Even though the last U.S. military forces were withdrawn from Vietnam in 1975, the effects of war service remain a significant part of the lives of many of those who served. Now, with U.S. military forces having recently served in a hostile environment, greater understanding of the long-term effects of war service on veterans and their families is needed. Examining the long-term experiences of veterans of our last war and their families can help family life educators and therapists to better prepare for the return of any future war veterans. Implications for educators and therapists are addressed at the end of this report. This research studies the relationship between post-traumatic stress disorder (PTSD) and family satisfaction and functioning variables. While much research exists on the short-term (up to three years) psychological aftermath of war service, a need exists for research that investigates the long-term and enduring nature of war stress and war service on later family functioning. This study represents an attempt to fill this need by surveying Vietnam veterans more than 20 years after their war service, and is unique in the long time between the traumatic incident (Vietnam service) and the study.

Review of Research

Vietnam veterans returned to their home countries at the end of their tour, but many did not leave their Vietnam experiences behind them. The enduring nature of the psychological impact of war service is indicated best by the apparent prevalence of PTSD (American Psychiatric Association, 1987) among Vietnam veterans. The major symptoms of PTSD are: (a) experiencing an event that is outside the range of normal experience, (b) reexperiencing the event through intrusive thoughts or memories, (c) avoiding of reminders of the traumatic event or general numbing of responsiveness, and (d) persisting symptoms of increased arousal. The findings of the National Vietnam Veterans Readjustment Study (Kulka et al., 1990) indicate that nearly 500,000 Vietnam veterans currently have PTSD and that nearly 1.7 million will exhibit clinically significant stress reactions at some time during their lives. A study conducted by the Centers for Disease Control found that Vietnam veterans were twice as likely to have enduring psychological problems when compared to other military veterans (Roberts, 1988).

The effects of PTSD also extend to the family members of affected veterans. For many families of U.S. military veterans, Vietnam was, and continues to be, a traumatic experience. War trauma can impact families at each stage of the family life cycle (Scaturo & Hayman, 1992). As time passes, both the PTSD and the coping attempts often become embedded in the current symptomology of the veteran's marriage and family (Figley & Sprenkle, 1978). Family consequences that arise from living with a veteran suffering from PTSD can include emotional emptiness (from the veteran's learned numbing response to stress), loss of the father or husband from stage specific tasks and routines of family life (often due to the veteran's withdrawal or fear of getting close), and the emergence of family patterns, such as distance or violence (from the Vietnam experience, where violence was necessary for survival), that increase distress and impede resolution (Rosenheck & Thomson, 1986). While emotional emptiness is typically considered an individual symptom, in the case of veterans' families, this individual symptom can be exhibited system wide.

While the intensity of combat exposure has the greatest direct effect on the development of psychological impairment following a traumatic experience, perceived social support has a significant indirect, or buffering, effect (Shehan, 1987; Solomon, Mikulincer, & Avitzur, 1988; Solomon, Mikulincer, & Hobfoll, 1986; Solomon, Waysman, & Mikulincer, 1990). In a study of Israeli war veterans two years following combat exposure, Solomon, Mikulincer, and Flum (1989), found that those veterans identified as having PTSD reported more frequent feelings of "social alienation" (p. 46) than non-PTSD subjects. Although many of the above studies focused on social support from other soldiers during the traumatic event, the family may be a significant source of social support for war veterans following their return. For example, Moos and Moos (1981) describe the family environment factors of cohesion, flexibility, and expressiveness as facilitative of social support within the family. This study focused on measures of combat exposure to assess the intensity of the traumatic experience on measures of family environment to assess social support, and on measures of satisfaction with marital and parental relationships.

