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How Posttraumatic Stress Disorder Affects Veteran Communication

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Abstract

The purpose of this literature review is to examine how posttraumatic stress disorder affects veterans' communication. There is a brief description of how PTSD is developed, how it affects family, marriages, and the parent-child relationship. It also includes descriptions of the co-occurring conditions that can be present along with PTSD symptoms. Recent peer-reviewed articles were researched to find the affects that PTSD and its co-occurring conditions have on interpersonal communication and interpersonal relationships. Researched revealed that PTSD and its co-occurring conditions can have a negative and direct effect on veterans' interpersonal communications. However, PTSD symptoms and its co-occurring conditions can be slowly alleviated with professional help and with the proper treatment plan.

Keywords: Posttraumatic Stress Disorder, veteran communication, co-occurring conditions, interpersonal relationships.

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How Posttraumatic Stress Disorder Affects Veteran Communication

Becoming a member of the United States Military is very commendable and can be a very rewarding career for those whom choose this profession. Although, there are many positive attributes associated with becoming a member of this elite group of people there are many risks that are associated with this profession as well.

This literature review focuses on veteran communications, but makes references to both active duty soldiers, service men and women, and veterans' communication. The use of the term veteran in this paper refers to all military personnel who have had combat experience not necessarily only those whom retired or separated from the military.

The risk of developing PTSD has become one of the forefront issues of the military. PTSD within the United States military has been documented from past wars however, the prevalence of this disorder has resurfaced since the terror attacks of 2001. The most recent and notable wars on terror are the wars in Afghanistan and Iraq, also known as Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF).

PTSD is an anxiety disorder that affects many of our soldiers returning from combat. This disorder can develop after the exposure of a traumatic event occurs. "PTSD consists of intrusive thoughts of trauma, avoidance reminders related to trauma, negative cognitions and moods, arousal of the nervous system when subjected to reminders of the traumatic event, and overall irritability and anxiety with distorted perceptions" (Gaudet, Sowers, Nugent, & Boriskin, 2016). There are other debilitating disorders that can be co-occurring with the symptoms of PTSD. Depression, alcohol and substance abuse, and sleep disorders are co-occurring conditions related to PTSD that can hinder positive communication.

Effective interpersonal communication is imperative to building and maintaining positive interpersonal relationships. PTSD has been documented to have a negative impact on interpersonal communication and interpersonal relationships. The inability to effectively communicate can have a negative impact on family, marriage, and child-parent relationships. The question at hand is, how does posttraumatic stress disorder affect veterans' communication.

The subject matter of PTSD and how it affects communication is approached from a communication perspective for research purposes. Communication is essential in building and maintaining positive and healthy interpersonal relationships and the lack there of is detrimental to the success and longevity of any relationship.

This paper analyzes the research literature regarding PTSD and how it affects veterans' communication. Upon joining the military one may not look ahead and see the psychological risks that the military carries and how it can affect their lives. However, these risks are notable consequences that may arise and should be professionally treated. The traumatic events that soldiers may have to endure while in a combat zone may be only the beginning of a long list of aliments resulting from those hazardous conditions. It is imperative that the returning soldiers and their loved ones are provided the necessary help to preserve their interpersonal relationships. This paper documents the relationship between PTSD and veterans' communication and makes real-life recommendations for possible solutions constructed from the review of literature on PTSD and how it affects veterans' communication.

Literature Review

The following literature review consists of peer-reviewed journal articles that explore the many different characteristics of PTSD and how it impacts veterans' communication. The literature also explores the impact that PTSD has on family, marriage, and parent-child

communications. It also covers the co-occurring conditions related to PTSD and how they impact veteran communication.

The following review seeks to reveal the effects of posttraumatic stress disorder and how they impact veteran communication.

What is PTSD

Posttraumatic Stress Disorder, more commonly known as "PTSD" is defined "as a psychiatric disorder that can occur following the experience or witnessing of a life threating events such as military combat, natural disasters, terrorist incidents, serious accidents, or physical or sexual assault in adulthood or childhood." (Post Traumatic Stress Disorder, 2007).

People who live with PTSD relive their traumatic experience or experiences through nightmares and flashbacks. They may also experience problems with their sleeping habits, and experience feelings of detachment and or feelings of separation. Any of these symptoms can significantly affect one's daily life.

There are many different reasons why people are diagnosed with PTSD and all must experience at least one or more of the following three symptoms.

1.) Reliving the trauma which results in becoming upset when faced with a traumatic reminder or thinking about the trauma when trying to focus on something else.
2.) Avoiding places or people that remind them of their traumatic event, isolating from others, or feeling numb.
3.) A person may be feeling on guard, irritable, or being easily startled.

Persons whom suffer with PTSD may develop other disorders which include: depression, substance abuse, problems with memory, and cognition, along with other issues of physical and

mental health. PTSD also affects a person's ability to interact socially or in family life, occupational instability, marital problems and divorce, family discord, and parenting difficulties. People can experience PTSD immediately after a traumatic event, however, a person is not diagnosed as having PTSD unless the symptoms last for one month and causes distress or interferes in one's professional or home life. Receiving a diagnosis of PTSD, a person must display one of three different symptoms. These symptoms are re-experiencing symptoms, avoidance and numbing symptoms, and arousal symptoms.

Re-experiencing Symptoms:

Re-experiencing symptoms is reliving the traumatic event. People can relive the event in several different ways. One may have upsetting memories about the event that can surface at any time. The memory can be triggered by a traumatic remainder. An example of a traumatic reminder is when an experienced war veteran hears fireworks or a car back fires. These memories can be extremely intense and can cause physical and emotional reactions. When memories feel as if they are real and the event is reoccurring this is called "flashback". Experiencing a flashback can bring on intense feeling of fear, helplessness, and horror.

When memories from past war experiences are suppressed and ignored by the suffering veteran anxiety-related factors arise also known as anxiety sensitivity (AS). Anxiety sensitivity is defined, "as the fear of arousal-related physical and psychological sensations" (Kraemer, Luberto, & McLeish, 2013, pp. 330-342). AS is a noteworthy predictor for the development of PTSD. Veterans may view their anxiety disorder as negative, which perpetuates the negative cycle of increased avoidance for fear of re-experiencing post war trauma.

According to the Cognitive Processing Model (CPM) "avoidance of reminders of trauma may increase the level of distress as thoughts and memories are not confronted directly, and thus not

sufficiently processed" (Hoven, et al., 2016).

Avoidance and Numbing Symptoms:

"Numbing is an automatic consequence of uncontrollable physiological arousal, whereas avoidance is an active means of coping with trauma-related intrusion" (Feuer, Nishith, & Resick, 2005, pp. 165-170).

Persons who experience numbing may find it difficult to be in touch with their feelings or express emotions towards others. They may become less interested in activities that they once enjoyed or isolated themselves from others. "Emotional numbing typically includes three symptoms: loss of interest in activities, detachment for others, and restricted range of affect" (Feeny, Zoellner, Fitzgibbions, & Foa, 2000). Thus, emotional numbing and depression are interrelated by evidence of diminished interest in activities.

When a person demonstrates symptoms of avoidance they are intentionally avoiding the traumatic event by avoiding situations that trigger memories of the traumatic event. They may attempt to distract themselves to avoid thinking about the event. Engaging in the use of avoidance to evade memories of past traumatic events can cause veterans to show signs of dissociation. "Dissociation is the multifaceted concept that describes the separation of normally integrated psychological process such as emotions, thoughts, memory, or identity" (Pfaltz, Micheal, Meyer, & Wilhelm, 2013, pp. 443-450). Veterans using avoidance may fear the automatic arousal of emotions and the potential loss of control over internal experiences if they participate in activities that remind them of their past traumatic occurrence or occurrences. Thus, by removing themselves from any stimuli that can cause flashback or re-experiencing to take place. The veteran may feel that by engaging in avoidance they are making positive steps towards remedying the effects of war.

