



Social support, posttraumatic cognitions, and PTSD: The influence of family, friends, and a close other in an interpersonal and non-interpersonal trauma group



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ABSTRACT

Research has suggested that social support can shape posttraumatic cognitions and PTSD. However, research has yet to compare the influence of separate domains of support on posttraumatic cognitions. Multiple-group path analysis was used to examine a model in a sample of 170 victims of intimate partner violence and 208 motor vehicle accident victims in which support from friends, family, and a close other were each predicted to influence posttraumatic cognitions, which were in turn predicted to influence PTSD. Analyses revealed that support from family and friends were each negatively correlated with posttraumatic cognitions, which in turn were positively associated with PTSD. Social support from a close other was not associated with posttraumatic cognitions. No significant differences in the model were found between trauma groups. Findings identify which relationships are likely to influence posttraumatic cognitions and are discussed with regard to interpersonal processes in the development and maintenance of PTSD.

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1. Introduction

Available research suggests a strong relationship between posttraumatic cognitions and posttraumatic stress disorder (PTSD; Ehlers, Ehring, & Kleim, 2012). Several studies have found that posttraumatic cognitions differentiate individuals with and without PTSD (Dunmore, Clark, & Ehlers, 1997; Ehring, Ehlers, & Gluckman, 2006; Foa, Ehlers, Clark, Tolin, & Orsillo, 1999). Posttraumatic cognitions also appear to be an important factor in outcome studies, with a recent longitudinal study by Kleim et al. (2013) finding that positive alterations in posttraumatic cognitions predicted subsequent improvements in PTSD (although the reverse relationship was not found), suggesting that changing dysfunctional posttraumatic cognitions plays a key role in reducing PTSD symptoms. Consequently, identifying factors that may shape and modulate posttraumatic cognitions has significant implications for understanding the etiology, maintenance, and treatment of PTSD.

Several theories of PTSD have proposed that interpersonal processes influence a trauma victim's cognitions, including appraisals

about the cause of the trauma, attributions of self-blame, and the perceived dangerousness of the world. Joseph, Williams, and Yule (1997) theorized that social support following trauma allows a trauma victim to alter their interpretation of the trauma to be more benign. Similarly, Ehlers and Clark (2000) assert that the actions or inactions of important people in a trauma victim's social network can have a strong influence on the attributions drawn after the occurrence of a traumatic event. Likewise, the social-cognitive processing model of adjustment to trauma (Lepore, 2001) posits that recovery following trauma is facilitated by interactions with supportive persons in a trauma victim's interpersonal network. This theory also proposes that negative interactions with others can serve to fuel dysfunctional cognitions and thus exacerbate PTSD symptoms.

Both experimental and non-experimental studies provide evidence to support these proposals about the interplay between social support and posttraumatic cognitions. In a longitudinal study of 102 motor vehicle accident victims, Robinaugh et al. (2011) found that the longitudinal relationship between positive support and PTSD symptoms became non-significant when controlling for posttraumatic cognitions, suggesting that low social support influenced maladaptive posttraumatic cognitions, which in turn influenced PTSD. Belsher, Ruzek, Bongar, and Cordova (2011) provided further evidence for the conclusions from Robinaugh et al.'s (2011)

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study, finding in a mixed trauma sample that the relationship between PTSD and negative social interactions was mediated by dysfunctional posttraumatic cognitions. Additional studies, including Lepore and Helgeson (1998) and experimental work by Lepore, Ragan, and Jones (2000) as well as Lepore, Fernandez-Berrocal, Ragan, and Ramos (2004) also provide empirical support about the interplay between social support and posttraumatic cognitions.

These studies lend credibility to several assertions about social support's interrelationship with posttraumatic cognitions and bolster the notion that social support can positively or negatively impact PTSD through shaping of posttraumatic cognitions (Charuvastra & Cloitre, 2008). Although this research establishes a link between posttraumatic cognitions and social support in PTSD, studies have examined social support as a general construct and have yet to compare the influence of support from different types of interpersonal relationships on posttraumatic cognitions. It is this gap that the present study seeks to bridge.

The lack of understanding of which types of relationships are most influential in shaping posttraumatic cognitions is notable. The majority of research in the trauma literature has focused on romantic partners, neglecting an understanding of the influence of other close relationships (Beck, 2010). The hesitancy to examine social support in finer detail leads to an incomplete understanding of the function of different types of interpersonal relationships in trauma. As previous research has identified that general social support is one of the strongest predictors of PTSD (Brewin, Andrews, & Valentine, 2000; Ozer, Best, Lipsey, & Weiss, 2003), and studies reviewed previously suggest that one pathway accounting for this relationship occurs via modification of posttraumatic cognitions, it is important to understand which relationships may be especially likely to shape a victim's posttraumatic appraisals. Moreover, the ability to delineate which relationships hold strong associations with causal factors in PTSD has the potential to inform and improve treatment, especially therapies incorporating interpersonal elements into treatment (e.g., Monson et al., 2011).

