and attention, living in underprivileged areas, housing problems, lack of leisure time.
	Marital relationship problems	Criticism, complaints, and reproach from the spouse, domestic violence, remarriage after divorce, guilt toward the spouse, indifference and emotional distance, contempt, emotional numbness and apathy.
	Personality trait problems	Instability in decision-making, susceptibility to others' influence, lack of willpower, lack of empathy in the family environment, illness, low self-esteem, financial problems, difficulty with goals, values, and beliefs.
Contextual Conditions	Internal family environment problems	Inability to provide for children's marriages, risky behaviors among adolescent children, transmission of PTSD to the second generation, children's academic decline, failure to follow family rules, lack of psychological and physical security, failure to respect power hierarchies, developmental and transformative model deficiencies, sub-system deficiencies in both spouses and children.
	Life cycle problems	Issues with family formation, parenting difficulties, children leaving the home, adolescent children's independence problems, lack of readiness and acceptance of new family members, father's lack of responsibility in household duties.
Intervening Conditions	Problems caused by surrounding individuals and social support networks	Insufficient support from social systems, leisure issues, lack of support from relatives, absence from public gatherings, lack of income and job opportunities, lack of acceptance by others, misunderstandings and false beliefs, unreasonable expectations from others, social isolation, withdrawal from social life, transportation difficulties.
	Financial and economic problems	Failure to manage income, excessive spending, insufficient income, placing the family under financial strain, financial dependence on support organizations, repeated financial failures.
Strategies	Coping strategy problems	Failure to acknowledge reality, inflexibility in problem-solving, exaggeration of problems, blame-shifting, inconsistency in parenting, unreasonable expectations from children, father's neglect of family matters, low tolerance for family disruptions, irritability, anger, overgeneralization.
	Organizational and cultural action problems	Distrust in organizations, feelings of deprivation, inadequacies in enforcing laws, dissatisfaction with law enforcement.
Outcomes	Family outcome problems	Distrust, lack of intimacy within the family, lack of tolerance, neglect of relatives, problem-solving difficulties, spiritual issues, leisure problems, concern for the future, compromised family health, inconsistencies in parenting, unreasonable expectations from family members, failure to control erratic behaviors, reduced flexibility, instability within the family, decreased adaptability, transmission of PTSD to the family, evasion of responsibility, reduced conflict resolution, diminished emotional expression.
	Social outcome problems	Disregard for current issues, failure to adapt to social support systems, social pessimism, lack of trust in society, societal distrust of veterans.
	Individual outcome problems	Lack of self-efficacy, irritability, problem-solving difficulties, decision-making challenges.

In total, 107 concepts were identified in the subsequent stage, categorized into 15 subcategories related to the six main dimensions: causal dimension, core phenomenon, intervening dimension, contextual dimension, strategies dimension, and outcomes dimension.

A. Causal Dimension: This included 38 concepts organized into three categories: family functioning problems, marital relationship and parent-child interaction problems, and psychological issues.

B. Core Phenomenon Dimension: This included 22 concepts organized into four categories: quality of life

problems, personality trait problems, children's educational and employment problems, and social injury problems.

C. Intervening Dimension: This included 19 concepts organized into two categories: problems caused by surrounding individuals and social support networks, and financial and economic problems.

D. Contextual Dimension: This included six concepts organized into one category: life cycle problems.

E. Strategies Dimension: This included 13 concepts organized into two categories: coping strategy problems and organizational and cultural action problems.

F. Outcomes Dimension: This included 15 concepts organized into three categories: family outcome problems, social outcome problems, and individual outcome problems.