Arousal Symptoms:

Arousal symptoms are feelings of being constantly alert after the traumatic event. "This is known as increased emotional arousal, and it can cause difficulty sleeping, outburst of anger, or irritability, and difficulty concentrating." (Post Traumatic Stress Disorder, 2007) These people are always alert or "on guard" looking for signs of danger. Having a heightened state of arousal coupled with irritability and anger can create unwanted tension and stress in interpersonal relationships. Those involved in these relationships fear upsetting their loved one with PTSD because their reactions consist of anger outburst towards their partners and their children. Difficultly sleeping is a chief complaint of veterans returning from combat. This can be related to intrusive memories, nightmares, and flashbacks. PTSD sleep disturbances are significantly related to reduced functioning and quality of life. Veterans often experience these string predictors of PTSD and to avoid these sleep debilitating factors one may resort in substance use which can further perpetuate sleep disorders and can result in substance abuse.

How Veterans Develop PTSD

There are several factors that can cause veterans who have no signs nor symptoms of PTSD to develop this debilitating disorder. Being deployed to an active war zone, veterans can have many different reactions to this hazardous environment. However, some veterans are more at risk for developing PTSD than others.

Past studies focusing on the development of combat PTSD have identified individual and social risk factors that may increase a veterans' chances at developing PTSD. "These risk factors include being younger at the time of trauma, being female, being of a racial minority, being of lower socioeconomic status, and lack of social support" (Xue, et al., 2015). It has also been

determined that the family's history of mental illness, personality traits, negative parental experiences, and lower education are precursors to the development of PTSD.

Military culture can also influence the development of PTSD. While the military culture is one of brotherhood and positivity, unit cohesion has the capability of impacting a soldier's mental health. As a situational factor, high unit cohesion is recognized as having a positive impact on soldiers. Studies have demonstrated, "that high levels of unit cohesion impart the expected resilience to cope with typical military-related stressors" (Brailey, Vasterling, Proctor, Constans, & Friedman, 2007, pp. 495-503).

The training that soldiers receive upon entry to the military does not always prepare the enlistees for the complexities of war. When soldiers are place in an active war zone they are faced with making decisions that can be contradictive to their moral beliefs or goes against human nature. These life changing experiences can create self-judgment thus leading to feelings of shame. "Veterans forced into ethical dilemmas may struggle with the consequences of the decision, often leading to negative self-judgement and feelings of shame" (Gaudet, Sowers, Nugent, & Boriskin, 2016, pp. 56-68). Moral injury and shame are string predictors of PTSD.

Moral injury can make soldiers have negative emotions and feelings that induces self-punishment, and causes isolation from family, friends, and co-workers. These actions only strengthen PTSD symptoms and depression.

When soldiers show signs of PTSD or have been diagnosed with PTSD they are often reluctant to receiving the help that they need to manage the effects of this disorder or to overcome this illness. "A variety of factors have been identified to explain reluctance to seek help and failure to fully adhere to treatment, such as symptom severity, cultural appropriateness of services,

previous help-seeking experiences and stigma" (Gould, Greenberg, & Hetherton, 2007, pp. 505-515). Stigma can be defined as an attribute that is deeply discrediting.

Many veterans feel that being diagnosed with a psychiatric disorder carries severe repercussions such as negative reactions from others. Some veterans returning from war often verbalize, that admitting they have a psychiatric problem is worse than admitting they have a medical problem and believed that this admittance would have a negative effect on their career.

Veterans who are battling between seeking help with PTSD and shame became very worried about being perceived as being weak by their unit and being treated differently by those in command. "A review of attitudes about PTSD in Canadian Forces found that soldiers felt stigmatized and abandoned after seeking help and many had not sought help for being ostracized" (Gould, Greenberg, & Hetherton, 2007, pp. 505-515).

How PTSD Affects Communication

"When soldiers have been diagnosed with PTSD studies have shown that they have significantly more problems with relationship adjustments in general, self-disclosure, expressiveness, and physical aggression towards their partners, intimacy, and social problems, and more problems related to their social, sexual, family, and work functioning" (MacDonald, Chamberlain, Long, & Flett, 1999, pp. 701-707).

Although there have been many wars recorded throughout history the prevalence of PTSD is overwhelming with the high rates of deployments since 9/11. With the United States Armed Forces engaging in the war efforts in Iraq and Afghanistan for at least the past 10 years. Veterans have experienced more frequent redeployments and often do not have time to desensitize from their prior deployment causing their traumatic experiences to accumulate which imposes PTSD symptoms.

When soldiers are in the redeployment cycle they can be in an active war zone and can be back in their home community in less than 48 hours. Being engaged in an active war zone and then being abruptly taken out of it without a period of de-escalation can not only affect the returning soldier but this can also abruptly affect their families waiting for them at home.

Upon returning from war, veterans regularly face a post-deployment period which can consist of increased readjustment stressors. "When a returning veteran cannot sleep, turns day into night, reacts with unpredictable irritability, fails to maintain employment, an is unable to concentrate, each of his or her family members is thrown out of normal balance" (Flynn & Hassan, pp. 169-173). These readjustment stressors often lead to adverse family outcomes.

The reintegration of deployed family members into family life or civilian life can promote communication problems between the service member and their loved ones. "The conditions of military deployments can promote a variety of communication behaviors that are adaptive during separation but impede intimacy when service members are reunited with a romantic partner" (Theiss & Knobloch, 2013, pp. 1109-1129). During deployment couples tend to stray away from conflict, display nonconfrontational behaviors, express affection, and offer positive reinforcements strategies. The spouse of the deployed soldier may not express any difficulties that they are dealing with at home and may suppress their emotions about issues they are dealing with at home and or work. This behavior is acted upon because the spouse does not want to add any stress to the soldier who must deal with the strain of living in a combat war zone. The deployed partner also uses this communication tactic. The soldier does not want their spouse to worry about their well-being and may not express how they are really doing mentally or physically nor engage in conversation about the complexities of their job. These communication behaviors may cause difficulties within the relationship once the couple has been reunited. The

couple may find it difficult to communicate openly to one another about conflicting differences after suppressing their thoughts and feelings during the recent deployment. This behavior can perpetuate feelings of insecurity, emotional numbness, and difficulty reconnection with their partner, which can result in less communication or more problematic communications.

How PTSD Affects Family

The affects that PTSD has on a returning veterans' family can be devastating. There are many factors that contribute to the distress and or discord within a family.

Upon returning home the veteran may find it difficult to tolerate common household issues that arise daily and may react with anger or aggression. They may also isolate themselves refusing to participate in family events or activities either physically or psychologically.

Although, psychological and physical isolation are strong indicators of PTSD, without the proper education about this disorder this behavior, “may lead family members to become confused, frustrated or inappropriately blame themselves when a trauma or loss reminder evokes and abrupt shift in emotions, or withdrawals from family activities by a parent or spouse” (Saltzman, et al., 2011, pp. 213-230). This unexpected difference can cause less trust and closeness within the family unit.

Soldiers who are transitioning from active duty personnel into the civilian population go through a period known as reintegration. This can cause significant stress upon the family unit because there may be a length of time where the separated soldier can experience unemployment and has a very limited source of income. This can cause stress upon the family unit because bills may fall behind, and different financial obligations get pushed aside. Not only does the family have to deal with financial difficulties the veteran may also experience post-deployment stressors due to

PTSD. Having to deal with the stressors that reintegration brings about can cause hostile communication between the veteran and their family members.