Rosenheck and Thomson (1986) state that the veteran's preoccupations with Vietnam experiences permeate and continue to impair family life. This impairment can be demonstrated by lower levels of cohesion, flexibility, and communication. The composite effect of the family environment would be to further isolate the veteran, decreasing both marital satisfaction and parental satisfaction. This research represents an attempt to study the relationship between PTSD and family satisfaction and functioning variables. The major

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independent variables are the individual's Vietnam war experience and the psychological impact of war service. These variables were chosen due to their centrality to the concept of PTSD. The dependent variables for this study are marital and parental satisfaction, cohesion, flexibility, and communication. These variables were chosen because they provide a means to study the impact of PTSD on the family system.

Figley (1988) recommended increased study of the recovery process from specific trauma and expanding the unit of study in research beyond individual dynamics. The current report represents an attempt to further examine the long-term impact of war service as a specific traumatic event through the perceptions of those who fought in the Vietnam war. The current research, conducted more than 20 years after the veterans' wartime service, assessed the veterans' perceptions of the psychological impact of their war service and the current levels of marital and parental satisfaction, cohesion, flexibility, and communication.

The primary theoretical basis for the current research is the Double ABCX Model (McCubbin & Figley, 1983). This model postulates that the interaction of the precipitating event (A), resources (B), and the subjective perception of the event (C) leads to the development of a crisis (X). In this study, factor A is represented by Vietnam service, factor B by the measures of family functioning, factor C is a latent variable implied from the relationship between combat exposure and psychological impact of war service, and factor X is represented by satisfaction with marriage and parenting. Because of the focus on past war service and the impact this service continues to have on the family, the life-course theory suggested by Gade (1991) is also useful. In the life-course theory, experiences shape later life paths taken. The experience of interest in this research is Vietnam war service, short-term paths would be the development of psychological impairment, and long-term paths would be demonstrated by current family functioning and satisfaction.

Hypotheses

The authors formulated three hypotheses concerning the impact of Vietnam war service on veterans and their current psychological and family functioning.

Hypothesis 1: Increasing levels of wartime traumatic experiences would be associated with higher levels of the psychological impact of war service.

Hypothesis 2: Increasing levels of wartime traumatic experience would be associated with lower levels of family satisfaction and functioning.

Hypothesis 3: Increased levels of the psychological impact of war service would be associated with lower levels of family satisfaction and functioning.

METHOD

Sample

Subjects were randomly selected from submissions to the newsletter of a national organization of Vietnam veterans. A total of 135 Vietnam Veterans (131 males, 4 females) responded to this survey. The veterans' ages ranged from 39 to 57 (M = 45, SD = 3). Of the veterans who responded, 93 (69%) were married or cohabiting; 42 (31%) were divorced, widowed, separated, or single. Of the respondents, 129 (97%) had children, ranging in age from one year to 41 years. The veterans reported a mean number of children of 2.65 (SD = 1.12), with a minimum of one child and a maximum of seven. The majority of the veterans' ethnic group was "Caucasian" (n = 122). Other ethnic groups represented were "African American" (n = 5), "Native Americans" (n = 4), "Hispanic" (n = 2), "Asian-American" (n = 1), and "Other" (n = 1). Because the ethnic minority groups were not adequately represented in the sample, no analyses were conducted to assess differences between those groups on any of the research instruments.

The majority of veterans who responded had served in the Army (n = 81) or Marine Corps (n = 28); fewer responding veterans served in the Navy (n = 15), Air Force (n = 7), and Coast Guard (n = 3), and one subject did not respond to this question. While the mean number of months served in Vietnam was 14 (SD = 8.1), the range was from less than one month (n = 3) to 49 months (n = 1). Over one third (38%, n = 49) of the veterans reported being wounded during their service. Most of the respondents reported being in the enlisted ranks (n = 119) during their Vietnam service; fewer reported being officers (n = 14). The veterans reported that their age during their first tour of duty in Vietnam ranged from 17 to 29 years (M = 21, SD = 2.5).

