



Journal of Veterans Studies

Talk to Me: Disclosure of Past Trauma Experiences to Spouses in Veteran Couples

Briana S. Nelson Goff, Kathryn Hartman, Devon Perkins, Kali Summers, Laura Walker, & J. Kale Monk

Trauma disclosure in interpersonal relationships of veteran couples has received limited attention in research literature. In the current study, using a mixed method research design, participants' disclosure levels were coded based on their interview descriptions of their disclosure of trauma experiences to their spouse. Participants were classified into one of two groups: low trauma disclosure ($n=16$) or high trauma disclosure ($n=55$). The low disclosure group reported significantly lower relationship adjustment than the high disclosure group. In addition, using qualitative methods, the high disclosure group participants reported primarily positive functioning themes, while the low disclosure group participants reported more negative effects. Implications for further research in veterans studies are described.

Keywords: trauma disclosure, relationship functioning, veteran couples, mixed method research design

Introduction

Over the past decade, the extensive toll of war deployments and combat trauma on service members/veterans and their families has been well-established in the literature (Institute of Medicine, 2013). Even beyond war and deployment-related separations, military and veteran families are faced with numerous life stressors that are part of the military culture (Castro, Adler, & Britt, 2006). Frequent moves and family separations, higher work-related risks and hostile working environments, and younger age and larger family sizes than the civilian population are just a few of the factors that may put military couples and families at a higher risk for experiencing stress than civilian populations (Castro et al., 2006). Perhaps the most potent stressors are those imposed on the veteran and his or her family system as a result of extended deployments and war-related traumatic events, which can have repercussions long after the war (Institute of Medicine, 2013; Lee & MacDermid Wadsworth, 2016).

Previous research has primarily focused on the impact of war and combat-trauma on the individual veteran; however, more recent studies have begun to address the systemic effects of trauma, including marital disruption, sexual dysfunction, interpersonal violence, communication problems, and problems with intimacy (e.g., Dekel & Monson, 2010; Monson, Taft, & Fredman, 2009; Nelson Goff, Crow, Reisbig, & Hamilton, 2007; Nelson Goff et al., 2009; Taft, Watkins, Stafford, Street, & Monson, 2011). Relationship distress has been connected to the severity of veterans' trauma symptoms, particularly emotional numbing or avoidance (e.g., Campbell & Renshaw, 2011, 2013; Cook, Riggs, Thompson, Coyne, & Sheikh, 2004; Creech, Benzer, Liebsack, Proctor, & Taft, 2013; Renshaw, Campbell, Meis, & Erbes, 2014). Trauma symptoms also have been found to be a significant predictor of low relationship satisfaction and impaired communication (Cook et al., 2004; see also Campbell & Renshaw, 2013). The influence of the disclosure of trauma, however, has received limited empirical focus; therefore, we sought to understand the connection between trauma disclosure and relationship functioning from the perspective of individuals in relationships where one or both partners have experienced previous trauma in a sample of veteran couples.

Disclosure of Trauma

Many researchers indicate that there are positive outcomes from self-disclosure of emotional experiences (e.g., Frattaroli, 2006; Pennebaker, 2000; Pennebaker, Kiecolt-Glaser, & Glaser, 1988; Pennebaker, Zech, & Rimé, 2001). Disclosure about traumatic events, however, has also been associated with stress and negative affect (Gidron, Peri, Connolly, & Shalev, 1996; Pennebaker & Beall, 1986). Individuals who have experienced betrayal traumas (i.e., those perpetrated by another person) may have more negative reactions to disclosing than those who have experienced fewer betrayal traumas (Freyd, Klest, & Allard, 2005). In addition, Pennebaker and Harber (1993) found that there are differences in timing of disclosure, and individuals who continue to ruminate on, or

think about, the trauma but not discuss it, may experience more symptoms. In one study, law enforcement officers who did not disclose their traumatic experiences to anyone were more likely to experience psychological distress (Davidson & Moss, 2008). Pennebaker (2000) also indicated the negative effects of nondisclosure, although discussing traumas and difficult experiences in the presence of a trained professional is often recommended. Frattaroli (2006) identified that experimental disclosure in research resulted in some reduction in trauma symptoms for participants. While these studies are important in understanding trauma disclosure, we are left with mixed information about the effects of trauma disclosure, with little knowledge of how disclosure of previous trauma experiences relates to individual and interpersonal functioning, specifically based on the level or amount of disclosure that may occur between spouses in veteran couples.

