



PTSD and conflict behavior between veterans and their intimate partners[☆]



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ABSTRACT

This study examined the influence of trauma history and PTSD symptoms on the behavior of veterans and their intimate partners (287 couples; $N = 574$) observed during conflict discussions and coded using the Rapid Marital Interaction Coding System (Heyman, 2004). Dyadic structural equation modeling analyses showed that PTSD was associated with more frequent displays of hostility and psychological abuse and fewer expressions of acceptance and humor in both veterans and their partners. Findings provide new insight into the social and emotional deficits associated with PTSD and emphasize the importance of addressing the trauma histories and PTSD of both partners when treating veteran couples with relationship disturbance.

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Relationship conflict is an all-too-frequent consequence of deployments for military couples. Studies of veterans and their intimate partners have found posttraumatic stress disorder (PTSD) to be a significant contributor to these problems and linked to increased relationship discord, poor relationship adjustment, and elevated psychological and physical aggression toward partners (Byrne & Riggs, 1996; Carroll, Rueger, Foy, & Donahoe, 1985; Dekel & Monson, 2010; Monson, Taft, & Fredman, 2009; Taft et al., 2005; Taft, Watkins, Stafford, Street, & Monson, 2011). In a recent meta-analysis, Taft et al. (2011) examined the strength of associations between PTSD severity and measures of couple conflict across 31 studies and found mean observed correlations in the range of .32 to .36. These associations were stronger in veteran samples and in males compared to civilian samples and females, respectively. Other research has found that veterans with PTSD divorce at higher rates than trauma-exposed veterans without PTSD (Cook, Riggs, Thompson, Coyne, & Sheikh, 2004; Jordan et al., 1992; Whisman, 1999) and that during the first years of the wars in Iraq and Afghanistan, divorce rates in U.S. Army personnel increased by approximately 100% (Miles, 2005).

Findings of several studies indicate that trauma exposure itself may not be a direct cause of relationship disturbance and/or partner violence, but rather, suggest that PTSD plays a mediating role in this association (Orcutt, King and King, 2003; Taft, Schumm, Marshall, Panuzio, & Holtzworth-Munroe, 2008; Taft, Schumm, Panuzio, & Proctor, 2008). For example, Orcutt et al. (2003) examined the impact of early-life stressors, war-zone stressors, and PTSD symptom severity on intimate partner violence among 376 Vietnam veteran couples. Analyses revealed significant indirect effects of combat exposure and perceived warzone threat on intimate partner violence that were mediated via PTSD severity. Other investigators have found that gender, age, type of trauma, personality traits and other factors moderate the strength of associations between trauma, PTSD, and relationship disturbance (for a review see, Monson et al., 2009). For instance, Taft, Schumm, Panuzio, et al. (2008) reported that while PTSD symptoms mediated the association between combat exposure and poor family adjustment in male and female veterans, analyses based on a female veteran subsample revealed significant direct effects of combat exposure on family adjustment while controlling for PTSD. Furthermore, childhood trauma has long been implicated in the etiology of adult attachment problems and evidence suggests that repeated trauma in childhood predicts poor interpersonal relationships and intimacy problems in adulthood even when controlling for the influence of current PTSD on these outcomes (Davis, Petretic-Jackson, & Ting, 2001).

Most prior studies in this area have relied on self- and/or partner-reports of relationship conflict using the Conflict Tactics Scale (CTS or CTS-2; Straus, Hamby, Boney-McCoy, & Sugarman,

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1996; Taft et al., 2011). One significant limitation of this approach is that social desirability biases and other distortions inherent to self-report measures tend to yield low rates of inter-partner agreement on this measure and thus limits the usefulness of such reports (e.g., Heyman, Feldbau-Kohn, Ehrensaft, Langhinrichsen-Rohling, & O'Leary, 2001; Simpson & Christensen, 2005). In addition, when the assessment of psychiatric symptoms and relationship functioning are both based on self-report, estimates of the association between these measures tend to be inflated by common method variance. One solution to these limitations is to study relationship conflict directly via behavioral observations of couples' interactions. Over the past forty years, researchers in the area of couples and family psychology have developed sophisticated and reliable methods for measuring couples' behavior while they are engaged in conversation about sources of conflict in their relationships. These methods aim to capture essential processes that underlie relationship disturbance and, therefore, are the focus of many of the major theories of, and therapies for, intimate relationship problems (Heyman, 2001).

Couples observational coding methods involve recording and describing behavioral events and, as noted by Gottman and Notarius (2000), can "reveal a replicable portrait of complex social interaction that lies beyond the natural awareness of even the most keenly sensitive spouse or partner and thus lies beyond assessment with self-report instruments" (p. 927). The external validity of couples conflict interactions observed in the laboratory is supported by the substantial similarity of home and lab observations (Gottman, 1979) and by couples' reports that their interactions during observation were typical of their home interactions (Foster, Caplan, & Howe, 1997; Margolin, John, & Gleberman, 1988). These methods can be used to identify and quantify observable conflict tactics and behaviors that may lead to episodes of physical and psychological abuse as well as longer-term relationship outcomes such as divorce. These findings can, in turn, be used to identify new targets and methods for intervention in couples therapy. However, despite the scientific and clinical appeal of these approaches, to the best of our knowledge, no prior study has used behavioral observation to study relationship disturbance in veterans and their partners or to examine the influence of trauma exposure and PTSD on their interactions.