Instruments

Three general domains were assessed: Vietnam war service, psychological impact of war service, and perceptions of current family satisfaction and functioning. Subjects completed the Combat Exposure Scale (CES; Lund, Foy, Sippreelle, & Strachan, 1984) and the Abusive Violence Scale (AVS; Hendrix & Schumm, 1990) to assess Vietnam war service. To assess the psychological impact of war service, the respondents completed the Purdue Post-Traumatic Stress Disorder Scale (PPTDS; Figley, 1989). Perceptions of various aspects of family functioning were assessed by the Kansas Marital Satisfaction Scale (KMSS; Schumm et al., 1986), the Kansas Parental Satisfaction Scale (KPPS; James, Schumm, Kennedy, Grigsby, Schumman, & Nichols, 1985), the Family Flexibility and Cohesion Evaluation Scale III (FACE III; Olson, Portner, & Lavee, 1985), and the Couple Communication Skills Scale (CCSS; Olson, Fournier, & Druckman, 1987). All research instruments were self-report measures.

The CES (Lund et al., 1984) is an instrument consisting of seven items representing specific, stressful military events that are hierarchically ordered through Guttmann scaling (McIver & Carmines, 1981). An example of the items on this scale is, "Fired Weapon/Fired Upon in Combat." Respondents checked either "Yes" or "No" for each item. The scale's reliability was supported by a coefficient of reproducibility (McIver & Carmines, 1981) of .93, where .90 indicates a reliably constructed Guttmann scale. Concurrent validity of this scale was supported by significant Pearson correlation (r = .86, p < .001) with the longer combat scale used by Endorf, Kadushin, Laufer, Rothbart, and Sloan (1981). In the current study, the CES demonstrated reliability with a coefficient of reproducibility of .95.

The AVS (Hendrix & Schumm, 1990) is a 5-item scale assessing the degree of personal involvement in acts of abusive violence, or "the arbitrary use of violence against persons even when not necessitated by self defense" (Laufer & Gallops, 1985, p. 840). The questions included different aspects of experience with abusive violence and were arranged hierarchically from least experience with abusive violence to most experience. An example of the items is, "I witnessed at least one episode of abusive violence by allied forces." The original development of the AVS scale demonstrated adequate reliability with Cronbach's (1951) coefficient alpha of .81. The scale demonstrated validity through significant Pearson correlations (r = .64, p < .001) with the CES and through factor analysis yielding one factor (abusive violence) accounting for 55% of the scale's total variance (Hendrix & Schumm, 1990). In the current study, the AVS had an alpha coefficient of .77.
The PPTSDS (Figley, 1989) is a 15-item scale based on the diagnostic criteria of PTSD from the Diagnostic and Statistical Manual (Third Edition, Revised; APA, 1987). The items are divided into two groups, 11 relating to the respondent’s experiences of the prior 7 days, and 4 relating to the respondent’s experience since the end of his/her wartime service. For this survey the questions are scored 1 Not at all, 2 and 3 Moderately, and 4 Extremely. Figley (1989) states that the scale appears to have no significant effect for sex, age, or ethnic group and demonstrates adequate reliability with a coefficient alpha of .82. In this study, analysis yielded a coefficient alpha of .94 for the total scale, well above the .80 cutoff suggested by Carmines and Zeller (1979) for widely used scales. Face validity is evidenced by the scales’ similar wording to the DSMIII diagnostic criteria. The scale appears to measure three aspects of the traumatic nature of war service, intrusion (seven items), avoidance (seven items), and the global perception of distress (one item) (Hendrix, Anelli, Gibb, & Fournier, 1992). An example of the items on this scale is, “How often have you dreamed about the event?”