The reintegration phase can be very difficult for the former service member who may or may not suffer with PTSD. Life stressors have a pivotal role in veteran reintegration. Reintegration includes individual, interpersonal, community organizations, and societal factors that can hinder or enable successful reintegration. Reintegration can be defined "as both a process and outcome of resuming roles in family, community, and workplace which may be influenced at different levels of an ecological system" (Elnitsky, Fisher, & Bevins, 2017).

Perceived concepts about reintegration are that it consists of a series of positive events. However, for many veterans this is false, this preconceived concept may consist of personal stressors along with other difficulties veterans experience when trying to reintegrate into their civilian roles. Increased personal tension, family problems and work levels are all factors that have a negative impact on positive reintegration. During the reintegration period veterans have reported challenges with post-deployment stressors which can sabotage the reintegration process. Veterans may struggle with interpersonal relationships and damaged relationships involving family and friends and engage in using negative coping strategies, to cope with these failed relationships.

How PTSD Affects Marriages

When service members are routinely redeployed, this cycle often adds unwanted strain on their marriages as well as their spouses. "With repeated separations from loved ones to fulfill responsibilities in dangerous situations, prolonged war has taken a toll on service member's marriages, and in cases where a mental health condition exists such as PTSD relationship distress often is the result" (Blow, Curtis, Wittenborn, & Gorman, 2015, pp. 261-270).

PTSD has been linked to decreased marital satisfaction, increased verbal aggression and a high level of sexual dissatisfaction. When veterans are diagnosed with PTSD their intimate relationship can have an elevated risk for violence. This elevated risk for violence can be defined as domestic violence or intimate partner violence. These two phases can be used interchangeably.

"The World Health Organization (WHO) defines intimate partner violence (IPV) as "behavior within an intimate relationship that causes physical, sexual, or psychological harm" (Sabine, Loeys, Buysse, & De Smet, 2014, pp. 1-31).

Relationships that experience intimate partner violence may have poor communication and interpersonal negativity. IPV can make the victims of this abuse with-draw or become distance from their partner resulting in very little to no communication within the relationship. IPV can be used by one person to gain control of the other party in a relationship. However, IPV can also be used by both parties within a relationship causing the communication between them to become verbally aggressive and negative. When both parties engage in negative communication violence within the relationship is likely to be greater. Couples whom experience aggression are more hostile and demonstrate fewer neutral problem discussions.

"Most studies find that couples experiencing marital aggression tend to be more hostile, to express more contempt and belligerence, and to engage in negative contingency patterns such as negative reciprocity" (Gordis, Margolin, & Vickerman, 2005, pp. 177-191).

"Verbal aggression is defined as an act carried out with the intention of, or perceived as having the intention of, hurting another person emotionally" (Gavazzi, McKenry, Jacobson, Julian, & Lohman, 2000, pp. 669-682). The expressed emotions within a marital relationship is linked to the quality of the communication between the two parties. The results of positive expressed

emotion in a relationship is higher marital satisfaction and there is a higher quality of communication between the parties involved. When expressed emotions are negative marital dissatisfaction rises and communication can decrease and can lead to a greater risk for verbal aggression (Gavazzi, McKenry, Jacobson, Julian, & Lohman, 2000).

With the purpose of making someone have less favorable feelings about themselves or engaging in aggressive attacks on and individual's self-concept is the meaning behind the use of verbal aggression. "There are numerous types of verbal aggressive messages character attacks, competence attacks, insults, maledictions, teasing, ridicule, profanity, and nonverbal emblems" (Infante & Wigley III, 1986, p. 61). The results stemming from the use of verbal aggression on interpersonal communication is relationship deterioration and or relationship termination.

Victims of verbal aggression may have a high level of fear and anxiety that is associated with the right now or future communication with another person. Those who suffer from high communication apprehension may exhibit communication avoidance, communication withdrawal, and communication disruption. These three traits can be observed by proof of the victim's engaging behaviors such as: not talking, taking less than others, or having their speaking pattern disrupted by vocalized pauses such as "you know" and "and ah."

Shyness can also be a result of verbal aggressive behaviors. Shyness can be defined as "the behavior of not talking," and refers to how frequent or infrequently a person speaks. People whom display shyness characteristics often demonstrate "discomfort and/or inhibition in interpersonal situations that interferes with pursuing interpersonal or professional goals" (Kokkinos, Kakarani, & Kolovou, 2016, pp. 117-133).

Verbal aggression effects can ripple throughout a person's life causing significant negative impacts. By damaging a person's confidence in their ability to socially interact appropriately

may causes one to have little confidence in their mental capabilities and representation of self and their ability to build quality interpersonal relationships.

The expressed emotions involved in interpersonal interactions affects all members of a household, and can contribute to the outcome of PTSD patients. "There appears to be evidence that living with someone suffering from PTSD can be particularly stressing and have a detrimental effect on the relationship" (Tarrier, 1996, pp. 220-229).

How PTSD Affects Parent-Child Relationships

Many current U.S. soldiers and veterans are parents that have been exposed to active war zones and have experienced a traumatic event resulting in high rates of PTSD. These traumatic events can have a profound effect on the parenting style of the returning war veteran. "More specifically, parents' PTSD symptoms positively correlate with children's anxiety, depression, PTSD, and behavioral problems" (Lambert, Holzer, & Hasbun, 2014, pp. 9-17), along with mental health, emotional, social, and academic problems. The onset of these issues can begin as soon as the child learns of their parent's future deployment and can progressively get worst over the duration of the deployment. Another area affecting children of deployed parents is substance abuse. "Children of deployed or recently deployed military personnel report greater substance abuse, as compared with children from non-military families" (Vasterling, et al., 2015, pp. 143-155).

Focusing on the Cognitive-Behavioral Interpersonal Theory to Parent-Child Functioning, (C-BIT). The three processes that impact PTSD and negatively impacts intimate relationship functioning are: (1) behavioral avoidance and accommodation, (2) cognitive processes and thematic content, and (3) emotional disturbances (Creech & Misca, 2017).

Because veterans often display behavioral avoidance and accommodation symptoms the parent-child relationship frequently suffers and may become negatively impacted by this behavior. "Behavioral avoidance and accommodation refers to the process through which PTSD avoidance symptoms are negatively reinforcing and thereby maintain trauma-related distress" (Creech & Misca, 2017).

"Individuals suffering from intrusive memories are likely to use avoidant coping strategies to deal with distressing memories" (Pfaltz, Michael, Meyer, & Wilhelm, 2013, pp. 440-450). Veterans who engage in avoidance behaviors have developed "learned alarms," which consists of emotions, feelings and thoughts that produce reminders of their traumatic event or events. This learned behavior can cause conflict within the parent-child relationship because the parent may not be able to attend a program that the child is to participate in, a family gathering, and or a community wide event. Having a parent that can't attend an event due to their PTSD can be difficult for the child to understand, can have a negative impact on the child's perception of their parent and may cause anger and or hostility to develop towards their parent. The child may be forced to accommodate for their parent's disorder. Having to accommodate for the parent's disorder can cause the child to become noncompliant, engage in defiant behaviors, and become verbally or physically aggressive. For example, before the child's parent went to war their family always attended a firework show on the Fourth of July. However, when the parent returned from combat the family could no longer attend the fireworks show because the flashing lights and the loud noises triggers their parent's PTSD which could result in uncontrolled violent or aggressive outburst and or behaviors.