Table 2

Final Concepts and Categories

Selective Categories	Axial Categories	Open Categories
Causal Conditions	Family functioning problems	Decrease in communication and intimacy, arguments, family conflict, loss of father's authority, difficulties in parental roles, lack of attention to children's social growth, little emotional support from family, difficulty maintaining boundaries.
	Marital relationship and parent-child interaction problems	Inconsistency in child-rearing, disrespect and contempt, criticism and complaints from the spouse, marital problems, violence against the spouse, weak verbal and non-verbal communication, over-control of children, unmet expectations of children, emotional ambivalence toward father, father's hostility toward children, mother's alliance with children against the father.
	Psychological problems	Feelings of guilt, fear, anxiety, transmission of psychological issues to spouse and children, intergenerational transmission of PTSD, nightmares, worry, depression, obsession, psychosomatic disorders, unstable extroversion/introversion, hopelessness, verbal conflicts, regret over the past, mood swings, talkativeness or silence, isolation.
Core Phenomenon	Quality of life problems	Lack of appropriate recreation, absence of family support, decline in spiritual life, lack of innovation and creativity, difficulty expressing emotions, disrespect in the family, housing issues, unsuitable living conditions.
	Personality trait problems	Irritability, lack of life planning, lack of goal orientation, weak willpower.
	Children's educational and employment problems, social injury problems	Educational decline, school dropout, forced selection of university major in the local province, children's employment issues, domestic violence, social isolation, risky behavior in sons (addiction, running away), divorce, dependency on virtual environments, inclination toward substance use, extramarital issues.
Contextual Conditions	Life cycle problems	Parenting difficulties, adolescent children's independence issues, children leaving home, father's lack of responsibility in household duties, transferring responsibilities to the mother, evasion of responsibilities.
Intervening Conditions	Problems caused by surrounding individuals and social support networks	Distance from relatives and friends, conflicts with neighbors, lack of acceptance from others, minimal role in community, unreasonable expectations from others, lack of support from spouse's and veteran's families, need for support from social support systems, lack of recreation, no travel.
	Financial and economic problems	Financial difficulties, overspending, housing problems, frequent financial failures, inability to meet children's needs, neglect of family's income and expenses, dependence on salary.
Strategies	Coping strategy problems	Lack of life skills training, weak resilience, poor stress management, low tolerance for family disruptions, excessive blame-shifting, lack of problem-solving skills, indecisiveness, exaggeration of problems.
	Organizational and cultural action problems	Distrust in organizations, feelings of deprivation, dissatisfaction with legal enforcement.
Outcomes	Family outcome problems	Changes in family roles, family stress, loss of family function and roles, lack of intimacy, family disorder, educational challenges.
	Social outcome problems	Deviance from social norms, disregard for current issues, lack of adjustment to social support systems, social pessimism, societal distrust toward veterans.
	Individual outcome problems	Resistance to treatment, inability to enjoy life, expression of negative emotions, lack of flexibility.

3.1. Causal Conditions

Causal conditions, sometimes referred to as antecedent conditions, are events and variables that lead to the occurrence or development of the phenomenon under investigation. To identify the causal conditions and the necessity of addressing the challenges faced by families of veterans with post-traumatic stress disorder (PTSD), participants were asked during interviews: "In your opinion,

what is the cause of the challenges?" and "How has the veteran's psychological disorder affected your family life?" The categories emphasized by the interviewees were highlighted.

(Spouse of a veteran, Interviewee No. 9): "The atmosphere in our family is not calm; my children don't dare to express their opinions. One of my children has attempted suicide several times. I get angry easily, and I'm always anxious and worried. I'm afraid something bad will happen

to our family. None of us consult each other, and everyone does their own thing. The roles of the father and mother are not clear. I am worried about the future of the family, and I plan to go to a counseling center for the family and children's issues."

3.2. Core Phenomenon

The core (central) phenomenon represents the main theme of the research and the foundation of the process, connecting all other main categories to it. This category is the title used for the framework of the theory generated from the research. Considering that this study focuses on analyzing the challenges faced by families of veterans with PTSD, the interview question to determine the core phenomenon was: "From your perspective, what problems and challenges do families of veterans with PTSD face?" After gathering responses and reviewing the characteristics mentioned, the codes were categorized and the core phenomenon was identified during the open coding stage.

(Interviewee No. 2): "We are renters, and life is very difficult for me and my children. Both I and one of my children are sick. We don't go to parties or have any fun. Unfortunately, my children are not doing well academically. I went to their school, and the teachers and principal said that the family situation is the reason for their academic problems. Their father takes no responsibility. Many of his behaviors have transferred to us; for example, we've become short-tempered and can't tolerate each other. My children have cold relationships with each other. I'm disrespected in social gatherings. If I didn't have kids, I would have definitely divorced him."

3.3. Contextual Conditions

The context or underlying environment refers to a set of specific conditions that provide the groundwork for the occurrence of the phenomenon under study. To understand the contextual conditions necessary to identify the challenges, the following question was asked: "What factors contribute to the challenges faced by the families of veterans with PTSD?"

(Interviewee No. 30): "From the time I wanted to have children, my husband was indifferent. He seemed to want kids but didn't feel any responsibility. Now that our child is grown and in school, he says, 'If I had married now, I would never have allowed your mother to have children.'"