Marital satisfaction is the relative contentment an individual has with his/her marriage and spousal relationship. Marital satisfaction was measured by the KMS (Schumm et al., 1986). The KMS is a 34-item scale assessing relative satisfaction that an individual has with three aspects of marriage. Schumm et al. (1986) demonstrated the concurrent validity of the Kansas Marital Satisfaction Scale through high Pearson correlations with Spanier’s (1976) Dyadic Adjustment Scale (DAS), with the Satisfaction Subscale of the DAS, and with Norton’s (1983) Quality Marriage Index of 0.83, 0.77, and 0.91, respectively (all significant p < .001). In the same study the KMS produced a coefficient alpha of 0.93, indicating its high reliability. In the current study, the KMS had an alpha of .96. An example of the items on this scale is, “How satisfied are you with your relationship with your wife?”

Parental satisfaction is the relative contentment an individual has with three aspects of parenting: the behavior of one’s children, one’s view of oneself as a parent, and the relationship with one’s own children. Parenting satisfaction was measured by the three-question KPSS (James et al., 1985). The KPSS is a 3-item scale assessing satisfaction with the aspects of parenting mentioned above. In two samples evaluating 84 married mothers (sample 2), James et al. (1985) report that the KPSS produced Cronbach alphas of 0.85 for fathers (sample 2), and 0.84 (sample 1) and 0.78 (sample 2) for mothers (James et al., 1985; James, Kennedy, & Schumm, 1985). These results demonstrated the high reliability of this scale. James et al. (1985) also found the KPSS to be significantly correlated with the Rosenberg Self-Esteem Scale as a demonstration of the concurrent validity of the KPSS. In the current study, the KPSS had an alpha of .82. An example of the items in this scale is, “How satisfied are you with yourself as a parent?”

In order to assess family cohesion and flexibility, this study used FACES III (Olson, Portner, & Lavee, 1985). This 20-item self-report instrument is based on the Circumplex Model of family systems that proposes that families who are balanced on cohesion and flexibility tend to function more adequately than extreme families (Olson et al., 1985). Family cohesion is defined as emotional bonding between family members, and family flexibility is defined as the ability of the family system to respond to situational or developmental stresses through changes in power structure, role relationships, and relationship rules. The FACES III instrument was administered once, assessing current levels of cohesion and flexibility. FACES III has demonstrated very good face and content validity and adequate internal consistency reliability for cohesion, flexibility, and total scale (r = .77, .62, and .68) (Olson et al., 1985). In the current study, FACES III yielded coefficient alpha for cohesion, flexibility, and total scale of .95, .85, and .94, respectively. An example of the items in FACES III is “Family members often keep their feelings to themselves.”

Olson (1989) characterizes communication as the third dimension of the Circumplex Model, a facilitating dimension. Communication facilitates a couple’s movement along the cohesion and flexibility dimensions of the Circumplex Model. In the current study, communication was considered to be comprised of the “individual’s feelings, beliefs, and attitudes about the communication in his/her relationship” (Olson, Fournier, & Druckman, 1987, p. 69). Communication was assessed by the 10-item CCSS (Olson et al., 1987). The authors selected this scale because of the CCSS’s theoretical and structural consistency with FACES III. Olson et al. (1987) state that the CCSS demonstrated good internal consistency reliability (r = .85). In the current study, the CCSS had a coefficient alpha of .80. On the CCSS, higher scores indicate higher levels of satisfaction with communication in the relationship. Lower scores indicate lower levels of satisfaction. This scale was chosen due to the theoretical link to the Circumplex Model and structural consistency with FACES III. An example of an item from this scale is, “There are a lot of spontaneous discussions in our family.”

RESULTS

Only veterans who are currently married (or cohabiting) and have children were included in the analysis. This process reduced the sample for hypothesis testing to 82. The authors utilized the Statistical Package for the Social Sciences procedure Correlations (Norusis, 1990) to test the hypotheses.

