

An Inside Look at the Impact of First Responders' Work on Their Relationships

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First Responder (husband): I would happily give my life for my wife!

Wife: Who's asking you to die? If it will kill you to take out the trash and hold me every once in a while without the expectation of sex, then go for it! All I really want is for you to be here when you are home ... and take out the freaking trash!

The aforementioned interaction typifies what is seen in counselling between a First Responder and his or her intimate partner. There is a stark irony with a First Responder that is willing to give his life for a potential stranger, but struggles with connecting and living a life that is fully available with his family.

Why the Disconnect?

Paramedics, police, and firefighters are the first to come to the scene in emergency situations. First Responders do superhuman feats in dealing with the rawness of human nature, tragedy and trauma; however, they are human in the way they develop internal coping methods. In their humanness they are susceptible to things like Post Traumatic Stress Disorder, vicarious and secondary trauma, as well as compassion fatigue. In order to understand the potential emotional walls First Responders build, we will take a deeper look into the different types of traumas First Responders face.

Post Traumatic Stress Disorder

Post Traumatic Stress Disorder (PTSD) is a result of exposure to traumatic experience. First Responders may experience a traumatic event directly, such as being in a car accident en route to a call, or being exposed to a significant house fire. Mental Health Professionals call

these significant one-time traumas “Big T traumas.” The daily stress of working in dangerous situations is indicative of “Small T traumas.” These situations can have a huge impact on the First Responder and his/her relationships.

Genetic predisposition to trauma, factors from childhood development, some personality processes, and stress response patterns in the central nervous system can predispose a person to PTSD (Agaibi & Wilson, 2005). Trauma differs from person to person. Some victims may experience more emotional and behavioral symptoms. For others anhedonic or dysphoric mood changes and negative cognitions may be more distressing. PTSD can happen to anyone at any age. The first symptoms usually present three months after exposure to the initial traumatic event. Untreated PTSD affects individuals and families both physically and psychosocially.

Secondary Traumatic Stress and Compassion Fatigue

Secondary Traumatic Stress (STS) impacts people who are working with trauma victims. First Responders are exposed to a host of significant traumatic events that infect them like an emotional virus. The direct threat of the loss of life is a key difference in the development of PTSD vs. STS. When Hurricane Katrina took almost 2000 lives and devastated homes on the Gulf Coast of the United States, PTSD symptoms began presenting in the survivors, while some of the relief workers who traveled to the Gulf Coast to assist the battered and homeless came back with symptoms of STS. The relief workers did not face life-threatening situations, but the exposure to the trauma and loss on the Gulf Coast had a powerful affect nevertheless.

This familiar phenomenon is what typically affects First Responders. The symptoms can range from headaches, nausea, sleeplessness, intrusive imagery, difficulty trusting others, emotional numbing or flooding, and sexual difficulties (Neumann & Gamble, 1995). This is a perfect recipe for relationship disharmony.

If you are worn out at this point by simply reading about what First Responders encounter on a daily basis, you may have a small idea of what STS, also known as “Compassion Fatigue,” feels like. When a First Responder takes on a feeling of responsibility for victims of a trauma, the pain and suffering from that close connection can impact him personally and professionally (Rothschild & Rand, 2006).

The Impact of Trauma on Relationships

Emotional numbing is one way for First Responders to cope in emergency situations. Workers usually detach from others, lose interest in activities, and limit their ability to show emotions in an effort to avoid negative feelings caused by the trauma (Feeny, Zoellner, Fitzgibbons, & Foa, 2000). The use of emotional numbing right after trauma can cause psychological problems later both for the First Responder and for those who are supporting them. Understanding the impact of trauma on the First Responder gives insights into how the First Responder's traumatized state could impact or influence those around him or her.

Professionals, family, and friends are exposed to the vulnerability of secondary trauma, since the work life of a First Responder can impact their family life. Every healthy relationship is based on trust and communication. Coming home from work and sharing details about the day is a normal part of many marriages. For First Responders, this often means sharing stories of trauma (Meffert et al., 2014). As a result, spouses of first responders are at high risk of Vicarious Trauma. When spouses listen to the terrifying stories of First Responders, they often witness the pain the First Responders are experiencing. The empathic relationship the First Responder felt with the traumatized victim can bring symptoms of PTSD on the spouse.

Couples bond by sharing emotions and experiences. However, when the First Responder's experiences become overwhelming to their spouse, decreased relationship satisfaction as well as higher chances of secondary trauma can result. The significant other does not have to be present at the scene for the images described to have a traumatic effect. Reciprocally, symptoms of trauma in one partner influence symptoms of the other partner. Spouses who experience anxiety may exhibit anxious or angry behavior, which can cause an arousal of symptoms in the First Responder (Goff & Smith, 2005).

Symptoms of trauma can also change parents' behavior toward their children. For example, a parent who experienced trauma may feel angry toward the child. Research shows that individuals with PTSD have more violent marriages (Meffert et al, 2014). This violence may come from the individual with PTSD, but also may flow from the spouse toward the other individual. Often, children may not understand the issues involved in the behavior, but they are still affected by the behavior of the traumatized parent. Research shows that parents' symptoms

of PTSD affect children's psychological wellbeing, specifically children's level of anxiety, depression, PTSD, and behavioral problems (Lambert, Holzer, & Hasbun, 2014). Sometimes children try to connect to their parents by acting like them; therefore, children may show symptoms of PTSD which result in problems at school and problems in their own relationships. They may have problems in establishing strong interpersonal relationships.

The First Responder, his intimate relationships, as well as his entire family and support system can be impacted by trauma. The impact of the job can run through the support system like a stomach virus travels through a grade school classroom. The impact of trauma on the First Responder creates a conundrum; he or she is willing to die for a stranger, but struggles to live connectedly at home with his significant other.

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