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Weathering the storm? The impact of trauma on romantic relationships

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The current paper reviews the recent literature examining the impact of trauma on romantic relationships. We introduce the Dyadic Responses to Trauma (DRT) Model as a framework for organizing existing research and guiding future research. A traumatic event affects romantic relationships for the better or for the worse depending on the diverse trauma-related experiences people can have, influencing the way partners interact with each other and ultimately the quality of the relationship. In addition, recent research demonstrates how romantic partners can demonstrate resiliency in spite of a negative trauma experience depending on how they interpret and cope with the experience individually and as a couple.

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Throughout life we are faced with stressful events that threaten our available psychological (i.e., well-being, self-efficacy) and/or physical resources (i.e., money, possessions). However, sometimes stressful events occur that *also* threaten our or other's physical integrity (i.e., physical health or life) [1,2]. Events that indirectly or directly expose an individual to actual or threatened death, serious injury, or sexual violation are defined as traumatic events [3,4]. Examples of (potentially) traumatic events include natural or man-made disasters, abuse/ assault, motor vehicle accidents, combat, and terrorism. Unfortunately, these events are not uncommon [5].

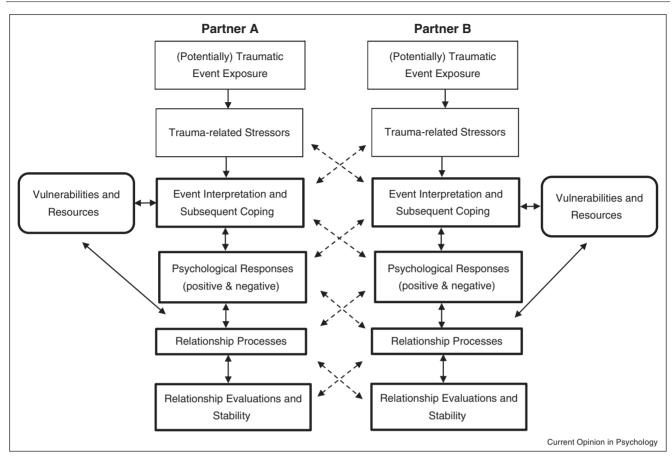
A burgeoning literature focuses on the interpersonal consequences of a (potentially) traumatic event, including the effect it has on romantic relationships. The purpose of the current paper is to review the most recent (within the past two years) and central research that examines the association between a trauma experience and *committed adult* romantic relationships and to identify new trends that are emerging within the field. It is important to note that this review excludes literature that only examines a traumatic event that (a) occurs within the relationship or (b) is indirectly experienced by both partners. Thus excluding events such as interpersonal violence and health-related trauma (i.e., a chronic illness of one of the partners or child) - see for reviews elsewhere in this issue - in addition to bereavement of spouse or child.

The experience of trauma and relationship outcomes

To provide a framework for organizing existing research and guiding future research we first introduce the multidisciplinary Dyadic Responses to Trauma (DRT) Model (see Figure 1), which incorporates components from intrapersonal stress and coping theories [1,2,6,7] and key stress and relationship theories [8-10]. The current model allows for the possibility that both partners are trauma victims (i.e., dual-trauma couples) and incorporates a wide range of trauma experiences (and consequently relationship outcomes) that people can experience. We expand on this model below as we move through the key themes found in the literature.

To begin, consider Kirsty who recently experienced an earthquake. During the earthquake Kirsty feared for her life as debris fell, missing her, but injuring others nearby. Postearthquake she experienced other stressors, such as aftershocks, and damage to her home and continued to feel very stressed, on edge, and upset. This example illustrates the three main ways the literature considers the experience of a traumatic event: (1) traumatic event exposure (i.e., that she experienced an earthquake) (2) traumatic event/trauma-related stressors (Kirsty's experienced threat/harm [i.e., witnessed injury, fear for life], material resource loss [i.e., damage to her home], and other stressors [i.e., aftershocks]), and (3) *traumatic event*/ trauma-related stress (Kirsty's psychological stress symptoms of feeling stressed, on edge, and upset) (see Figure 1). Trauma-related stress has received the lion's share of attention in the literature and although a range of trauma-related stress symptoms have been studied (including depression/depressive symptoms, general anxiety disorders/symptoms, and substance abuse), most research focuses on posttraumatic stress disorder/symptoms (PTSD/PTSS), characterized by the symptom clusters, avoidance, arousal, and intrusion [3] and more recently,





The dyadic responses to trauma model. This model depicts the diverse ways that a traumatic event can impact on romantic relationships. Not only does this model indicate the likely mechanisms behind the trauma experience and relationship outcome associations, it also illustrates how some partners can be resilient or at risk to not only individual psychological reactions to trauma but also to broader relationship outcomes. In addition, this model depicts how these processes unfold dyadically, with one partner's thoughts, feelings, and behavior impacting on the other partner. The solid arrows depict possible within-person effects and dashed arrows refer to possible between-partner effects. Although not graphically depicted, some degree of interdependence (i.e., significant correlations) between partners is expected between all (if not most) subjective trauma constructs and between all relationship constructs. For example, Partner A's psychological responses are expected to be associated with Partner B's psychological responses. *Note*. The traumatic event and trauma-related stressors boxes are not bold because only one partner might be directly exposed to the traumatic event.

avoidance, arousal/reactivity, avoidance, and negative cognition/mood [4].

Studies have consistently shown that PTSS are associated with negative relationship outcomes. For example, two meta-analyses have shown that PTSS undermines perceptions of relationship quality (increases discord) not only for the individual experiencing it [11] but also his/her romantic partner [12]. Research also suggests that dyadic adjustment may be particularly low when both partners report PTSD [13] and Levin and colleagues [14] emphasized the importance of considering PTSS trajectories (as opposed to PTSS level) by finding that spouses of exprisoners-of-war with delayed (i.e., low but increasing) PTSS had the largest deteriorations in marital adjustment. A recent study found that not only did veterans with PTSD and their spouses report overall lower warmth and greater conflict in particular in their relationship, they also experienced greater increases in anger, anxiety, and systolic blood pressure in a conflict discussion than non-PTSD couples [15[•]]. Tying these effects together, some research has found evidence that PTSS undermines positive and/or exacerbates negative relationship processes between partners (e.g., communication, fear of intimacy), which in turn lowers broader relationship evaluations (i.e., relationship quality) [16–18].

Although the experience of trauma-related stress (i.e., PTSS) is consistently found to undermine romantic relationship processes and evaluations, the literature examining the mere *exposure* to a traumatic event [19–21] or the experience of trauma-related *stressors* [22,23] is much less

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