

Post-traumatic Stress Disorder (PTSD) and Coping Strategies: A Case Study of a Family of a War Stricken Soldier

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ABSTRACT

The current study aimed to knowing the level of PTSD among a family of a War Stricken Soldier (the wife and eldest daughter), and knowing the clinical indications for PTSD symptoms to the cases, also it aimed to search about the coping strategies which the wife and the eldest adopted and study the effect of these coping strategies on relieving PTSD symptoms, and it aimed to knowing the dynamic motivations for the cases responses on the TAT cards, that underlie the emergence of PTSD symptoms and the adoption of specific coping strategies. Several tools were used, Semi Structured interview, Thematic Apperception Test (TAT), Davidson Scale for Post-Traumatic Stress, Post-Traumatic Coping Strategies Scale. The study results indicated to the existence of mild level on PTSD to the wife, and moderate level to the daughter, Problem-solving strategies have emerged as the wife's strongest coping strategies, and avoidance strategies have emerged as the daughter's strongest coping strategies. The responses of the two cases on TAT and the analysis of their latent dynamic motivations are discussed.

Key Words: Posttraumatic Stress Disorder (PTSD), coping strategies, case study.

INTRODUCTION AND THEORETICAL BASIS

A person is exposed during the different stages of his life to many traumatic events, which may be a failure or a traumatic event for him or one of his family members or companions, which makes him vulnerable to suffering and psychological pain, we call these experiences Post-traumatic Stress Disorder (PTSD). In DSM-5th ed., trauma and stressor related disorders include disorders in which exposure to a traumatic or stressful event is listed explicitly as a diagnostic criterion such as PTSD (American Psychiatric Association, 2013).

The most characteristic symptoms of PTSD are re-experiencing symptoms. PTSD sufferers involuntarily re-experience aspects of the traumatic event in a very vivid and distressing way (National Collaborating Centre for Mental Health, 2005). Exposure to a life-threatening or horrifying event, such as combat trauma, can lead to the development of PTSD (Barnes, Rigg & Williams, 2013), also Ballenger et al. (2013) indicated that the essential features of PTSD may involve intense fear, hopelessness or horror.

Individuals responding to stressful events depends on an individual's perception of the meaning of the stressful event and its impact on his life and experience (Gameel, 1998). And Presence of one or more of some intrusion symptoms associated with the traumatic event such as: Recurrent, involuntary, and intrusive distressing memories of the traumatic event, Recurrent distressing dreams in which the content and/or affect of the dream are related to the traumatic event. Dissociative reactions such as flashbacks in which the individual feels or acts as if the traumatic events were recurring (American Psychiatric Association, 2013).

People may have distressing dreams or nightmares of the event, and may feel very uncomfortable when confronted with a reminder of the event (e.g., war movie), they may avoid certain triggers or reminders of the trauma (e.g., conversations, places, and thoughts associated with the event), and they often feel numb so they may feel emotionally distant from other people and engage in previously enjoyed activities less often, People may experience increased arousal, so they may be irritable and/or have angry outbursts, and may experience insomnia (problems falling or staying asleep), Additionally it they may feel hyper vigilant and startle easily (Sherman, 2008), and re-experiencing the trauma, avoidance and numbing, and hyper arousal symptom clusters in the aftermath of the event (Kessler, Sonnega, Bromet, Hughes, Nelson , 1995).

It is known that from the real causes can lead to post-traumatic stress disorder, the events of wars and military combat, and in psychiatry's classification system, PTSD is termed an anxiety disorder –much like panic disorder, generalized anxiety disorder, and obsessive- compulsive disorder, Traumatic events can include a wide variety of different experiences, including military combat (Sherman, 2008), and by DSM-5th ed., Diagnosis of PTSD in adults and adolescents should be based on several criteria include: Exposure to actual or threatened death, serious injury, or sexual violence which experienced by the one himself, or by a close family member or close friend. In cases of actual or threatened death of a family member or friend, the event must have been violent or accidental (American Psychiatric Association, 2013).

The psychological literature indicates high rates of experiencing PTSD, national opinion polls in the United States indicated that between 40-70% of individuals have had traumatic experiences (Breslau, Davis, Andresk & Peterson, 1991). Elliott (1997) found that 40% of individuals have experienced traumatic events related to natural disasters and road accidents, 43% have witnessed family violence, and 50% had traumatic experiences in their personal relationships.