Correlation analysis was used to test for association between the research variables representing Vietnam war service and psychological impact of war service (hypothesis 1). Combat experience, measured by the CES, demonstrated significant correlations with the variables measuring abusive violence (AVS) (r = .48, p < .001), and the avoidance subscale (r = .27, p < .05). The CES demonstrated nonsignificant correlations with the PPTSDS intrusion subscale (r = .21) and the PPTSDS global perception of distress subscale (r = -.04). Experience with abusive violence, measured by the AVS, demonstrated significant correlations with the PPTSDS intrusion subscale (r = .24, p < .10), the PPTSDS avoidance subscale (r = .35, p < .01), and nonsignificant correlations with the PPTSDS global perception of distress subscale (r = -.07).

Correlation analysis was performed to test for significant associations between the measures of Vietnam service (CES and AVS) and the measures of family satisfaction and functioning (KMS, KPSS, CCSS, and FACES III) (hypothesis 2). FACES III was divided into cohesion and flexibility subscales for analysis. The CES did not demonstrate significant associations with any of the measures of family functioning. The AVS demonstrated an association that was moderately significant with the CCSS (r = -.24, p < .10) and nonsignificant relationships with all others (see Table 1).

Pearson correlations were performed to test the third hypothesis concerning the associations between the measure of the psychological impact of Vietnam war service (PPTSDS) and the measures of family satisfaction and functioning. Correlations were performed using the three PPTSDS subscales: intru-
sion, avoidance, and global perception of distress. The intrusion subscale demonstrated significant negative correlations with the KMSS ($r = - .35, p < .01$), the KPSS ($r = - .28, p < .05$), the CCSS ($r = - .31, p < .05$), FACES III cohesion subscale ($r = - .27, p < .05$), and the FACES III flexibility subscale ($r = - .32, p < .01$). The PPTSD avoidance subscale was significantly negatively correlated with the KMSS ($r = - .30, p < .05$), the KPSS ($r = - .28, p < .05$), the CCSS ($r = - .31, p < .05$), the FACES III cohesion subscale ($r = - .30, p < .05$), and the FACES III flexibility subscale ($r = - .33, p < .01$). The global perception of distress subscale demonstrated nonsignificant correlations with the KMSS ($r = .05$), the KPSS ($r = .11$), the FACES III cohesion subscale ($r = .00$), and the FACES III flexibility subscale ($r = .09$). The global perception of distress subscale marginally significantly correlated with the CCSS ($r = .24, p < .10$) (see Table 2).

**DISCUSSION**

In this study, the first and third hypotheses received moderate support, and the second was not supported. The first hypothesis, that there would be a significant relationship between Vietnam war combat exposure and the psychological impact of Vietnam service was partially supported by the predominance of significant Pearson correlations between the measures of combat exposure (CES and AVS) and the PPTSDs subscales. That neither combat experience measure was strongly associated with intrusion merits further investigation, because other studies (Wilson & Kraus, 1985, Kulka et. al., 1990) have indicated a strong link between the intensity of the traumatic event and the degree to which the event is reexperienced. The lack of association between combat experience and intrusion may be due to the passage of time (20 years). The results provide support for the contention that there is a direct effect of the level of combat exposure on the psychological impact of war service.

The second hypothesis, that increasing levels of combat experience would be associated with lower levels of family satisfaction and functioning, was not supported. The only association was a low magnitude association between exposure to abusive violence and communication. The results indicate that there is no direct effect between the traumatic event and later family functioning and satisfaction.

The third hypothesis, that increasing levels of the psychological impact of war service would be associated with lower levels of family satisfaction and functioning, was partially supported. The Pearson correlations demonstrated significant negative associations between the PPTSDs intrusion subscale and avoidance subscale, as expected. The PPTSDs global perception of distress subscale moderately demonstrated a significant association with couple communication. This indicates a direct negative effect of the subjective evaluation of the traumatic event and later family functioning and satisfaction.