The cognitive processes and thematic content associated with PTSD and children consists of the parent's outlook about the world, past experiences, and disruptions to the core themes such as

power, trust, control, and intimacy. The parent pays close attention to the child's behavior and may see the behavior as negative which gives the parent a heightened sense of concern about the child's behavior. Perceiving that the child's behavior may cause harm and is unsafe, the parent may adjust their current parenting style and become more protective of the child. On the other hand, cognitive process may cause the parent to have negative thoughts about their own parenting skills. These thoughts can influence parenting self-efficiency by causing the parent to have "negative evaluations about themselves as parents, feelings of unworthiness as parents, and alienation or detachment from their children" (Creech & Misca, 2017).

Emotional disturbances are common traits of PTSD that can cause distress to the parent-child relationship. These disturbances affect the closeness, positive emotional experiences, and emotional expression within these relationships. PTSD effected veterans have expressed concerns about the negative influence that emotional disturbances place on their parenting style. These negative interactions consist of anger and aggression coupled with moderate to severe physical aggression towards their children and emotional numbing.

When a child is abused by their parental unit the parent-child relationship is immediately disrupted. This negative action can lead to emotional and behavior problems for the child. Children who have experienced parental abuse can display a vast number of psychological problems, including anxiety and depression. They can also engage in internalizing and externalizing behaviors, such as delinquency and violence perpetration. These victims also suffer from low self-esteem and social withdrawal.

The problems that arise from abuse can impact a child's social development. The child may become socially withdrawn and submissive by not wanting to interact with other children in their

age group. The child may suffer from nightmares and perform poorly in school as a response to the abuse.

Child abuse is a strong predictor in the development of PTSD. Children who experience abuse can begin to exhibit the characteristics of PTSD. These characteristics are the experience of a traumatic event, flashbacks of the traumatic event, nightmares, and avoidance of the stimuli that cause the distress in this case it is the abusive parent.

The C-BIT model has determined that PTSD has a direct effect on veterans' parenting style and impacts family communication and functioning (Creech & Misca, 2017).

Co-occurring Conditions Related to PTSD

PTSD is an anxiety disorder itself however, this disorder can present many other conditions as well. These conditions are known as co-occurring or co-existing conditions. Co-occurring condition "means more than one disease or condition is present in the same person at the same time" (Centers for Diesase Control and Prevention, n.d.).

A few co-occurring conditions that are related to PTSD are: Depression, Alcohol and Substance Abuse, and Sleep Disorders.

Depression that coexists with PTSD has a great impact on interpersonal communications. This coexisting condition is linked to poorer functioning and increased suicide in patients with PTSD. Depression can be detoured by engaging in supportive interpersonal relationships. But, those whom suffer from depression often find ways to avoid interacting in such relationships and their behaviors tend to be interpersonally shy and socially withdrawn. "During conversations, depressed individuals show less lively speech, make less eye contact, and express more self-derogations" (Locke, et al., 2016, pp. 595-611).

Depressed individuals may seek negative feedback from others to confirm their own negative self-image or consistently seek reassurance that they are loveable and worthy.

These seeking behaviors often induce negative feelings and rejection form others.

Research has also found that people whom suffer from depression demonstrate “passive, self-absorbed interpersonal style lacking in warm engagement” (Locke, et al., 2016, pp. 595-611).

This interpersonal behavior also causes negative and dismissing reactions from others as well.

Depressed individuals have been noted to communicate submissively or with a lack of assertiveness and or are overly friendly. They often have difficulty with impact messages, or with the experience of interpersonal pressures. Impact messages is the communication of what they want someone to do. Because of their submissive communication style their impact messages can be easily overlooked.

Depression can also have a profound effect on the communication within a marriage. “Couples with a depressed spouse express sadder affect, lower positive verbal behavior, greater negative verbal and nonverbal behavior, and psychological and physical complaints during marital interactions” (Kouros & Cummings, 2011, pp. 128-138).

Research has determined that spouse’s depression or psychological distress is related to negative conflict expressions and added negative emotions. When marital conflict is present depressed individuals are more likely to withdraw from the conflict interactions, resulting in a decreased possibility of conflict resolutions. This behavior may further the progress of their depression symptoms.

Alcohol and substance abuse commonly co-occurs with mood and anxiety disorders such as PTSD and can have a negative impact on interpersonal communication. Veterans suffering from PTSD often take part in alcohol and substance abuse to suppress or calm their psychological pain

resulting from their traumatic event. "Individuals with PTSD often describe alcohol as a common avoidance strategy used to control emotions" (Goldstein, Bradley, Ressler, & Powers, 2016).

When alcohol is abused emotional, physical, and interpersonal problems can present themselves and existing problems are strengthened. Although, the veteran may be using alcohol as a coping mechanism for dealing with unwanted emotions. This avoidance approach can have a severe impact on family interactions.

During alcoholic consumption couples have been documented as being more negative as evidence by making criticizing remarks or blaming comments at their partner and experience more marital disagreements. Many times, these disagreements lead to quarrels which involve nagging, physical abuse, verbal abuse, silence, increased drinking, moodiness, and walking out. These negative interpersonal communications can have a prolific affect in marital dissatisfaction. "Children with at least one alcoholic parent reported having greater disturbances in family stability and poorer relationships between family members compared to children with no alcoholic parents" (Cannolly, Casswell, Stewart, Silva, & O'Brien, 1993, p. 1383). Children have notably perceived their family as more dysfunctional and having a high level of negative occurrences and less positive interactions. They have also reported that their families are less happy, less cohesive, less affectionate, less trusting, and less secure.

Parental alcoholism has been linked to an elevated risk of delinquency, poor school performance, and psychiatric treatment. Children who have documented their parents as having a drinking problem have stated an increase of lower self-esteem and greater depression. Along with lower self-esteem and depression emotional disturbance is an elevated risk factor predominantly for anxiety and depression.

Further reports concluded that children with alcoholic parents are more antisocial and aggressive at home and at school. School performance is extremely impacted by the parent's alcohol abuse and has been connected to reduced cognitive functioning, and lesser verbalized communication. Substance abuse has many of the same characteristics as alcoholism in the way that it affects a child's mental health. Children who are raised by substance abusing parents are at an elevated risk for developing mental and social disorders.

Drug use has a negative effect on open communication and parental support, in the parent-child relationship, which has been related to negative emotional distress and psychological instabilities.

As stated earlier, veterans use alcohol as an escape from the memories of their traumatic event which is the negative coping skilled of avoidance. A damaging result from living with a parent that practices avoidance as a coping mechanism is learned behaviors.

Adolescents who see parents engaging in this dysfunctional behavior often mimic the same behaviors. "Learning dysfunctional coping behaviors is one of the more serious consequences of growing up with parental alcoholism" (Hospital, Morris, & Wagner, 2013, pp. 133-149).

Having a troubled parent-child relationship or any other emotional stress may cause the child to engage in the use of avoidance strategies to cope with their stressful environment resulting in substance abuse and continuing the negative effects of this disorder.

Sleep disorders or insomnia is a common complaint of soldiers returning from war. This co-occurring condition with PTSD has been linked to psychological problems and has a key role in veterans' mental health.

Insomnia can lead to conditions such as: depression, anxiety, and substance abuse which are co-occurring conditions related to PTSD as well.

Veterans suffering with difficulty falling asleep was due to the frequency of nightmares they were having, and fear of falling asleep due to these intrusive nightmares.

These nightmares resulted in veterans having a reduction in total sleep time. Those experiencing nightmares reported waking up more throughout the night, engaging in restless sleep by evidence of tossing and turning while asleep, and feeling more fatigued. These negative attributes of insomnia lead to emotional and physical exhaustion.