As for the age at which PTSD symptoms are most common, PTSD is a disorder that can affect people of all ages. Around 25–30% of people experiencing a traumatic event may go on to develop PTSD (National Collaborating Centre for Mental Health, 2005), and researchers found that, depending on whether full or partial DSM diagnostic criteria were used, women in the general population were 2.4 to 2.8 times more likely than men to experience PTSD (Holbrook, Hoyt, Stein, & Sieber, 2002).

Also, Breslau and Davis (1992) found that women are at greater risk than men of developing PTSD after exposure to trauma. Prevalence of combat-related PTSD in U.S. military veterans since the Vietnam War is estimated between 2% and 17%,⁴ 12.6% for those who fought in Iraq and 6.2% for those who fought in Afghanistan.⁵ More than one-third of PTSD cases fail to recover even after many years, showing PTSD to be a chronic disorder representing a significant and costly illness to veterans, their families, and society as a whole (Kessler, Sonnega, Bromet, Hughes & Nelson, 1995).

Wars not only affect the psychological health of soldiers and fighters, but also affect their families, and among the disorders that PTSD is common for, there are many ways for them to cope with the symptoms of this disorder, Sherman (2008). The effect of injuries that occur to soldiers in war does not only affect these soldiers, but this effect also extends to their families, Cook, Williams and Harrison (2012) indicated that Injuries to soldiers and PTSD spill over to soldiers families and children, and Fares et al. (2017) found that Psychological symptoms, especially PTSD, were high in war-affected populations many years after the war, and found that Symptoms of negative cognition and mood were more common in the long run.

In addition, job instability was the most frequent socioeconomic repercussion among the participants (88%), also Qadumi and Hilo (2003) found in their study high prevalence rates of PTSD symptoms for families of war martyrs and injured, the prevalence rate was 71.4%, and the Coping rate was also high as it reached 79.8%, and PTSD symptoms were higher among mothers than fathers. Sbeirah, Sady and Badr (2019) found that PTSD symptoms in families of war martyrs were not affected by the period that elapsed after the trauma.

The concept of coping strategies has become increasingly used in the field of mental health and counseling, especially in studies on stress, and it is not possible to talk about stress without talking about methods of dealing with it, because understanding the nature and effects of stress is always linked to an understanding of methods to overcome it, and using specific coping strategies that affect how stresses work on our psychological life.

Coping strategies are set of psychological efforts and processes that are used to manage stress and reduce its effects (Tebbi, 2005), and coping styles express the way you think about stressful events and the way we respond to them, and it is one of the mediating factors between the impact of stress and the adaptive outcome of the individual (Bedea, 2013), and people may avoid certain triggers or reminders of the trauma (e.g., conversations, places, and thoughts associated with the event), and Persistent avoidance of stimuli, negative alterations in cognitions and mood associated with the traumatic events (American Psychiatric Association, 2013).

Coping strategies are divided into two main types, active and passive, active types are as follows: Appraisal focused coping which aimed to helping the person to understand the traumatic situation by evaluation and reevaluation (Beshry, 2004); Problem focused coping which including procedures and practical situation for facing the traumatic event and its results; and emotions focused coping, it's from focusing on feelings and emotions control skills which exciting by traumatic event (Alatrash, 2000). Passive coping strategies include: Traumatic acclimatization or aggression, in it the person makes aggressive efforts to change reality (Alhabet, 1987), the second passive strategy is Avoidance and escape, which occurs due to the lack of capabilities to face the situation (Littleton, Horsley, John, & Nelson, 2007), the third is transportation, such as overeating, smoking, or sex (Bengman, 1997), the fourth is regression, it's Subconscious mechanism which the person resorts to a stage of his previous development in which he felt safe and stable, to escape the painful reality (Alhabet, 1987), and the last passive strategy is Daydreaming, in which the person escapes from the realm of reality in which his desires and needs are not satisfied, to the world of imagination (in: Momani & Alzagoul, 2011).

Some of coping strategies allow overcoming difficulties and reduce the resulting tension, while some may exacerbate the severity of the problem, and coping strategies help the individual to achieve psychosocial adjustment (Tebbi, 2005). Social support as a coping strategy positively affects reducing the impact of trauma, and individuals who are under severe stress always seek support from others (Alsafadi & Ogresh, 2001), and to alleviate the stress and psychological tension caused by the prevailing situation, and evaluation of coping methods helps psychotherapists in diagnosing non-adaptive confrontation, and to suggest alternatives and more adaptive ways to manage stresses (Tebbi, 2005).