3.4. Intervening Conditions

Intervening conditions are broad and general factors that act as facilitators or barriers to strategies. These conditions either facilitate and expedite the implementation of strategies or create delays as obstacles. To determine the intervening conditions in the analysis of challenges faced by families of veterans with PTSD, the following question was asked: "What factors can affect the level of harm in the family?"

(Interviewee No. 12): "Our family's income relies on my husband's salary, which is not enough for our needs, and given the economic situation, we are in financial hardship. We never mention that we are a veteran's family to solve our problem because we fear people's judgments. We've often heard from relatives and neighbors that say, 'You don't have financial problems because you're a veteran's family. Everything is free for you.' That's how people think."

3.5. Strategies

Strategies are specific actions that result from the core phenomenon. These strategies emerge from the interaction between intervening conditions and the contexts revealed in the analysis of challenges faced by families of veterans with PTSD. The question posed in this context was: "In your opinion, which lack of methods has led to harm in the family?"

(Interviewee No. 17): "As far as we know, everyone who has become a veteran has had their problems solved, and we should have no problems or difficulties. A veteran should be fully taken care of. But since I've lived with a veteran, we've always had problems, and they all relate to my husband's status as a veteran. Honestly, a veteran's family should have the least problems and just live their lives. But instead of being helped, we became dependent ourselves, falling for false promises, and made no effort. We have no skills. Even in raising and guiding our children, we've made mistakes. There are many laws to address veterans' problems, but they are all just slogans and never get implemented."

3.6. Outcomes

Outcomes include the visible and invisible effects resulting from various responses and strategies concerning the phenomenon under study, which in this case is the analysis of challenges faced by families of veterans with PTSD. In this section, participants were asked: "In your

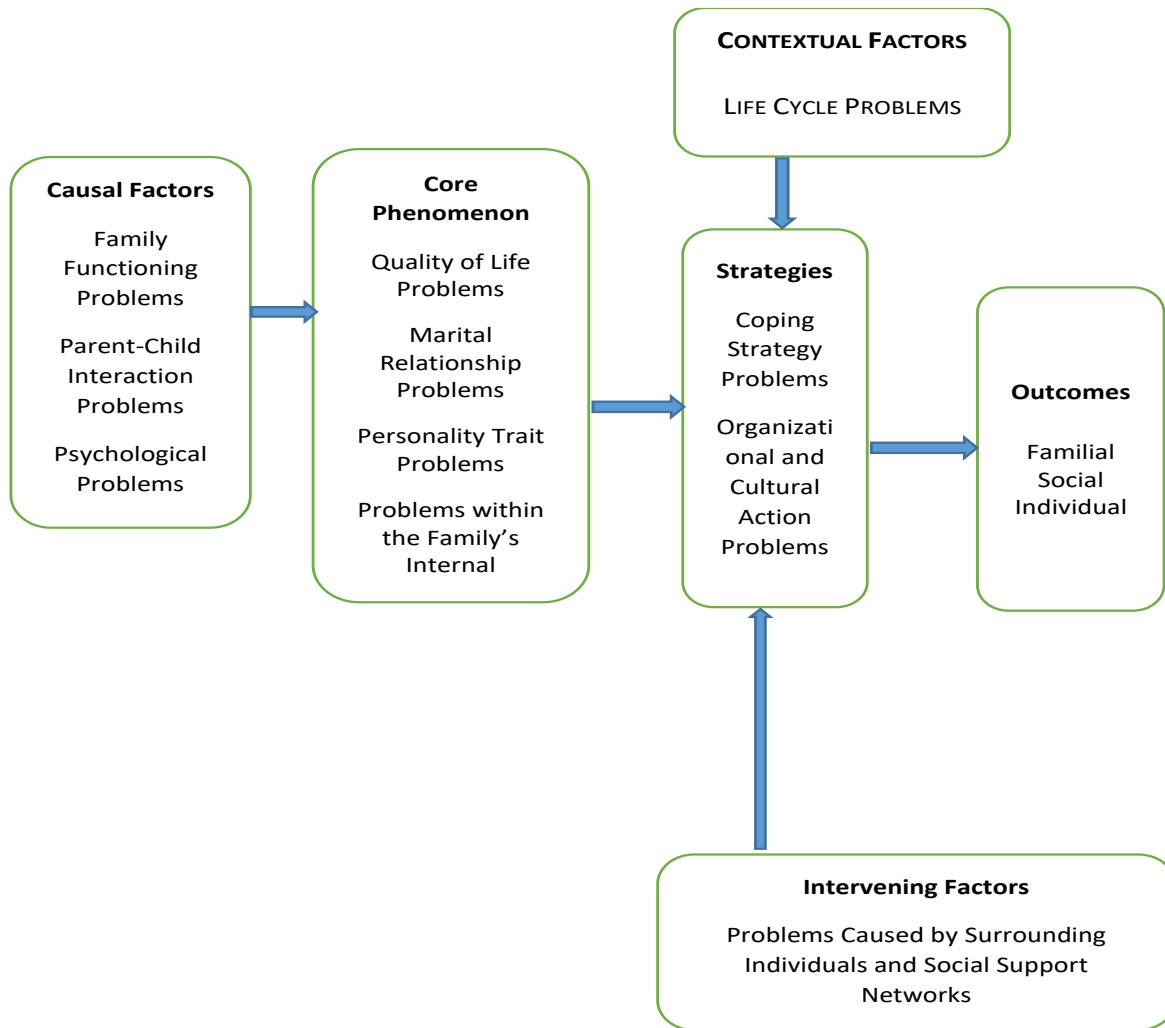
opinion, what are the consequences of these challenges for the families?"