This study confirms previous results by other researchers (Figley & Sprenkle, 1978; Rosenheck & Thomson, 1986) pertaining to the potential impact of wartime service on veterans and their families. After more than 20 years, some veteran's wartime experiences continue to have an impact on their family relationships. The results indicate significant associations between Vietnam combat experience and the psychological impact of war service, and between the psychological impact of war service and family satisfaction and functioning. These associations may indicate that, with the passage of time, war service has a direct impact on the psychological impact of trauma, and an indirect impact on family satisfaction and functioning. The psychological impact of trauma appears to have a direct effect on family satisfaction and functioning. This relationship supports the contention that with the passage of time, the traumatic event is not as significant as the individual's subjective perception of the event. These results support McCubbin and Figley's (1983) Double ABCX Model, which states that the individual's perception of an event is a key intervening variable between the event and the development of a crisis. The results also support life-course theory (Gade, 1991), in that war service as a significant experience appears to directly impact short-term outcomes (PTSD), and to indirectly impact long-term outcomes (family functioning and satisfaction).

**Implications**

Family professionals, such as family life educators and marriage and family therapists, often come into contact with the families of Vietnam veterans. The long-term impact of Vietnam service should not be overlooked as a potential impediment to current family satisfaction and functioning. This study provides further evidence for the potential negative effects of war service through the predominance of significant negative associations between measures of the impact of war service on family satisfaction and functioning. Even though this study was a rather small, predominantly male sample of Vietnam veterans, the results can, with care, be generalized to the larger category of Vietnam veterans and their families. Further research can attempt to link these results to families with members who are survivors of other traumatic events, such as violent crime or natural disaster.

Because nothing can be done retroactively to reduce the amount of combat exposure received during wartime, helping professionals would do well to take a systemic view and to target the psychological impact of war service as one means of improving family satisfaction and functioning. Educators and therapists should recognize that the psychological impact of a traumatic event experienced by one family mem-

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**Table 1. Correlation Matrix for Vietnam Service Variables and the Measures of Family Functioning**

<table>
<thead>
<tr>
<th></th>
<th>Kansas Marital Satisfaction Scale</th>
<th>Kansas Parental Satisfaction Scale</th>
<th>Couple Communication Skills Scale</th>
<th>Family Flexibility and Cohesion Evaluation Scale III</th>
</tr>
</thead>
<tbody>
<tr>
<td>Combat Exposure Scale</td>
<td>.18</td>
<td>.06</td>
<td>-.24*</td>
<td>.12</td>
</tr>
<tr>
<td>Abusive Violence Scale</td>
<td>-.07</td>
<td>.06</td>
<td></td>
<td>.06</td>
</tr>
</tbody>
</table>

*p < .10.

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**Table 2. Correlation Matrix for Purdue Post-Traumatic Stress Scale and the Measures of Family Functioning**

<table>
<thead>
<tr>
<th></th>
<th>Kansas Marital Satisfaction Scale</th>
<th>Kansas Parental Satisfaction Scale</th>
<th>Couple Communication Skills Scale</th>
<th>Family Flexibility and Cohesion Evaluation Scale III</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intrusion Subscale</td>
<td>-.35***</td>
<td>-.28**</td>
<td>-.31**</td>
<td>-.27**</td>
</tr>
<tr>
<td>Avoidance Subscale</td>
<td>-.30**</td>
<td>-.28**</td>
<td>-.31**</td>
<td>-.32**</td>
</tr>
<tr>
<td>Global Perception of Distress Subscale</td>
<td>.05</td>
<td>.11</td>
<td>.24*</td>
<td>.00</td>
</tr>
</tbody>
</table>

*p < .10.  **p < .05.  ***p < .01.
ber will affect the family system of which that person is a member. Educators can assist veterans and family members to recognize Vietnam service as a significant traumatic event for many veterans that can have a profound negative impact on family satisfaction and functioning and can teach alternate coping strategies. Family educators can help family members to identify relevant community and governmental resources and to access those resources.