Koutsomou et al. (1996) indicated that experiencing stress is not the decisive factor in experiencing stress, but rather how an individual faces these pressures. In it, Atkinson et al. (1990) stated that all forms of disruptive behavior are the result of an unsuccessful coping ways, and Blankstein, Flett and Watson (1992) indicated that Individuals with an effective problem-solving strategy are characterized by focused confrontation on the problem or on reducing the impact of the problem they encounter, and this leads to a reduction in the negative emotion resulting from it.

Tebbi (2005) found that coping styles differed according to the severity of the trauma, Sherman (2008) found that people may avoid certain triggers or reminders of the trauma (e.g., conversations, places, and thoughts associated with the event), and Selimbasic, Brkic, Kravic and Hamidovic (2018) found in their study that the severity of the symptoms of PTSD (2.39%) and the most common strategy of dealing with veterans of war was a projection (68.31%) and intellectualization (56.20%), and Sbeirah et al. (2019) found that The severity of the trauma varies with the time period and the level of education.

From the above, the current study attempts to answer the following questions:

- What's the level of PTSD of a family of war-stricken soldier, and what's the type of coping strategies they have?
- What are the characteristic clinical signs for the cases with PTSD?
- Does adopting specific coping strategies perpetuate PTSD at the cases for a long period of time after the trauma?
- What dynamic motivations do cases responses show on the TAT cards, that underlie the emergence of PTSD symptoms and the adoption of specific coping strategies?

Sample of Study

The sample of current study consisted of two cases from Saudi soldier family, the first case was his wife, they are married for 20 years old, she's 40 years old, mother of four, one daughter (the second case) and three sons, works as a school principal. The second case was his daughter, she's 18 years old, university student, she's the elder sister of three brothers Males, average school level.

Tools

- Semi Structured interview: A semi Structured interview is a verbal interchange where one person, the interviewer, attempts to elicit information from another Person by asking questions (Longhurst, 2016), Dunn (2005) explained semi Structured interviews is in the middle between structured and unstructured interviews, this form of interviewing has some

degree of predetermined order but still ensures flexibility in the way issues are addressed by the informant.

- **Thematic Apperception Test (TAT):** The TAT developed in 1935 by Henry Murray and his student Christiana Morgan, consists of 31 cards, most of which portray individuals in ambiguous situations (Lilienfeld, 1999).
- **Davidson Scale for Post-Traumatic Stress:** The scale consists of 17 items developed from the diagnostic criteria for DSM 4th ed., these 17 items of the scale are divided into three sub-scales, traumatic experience recovery, it includes 5 items 1, 2, 3, 4, 17. Avoid traumatic experience, it includes 7 items 5, 6, 7, 8, 9, 10, 11. The third factor is Irritability which include 5 items 12, 13, 14, 15, 16. Cases of PTSD are diagnosed by one symptom of recovery, three symptoms of avoidance, and one symptom of Irritability (Manqor, 2016).

Table (1): classification of the Trauma severity on Davidson Scale for Post-Traumatic Stress

Scores	Trauma severity
0-17	There is no trauma
18-34	Mild trauma
35-51	Moderate trauma
52-68	Severe trauma

Post-Traumatic Coping Strategies Scale: Posttraumatic coping strategies scale has been developed several times. Vitaliano et al. in 1985 prepared a short version of the scale of 49 items, then Paulhan et al. abbreviated it in 1994 to 29 items. This short version was translated into Arabic in 1998 by Beamish (Tebbi, 2005). The scale consists of 29 items distributed over five Factors: problem-solving strategies, seeking social support strategies, avoidance strategies with positive thinking, positive reassessment strategies, and self-reprimand strategies.

Cases presentation

Case no. 1: S.M. is the wife for 20 years of a Saudi soldier, he was Stricken in the war with the Houthis which called decisive storm for about two years ago, she is 40 years old. Her appearance is simple well-groomed and her daughter (case no. 2) helps her in choosing her clothes. S.M. shows physical stress, fatigue, chronic migraine and colon disease. Her social relationships are good but there is no depth in these relationships. The wife described her feelings upon hearing the news of her husband's injury, that she went into a coma as soon as she heard about her husband's injury, she was taken to the hospital and This led to her being born early, the case suffered from feelings of intense fear for her husband throughout the war and fear of recurring this accident for him.

