

A Daily Diary Study of Posttraumatic Stress Symptoms and Romantic Partner Accommodation

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Little is known about the role of romantic partner symptom accommodation in PTSD symptom maintenance. To explore the bidirectional associations of posttraumatic stress disorder (PTSD) symptoms and romantic partner symptom accommodation over time, military servicemen ($n = 64$) with symptoms of PTSD and their cohabiting heterosexual civilian romantic partners ($n = 64$) completed a 2-week daily diary study. Cross-lagged, autoregressive models assessed the stability of men's PTSD symptoms and partners' accommodation, as well as the prospective associations of earlier PTSD symptoms with later accommodation and vice versa. Analyses used Bayesian estimation to provide point estimates (b) and Credible Intervals (CIs). In all models, PTSD symptoms (total and individual clusters) were highly stable ($b = 0.91$; CI: 0.88–0.95), and accommodation was moderately stable ($b = 0.48$; CI: 0.40–0.54). In all models, earlier PTSD symptoms (total and clusters) were significantly, positively associated with later accommodation ($b = 0.04$; CI: 0.02–0.07). In contrast, earlier accommodation was significantly associated

only with later situational avoidance ($b = 0.02$; CI: 0.00–0.07). Thus, PTSD symptoms may lead to subsequent accommodating behaviors in romantic partners, but partner accommodation seems to contribute only to survivors' future situational avoidance symptoms. The findings reinforce the notion that PTSD symptoms have an impact on relationship behaviors, and that accommodation from partners may sustain avoidant behaviors in particular. Clinicians should attend to romantic partners' accommodating behaviors when working with survivors.

Keywords: PTSD; romantic relationships; accommodation; maintenance

IN THE AFTERMATH OF TRAUMATIC EVENTS, some individuals develop posttraumatic stress disorder (PTSD). The disorder is characterized by intrusive reminders of trauma (i.e., intrusion), avoidance of trauma-related thoughts and places (i.e., situational avoidance), constricted affect and diminished interest in activities (i.e., emotional numbing), and alterations in arousal and reactivity (i.e., hyperarousal). Although several treatments for PTSD have been shown to be effective (Ponniah & Hollon, 2009), roughly 46% of patients are classified as treatment nonresponders (Bradley, Greene, Russ, Dutra, & Westen, 2005). Thus, additional knowledge about the factors that influence the development and maintenance of PTSD is needed.

One such factor may be interpersonal relationships. Relationship problems are associated with more severe and chronic symptoms of PTSD (Evans,

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Cowlshaw, Forbes, Parslow, & Lewis, 2010; Evans, Cowlshaw, & Hopwood, 2009; Kaniasty & Norris, 2008), with many researchers hypothesizing a bidirectional cycle of individual and interpersonal problems related to PTSD (Campbell & Renshaw, 2016; Monson, Taft, & Fredman, 2009). Studies exploring specific behaviors of romantic partners of trauma survivors have largely focused on explicitly negative behaviors, such as hostility (e.g., Glenn et al., 2002), but partners' more seemingly benign or positive behaviors may also be associated with the maintenance of survivors' PTSD symptoms. One such behavior that has been increasingly discussed in the context of PTSD is *accommodation*, or partners' behavioral adjustments in response to symptoms that attempt to minimize relationship conflict and patient distress. Partner accommodation (sometimes called enabling or overinvolvement) can entail well-intentioned attempts to help those who are suffering, but it has been associated with fewer treatment gains across a number of disorders, such as OCD, agoraphobia, social anxiety, and eating disorders (Boeding et al., 2013; Craske, Burton, & Barlow, 1989; Rapee, Peters, Carpenter, & Gaston, 2015; Salerno et al., 2016). Additionally, across disorders, partner accommodation is typically positively associated with partner distress and feelings of caregiving burden (e.g., Boeding et al., 2013; Sepulveda, Kyriacou, & Treasure, 2009).

In the context of PTSD, accommodation may include behavioral changes in the partner to accommodate survivors' symptoms of intrusion (e.g., sleeping in separate beds in case of trauma-related nightmares), situational avoidance (e.g., allowing or encouraging the survivor to avoid going to places or doing things that make him/her uncomfortable), emotional numbing (e.g., avoiding physical contact with the survivor because he/she finds it uncomfortable), and arousal (e.g., "tiptoeing" around the survivor so as not to anger him/her). Partner accommodation of PTSD symptoms has been reported anecdotally in the literature for the last few decades (e.g., Figley, 1989; Maloney, 1988; Verbosky & Ryan, 1988), but only recently has the construct been explored empirically. Fredman, Vorstenbosch, Wagner, Macdonald, and Monson (2014) found that scores on a newly created measure of partner accommodation of PTSD were strongly associated with partners' perceptions of trauma survivors' PTSD symptom severity and with additional distress in romantic partners. Moreover, greater accommodation interfered with natural symptom remission in a sample of largely female, civilian trauma survivors (Fredman et al., 2016). However, prior work did not test the direction of effects over time, but rather looked at cross-sectional

associations of PTSD and accommodation. Moreover, past research on accommodation of PTSD symptoms (Fredman et al., 2014, 2016) has not addressed the precise associations of accommodation with PTSD symptom clusters, to better understand how accommodation may be implicated in a lack of natural symptom remission.

A greater understanding of how partners' accommodation is associated with survivors' PTSD symptoms could influence treatment recommendations and guide clinical practice for trauma survivors. Indeed, accommodation likely follows perceptions of PTSD symptoms, as evidenced by prior research (e.g., Fredman et al., 2014). However, it could also serve to exacerbate or maintain specific PTSD symptoms, though this hypothesis has not yet been tested. For instance, partners may be more likely to accommodate PTSD symptoms of survivors who are extremely anxious when out in public places, or hostile when discussing trauma. On the other hand, when partners accommodate by avoiding certain topics of discussion or facilitating survivors' situational avoidance, survivors do not benefit from opportunities to practice distress tolerance or opportunities for natural exposure that can help them learn over time that many avoided situations are safe. Similarly, a survivor with angry outbursts may prompt attempts by partners to avoid confrontation, and partners who avoid confrontation may inadvertently reduce the need for survivors to work toward reducing such behaviors. In sum, partners may be more likely to accommodate PTSD symptoms when they are more severe and pronounced, but symptoms may also be more likely to remain severe and pronounced without opportunities to diminish through exposure. Indeed, past research suggests that overuse of avoidant coping strategies (like those encouraged by accommodation) is associated with PTSD symptom maintenance, particularly for those who are high in physiological reactivity to trauma reminders (e.g., Pineles et al., 2011).

The aim of the present study was to explicitly test the direction of associations between romantic partners' behavioral accommodation and survivors' PTSD symptoms, using a 2-week, daily diary design. Daily diary studies allow for evaluation of directionality of effects among variables and are particularly useful when examining dynamic constructs, such as behavior or mood (Laurenceau & Bolger, 2005). Although a small number of studies have examined PTSD through diary studies (e.g., Kaysen et al., 2014; Naragon-Gainey, Simpson, Moore, Varra, & Kaysen, 2012; TARRIER, Sommerfield, Reynolds, & Pilgrim, 1999), this study is the first daily diary study of trauma survivors *and* their partners. Based on prior

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