It is important to note that the relationship between social support and posttraumatic cognitions may not be the same for all types of trauma. A plethora of epidemiological studies have shown that the psychological sequelae of interpersonal traumas tends to be more severe than that of non-interpersonal traumas (Charuvastra & Cloitre, 2008; Kessler et al., 1994; Kessler et al., 2005). Additionally, interpersonal traumas (e.g., intimate partner violence, IPV) are often stigmatized and likely to elicit negative responses from individuals in a victim's social network compared to non-interpersonal traumas (e.g., motor vehicle accidents, MVA), such as blame for the event (Charuvastra & Cloitre, 2008; Punamäki, Komproe, Quoata, El-Masri, & de Jong, 2005). Thus, it is possible that the nature of the trauma itself may be a contributing factor that shapes how social processes influence posttraumatic cognitions, whereby interpersonal trauma victims may be more apt to perceive negative interpersonal behaviors within their support network, which in turn could impact posttraumatic cognitions and subsequent PTSD, relative to victims on non-interpersonal traumas.

The purpose of this study was to examine the relative influence of several different domains of social support in association with posttraumatic cognitions and PTSD. More specifically, the goals were to (a) examine the sequential association between three domains of social support (i.e., two broad social domains consisting of friends and family and a more confined domain consisting of support from a close other), posttraumatic cognitions, and PTSD symptoms first in a sample of IPV victims (an interpersonal trauma) and then MVA victims (a non-interpersonal trauma) and (b) examine whether findings varied depending on the type of trauma experienced. It was hypothesized that all three domains of social support would be negatively associated with posttraumatic cognitions, which in turn would

be positively associated with PTSD. It was hypothesized that the Close Other subscale would show the strongest association with posttraumatic cognitions, relative to comparable associations with family and friends, as this subscale might represent the most influential domain of perceived support. However, as no previous studies in the trauma literature have compared the relative contributions of different domains of social support, this hypothesis was speculative. It was also hypothesized that social support would exhibit stronger associations with maladaptive posttraumatic cognitions in the IPV sample than in the MVA sample, given that not only may interpersonal trauma victims be more likely to receive unsupportive behaviors from others in general, they may also be more likely to interpret the actions of those in their social network as hostile given the nature of their trauma exposure (Charuvastra & Cloitre, 2008; Punamäki, Komproe, Quoata, El-Masri, & de Jong, 2005).

2. Method

2.1. Participants

Participants included 170 female IPV victims and 208 female MVA victims who were seeking mental health assistance following their trauma exposure at two university-based research clinics. Participants were included if the trauma qualified as a Criterion A event for PTSD as outlined in the DSM-IV (APA, 2000) and the participant responded with intense fear, helplessness, or the perception that they would die; these features were assessed using trauma-specific semi-structured interviews described below. As the entire IPV sample was female and research has suggested that dysfunctional posttraumatic cognitions may vary by gender (Baker et al., 2005), men were excluded from the MVA sample to make the samples similar. Details on the inclusion/exclusion criteria for the larger studies can be found in previously published research (IPV: Beck et al., 2011; Woodward et al., 2013; MVA: Beck, Grant, Clapp, & Palyo, 2009).

2.1.1. MVA sample

A sample of 225 female MVA victims was initially available. As the purpose of the study was to assess posttraumatic cognitions related to PTSD, individuals whose MVA did not qualify as a Criterion A event for PTSD were removed from the analyses ($n=7$). In order to make the samples more comparable, MVA victims who reported IPV on the Traumatic Life Events Questionnaire (TLEQ; Kubany & Haynes, 2004) and identified any symptoms of PTSD associated with IPV on the Clinician Administered PTSD Scale (CAPS; Blake et al., 1995; see description below) were excluded ($n=8$). An additional two women were excluded for unreliable reporting. The final sample included 208 MVA victims.

2.1.2. IPV sample

A total of 203 female IPV victims were initially included in the study. Of these, 20 were excluded as the IPV did not meet Criterion A for PTSD. Similar to procedures with the MVA sample, any IPV victim who identified experiencing an MVA on the Life Events Checklist (LEC; Blake et al., 1995) and reported symptoms of PTSD ($n=8$) or driving phobia ($n=4$) related to this event was excluded from the analyses. One additional person was excluded for unreliable reporting, bringing the final sample to 170 IPV victims. The type of abuse experienced for the IPV sample included physical abuse only (.6%), sexual abuse only (.6%), emotional abuse only (7.8%), physical and emotional abuse (40.7%), sexual and emotional abuse (4.2%), and physical, sexual, and emotional abuse (46%).

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