While insomnia often impedes positive emotional interactions within interpersonal relationships. These interactions can become harmful and there is a strong probability that the relationship will be detoured or terminated. The lack of sleep causes less than normal functioning and inhibits the ability to process emotions properly. This often results in those suffering with insomnia to react to situations in a negative and abrupt manner. This behavior can cause others to react negatively and separate themselves from the relationship often leaving the veteran in a lonely and isolated environment.

Interpersonal relationships can be highly affected by sleep disorders. Veterans often attempt to control this disorder by self-medicating. This can cause the veterans to become dependent on the medication and begin to participate in substance abuse behaviors, believing that they can not fall asleep nor stay asleep without taking the medication. This behavior can also lead to over medicating and can lead the veteran to taking an overdose which can lead to death. Substance abuse can also lead to poor interpersonal relationships and communication.

Physical exhaustion is a side effect resulting from insomnia. Veterans who remain physically exhausted do not have the capabilities to function properly or have the stamina to carry out their daily routines.

Insomnia proceeds many negative traits of PTSD that are related to poor interpersonal communications and relationships, thus hindering the veteran from enjoying a respectable quality of life that is enriched with positive interpersonal relationships.

Analysis

The affects that PTSD has on veterans' communications are vast and impacts both interpersonal communications and interpersonal relationships

Signs of PTSD may be seen directly after a person's traumatic event, however, to obtain a clinical diagnosis one of these symptoms must be present for a minimum of 4 weeks. These symptoms are: Re-experiencing, avoidance and numbing, and arousal.

Veterans relive their traumatic event or events through nightmares and flashbacks. Further issues that promote PTSD are poor sleeping habits, feelings of detachment, and feelings of separation these symptoms can impact veterans' daily routines. This includes the ability to interact socially or in family life, occupational instability, marital problems and divorce, family discord and parenting difficulties.

Re-experiencing is the reliving of the traumatic event. Combat memories can be triggered by a traumatic reminder. Traumatic reminders can cause upsetting memories to surface at any time. These reminders can be anything that reminds the veteran of their traumatic occurrence. An example of a traumatic reminder is the sound of fireworks exploding. This can remind the veteran of their war time experiences and causes the veteran to have a negative response to the noise. These memories can be very intense and emotionally distressful.

Due to the brutal effects of traumatic reminders veterans attempt to suppress these memories. Engaging in this behavior allows anxiety-related factors to surface within the veterans. This issue is known as Anxiety Sensitivity. Anxiety Sensitivity is "the fear of arousal-related physical

and psychological sensations" (Kraemer, Luberto, & McLeish, 2013). This can cause a more damaging effect because the traumatic memories are not confronted nor processed.

Avoidance and numbing is the act of avoiding anything or any situation that reminds the veterans of their traumatic occurrence, isolating themselves from others, and not being able to express themselves emotionally or feeling numb.

Numbing is the inability to be in touch with one's feelings or express emotions towards others. Veterans who experience numbing can be less interested in activities that they once enjoyed, and they find it easy to isolate themselves from others. Emotional numbing consists of loss of interest, detachment from others, and restricted range of affect. Not being able to communicate or express emotions within interpersonal relationships can cause a void to form between those involved and feelings of uncertainty to arise.

Avoidance is the intentional act of avoiding situations that trigger memories of their traumatic event. By deliberately distracting themselves to avoid traumatic memories can result in dissociation. Dissociation is the separation of normal psychological processes such as emotional, cognitive, or identity. By dissociating or removing themselves from the stimuli that triggers memories of the traumatic event veterans feel that they are making positive steps towards relieving their PTSD symptoms. However, this behavior contradicts this thought and the behavior is deemed as being a negative and avoiding coping skill to deal with their PTSD symptoms.

Arousal or hyperarousal is the feeling of being on edge, jumpy, on guard, and or jittery. Arousal can cause veterans to have trouble sleeping, outburst of anger, irritability, and struggle with concentrating. Those whose lives are impacted by arousal seem to be always alert and looking for signs of danger. The interpersonal relationships with those whom have difficulty with

hyperarousal can be stressful. Their partners are fearful of upsetting them because they often react in anger and or aggressively towards their partners and their children.

Re-experiencing, avoidance and numbing, and arousal symptoms greatly impact the veterans' mental state and reactions to these symptoms can happen suddenly, be disruptive, and volatile in nature.

Military culture can influence the development of PTSD. The culture of the military is one of brotherhood and positivity. Examples of this brotherhood are slogans such as, "No man left behind" and "Everybody comes home." These mottos demonstrate the bond that solders have and how they are committed to the survival of the comrades. High unit cohesion has a positive impact on soldiers by teaching them resilience and how to cope with military stressors.

Upon joining the military, soldiers receive training that can prepare them for battle. However, this training may not properly prepare them for the moral and ethical decisions that they will be faced with during combat. These decisions may contradict their moral and ethical beliefs. Having to make decisions that questions a person's beliefs can cause self-judging and feelings of shame. This behavior induces moral injury and shame which are predictors of PTSD. Moral injury can result in negative emotions, feelings that induce self-punishment, and isolation. These behaviors strengthen PTSD and depression symptoms.

PTSD can develop in veterans for many reasons. Being deployed to an active combat zone can have a multitude of repercussions that may lead to this disorder.

The symptoms of PTSD are compounded by the co-occurring or coexisting conditions that accompany this disorder. These co-occurring conditions are depression, sleep disorders, and alcohol and substance abuse. These conditions have a profound affect on veterans' interpersonal communications and relationships.

Many times, veterans are reluctant to seek help for their PTSD symptoms because of the stigma that is related to having a mental disorder. Some veterans feel that admitting they have a mental disorder is discrediting and can affect their advancement in their profession or they fear that being diagnosed with a mental disorder carries detrimental consequences and negative reactions from others. Because of these fears, many veterans go untreated and deal with their stressors alone.

Veterans who chose to treat their PTSD symptoms alone, without professional help, may cause the onset of other co-occurring conditions or strengthen the conditions that already affect their lives.

Depression is a very prolific component of PTSD. Depression can lead to isolation, poor functioning, and acts of suicide in veterans. Depressed individuals take part in "less lively speech, make less eye contact, and express more self-derogations" (Locke, et al., 2016). Communication can be perceived as submissive from those suffering from depression and can be disregarded and ignored by others.

Conflict resolution is not often reached with those whom suffer from depression. This is because depressed individuals are likely to withdraw from conflicting interactions frequently leaving issues unresolved. The outcomes resulting from these negative interactions can gradually make depression symptoms worsen and cause the veteran emotional distress.

Alcohol and Substance Abuse is another coexisting condition of PTSD that can impact veterans' interpersonal communication and their interpersonal relationships. Veterans' often participate in alcohol and substance abuse to avoid thinking about the memories associated with their traumatic event and to suppress unwanted emotions. When veterans abuse alcohol and or other substances the communication within their marriage can become negative and criticizing of their

spouse which can lead to marital dissatisfaction. This behavior can often lead to physical aggression, verbal aggression, and increased drinking. These damaging interactions can possibly lead to relationship termination inevitably leading to divorce.

Parental alcohol and substance abuse can affect the parent-child relationship. The abuse of these substances can negatively influence open communication and parental support, which is linked to emotional distress and psychological insecurities in children.

Children have reported having greater family problems and poor family interactions when their parent partakes is substance abuse. These children are at a greater risk for delinquency, poor school performance, and an increase in lower self-esteem. It has also been documented that parents who abuse substances, to avoid dealing with problems, increase the risk of their children becoming alcohol and substance abusers. Mimicking their parents use of avoidance to deal with problematic issues is the consequence of learned behaviors and can plague the child throughout life.

