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Review

Posttraumatic stress disorder and relationship functioning: A comprehensive review and organizational framework☆

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HIGHLIGHTS

- Presents organizational framework of links between PTSD and relationship functioning.
- Specific elements of psychopathology, mediators, and moderators are discussed.
- Moderators are categorized as individual, relational, or environmental.
- Clinical implications of findings are discussed.
- Recommendations for future research are made.

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ABSTRACT

Posttraumatic stress disorder (PTSD) is associated with impairments in relationship functioning. Beyond the abundance of research that has demonstrated this basic link, more recent research has begun to explore possible mediators and moderators of this association. The present paper reviews and synthesizes existing literature in the context of an overarching organizational framework of potential ways in which PTSD impacts relationship functioning. The framework organizes findings in terms of specific elements of PTSD and comorbid conditions, mediators (factors that are posited to explain or account for the association), and moderators (factors that are posited to alter the strength of the association). Specific symptoms of PTSD, comorbid symptoms, and many of the potential mediators explored have extensive overlap, raising questions of possible tautology and redundancy in findings. Some findings suggest that non-specific symptoms, such as depression or anger, account for more variance in relationship impairments than trauma-specific symptoms, such as re-experiencing. Moderators, which are characterized as individual, relational, or environmental in nature, have been the subject of far less research in comparison to other factors. Recommendations for future research and clinical implications of the findings reviewed are also presented.

1. Introduction

Posttraumatic stress disorder (PTSD) is a multifaceted disorder resulting from intense and/or life-threatening trauma (Diagnostic and Statistical Manual of Mental Disorders – 5th edition [DSM-5]; American Psychiatric Association [APA], 2013). In addition to the individual psychological distress associated with the disorder, PTSD is frequently associated with relationship distress in one or both partners in a romantic relationship. Two recent meta-analyses have confirmed such associations for both those with PTSD (ρ = 0.38; Taft, Watkins, Stafford, Street, & Monson, 2011) and their partners (*r* = *0.24*; Lambert, Engh, Hasbun, & Holzer, 2012), and some researchers have begun to focus on involving romantic partners in PTSD treatment (e.g., Monson et al., 2012). Thus, there is a need for a more comprehensive

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understanding of the specific ways in which romantic relationships affect and are affected by PTSD.

Relationship functioning is a broad construct that encompasses the overall health of a relationship. It includes broad indices, such as relationship satisfaction and distress, as well as more specific constructs, such as communication behaviors, degree of perceived alliance, and extent of mutual trust. Research examining how PTSD symptoms might be associated with a variety of such constructs has grown exponentially, and researchers have also developed several conceptual models of the effects of trauma/PTSD on relationships. Nelson Goff and Smith (2005) proposed the Couple Adaptation to Traumatic Stress (CATS) model, which was based in systems theory and posited that trauma affects survivors and their partners both individually and as a couple. The authors also suggested several processes by which individual and couple-level factors might be reciprocally associated, but they cited limited empirical evidence for them. Dekel (2010) proposed the Cognitive Behavioral Interpersonal (CBI) model, which also asserts bidirectional associations among individual and couple-level factors and focuses primarily on cognitions, behaviors, and emotions. Most recently, Marshall and Kuijer (2017) proposed the Dyadic Responses to Trauma (DRT) model, which hypothesizes that event interpretation and coping styles lead to specific psychological responses that, in turn, impact relationship processes. Each of these models captures the importance of considering both partners and proposes a set of specific individual and couple-level factors as key mechanisms of action. In each case, however, only varying levels of empirical evidence are cited, and several existing findings are left unaddressed.

In our review, rather than specifying a model and including only findings that fit the model, we attempt to organize the vast array of identified findings into a single, overarching framework. By doing so, we seek to highlight factors that are likely key in understanding the links between PTSD and relationship functioning, while also noting primary limitations and gaps in the literature. We hope that this review will serve as a guide for future research from a wide range of theoretical orientations, as well as a basis for evaluating the degree to which future contributions move our knowledge forward.