(Interviewee No. 20): "Not only have we been harmed ourselves, but the problems have also spread to the family. We can't make decisions about many issues. Family members don't respect each other; kindness and affection

have diminished, my children have become aggressive, and there is harsh and violent behavior in our family. But we're paying for our own shortcomings, and we blame the organization because they couldn't play a good and effective role for those of us who have been harmed."

Figure 1

Final Model of the Study



4. Discussion and Conclusion

The findings from the final integration of dimensions related to the challenges faced by families of veterans with post-traumatic stress disorder (PTSD), drawn from literature review and semi-structured interviews with the families of veterans, were categorized into 15 key areas. These categories include: problems caused by surrounding individuals and social support networks, life cycle problems,

family functioning problems, parent-child interaction problems, marital relationship problems, coping strategy problems, organizational and cultural action problems, personality trait problems, quality of life problems, psychological problems, financial and economic problems, problems within the internal family environment, family outcome problems, social outcome problems, and individual outcome problems.

After identifying these categories and challenges faced by the families of veterans with PTSD, we reviewed previous

studies on the challenges of veteran families with PTSD and compared them to the categories derived from this research. The analysis of the challenges faced by the families of veterans with PTSD shows significant alignment with other studies and theories. For example, life cycle problems are consistent with prior (Christie et al., 2019; Krešić Ćorića et al., 2016; Scaturro & Hayman, 1992); personality trait problems align with one study (Mansfield et al., 2010); family functioning problems are consistent with many studies (Creech & Misca, 2017; Evans et al., 2003; Krešić Ćorića et al., 2016; Ray & Vanstone, 2009); and psychological problems are consistent with several findings (Javanbakht et al., 2018; Krešić Ćorića et al., 2016; McGaw & Reupert, 2021; McGaw et al., 2019; O'Toole et al., 2017; Runnals et al., 2014; Vukovic et al., 2016; Yager et al., 2016). Financial and family welfare problems align with one study (Hisle-Gorman et al., 2019); coping strategy problems with another study (Atkinson, 2017); parent-child interaction problems with some findings (Krešić Ćorića et al., 2016; McGaw & Reupert, 2021; McGaw et al., 2019); and marital relationship problems with some other studies (Runnals et al., 2014; Yambo et al., 2016).

The comparison of previous research on the challenges faced by the families of veterans with PTSD reveals that the challenges analyzed in this study are largely consistent with previous findings, except for two areas: problems caused by surrounding individuals and quality of life, which were identified in this study but not in others. Research shows that social support increases adaptability in dealing with life challenges and stressors. Increased social support improves the quality of life for the spouses of veterans and enhances mental health, well-being, and overall quality of life (Hojjati et al., 2017). Over time, the spouses of veterans experience family erosion due to a lack of social support and impaired social functioning, resulting in decreased life satisfaction (Tsai et al., 2012). The level of interaction with relatives, neighbors, and friends forms the social support network for the family. Human beings, as social creatures, are interdependent and continuously interact with each other, placing themselves within networks of kin and non-kin in various ways, shaping their social lives through diverse social interactions (Hortulanus et al., 2015). People embedded in social networks experience higher levels of well-being compared to those who are socially isolated, and they tend to be healthier (Kalantari et al., 2015). Kalantari et al. (2015) also demonstrated that increased social isolation reduces social support and puts citizens' mental health at risk (Kalantari et al., 2015). People in supportive networks are

less likely to be depressed and generally show better mental health than those without such networks. Research has shown that social support acts as a protective buffer against stress (Mohseni et al., 2014). Previous studies have shown that individuals with higher social support are more resilient in the face of life's stressors and experience less psychological distress. Thus, by increasing social support and raising family awareness, it is possible to enhance the acceptance of veterans within their families, reduce the recurrence of PTSD, strengthen family relationships, and ensure the well-being and recovery of family members (Hojjati et al., 2017; Mansfield et al., 2010).

