



PTSD symptoms, disclosure, and relationship distress: Explorations of mediation and associations over time[☆]



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ABSTRACT

Emotional numbing symptoms of posttraumatic stress disorder (PTSD) are negatively associated with relationship satisfaction in combat veterans and their romantic partners. Many speculate that one mechanism of this association may be decreased disclosure by veterans, but previous studies lacked appropriate data to test this hypothesis. In a sample of 224 OIF/OEF-era National Guard service members (SMs) and 214 of their romantic partners, we measured SMs' PTSD symptoms. Four to six months later, we assessed both partners' reports of SMs' emotional disclosure and both partners' relationship satisfaction (83 SMs and 91 partners completed Time 2). In a path analysis, SMs' emotional numbing was negatively associated with their later relationship satisfaction. Furthermore, SMs' emotional numbing was negatively associated with both partners' reports of SMs' emotional disclosure. Finally, SMs' emotional numbing exerted significant or nearly significant indirect effects on both partners' relationship satisfaction via decreased emotional disclosure. The findings demonstrated the importance of accounting for both partners' perceptions when studying couple functioning in the context of PTSD or treating PTSD via conjoint intervention.

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1. Introduction

Posttraumatic stress disorder (PTSD) diagnoses among Operation Iraqi Freedom/Operation Enduring Freedom (OIF/OEF) service members have risen dramatically in recent years (Seal et al., 2009). As research in this area has grown, investigators have increasingly focused on the role of interpersonal functioning, particularly the functioning of romantic relationships and marriage, in PTSD development and maintenance (e.g. DOD Task Force, 2007; Lewis, Lamson, & Leseuer, 2012). Much of this research has focused on the bidirectional effects of service members' romantic relationships on their symptoms of PTSD and vice versa. For treatment-seeking veterans, romantic relationship distress predicts persistence and intensification of PTSD symptoms over time (Evans, Cowlshaw, Forbes, Parslow, & Lewis, 2010) and weaker response to PTSD treatment (Evans, Cowlshaw, & Hopwood, 2009). Compounding the problem, research also shows that romantic partners of service members with PTSD symptoms are more likely to experience relationship and psychological distress (Lambert, Engh, Hasbun, &

Holzer, 2012), even when PTSD symptoms are subclinical and measured outside of a treatment context. Thus, romantic relationships and PTSD symptoms have the potential to negatively influence one another, each worsening the other over time. Consequently, research on the specific ways in which PTSD and relationship factors interact is needed to identify the best areas for intervention.

In an effort to address this need, some researchers have begun to explore the associations of PTSD symptoms and romantic relationship functioning at the symptom cluster level of PTSD (e.g. Riggs, Byrne, Weathers, & Litz, 1998; Taft, Schumm, Panuzio, & Proctor, 2008). Although the Diagnostic and Statistical Manual of Mental Disorders—Fourth Edition—Text Revision (DSM-IV-TR) identifies three types of PTSD symptoms (reexperiencing, avoidance, and hyperarousal; American Psychiatric Association, 2000), research has suggested that withdrawal/emotional numbing symptoms load onto a separate factor from trauma-specific avoidance symptoms (King, Leskin, King, & Weathers, 1998), thereby creating four symptom clusters: re-experiencing, hyperarousal, emotional numbing, and trauma-specific avoidance. Other factor analyses of PTSD symptoms have combined emotional numbing with general distress from the hyperarousal cluster to create a new cluster, referred to as dysphoria, as part of an alternate four-factor model (Simms, Watson, & Doebbeling, 2002). Most recently, a five-cluster model of PTSD symptoms has been introduced, which consists of re-experiencing, trauma-specific avoidance, emotional numbing, dysphoric arousal, and anxious arousal (Armour et al., 2012; Armour, Carragher, & Elhai, 2013; Elhai et al., 2011; Pietrzak, Tsai,

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Harpaz-Rotem, Whealin, & Southwick, 2012). Empirical studies of romantic relationships in the context of PTSD have consistently demonstrated that it is the emotional numbing cluster that is most frequently associated with marital distress by both veteran report (e.g. Cook, Riggs, Thompson, Coyne, & Sheikh, 2004; Lunney & Schnurr, 2007; Taft et al., 2008) and spouse report (e.g. Evans, McHugh, Hopwood, & Watt, 2003; Riggs et al., 1998), with some recent support for negative effects of the dysphoria cluster when the dysphoria model is used (Erbes, Meis, Polusny, & Compton, 2011).

There are various hypotheses as to why symptoms of emotional numbing are so consistently associated with distress in romantic relationships. One frequently discussed possibility is that increased levels of emotional numbing may be associated with decreases in emotion-focused, intimate communication (Allen, Rhoades, Stanley, & Markman, 2010; Gerlock, Grimesey, & Sayre, 2012; Hendrix, Erdman, & Briggs, 1998). In other words, service members' emotional numbing may lead to less intimate disclosure over time, thereby negatively affecting the relationship. Indeed, research and theory suggest that disclosure of self-relevant feelings and information and empathic responding of partners is the primary way in which relationship intimacy is created (Bradford, Feeney, & Campbell, 2002; Reis & Shaver, 1988). Thus, if emotionally numb service members reduce their levels of intimate disclosure to their partners over time, relationship satisfaction may decrease for both service members and their romantic partners.