Programs such as educational groups teaching awareness of the impact of a traumatic experience on the individual and his or her family would be helpful. Not only can veterans receive assistance and education about their experiences, but their families can learn how to deal with the possible impact the veteran’s wartime experiences can have on the family. Families can learn how to better manage the changes and struggles that they may be facing and how to pull together for more effective coping. These interventions can be done either in groups (such as support or community groups), in family therapy that personalizes assistance to the particular family system, through marital therapy for couples dealing with changes in their marriage, or possibly via individual assistance and education. The best format would be to work with the family as a whole in attempting to cope with the long-term impact of war service. Subjects that would be helpful for families coping with the long-term impact of war service could include: symptoms of PTSD, impact of war service on individuals and families, parenting skills, marital enrichment, family communication, problem-solving skills, and conflict resolution. Therapists and educators can draw from their own resources in helping families deal with the subjects, as well as utilizing other community resources. Other resources might include veterans’ hospitals or veterans’ outreach centers. Therapists and educators can also draw from instruments that can facilitate identifying problem areas for the families and help therapists construct future plans in working with the families.

Family therapists should determine whether client families have a member who is a Vietnam veteran and assess the extent to which there are still unresolved issues from this experience. Using the diagnostic criteria for post-traumatic stress disorder can be a valuable addition to the family therapist’s assessment of family processes. The potentially significant impact of Vietnam service should not be overlooked. If PTSD is a potential aspect of the family’s process, then PTSD should be treated within a family focus. Isolating the veteran for treatment should be avoided, because this isolation could reinforce patterns of low cohesion, flexibility, and communication. Since these patterns have evolved over many years, the family is the most relevant environment in which to treat these patterns. Separate treatment for PTSD should be used for those most troubled by their war service, but only in concert with family treatment.

Additionally, with help from family life educators and therapists, the family can serve to detect the symptoms, confront the problems stemming from the PTSD, recapitulate the traumatic events, and resolve the trauma-inducing conflicts associated with the events (Figley, 1986). Assimilation and integration of the traumatic events experienced in Vietnam are essential for the individual to reach resolution of PTSD. When a supportive recovery environment exists, provided by significant others and a meaningful community, the individual may gradually work through the trauma (Wilson & Kraus, 1985). Since PTSD also seems to impact family satisfaction and functioning, not only can the family be a supportive environment for the veteran, but the family can benefit through the potential increase in family satisfaction and functioning that can come from the decrease in PTSD symptoms.

Rosenheck and Thomson (1986) also offer hope for Vietnam veterans and their families. They see family relationships as significant keys to the future for the veterans affected by PTSD. These veterans committed courageous actions during their time in Vietnam and may be similarly courageous in facing current challenges within their families. In addition, improving family functioning may be a viable means for decreasing the severity of the PTSD for the individual Vietnam veteran. The best support for this comes from findings of a significant correlation between family functioning and severity of PTSD (Silver & Iacono, 1986).

Suggestions for Future Research

There are two major limitations to this research that could be the bases for future research on the impact of traumatic experience on later family life. First, the subjects for this study were all Vietnam veterans and predominantly male. The narrow sample limits the external validity of the results to the rather specific group of Vietnam veterans. While there is theoretical justification for all traumatic experiences having similar effects, there is need to conduct research that would allow for generalization beyond the current study. A second limitation is the potential that the results of the bivariate correlations could reflect the existence of another factor that causes the research variables to covary. Future studies can expand on this research in three ways. For those studying Vietnam veterans, longitudinal designs could assess the nature of the current family functioning and satisfaction. The current research represented only a snapshot of the veterans and their families; a longitudinal design could give a more accurate depiction of the family through time. A second suggestion for future research would be to interview multiple members of the veterans’ families. At minimum these interviews should be conducted with the veterans and their spouses. A third suggestion would be to replicate this study with survivors of other traumatic events, such as survivors of violent crimes or natural disasters. The impact of traumatic events on families is a research area that deserves more investigation, especially concerning the long-term impact.

REFERENCES