Some view social support as a tangible social reality, while others see it as an individual's perception and belief. The results of this study confirm that families face challenges related to surrounding individuals and social networks. The families complained about insufficient support from social systems and a lack of support from relatives, stating that social support systems provided limited assistance for their issues. Another challenge was the issue of quality of life. According to the World Health Organization (WHO, 1996), quality of life is defined as an individual's perception of their position in life in relation to culture, value systems, goals, expectations, standards, and priorities (World Health Organization, 1996). It is entirely subjective and cannot be observed by others, relying on an individual's perception of various aspects of life.

Quality of life encompasses health functioning, economic status, social dimensions, and spiritual, mental, and psychological aspects (Jafari et al., 2011). Just as quality of life is important for individuals, it is also crucial for families. Frisch (2006) believes that a higher quality of life enables individuals to progress toward their goals and experience greater optimism, self-efficacy, activity, energy, and physical well-being (Frisch, 2006). Thus, a family that ensures a higher quality of life is likely to function better across various life dimensions and be more equipped to cope with challenges and stressors. Many spouses of veterans experience difficulties in maintaining social connections, fulfilling roles, expressing emotions, and deciding whether to stay in the marriage, often staying due to the presence of children (Heidari & Meshkin Yazd, 2020).

The quality of life of family members has a reciprocal impact, with the satisfaction of each family member influencing the satisfaction of others. Therefore, the combination of all family members' quality of life determines the overall family quality of life. A satisfactory family life exists when members are content with the

family's psychological, social, physical, and economic performance. In the concept of family quality of life, the satisfaction of members is more important than the fulfillment of their needs. It is possible for family members' needs to be met, yet they may still feel dissatisfied, which in turn reduces the family's quality of life. The presence of PTSD in a veteran husband places the family in a structurally and emotionally weaker position compared to families where the husband does not have PTSD (Mohseni et al., 2014). The findings of Hojjati et al. (2017) showed that with increased social support, the quality of life for the spouses of veterans improves. In the present study, experts highlighted the major challenges in quality of life, including unsuitable housing, lack of psychological security, children's employment, intimacy problems, and lack of social support (Hojjati et al., 2017).

5. Suggestions and Limitations

One of the main limitations of this study is that it was conducted with participants who were willing to cooperate, which may limit the generalizability of the findings. Furthermore, the scarcity of reliable research on the challenges faced by families of veterans with PTSD, particularly in Iran, restricted access to relevant studies for comparison. Additionally, the researcher's role as the interviewer could have influenced the interview process. Some participants may have underreported or exaggerated their experiences due to concerns about losing benefits or receiving organizational support, or their emotional state during the interviews may have affected their responses.

Future research should consider a larger and more diverse sample, including participants from various regions of the country, to enhance the generalizability of the findings. Additionally, longitudinal studies could provide deeper insights into the long-term effects of PTSD on veterans' families. Researchers should also explore the development of assessment tools based on the identified categories to measure the extent of challenges faced by these families. Comparative studies involving families from different cultural backgrounds could further highlight the role of cultural and social support systems in mitigating the challenges faced by veterans' families.

Mental health professionals, social workers, and counselors working with veterans' families should focus on strengthening family resilience, improving social support networks, and enhancing coping strategies. Policies should be implemented to provide greater financial and

psychological support for these families, addressing both immediate and long-term needs. Educational programs and training for veterans' families on managing PTSD and improving family communication could help reduce emotional strain and improve the overall quality of life. Additionally, media campaigns through radio and television could raise public awareness and provide guidance on reducing the impact of PTSD on veterans' families.

Authors' Contributions

All authors have contributed significantly to the research process and the development of the manuscript.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

This study was conducted under the identifier IR.IAU.SDJ.REC.1400.066 and approved by the Ethics Committee of the Islamic Azad University of Sanandaj. Participation was voluntary, and participants were informed of their right to withdraw from the study at any time. Informed consent was obtained for the interviews, and

participants were assured that their personal information would remain confidential.

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