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Partners' Attributions for Service Members' Symptoms of Combat-Related Posttraumatic Stress Disorder

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The association of service members' combat-related PTSD with partners' distress is weaker when spouses/partners believe that service members experienced more traumatic events during deployment. Also, when simultaneously examining partners' perceptions of all PTSD symptoms, perceptions of reexperiencing symptoms (the symptoms most obviously connected to traumatic events) are significantly negatively related to distress in partners. These findings are consistent with the notion that partners may be less distressed if they make external, rather than internal, attributions for service members' symptoms. The present study explicitly tests this possibility. Civilian wives of active duty service members completed measures regarding their own marital satisfaction, their perceptions of service members' combat exposure during deployments, their perceptions of service members' symptoms of PTSD, and their attributions for those symptoms. External attributions were significantly positively associated with perceptions of combat exposure (r_p = .31) and reexperiencing symptoms (β = .33) and significantly negatively associated with perceptions of numbing/withdrawal symptoms (r_p = –.22). In contrast, internal attributions were significantly negatively associated with perceptions of reexperiencing symptoms (β = –.18) and significantly positively associated with perceptions of numbing/withdrawal symptoms (β = .46). Internal attributions significantly moderated the negative association of PTSD symptoms with marital satisfaction, such that the association strengthened as internal attributions increased. These findings are the first explicit support for an attributional understanding of distress in partners of combat veterans. Interventions that alter partners' attributions may improve marital functioning.

Keywords: marital relationship; military personnel; stress disorders; posttraumatic; war

WITH THE RECENT MILITARY operations in Iraq and Afghanistan, the number of combat veterans in the United States and around the world has increased dramatically over the past decade (e.g., Bonds, Baiocchi, & McDonald, 2010). The potential negative effects of combat exposure from these and prior conflicts have been well documented, with clear evidence of elevated rates of posttraumatic stress disorder (PTSD) in service members and veterans

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exposed to combat (e.g., Hoge et al., 2004; Kulka et al., 1990; Milliken, Auchterlonie, & Hoge, 2007; Seal et al., 2009). Studies also show that combat exposure and other deployment stressors are associated with severity of subclinical levels of PTSD symptoms (e.g., Vogt et al., 2011).

More recently, increasing attention has been devoted to the experiences of military family members, particularly spouses and romantic partners. Distress in romantic relationships of those who deploy to combat theaters seems linked primarily to symptoms of PTSD and other psychological problems, rather than the experience of deployment or combat itself (e.g., Allen, Rhoades, Stanley, & Markman, 2010). Indeed, recent meta-analyses have confirmed a strong association of PTSD diagnosis/severity with relationship distress in combat veterans (Taft, Watkins, Stafford, Street, & Monson, 2011) and in their spouses/partners (Lambert, Engh, Hasbun, & Holzer, 2012). These links are found whether examining presence of PTSD diagnosis, or severity of PTSD symptoms at all levels (including subclinical).

The experience of relationship distress is, in its own right, a pressing concern. This concern is further compounded, however, by the importance of relationships for service members and veterans with PTSD symptoms. Specifically, relationship problems for combat veterans with PTSD are associated with poorer prognosis overall (Evans, Cowlishaw, & Hopwood, 2009), lower rates of treatment-seeking (Meis, Barry, Kehle, Erbes, & Polusny, 2010) and greater risk for suicide (Nademin et al., 2008). Thus, there is a strong need to address relationship distress in partners, particularly in the context of high levels of PTSD.

Toward this end, we need an understanding of the mechanisms by which partners of individuals with combat-related PTSD symptoms develop relationship distress. Research has begun to identify several potential mechanisms, including partners' reports of burden (e.g., having to take on more household responsibilities) due to service members'/veterans' PTSD symptoms (Beckham, Lytle, & Feldman, 1996; Calhoun, Beckham, & Bosworth, 2002; Caska & Renshaw, 2011; Dekel, Solomon, & Bleich, 2005; Manguno-Mire et al., 2007), impaired communication (Allen et al., 2010; Campbell & Renshaw, 2012; Solomon, Dekel, & Zerach, 2008), and the experience of secondary traumatic stress (e.g., Dekel, 2007; Dekel et al., 2005; Dirkzwager, Bramsen, Adèr, & van der Ploeg, 2005; Nelson Goff, Crow, Reisbig, & Hamilton, 2009). In a recent series of articles, Renshaw and colleagues (Renshaw, Blais, & Caska, 2011; Renshaw & Campbell, 2011; Renshaw & Caska, 2012; Renshaw, Rodrigues, & Jones, 2008) have posited that partners' attributions for symptoms may be important in moderating the level of relationship distress they experience in the face of these symptoms. Specifically, when partners view symptoms as part of an overall disorder (i.e., PTSD) that arose due to external events (combat experiences), they may be less distressed by such symptoms. Conversely, if partners view symptoms as arising from internal, dispositional tendencies of service members/veterans, those partners may be more likely to experience both relationship and psychological distress. This notion is consistent with prior research that has found that people are more critical of and hostile toward relatives with mental illness if they view the relatives' behavior as internal and controllable (e.g., Barrowclough & Hooley, 2003). Moreover, it is consistent with social psychological theory on general reactions to negative behaviors in others, whereby people tend to react with more pity and less blaming when they view behaviors as externally caused and out of the person's control (e.g., Weiner, Perry, & Magnusson, 1988).

To date, findings regarding the links between PTSD and relationship distress are consistent with this posited role of attributions, although such attributions have not been explicitly examined. In two studies, Renshaw and colleagues (Renshaw & Campbell, 2011; Renshaw et al., 2008) assessed partners' perceptions of potentially traumatic experiences they thought service members had experienced while deployed. In both samples, the association between service members' PTSD symptom severity (total symptoms in one study, and specifically numbing/withdrawal symptoms in the other study) and partners' relationship distress was significantly positive when partners believed that service members had experienced lower levels of combat while deployed. In contrast, the association was nonsignificant when partners believed that service members had experienced greater levels of combat while deployed. The authors speculated that partners' perceptions of higher levels of combat exposure were related to a tendency to make external (rather than internal) attributions for PTSD symptoms, which reduced the impact of such symptoms on relationship distress.

In an additional study, Renshaw and Caska (2012) examined partners' perceptions of specific types of PTSD symptoms in two samples: a sample of Iraq/Afghanistan-era National Guard/Reserve service members and a sample of Vietnam-era veterans. PTSD is defined as having three separate symptom clusters: reexperiencing, avoidance, and hyperarousal (American Psychiatric Association, 2000). Extensive empirical research further demonstrates that the avoidance cluster actually may comprise two distinct