Looking at the couple level, there is preliminary work indicating disclosure may have a buffering effect for relationship adjustment for those below the clinical threshold for PTSD (Monk & Nelson Goff, 2014). Researchers have found that relationships can be negatively affected even when there is avoidance of directly discussing trauma experiences (e.g., Creech et al., 2013; Nelson Goff et al., 2006). Communication between spouses has been found to be an important component for relationship functioning in trauma survivors (Nelson Goff et al., 2006). However, much of the literature on trauma disclosure is individually focused and does not address trauma disclosure from a systemic empirical approach. Thus, what remains unaddressed is an understanding of the personal experiences around the individuals' disclosure of trauma in veteran couples and how the amount of disclosure (high levels vs. little to no disclosure) may affect the veterans, their spouse/partner, and the couple's interpersonal relationship.

The Couple Adaptation to Traumatic Stress (CATS) Model

In recognition of the interpersonal effects of trauma, specifically on the couple dyad, the current study utilized the *Couple Adaptation to Traumatic Stress (CATS) Model* (Nelson Goff & Smith,

2005; Oseland, Gallus, & Nelson Goff, 2016) as the primary conceptual framework. This empirically-informed model describes the mechanisms by which a primary trauma survivor's level of functioning or trauma symptoms will set in motion a systemic response with the potential for the development of secondary traumatic stress symptoms (Figley, 1983, 1998) in the other partner. Conversely, symptoms of secondary trauma in the partner may intensify symptoms of primary trauma in the survivor. Taken together, the individual levels of functioning and any predisposing factors and personal resources may affect the quality of relational functioning within the couple system. Therefore, it is important to understand the initial individual perspective of trauma disclosure and how much (or how little) the individual has disclosed about his/her previous trauma experiences to others, especially his/her spouse/partner.

Further description of the couple functioning components within the CATS model has been provided (see Oseland et al., 2016), which includes communication, safety/stability (i.e., roles, conflict), traumatic process (i.e., awareness, omission of information), and connection (i.e., attachment, support/nurturance). Oseland et al. (2016) have indicated these components are mutually influential components of the couple relationship. The revisions to the CATS Model are based on previous research on couples and trauma since the 2005 model was published (See Campbell & Renshaw, 2011, 2012, 2013; Creech et al., 2013; Henry et al., 2011; Monk & Nelson Goff, 2014; Nelson Goff et al., 2007, 2009, 2014, 2015; Renshaw, Rodrigues, & Jones, 2008, 2009; Taft et al., 2011; Wick & Nelson Goff, 2014). While the CATS Model provides a systemic description of the individual and relational effects of trauma, more research is needed to further understand the relationship between individual and relationship functioning and disclosure of prior trauma experiences, particularly in veteran couples.