2. Method

Although we did not endeavor to conduct a meta-analysis, we ensured a thorough review by trying to identify all possibly relevant articles through a multi-step process. Using PsycInfo and Google Scholar to search articles through October 2017, we entered a combination of the keyword “PTSD” with each of the following: “relationship distress,” “relationship satisfaction,” “relationship quality,” “relationship adjustment,” marital distress,” “marital satisfaction,” “marital quality,” “marital adjustment” and “mechanisms.” We restricted our search to peer-reviewed articles and chapters in English-language publications, which yielded well over 1000 articles. Abstracts for all articles were searched to screen out those that were clearly irrelevant. The several hundred remaining articles were reviewed to identify those that met the following criteria: 1) use of a defined method for assessing of PTSD in trauma survivors (either for inclusion in the study or included in model tested), 2) use of quantitative analysis, and 3) some form of testing of a potential mediator or moderator of the association of PTSD and relationship functioning. The reference sections of all identified relevant publications were then reviewed for additional references, and further searches were performed for additional works by the first authors of identified relevant publications. Although most articles identified in this manner were repeats of articles we had already identified, we reviewed the few new articles that arose from those search methods in the same manner.

3. Overarching framework

Attempts to distinguish causal pathways within the field typically raise more questions than answers – but without such attempts, testable hypotheses are difficult to generate and evaluate. Rather than summarizing findings and noting all possible permutations of pathways among various associations, we provide a framework for considering how PTSD symptoms may cause or exacerbate relationship problems, based on the literature reviewed. There is ample research to suggest alternative directions of causality, such as relationship problems increasing the likelihood of developing PTSD following trauma exposure (e.g., Dirkzwager, Bramsen, & van der Ploeg, 2003) and decreasing PTSD treatment response (e.g., Evans, Cowlishaw, Forbes, Parslow, & Lewis, 2010). Such findings are mounting (e.g., Leblanc et al., 2016) and highlight the bidirectional nature of associations between PTSD symptoms and relationship problems. Although there may be some overlap in factors that influence associations in both directions, many pathways by which PTSD leads to relationship problems may differ from those by which relationship problems lead to PTSD. To answer such questions requires prospective data, ideally from time periods that *predate* the experience of trauma and onset of PTSD, but at least starting at the onset of trauma. The limited data of this nature suggest that, shortly after a trauma, interpersonal problems contribute to the development of PTSD, whereas over time, PTSD symptoms appear to drive interpersonal difficulties (Hall, Bonanno, Bolton, & Bass, 2014; Kaniasty & Norris, 2008; Robinaugh et al., 2011; Shallcross, Arbisi, Polusny, Kramer, & Erbes, 2016; but see Fredman, Beck, et al., 2017). As the preponderance of existing research focuses on couples in which one partner already has PTSD, we have little information on how relationship problems might contribute to the development of PTSD. Thus, our review focuses on processes by and conditions under which PTSD might lead to relationship problems.

In line with this focus, we differentiate specific symptoms of PTSD and related conditions from two other broad types of constructs: mediators and moderators. We use the conceptual meaning of these terms, as described in Baron and Kenny's (1986) seminal writing on the topic. Thus, the term *mediator* refers to any factor that may be *caused by* PTSD symptoms and, in turn, *lead to* impaired relationship functioning. True empirical evidence demonstrating this step-by-step causal pathway is rarely available. Indeed, even longitudinal studies that allow for evaluation of pathways over time are rare. Thus, we use findings from cross-sectional and (less frequently) longitudinal studies to inform our framework (cf. Hayes & Rockwood, 2017). Ultimately, however, longitudinal research is needed to truly evaluate possible causal pathways. The other term, *moderator*, refers to any contextual variable that may *alter the strength* of the association between PTSD and relationship functioning at differing levels of that variable. To date, little empirical research has evaluated moderation of the association of PTSD with relationship functioning. The few studies in this area focus on individual-level constructs in trauma survivors or their partners, with little attention to relationship-level or environmental moderators of this association.

Our organizational framework is shown in Fig. 1. Below, we review findings with regard to each piece of this framework. We then propose recommendations for future research, based on both limitations of existing research and elements of the proposed framework lacking empirical evidence. We conclude with potential clinical implications of the findings reviewed.

3.1. Specific elements of psychopathology

3.1.1. PTSD symptom clusters

PTSD is defined in terms of symptom clusters. The DSM-IV (APA, 1994) defined three clusters: re-experiencing (e.g., reactivity to trauma-related stimuli, flashbacks of the trauma), avoidance (e.g., avoidance of trauma-related stimuli, emotional numbing), and hyperarousal (e.g., irritability, hypervigilance). Subsequent empirical research (e.g., King, Leskin, King, & Weathers, 1998) suggested that the avoidance cluster could be broken further into effortful avoidance (avoidance of trauma-