Sleep disorders have a negative impact on interpersonal communication, interpersonal relationships, and is often a chief complaint of veterans returning from combat. Insomnia can induce mental disorders such as depression, anxiety, and substance abuse. Veterans often suffer from sleep disorders or insomnia because they are afraid to fall asleep. This fear is evoked by the nightmares that veterans can experience while sleeping. These nightmares can cause veterans to awaken abruptly throughout the night resulting in broken sleep patterns. Having frequent restless nights can cause veterans to become emotionally and physically exhausted. Being mentally and physically drained causes the veteran’s interpersonal interactions to become negative and often physically aggressive towards others. This frequently leads to relationship termination by others who see this behavior as negative and refuse to be treated in this manner.

Insomnia can lead veterans to participate in self-medicating behaviors which is an attempt to sleep without intrusive nightmares. But, the repeated use of medication can cause the veteran to become dependent on the drug and feel as if they can not sleep or remain sleep without taking the substance. Over time the substance may not be as effective as it was when the veteran began taking it. Causing the veteran to take more of the substance and essentially over medicating. This behavior can lead to an overdose which can result in death.

I had the pleasure of conducting interviews with two veterans and their spouses. I interviewed each couple separately and individually. By interviewing them individually gave the veterans and their spouses the freedom to speech freely without being ridiculed for their thoughts and feelings. Both veterans had been deployed to combat zones in Iraq and in Afghanistan and have since retired from active duty.

The interviewed veterans reflected on their personal military experiences of combat during the war efforts in Iraq and Afghanistan and their spouses reflected on their personal experiences while their loved one was deployed. These veterans have completed tours that lasted for 12 months and tours that lasted 15 months.

Although, this was their career choice and the wars were a realistic part of their job obligations, there were many times when they wanted to abandon their assignment and come home. But they were able to find the strength to endure their tours mainly because of the military's culture that had been instilled in them along with the other resources that were provided by the U.S. military. The biggest and greatest morale booster, according to these veterans, was the ability to communicate with their families and to see their faces during video chats.

Communication devices where available for them to use which consisted of computer programs such as Skype, Yahoo video, and cellular phones. While the connections weren't always good

and calls frequently got interrupted being able to see their loved ones and hear their loved one's voices gave them a sense of peace and motivation to stay alive. They also could not recall many instances where the conversations between them and their family was negative nor were troubling issues discussed. Most conversations were positive, pleasant, and encouraging. This interpersonal communication between the veteran and their family was highly impacted by avoidance. None of the family members wanted to cause unnecessary stress on the veteran who already had to deal with stressful situations daily. Therefore, avoiding any conversations that could cause stress or placed worry upon the veteran was not engaged and the problem was left for the family to deal with at home.

These veterans also stated that the training they received prior to going to war prepared them for the actual physical battle but did not prepare them for the moral and ethical decisions that they had to make during this time. They had to conform their thoughts and beliefs into thinking that that things weren't wrong nor right. They were frequently told that they have a job to do, to follow their orders, and to complete the mission.

Following their orders was something that they had to do as soldiers. But once they left the combat zone and returned home the memories of these orders that they carried out began to become a distraction for them and affect their daily routine. They reported having flashbacks and isolating themselves from others. They also reported that they recognize that these are symptoms of PTSD. But because of how they feel about being diagnosed with a mental disorder. They refuse to seek professional help concerning their symptoms and attempt to control them by themselves.

The personal experience of a spouse who's loved one is deployed to an active combat zone is driven by many factors. They have been noted to say that although they are not the one

physically deployed, they are on tour as well. They feel this way because all the responsibility of operating a functional household fall upon them and can be very stressful at times. They constantly worry about the safety and welfare of their deployed partner and look forward to their phone call or video chats.

When questioned about the type of conversations they had with their deployed spouse. Their response was that most conversations are positive and not concerned with any stressors that may be affecting them at home. The rationale behind straying away from these stressors is that they did not want to worry the soldier about things that he or she could do nothing about and wanted them to stay focused on returning home safely. They also avoided conversations about what the soldier had to do when engaged in war efforts. This was mainly due to the confidentiality that was in place concerning the soldiers' assignments and partly because the soldier didn't want to cause more emotional distress upon their spouse. The nondeployed spouse also vocalized that it was difficult at times to stay positive when the time between phone calls or video chats was long and the news reports concerning the war highlighted the many casualties occurring daily.

There are many emotions that the nondeployed spouse experiences. Some of these emotional stressors are: not knowing if their spouse will return home alive, will they return home with a life changing injury, and or will the effects of war change their mental state. They often battle with these thoughts throughout the deployment and are not able to fully access their spouse until they return home.

The impact that these deployments had on the children of these families were many and very troublesome at times. Both the veteran and their spouse agreed that their children where highly affected by the absence of their parent. However, this was not the first time the family had been separated due to a new military assignment but being deployed to an active combat zone was a

new experience for the children. The parents reported that not all their children reacted negatively to the deployment but one of their children's behavior changed as evidence by becoming more argumentative with their parents, being defiant and not following directives, and displaying negative behaviors in school. They also reported that the child began to steal money out of their wallet. They noted that the child who was beyond the bed wetting stage began to wet the bed at least once a week. These behaviors were in response to the parent being deployed to an active war zone. The uncertainty of not knowing if their parent was going to return home created several new and different behaviors from the child who did not know how to react to this frighten reality. The nondeployed spouse did see a slight change in the child's behavior when they were able to communicate with their deployed parent. The negative behaviors would stop for a few days but would gradually make their way back into the child's everyday life. Once the tour was over and the deployed parent returned home the child's behavior slowly improved with the help of therapy and positive reinforcements.

The initial response from seeing their loved one return home safely is thankfulness, happiness, and joy. These emotions usually last for a few weeks and all is fine within their relationship. However, signs of PTSD began to appear shortly after the soldier returned home. Their spouse noticed that the soldier began spending more time in the garage/mancave than usual. Their going out to eat or other public venues were beginning to be something of the past and they had very little interaction with anyone outside of their household. Not interacting with other adults outside of the household was a new characteristic because the soldier always loved to invite guest to their home for an amusing night of entertainment. The spouse could not recall a time when their loved one was physically aggressive towards them or any family member. But after returning home from combat the soldier was observed as being physically and verbally

aggressive. The soldier had slapped their child in the face, which was something that they had never done. They were also observed as being more argumentative with their spouse when they disagreed with each other's views. The soldier was observed constantly checking the door knobs to make sure they were always locked. Not knowing how to deal with these personality changes the family engaged in counseling and sought out professional help for these PTSD symptoms. However, only after a few counseling sessions and doctor's appointments. The soldier refused to attend anymore counseling sessions and did not follow up with their doctors. The soldier argued that there was nothing wrong with them and that they could handle any issues that arose by themselves.

When the soldier's spouse would ask them about any of the PTSD symptoms they were having the soldier would give short answers and would quickly change the subject to something that was more comfortable for them to talk about.

Lastly, when the spouse was asked what their biggest obstacle is when dealing with their loved one's PTSD symptoms was? Their response was, "not knowing who the person is that returned from war and that they miss the person they married because they rarely get to socialize with that them." "The person that returned from war is part my spouse and part someone else whom I do not know and refusing to get help with this disorder is very upsetting because, things are not getting better and we are becoming strangers to each other."