This hypothesized chain of associations does have some preliminary empirical support. For instance, research has shown that Vietnam veterans with PTSD report lower levels of self-disclosure to romantic partners than Vietnam veterans without PTSD (Carroll, Reuger, Foy, & Donahue, 1985), and in a qualitative study, Dekel, Goldblatt, Kiedar, Solomon, and Polliack (2005) found that military spouses perceived levels of emotional disclosure and communication as critical to their marital adjustment. Moreover, Solomon, Dekel, and Zerach (2008) found that veterans' self-reported self-disclosure significantly mediated the association of veterans' emotional numbing with their relationship satisfaction.

Although informative, these studies were all limited by a cross-sectional approach and a reliance on self-report from only one member of the couple. Exploring the impact of emotional numbing on self-disclosure and relationship satisfaction over time would lend additional weight to the hypothesized chain by establishing temporal precedence among the variables. In addition, simultaneously capturing the perspective and experience of both partners in these relationships would account for the fact that both members of the couple are important to consider, particularly when looking at couple-level outcomes such as relationship satisfaction (Kenny, Kashy, & Cook, 2006). Indeed, one recent study (Erbes, Meis, Polusny, Compton, & Wadsworth, 2012) explored associations of service members' reports of PTSD symptoms with both partners' reports of relationship satisfaction over two time points in a small sample of military couples, and their findings revealed slightly varying effects across partners and time. Similar research that takes into account potential mediators, such as self-disclosure, would further illuminate the mechanisms by which relationship distress is perpetuated in the context of PTSD.

The current study accomplishes this by examining the associations among (a) service members' PTSD symptoms, (b) service members' emotional disclosure to partners, and (c) relationship satisfaction in *both* partners within military couples over two time points. We assessed PTSD symptoms by service members' self-report at one time point, and we then assessed both partners' reports of service members' emotional disclosure and both partners' reports of their relationship satisfaction 4 to 6 months later. We included service members who had been deployed to any area overseas during the OEF/OIF era to provide a range of PTSD

symptoms for our analyses, in part because some studies have shown that subclinical PTSD can result in distress and impairment on par with full PTSD (e.g. Marshall et al., 2001; Stein, Walker, Hazen, & Forde, 1997). Moreover, we wanted to be able to capture the breadth of post-deployment relationship experiences. In our analyses, we examined whether service members' baseline PTSD symptoms were associated with *both* partners' later relationship satisfaction, with the hypothesis that baseline symptoms would be associated with both partners' Time 2 satisfaction (Hypothesis 1). Subsequently, we examined the association of service members' individual symptom clusters at baseline with both partners' time 2 satisfaction, with the hypothesis that of the individual symptom clusters, emotional numbing symptoms in particular would be negatively associated with both partners' relationship satisfaction (Hypothesis 2). Finally, we examined whether reports of service members' disclosure mediated these associations, with the hypothesis that such reports would at least partially mediate any significant associations of service members' baseline symptoms with both partners' time 2 satisfaction (Hypothesis 3). In this final analysis, we also paid particular attention to how service members' and partners' reports of disclosure independently contributed to any mediation.

2. Method

2.1. Procedure and participants

Participants for this study were drawn from a larger study of military couples. Couples were initially recruited through eight optional marriage-education workshops offered to all married or cohabiting Utah National Guard/Reserve (NG/R) members and their spouses/partners between 2007 and 2008. Workshops took place over one weekend (Friday night to Sunday) with paid lodging, and took the place of weekend Guard responsibilities for those who chose to participate in the workshops. Announcements about the data collection for the present study were made at the beginning of the workshops and attendees then chose whether or not to receive packets of measures at the end of the first workshop session. Questionnaires took between 60 and 90 min for each partner, with total compensation of \$10 per couple. A total of 490 couples attended the workshops, and of those who attended, 271 service members (55% agreement) and 258 of their partners (53% agreement) elected to participate in the Time 1 data collection for the study. No data were gathered from those who chose not to participate at this initial time point, thus prohibiting any comparisons of those who participated with those who did not.

Of those who participated at Time 1, 224 service members reported at least one deployment during the OIF/OEF era, and 214 of these had partners who also provided data. Thus, these 224 service members (97.8% male) and 214 partners (98.6% female) comprise Time 1 participants for this study.

All couples were subsequently contacted via email 4 to 6 months later to participate in the second time point. Data collection was completely voluntary, with compensation of \$15 per couple. Those who did and did not complete Time 2 did not differ on baseline measures of service members' relationship satisfaction ($F[1,209]=0.23, p=.63, \eta^2=.00$), partners' relationship satisfaction ($F[1,209]=0.02, p=.89, \eta^2=.02$), service members' age ($F[1,220]=0.34, p=.56, \eta^2=.00$), partner's age, ($F[1,220]=0.06, p=.81, \eta^2=.00$), service members' deployment location ($F[1,222]=0.02, p=.89, \eta^2=.00$), service members' PTSD ($F[1,213]=0.96, p=.33, \eta^2=.00$), or service members' reports of combat exposure ($F[1,202]=.00, p=1.00, \eta^2=.00$) or post-battle experiences ($F[1,209]=0.39, p=.53, \eta^2=.00$) on the Deployment Risk and Resilience Inventory (King, King, & Vogt, 2003). Those who completed both time points did have slightly longer marriages

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