Purpose of the Current Study

Given the need for additional research on the systemic effects of trauma, the CATS Model (Nelson Goff & Smith, 2005; Oseland et al., 2016) was used in the current study to provide the framework for describing the experiences of trauma disclosure and the amount of disclosure reported to have occurred between partners in veteran couples. There is limited research addressing the impact of trauma disclosure within the couple relationship (i.e., disclosure about previous trauma to one's partner). To date, Davidson and Moss (2008), Monk and Nelson Goff (2014), and Nelson Goff et al. (2015) are the only studies published that address trauma disclosure to a spouse or partner. Based on the limited current research, our aim was to further explore trauma disclosure in participants with previous trauma experiences, specifically high and low trauma disclosure levels, in a sample of veteran couples. The hypothesis for the current study was: *The low trauma disclosure group participants will report greater total numbers of previous trauma experiences, greater trauma symptoms, and lower relationship functioning than the high trauma disclosure group participants.* In addition, previous research by Monk and Nelson Goff (2014) compared high trauma disclosure participants to a low/mixed disclosure group using dyadic analyses but had a number of limitations potentially due to lack of power. We wanted to further analyze the high and low trauma disclosure groups using a mixed method data analysis (e.g., Creswell, 2009; Creswell & Plano Clark, 2011) to expand our understanding of trauma disclosure in a sample of married participants. Because of the mixed method approach in the current study, the following research question was used to guide the qualitative data analysis: *Based on the CATS Model components, what comparisons can be made between participants who reported low trauma disclosure compared to participants reporting high trauma disclosure based on their description of the influence of their previous trauma experiences on their couple relationship?*

Method

Procedure

This study was part of a larger mixed method research study of trauma in 50 veteran couples ($N = 100$ individual partners) that included quantitative surveys and interviews with both partners. The participants were part of a community-based, convenience sample, recruited from two cities in the Midwest that neighbor Army posts. Participants were recruited from within the local communities through a variety of methods, including publicly posted flyers and newspaper announcements; referral from Army Family Readiness Groups, chaplains, and other local military sources; and referral by other research participants.

Inclusion criteria included the following: at least one partner had been deployed to Iraq or Afghanistan (post 9/11 deployment); all study participants were 18 years of age or older, and participants denied current substance abuse or domestic violence during an initial telephone screening. Each couple that completed questionnaires and the interview process received \$50 for their participation. The research procedure was approved by the Kansas State University Institutional Review Board (IRB). Because the research project was not completed within the military system, nor was data collected on the military installations, military IRB approval was not required in the research procedure process. Data were collected between August 2004 – September 2005.

Although all participants were Army couples, the researchers were interested in both combat and noncombat trauma experiences reported by both spouses. Thus, the participants were recruited as couples and used as paired data in other research (see Monk & Nelson Goff, 2014; Nelson Goff et al., 2007, 2009, 2014, 2015; Wick & Nelson Goff, 2014, for other research using the larger sample). The current study, however, sought to explore individuals' reports of their own experiences around disclosure to their partner and how much they reported disclosing to their partner (high level vs. little

to no trauma disclosure levels). In addition, each participant completed separate qualitative interviews, so individual qualitative and quantitative data could be analyzed. For these reasons, an individual level of analysis was used to address disclosure of personal trauma experiences, although the data are not fully independent (see Monk & Nelson Goff (2014) for information on non-independence in this sample).

Research Participants

The full participant sample included 50 male post 9/11 veterans and 50 female spouses. For this analysis, the high disclosure group ($n = 55$) included 25 male and 30 female participants; the low disclosure group ($n = 16$) consisted of 11 male and 5 female participants. The mean age was 30.89 ($SD = 7.18$) for the high disclosure group and 32.88 ($SD = 8.91$) for the low disclosure group. Most of the participants in both groups were European American, married, and employed full-time. The average length of marriage was 6.14 ($SD = 6.64$) for the high disclosure group and 4.94 ($SD = 5.86$) for the low disclosure group. There were no statistically significant demographic differences between the groups.

The participants were recruited because of their military deployment experiences; however, we assessed all trauma experiences reported by the participants. These data were used to determine the various types of traumatic events experienced by the sample and were addressed in their qualitative interviews. Figure 1 indicates the total traumatic events experienced by participants in each group (high and low trauma disclosure). Although the sample included Army couples, soldiers had only experienced one post 9/11 combat deployment and all were currently serving, either in the Active Component or Guard/Reserve. While all male participants had been exposed to combat trauma, not all considered their combat experiences as their most traumatic experience. The variety of previous trauma experiences reported by participants in both groups provides a breadth of data to understand how various types of traumas are related to trauma disclosure and relationship

functioning, rather than only addressing or assuming war/combat trauma is the primary trauma. This allowed the researchers to take a broad view in evaluating the systemic effects of trauma.