She appears to be physically and psychologically exhausted, constantly suffers from headaches, fatigue, and irritable bowel syndrome. She suffers from quick forgetfulness and lack of focus, the economic level is good. She remembers well the situation in which she fainted, and the chaotic state of her family. She suffers from frustration and a sense of negligence and guilt towards her family. Also she suffers from rapid excitement, anger, nightmares, and difficulty concentrating. These symptoms appear clearly especially after the trauma, and it's still present. The nature of the husband's work and his absence from his family inflated her sense of responsibility and a sense of negligence towards her children and that she is committed to the pledge with her husband to protect the children in his absence.

Case no. 2: R. G. is the eldest daughter of her parents. She is 18 years old, university student. Her father was injured during the war. This incident caused for her a sense of intense fear and anxiety about the future, her younger siblings and her mother, she pretended to be tough so as not to see the looks of pity on the relatives. Her appearance is simple, elegant, and well-groomed, she does not suffer from any physical problems or illnesses. she is characterized by calm, balance, and mental alertness.

RESULTS AND DISCUSSION

To answering the first question at the current study, it was applied Davidson Scale for Post-Traumatic Stress, and Post-Traumatic Coping Strategies Scale, to know the level of PTSD, and to determine the coping strategies with traumas for the two cases, and the result is as shown in tables 2, 3:

Table (2): Cases scores on PTSD scale

subscales	Case (1): The wife			Case (2): The daughter		
	score	Equivalent degree	Trauma severity	score	Equivalent degree	Trauma severity
Traumatic experience recovery	13	44.2	moderate	14	47.6	moderate
Avoid traumatic experience	4	9.7	No trauma	16	38.9	moderate
Irritability	12	40.8	moderate	11	37.4	moderate
Total score	29		Mild	41		moderate

from table (2) it was found that the severity of subscale "traumatic experience recovery" for the wife was moderate, and the severity of second subscale "Avoid traumatic experience" for her was "no trauma", but for the total score for the scale the severity was mild. It was different for the daughter, the severity of first subscale was moderate, and the second subscale severity was also moderate, and for the total score, the severity was moderate.

Table (3): Cases scores on Coping Strategies Scale

Coping strategies	Case (1): The wife		Case (2): The daughter	
	Score	Equivalent degree	score	Equivalent degree
problem-solving strategies	32/32	4/4	18/32	2.25/4
seeking social support strategies	16/20	3.2/4	14/20	2.8/4
avoidance strategies with positive thinking	23/28	3.28/4	22/28	3.14/4
positive reassessment strategies	18/20	3.6/4	17/20	3.4/4
self-reprimand strategies	12/16	3/4	10/16	2.5/4

As shown as in table (3), the strongest coping strategies for the first case (the wife) were problem-solving strategies and positive reassessment strategies, but the strongest coping strategies for the second case (the daughter) were positive reassessment strategies and avoidance strategies.

And to answering the other questions for the current study, to analyses the characteristic clinical signs for the cases with PTSD and them dynamic motivations, and to know the effect of using specific

coping styles on reducing PTSD severity, 20 cards of TAT were applied to the two cases. These cards were: 1, 2, 3GF, 4, 5, 6GF, 7GF, 8GF, 9GF, 10, 11, 12F, 13GF, 14, 15, 16, 17GF, 18GF, 19, 20.

Through the analysis of case 1 responses (The wife) on these cards, the following was concluded: The short stories that the wife told and her unwillingness to complete some of them were noted, and the unification of symbolism in most of the stories she told, this indicates feelings of shock and depression in addition to the subconscious desire to avoid situations that provoke trauma again, loss of interest, lack of activity, and the inability to define feelings, It also means denying reality, rejecting it and fleeing from it.

In card 1, the wife made the protagonist of the story her first son (second in order after her eldest daughter), and that he feels sad and frustrated at his failure to learn what he wants, and that he is exposed to failure every time, and this reflects the fear of the situation for the future This was also evident in the case responses to Card 2 by emphasizing the concept of family, family meeting, tranquility and simplicity.