While there are many reasons why and how PTSD effects interpersonal communications. It is up to the veteran who is greatly affected by this disorder to not be afraid of the stigma that PTSD carries and seek professional help. By getting help the veteran will have a better chance at dealing with or overcoming the symptoms related to PTSD. This will also highly affect their interpersonal communication and interpersonal relationships. Learning how to appropriately

combat their symptoms will result in greater relationship satisfaction. Also, having family members and loved ones participate in treatment will give them a better understanding about this disorder and how to properly interact with those whom suffer from this illness.

Recommendations

The duties of the United States Military often go unnoticed by the civilian population until there is a natural disaster, crimes against humanity, or war. When these events occur, America calls upon its military forces to take charge and resolve the problem. The service men and women answer the call, complete the mission, and we Americans return to our normal lives and thank them for a job well done. However, the soldier may not be able to return to their normal routine. The effects of the completed mission may have resulted in life changing physical and mental states of the soldier.

Some military personal who have experienced traumatic events are not affected by what they've experienced. However, there are some who begin to suffer with posttraumatic stress disorder. These signs can be seen immediately, or it may take a while for the signs and symptoms to appear. The soldier may also be dealing with the symptoms of PTSD and not know it because they are unfamiliar with the disorder's characteristics. For this very reason soldiers and all other military personnel should undergo specific training on how to identify the signs of PTSD and what treatments are available for those stricken with this disorder.

Just as the soldiers are trained for battle they should be educated on the effects of warfare and other traumatic events that they may have to endure while being a U.S. soldier. The training will educate them about PTSD and enable them to recognize these signs within themselves and their fellow soldiers. The training will also give them many different avenues on how to receive the help and treatment needed to alleviate their PTSD symptoms. The initial training will be

mandatory and annual trainings will be necessary to meet the requirements for promotion to the next grade.

Upon the end of their tour or assignment the soldiers whom have been exposed to traumatic events will need to go through a necessary desensitizing period. This will be a 3-4-week period where the soldier will reside and participate in a rest and relaxation treatment plan. While participating in this program the soldiers will also be evaluated extensively for PTSD and or any other symptoms or abnormalities related to the traumatic happenings that they were exposed to. At the end of the desensitizing period, the soldier will be allowed to return home with a treatment plan. These treatment plans will be for those soldiers who require immediate intervention for their PTSD symptoms. The soldiers who do not exhibit signs or symptoms of PTSD, during the desensitizing period, will be given a follow up appointment with a mental health professional in 3 months to reassess the soldier for any new developments relating to PTSD. This reevaluation appointment will be done every 3 months for the next 18 months. With this being implemented hopefully any new signs of PTSD or any other disorder will be detected and appropriately treated.

For the soldiers who have family members waiting on them to return home, they will have to participate in treatment as well. The PTSD symptoms that their loved one may develop will have a profound effect on them and their relationships. This could be something that they have never had to contend with so knowing how to effectively deal with the side effects of PTSD is essential to recovery. While the soldier is deployed the family will attend group therapy session with other military family members. These sessions will allow the family members to express their concerns with others whom may have the same concerns, provide comfort in letting them know that they are not alone, and could possibly create supportive bonds between families.

The sessions will also give them the tools to recognize the symptoms of PTSD, how to appropriately interact with those whom have PTSD, and give them assess to counseling to help them with their own stressors when their loved one comes home from warfare or any other deployment with PTSD.

Implementing family treatment plans that includes every member of the family will allow all family members to be involved in the soldier's PTSD treatment and to receive the tools needed to help each other cope with the effects of this disorder.

Lastly, for those veterans whom have made the decision to separate from the military and return to the civilian communities, will have access to a veteran's transitioning program. This program will be for veterans whom have been honorably discharged and require assistance in gaining meaningful employment. The program will teach the veteran how to perform job searches, create their resumes, engage in mock interviews, and provide them leads to hiring employers. They will also provide information to the veteran about enrolling in college courses. The reintegration period can be very difficult for newly separated or retired military personnel but with a transitioning program available this could possibly relieve some of the stresses that accompany reintegration.

PTSD is a life changing disorder and can result in poor communication within marriages resulting in marital dissatisfaction. Although, marriage counseling will not be mandatory for those afflicted with PTSD however, these couples will have access to free marital counseling.

Having the returning soldiers participate in the mentioned treatment plans will increase early diagnosis and treatment for those suffering with PTSD. Educating military personnel about this disorder will allow for early detection of PTSD and the soldier receiving the professional help they need as well. Also, participation in these programs will increase the probability of

positive outcomes of soldiers' interpersonal relationships. Having family counseling sessions or therapy will help the family express their concerns and feelings about how PTSD has affected their loved one and how the disorder has affected them personally.

By implementing the above-mentioned treatment and therapies this debilitating disorder can be profoundly alleviated in many of our returning soldiers. Having the knowledge of what the disorder is and the many ways that it can affect someone will allow for early detection and treatment. Also, equipping the returning soldier's family with the tools necessary to support their loved ones whom may return home with PTSD is priceless. When a soldier returns from warfare or a hazardous assignment and is experiencing the onset of posttraumatic stress disorder symptoms. It is very important that they are surrounded by a great support system and a family that understands what they are experiencing. Although, these treatments will be costly, I feel that this is not asking too much for those who put their lives on the line for our freedom.

Conclusion

This paper reviewed the relationship between PTSD and how it affects veterans' communications. This review revealed that PTSD and it coexisting conditions have a negative impact on veterans' interpersonal communication and interpersonal relationships. PTSD has become a well- known phrase within many military families as well as civilian households. It has damaging effects on family, marriage, and the children of those whom suffer with this disorder. Being exposed to a traumatic event can cause the onset of PTSD and its many different characteristics can promote negativity to ripple throughout the veteran's life. These characteristics are made greater with the comorbid conditions that are associated with PTSD. However, the greatest contributor to PTSD is the suffering veteran themselves. The refusal to acknowledge that they have PTSD and the refusal to seek treatment will enable the disorder to

overtake the veteran's life and negatively impact their interpersonal communications and interpersonal relationships with others.

PTSD is developed and there are some people who are more at risks for developing this disorder than others. Those whom are at a higher risk for developing PTSD after a traumatic event are individuals who are younger at the time of trauma, being female, being of racial minority, being of lower socioeconomic status, and lack social support. One must also take into accountability a person's family history of mental illness, personality traits, negative parental experiences, and lower education. These individual and social risk factors are predecessors to the development of PTSD.

PTSD consists of relieving the traumatic event through nightmares or flashbacks. The nightmares and flashbacks may influence the veteran's sleeping habits and negatively impact their emotional and psychological state which may induce feelings of detachment and feelings of separation. Veterans who are battling PTSD will experience one or all of the following characteristics re-experiencing, avoiding and numbing, and arousal. They all produce negative effects in interpersonal communication. Suffering from these characteristics causes the veteran the inability to focus on things because they are preoccupied with the traumatic event. Avoiding situations that remind them of the traumatic event and always being alert and or on guard can lead to dissociation. Dissociation may arise in those who greatly suffer with these symptoms creating more separation of emotions and identity from others. Studies have revealed that veterans who suffer with PTSD "have significantly more problems with relationships adjustments in general, self-disclosure, expressiveness, and physical aggression towards their partners, intimacy, and social problems, and more problems related to their social, sexual, family, and work functioning" (MacDonald, Chamberlain, Long, & Flett, 1999, pp. 701-707).

When soldiers are deployed to an active combat zone the communication between them and their spouse is often nonconfrontational, expressions of affection and offerings of positive reinforcements strategies overtake their conversations. However, this avoidance behavior can produce problematic communication between the couple when the veteran returns home. Because they have suppressed how they really feel for so long they may feel uncomfortable expressing themselves to each other and can cause feelings of insecurity, emotional numbness, and less communication to take place between the couple.