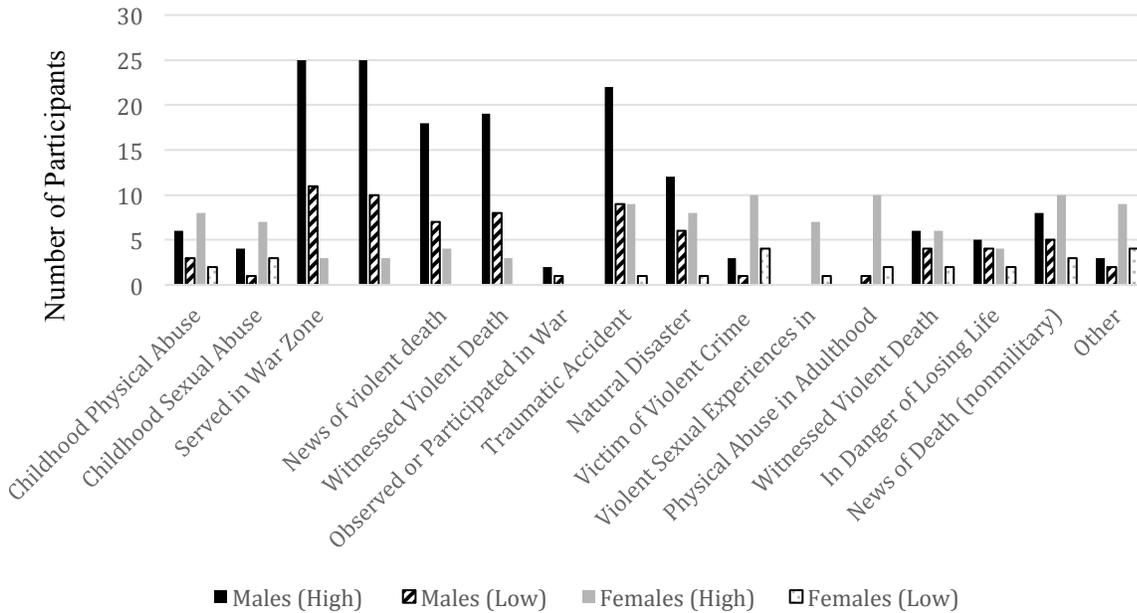


Fig. 1: Traumatic events reported by participants in each group.

Measurement Instruments and Group Coding

Traumatic Events Questionnaire (TEQ). The TEQ (Vrana & Lauterbach, 1994) was used to confirm the history of trauma and types of trauma exposure reported by the participants. The purpose of the scale is to determine the experience of each participant with various types of trauma that have the potential to produce symptoms of post-traumatic stress (Lauterbach & Vrana, 1996). The scale used in the current study included six items addressing war events, two items about traumatic events in childhood, and nine other traumatic events. In the current study, affirmative answers on the 17 TEQ items were tallied to provide a “TEQ Total” score for each participant, ranging from 0 to 17, with higher scores indicating more types of traumatic events experienced. For the current total sample, the Cronbach alpha estimate for the TEQ was adequate ($\alpha = .73$).

Purdue Post-Traumatic Stress Disorder Scale-Revised (PPTSD-R). The PPTSD-R (Lauterbach & Vrana, 1996) consists of 17 items that correspond to each diagnostic criteria for PTSD (American Psychiatric Association [APA], 1994), with three subscales that reflect the three general symptom categories of Re-experiencing (4 items), Avoidance (7 items), and Arousal (6 items). The PPTSD-R items are scored from 1 (*Not at all*) to 5 (*Often*); continuous total scores range from 17-85, with higher scores indicating greater PTSD symptoms. The measure, which does not provide a diagnosis or cut-off score, asks participants to indicate how often each reaction occurred during the previous month. For the current total sample, the Cronbach alpha estimate for the PPTSD-R was adequate ($\alpha = .94$).