It also appears from the wife responses on Card 1 her struggle with reality, her rejection of it and her bearing great responsibility for her, in Card 2 feelings of frustration and fear appear, feelings of denial also appeared, as the case responses revolved around a girl trying to escape by herself from ignorance and darkness and change her surroundings. She looks forward with all longing to that, and refuses to be like the old woman who leans on the trunk of the tree, she was fed up with the fatigue and hardship she faced in her life, and she even mentioned that this woman was 40 years old (the same age as the case), she described her in spite of that as an old woman. In card 3GF there is a subconscious denial of feelings of frustration and fear.

In Card 4, she is worried about her husband, and she confirmed that by saying that she is not afraid of him, but on him, it is the feeling of remorse that the wife suppresses, she told that he is going for her and her children. Feelings of fear for the husband are also shown about an unknown fate, it also shows through the wife's responses the feelings of jealousy that the husband has, which provokes his anger from his wife. In card 5 the case told a story about a woman waiting for guests she does not want or she is forced to receive them, this indicates her lack of the social aspect and friendships, this is consistent with the results of the interviews conducted with her.

In card 6 GF, the case confirmed the idea of escaping from reality, so the protagonist of the story does not want to live the experiences of the difficult past again, as it appeared in the response of the case to the story, her indication that the protagonist of the story had improved her appearance and financial status after escaping from the reality in which she was living, and that she married a rich person who works as a merchant, this is the search for the situation for safety, and in spite of the case told about this woman that the husband threatens her with something from the past, she is in shock at what the husband said, this indicates feelings with insecurity, confusion in the future, and rejection of reality, it is a type of coping strategies, which is avoidance.

In card 7GF, the case was dominated by the idea of a young woman who fled the countryside, married a rich man, and her financial condition improved, but she still felt fearful and insecure, in this card, this girl became a mother for a young girl, she wanted to teach her the best education, the mother insists on completing her role and her duty, despite the little girl's feeling of boredom, at the

same time it was occurred the rejection of the past that the girl lived and her desire to escape from it.

In card 8GF, the protagonist is the same girl and she is the focus of all the stories. The case called her "Amal", it is an Arabic name which means in English "hope", also there was the same comparison between the past and the desire to escape from it to a comfortable future, and that her affairs changed after escaping from her difficult reality that she could not stand. She searched about the hope which changed her life to live in safe and calm she missed. In card 9GF, Freedom from childhood problems that appear in the little girl, who is the daughter of the woman called "Amal," and she is a stubborn and bored child (as the case said), the mother is watching her because she heard something about her from the neighbors, it is the complexity of childhood and its problems, the mother spies on the young daughter. this confirms the struggles that the wife suffers. At last in card 14, case responses Show fear of the future and an urgent desire for a quiet life in which the husband defended his wife and took her rights.

Similarly, and Through the analysis of case 2 responses (The daughter) on the TAT cards, the following was concluded: The completion and length of the stories indicates the strength of the case's imagination and the strength of her ego, and this corresponds to coping strategies with PTSD that appeared in the daughter, it was occurred that avoidance strategies with positive thinking were the strongest strategies on her, and the weakest were problem-solving strategies.

PTSD symptoms appeared in many places of the daughter's responses to the TAT cards. For example, avoiding the stimuli associated with trauma appeared in more than one place, where the focus on male parents appeared together in more than one scene, in card 1 which is an unconscious denial and rejection of the nature of the subject of trauma, her father had an accident that almost killed him. She confirmed this idea again in card 2 by focusing on family conception, her father and mother are always together

In card 3GF, the protagonist of the story has feelings of sadness over the loss of her father in a war, and in card 9GF, sometimes it occurs avoidant projection for the case, by forcing the parents to their daughter to a certain life and not to leave the house at the time she wants, in that, the daughter shows her escape from feelings of trauma. She wants to tell herself that she might get benefits even if she loses a parent.

Avoidance of feelings related to trauma has also been shown in many places. In card 1, the appearance of the parents in the daughter's responses in more than one situation is a kind of avoiding the feelings of loss that the daughter experienced at the time of the traumatic event. Also avoidance of feelings related to trauma appeared in more than one place in the stories narrated by the case. In responses to cards 1, 3GF, 7GF, the appearance of parents in more than one situation is considered a kind of avoiding feelings of loss experienced by the case at the time of the traumatic event, and the daughter's attachment to her father appeared in the story, and that she was spoiled for him, also appeared, but the arrival of reports that her father had died in the war made her lose everything beautiful in life, which put her in a state of sadness and deep depression. The rejection of reality was quite clear in linking the places of the stories to a foreign country other than the one in which the case (daughter) lives, as well as thinking about death and orphanhood due to the loss of her father (in the story) and the unfair treatment that the protagonist was subjected to.