1. Positive and negative affect, couples' interactions, and PTSD

The experience, expression, and exchange of positive and negative affect are fundamental to couples' interactions (Gottman & Levenson, 1986, 1992). Conflict discussions are characterized by a bi-directional interplay of positive and negative emotions, and the sequence and balance of these exchanges are essential indicators and determinants of relationship quality. Positive and negative emotional behaviors observed during conflict discussions have been shown to reliably discriminate distressed from non-distressed couples (Heyman, 2001), and the ratio of positive to negative behaviors prospectively predicts long-term relationship satisfaction and divorce outcomes (Gottman, Coan, Carrère, & Swanson, 1998; Gottman & Krokoff, 1989). In couples in which one or both partners are emotionally impaired these interactions may be profoundly disrupted. For example, couples with a depressed or alcoholic partner express less positive and more negative communications compared to couples without an impaired partner (Jacob & Krahn, 1988; Johnson & Jacob, 1997; Linden, Hautzinger, & Hoffman, 1983; Ruscher & Gotlib, 1988). Depressed individuals tend to be more tense, negative, and self-preoccupied in communications with their partners despite exhibiting a capacity for healthy socialization with strangers (Hooper, Roberts, Hinchcliffe, & Vaughn, 1977). In addition, while it is normal for couples to

exhibit an equal exchange of expressed emotion, couples with a depressed partner show an asymmetrical pattern characterized by more negative evaluations directed toward the depressed than the non-depressed partner (Linden et al., 1983).

Research has shown that the expression and exchange of positive affect (i.e., through humor, acceptance, affection, and demonstrations of interest) plays a key role in sustaining intimate relationships. For example, Gottman et al. (1998) evaluated competing hypotheses regarding relationship processes predictive of marital outcomes in newlywed couples and found that the amount of positive affective expression observed during conflict discussions predicted divorce status 6 years later. Furthermore, these investigators found that humor expressed by the wife, as well as humor, affection, and validation expressed by the husband, were the strongest predictors of whether couples divorced or stayed together during this interval. Other research has shown that couples who use affiliative humor during conflict discussions are more satisfied with their relationship (Campbell, Martin, & Ward, 2008), and that those who express acceptance of each others' self-disclosures enjoy greater relationship satisfaction and well-being (Gottman & Notarius, 2000).

Like depression, PTSD is associated with alterations in emotional behavior that contribute to functional impairment in various domains, including intimate relationships. The DSM-IV (American Psychiatric Association, 1994) definition of the diagnosis lists several symptoms that would be expected to adversely affect the expression and exchange of emotion in intimate relationships including symptom C6 "restricted range of affect" which includes the language "unable to have loving feelings," symptom C5 "detachment or estrangement from others," and, in the domain of negative emotions, symptom D2 "irritability or outbursts of anger." Thus, PTSD is characterized not only by symptoms of distress and heightened negative emotionality (e.g., trauma-cue reactivity, anxiety and anger) but also by anhedonia (e.g., Frewen, Dozois, & Lanius, 2012; Kashdan, Elhai, & Frueh, 2006) and deficits in the domain of positive emotionality (Wolf et al., 2008) including social closeness (i.e., the tendency to foster and enjoy close affiliations; Miller, Greif, & Smith, 2003; Wolf, Miller, Harrington, & Reardon, 2012). Prior research has shown that veterans with chronic PTSD report greater anxiety related to intimacy (Riggs, Byrne, Weathers, & Litz, 1998). They are less self-disclosing and emotionally expressive with their partners compared to their counterparts without the diagnosis (Carroll et al., 1985) and this association appears to be accounted for primarily by the emotional numbing cluster of PTSD symptoms (Cook et al., 2004). However, virtually all prior studies on this topic has been based on associations among self-report measures, so little is known about the influence of PTSD symptoms on observable behavior during interactions between veterans with PTSD and their intimate partners.

2. Study aims and hypotheses

The primary aim of this study was to examine the behavior of trauma-exposed veterans and their intimate partners during conflict discussions and test hypotheses about the influence of trauma and PTSD on the nature and quality of their interactions. Based on the foregoing, we hypothesized that PTSD would be associated with elevated negative and reduced positive expressions during conflict discussions. Our approach to hypothesis testing was based on the Actor-Partner Interdependence Model (APIM; Cook & Kenny, 2005) which is a method of dyadic data analysis that distinguishes between *actor effects* (involving associations among within-subject variables) and *partner effects* (involving the influence of one member of a couple on the other). We also simultaneously compared the direct and indirect effects of trauma and PTSD on conflict behavior. On the basis of prior research (e.g., Taft, Schumm, Panuzio, et al.,

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