PTSD has a profound effect on family and is a contributing factor to distress in a family. The communication within a family can be greatly affected because the veteran may find it difficult to tolerate common household issues that present themselves daily. The inability to handle such occurrences may cause the veteran to react in anger or aggressively. This PTSD induced behavior can cause feelings of less trust and closeness within the family subsequently resulting in less communication or negative communication.

The interpersonal communication within marriages can be greatly impacted by PTSD and is related to marital dissatisfaction. These marriages are at a higher risk for violence and have poor communication. Those whom experience intimate partner violence often withdraw and become distant from their partner. Intimate partner violence (IPV) is used to gain control over the other party in the relationship. IPV effects a person's mental and physical health, their quality of life, occupational, and parenting functioning. However, both parties can engage in IPV and the communication can become verbally aggressive and negative towards one another. Couples who experience IPV are more aggressive and engage in fewer problem solving conversations. This behavior often results in relationship termination.

PTSD can have a prolific impact on the parenting style of the returning veteran. Moreover, parent's PTSD has been linked to the child's anxiety, depression, and behavioral problems. This also includes negatively impacting the child's mental health, emotional, and social states, along with academic problems. The parent-child relationship often suffers due to avoidance and accommodation behaviors, cognitive processes, and emotional disturbances. Children who must deal with accommodating for the parent's disorder and may respond with hostility and anger causing a rift in the parent-child relationship.

While PTSD has its own set of symptoms. The co-occurring conditions that are related to this disorder and can further impede veterans' interpersonal communications. These comorbid conditions are depression, alcohol and substance abuse, and sleep disorders.

Veterans who are depressed tend to be shy and socially withdrawn. Depressed veterans may have a negative self-image, communicate submissively with a lack of assertiveness, and are overly friendly. Those who have a negative self-image often seek confirmation from others that they are loveable and worthy. This behavior can result in negative responses and rejection from others. Having the inability to communicate impact messages affectively results in their directions or orders being overlooked or ignored by others.

The communication within a marriage is greatly impacted by depression. When a marriage has a depressed spouse, there is more negative conflict expressions and added negative emotions. Negative expressed emotions can increase marital dissatisfaction and decrease communication within a marriage. There is also a decreased possibility for conflict resolution when depression is present because the depressed individual withdraws from this interaction refusing to resolve the conflict.

Alcohol and substance abuse is another co-occurring condition related to PTSD. Veterans who take part in alcohol and substance abuse do so to negate the psychological pain resulting from their traumatic event. This is a common avoidance strategy used to control unwanted emotions. However, the unwanted emotions related to their traumatic event is suppressed by this behavior, but the results of alcohol and substance abuse can have a negative impact on family interactions. The communication between couples has been documented as being more negative and criticizing towards one another. This behavior often leads to quarrels which involve physical and verbal abuse. Alcohol abuse also affects the parent-child relationship. Children report that their family interactions are less happy, less cohesive, less affectionate, less trusting, and less secure. There is also an elevated risk of delinquency and poor school performance in children whose parent abuses alcohol. Lower self-esteem and depression were linked to the parent's alcohol abuse.

Substance abuse is used to avoid dealing with their traumatic event or to suppress unwanted emotions just as alcohol abuse. Parents who engage in this dysfunctional behavior risk their children developing the save avoiding behaviors. These learned dysfunctional behaviors are a serious consequence of living with parents who abuse drugs and alcohol. Adolescents who engage in this learned behavior have poor school attendance, reduced cognitive functioning, and less verbal communication. They are also at a greater risk for developing anxiety, depression, and poor interpersonal relationships. With a greater possibility of developing anxiety and depression children of alcohol and substance abusers may be more reluctant to develop new relationships or maintain their current relationships. Communication and positive interpersonal relationship building is an important detail in a child's social development. Not being able to

maintain healthy relationships may result in the development of fewer interpersonal relationships.

Sleep disorders or insomnia are strong predictors of PTSD and can encourage the co-occurring conditions of depression, anxiety, and substance abuse. Veterans that have difficulty falling asleep often experience intense nightmares related to their traumatic event. The lack of sleep that veterans experience leads to emotional and physical exhaustion. Insomnia increases abnormal functioning and prohibits the veteran to process emotions properly. The inability to process emotions appropriately can make the veteran respond to situations in a negative and abrupt manner. This behavior can have a negative response from others and cause them to separate themselves from the suffering veteran.

Veterans suffering from sleep disorders often battle physical exhaustion as well. Physically exhausted veterans will not have the ability to function properly nor will they have the stamina required to complete their daily routines. Thus, leaving their responsibilities undone which can lead to more repercussions associated with their unmet responsibilities.

Military culture can influence the development of posttraumatic stress disorder. Belonging to an elite group of individuals who believes in brotherhood and looking out for those within their unit can result in a positive attitude and outlook on life. The cohesion within the unit conveys the expected resilience to cope with typical military-related stressors. This sense of belonging can help detour the symptoms of PTSD and its coexisting conditions.

The training that the soldiers receive upon joining the military and throughout their career prepares them for the physicality's of battle. However, the soldiers may not be mentally prepared for the moral and ethical decisions that they will face during war. These decisions may be contradictive to what they have believed their entire lives and can induce feelings of self-

judgement and feelings of shame resulting in moral injury. Soldiers suffering from moral injury can have negative emotions that can induce self-punishment and can lead to isolation from others. Isolating themselves from others will only boost the onset of depression and strengthen PTSD symptoms.

PTSD is a growing concern within the U.S. military, military families, and in the civilian world. This debilitating disorder has many different characteristics and can often lead to more afflicting conditions. Those whom suffer from this disorder should seek professional help in relieving their symptoms. However, the stigma that is related to admitting to having a psychological disorder detours many suffering veterans from seeking the professional help that they need. By refusing professional help and attempting to relieve their own symptoms often results in negative outcomes. Interpersonal communication and interpersonal relationships are areas greatly affected by PTSD. Because PTSD affects veterans' psychological thinking many interactions with others can be emotionally negative. Those whom are closest to the suffering veteran are impacted the most. The affects that PTSD has on family, marriages, and parenting can be overwhelming for all parties involved. The co-occurring conditions of PTSD highly affect these social interactions. PTSD symptoms vary from person to person and can change from day to day. This rollercoaster of emotions makes it difficult for anyone to be comfortable around those suffering from PTSD and can cause negative reactions from those who interact with the veteran. However, having both the veteran and those who are in interpersonal relationships with the veteran attend counseling sessions can be a step in the right direction in alleviating these symptoms. The wealth of knowledge obtained from these sessions will be invaluable and the veteran can begin to acknowledge their disorder and receive the treatment needed to help overcome this illness.

This literature review revealed that PTSD has a negative effect on veterans' communication. Veterans who are troubled with PTSD have significantly more problems with relationship adjustments, self-disclosure, and expressiveness which promotes poor interpersonal communication. As a civilian who has many social ties to military personnel, I have had firsthand experience witnessing the effects of combat related PTSD. Observing the psychological changes that these veterans go through and how their spouses and families are greatly affected, proves to me that early detection and treatment is necessary for these families to survive the awful effects of PTSD. Combat related PTSD can no longer be overlooked or pushed to the side and ignored. Its affects a vast number of our returning soldiers, their families, and civilian communities. It is important that veterans and their families are not overlooked and left to deal with the aftermath of war alone. After all, these veterans have put their lives on the line so that we, Americans can enjoy our freedom that we so often take for granted. For these selfless act veterans should be granted the best healthcare and resources available to ensure that all their physical and mental healthcare needs are met.

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