Isolation and aversion to people have also been shown in responses to cards 1, 4, 5, 8GF, 14, feelings of sadness appeared in the protagonist of the story, and his pain and physical injury made him unable to attend celebrations or any other social events, not even wanting to. Also the idea of escape (the protagonist of the story escaping from his wife who married her against his will) also dominated the case, which is a kind of aversion, also attachment to places and not to people, especially her room, office and books was appeared, and preoccupation with meditating, she decided that this meditating is the only way to rest. She (the daughter) mentioned the word bat, and it is a name given to the protagonist of the story because he always lives in the house and does not go out of it all day long, and he only goes out at night alone like a bat.

In responses to cards 1, 2, 9GF, 11, avoid activities, places and people associated with trauma has been shown, as this matter appeared in the abstention from the activities which protagonist of the story loved. This avoidance of activities and places that provoke feelings of shock in her was repeated, and this was demonstrated by her projection of the nature of the place she desires to live in, which is a simple, quiet rural environment with no clamor, wars or problems threatening her life and the life of any one of her family members, especially the parent who has become her center of attention. The daughter referred to the sounds of destruction and devastation experienced in the situation as she lives with her family near the scenes of war. In most of the stories narrated by the daughter (case 2), scenes of love and attachment were limited only to her father, as she indicated in her response on card 10 that the protagonist of the story lost her mother since the first year, and here is the strong connection between the case and her father who worked hard only for her and that when he approached her about the idea of her marriage, she burst into tears just thinking that she would be separated from her father.

A sense of an unpleasant future was appeared in the case responses on TAT cards, it emerged from the protagonist of the story for card 1, the child's attachment to his parents, and his unconscious rejection of losing one of them, and that they are the source of his talent, happiness and sense of security. This was also repeated in Story for card 2, where the case emphasized the link between the father's work and the financial position, which would bring her and her family stability and a decent life. He (the father) cultivated, reaped, sold, and made a good profit. The idea of escaping controls the subconscious of the daughter, as she escapes from what was imposed on it, and in the end the joy does not take place and the wedding is not complete, The idea of escape controls the subconscious of the case. This sense of an unpleasant future which does not call for optimism, was also appeared through the sale of the father of the protagonist to his house so that he could overcome the difficult circumstances that he lived, and the state of destitution or extreme poverty that afflicted the family after being exposed to traumatic circumstances, in card 12GF Delusions, theft, and nightmares featured in the story. All of this confirms the feelings of insecurity and fear of the future that the daughter feels due to the trauma.

By analysis of the daughter responses on TAT cards, it was shown that there is coping in one way or another with the traumatic event (remembering repeatedly and stressing - recalling the event in dreams - psychological stress - different physiological responses - arousal). Avoidant coping strategies appeared in more than one location in the daughter responses on the cards, it was shown more than once, the idea of escape, rejection of reality, theft, darkness, contemplation of nature, reading and being absorbed in delusions.

CONCLUSION

The responses of the cases on the TAT test cards were consistent with the results of the tests that were applied and the data collected through interviews with the cases, as all sources confirmed the presence of symptoms of PTSD, but the dynamic motivations that drive the symptoms were different between mother and daughter. Therefore, the severity of disorder was differed between them, so the symptoms were more severe in the daughter than the wife, the most controlling dynamics over the wife were struggles of survival and the search for safety and calm, and buried conflicts from the past and dissatisfaction with reality, as for the daughter, the dynamics that dominated her were intense attachment to the father and that it is the source of safety for her and her family, the thought of his death means an insecure future and an exhausted darkness. The coping strategies taken by both cases (wife and daughter) affected the severity of PTSD in each of them, as the wife's strongest coping strategies were, problem-solving strategies, and positive reassessment strategies, this had the effect of relieving symptoms of trauma. On the other side, the daughter's strongest coping strategies were positive reassessment strategies, and avoidance strategies with positive thinking, theses avoidance strategies for daughter made the severity of PTSD was higher than that seen at the mother.

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