Trauma Symptom Checklist-40 (TSC-40). The TSC-40 (Briere, 1996) is a 40-item self-report instrument that evaluates symptomatology in adults who have experienced previous traumatic experiences. The scale ranges from 0 (*Never*) to 3 (*Often*), and includes six subscales: Anxiety (9 items), Depression (9 items), Dissociation (6 items), Sexual Abuse Trauma Index (7 items), Sexual Problems (8 items), and Sleep Disturbance (6 items). Total continuous scores range from 0-120, with higher scores indicating greater trauma symptoms. The measure, which does not provide a diagnosis or cut-off score, asks participants to indicate how often they have experienced symptoms in the last two months and includes such symptoms as headaches, insomnia, flashbacks, sexual problems and other individual symptoms that may result from previous childhood or adult traumatic experiences. The TSC-40, which has been used with a variety of trauma survivors (c.f., Briere & Runtz, n.d., for a list of references using the TSC-40), was included in the current study because of the additional symptom subscales it provides and because it provides a measure of general trauma symptoms beyond PTSD. For the current total sample, the Cronbach alpha estimate for the TSC-40 was .94.

Dyadic Adjustment Scale (DAS). Relationship adjustment was assessed with the DAS (Spanier, 1976), which is a 32-item, variable-Likert measure assessing the quality of the relationship as perceived by both partners. It has been used to assess both distressed and non-distressed intimate partners/couples. Total scores range from 0-151, with higher scores indicating greater relationship satisfaction. A clinical cutoff score of 100 has been described in the literature (Eddy, Heyman, & Weiss, 1991). For the current study total sample, the Cronbach alpha estimate for the DAS was .93.

Trauma disclosure levels. Participants responded to questions in separate individual interviews about their ability to talk about their previous trauma experiences with their spouse, as well as how well their spouse listened to their trauma experience. Participants also were asked about their level of awareness of their spouse's trauma history and how aware their spouse was of their own trauma history. (For a copy of the full interview protocol, please contact the corresponding author.) All interviews were transcribed verbatim and data were analyzed by three independent coders. The coders reviewed each of the qualitative interviews in their entirety, and then completed a focused review and analysis of the questions pertaining to trauma disclosure to rate participants on their level of trauma disclosure to their spouse.

Although participants were recruited as couples for purposes of the larger research study, for the current study, we identified and coded their individual disclosure levels based on their interview data because we wanted to focus on each individual's reported disclosure. Analysis of the data began after the transcripts of the participants were compiled based on identification and classification of the trauma disclosure groups (high and low). To ensure inter-rater reliability, the coders then came to a single consensus code for final group placement of participants, classifying each participant into one of two groups. Participants coded as "high disclosure" ($n = 55$) included participants who reported directly disclosing their trauma history to their spouse during their interviews. Participants coded as "low disclosure" ($n = 16$) reported little or no disclosure of their trauma history to their spouse. In

order to clearly define the groups for the analysis, participants whose self-reports of trauma disclosure were inconsistent during their interviews were excluded from the current analysis. (See Monk & Nelson Goff, 2014, for an analysis including the full sample comparing high and mixed/low disclosure groups.)

Analytic Strategy

The purpose of the current study was to explore the relationship between trauma disclosure and individual and couple functioning. Therefore, a mixed method research design was used, employing both quantitative data analysis and a cycle of inductive and deductive qualitative analysis, referred to as retroduction (Burr, 1973). Qualitative research is often inductive in nature; however, deductive analysis may also occur, where data analysis involves using an established theoretical framework (Patton, 2002). One such qualitative tradition is grounded theory methodology (Rafuls & Moon, 1996). The CATS Model (Nelson Goff & Smith, 2005; Oseland et al., 2016) provided the framework for qualitative data analysis, while offering flexibility for new or modified themes to emerge in the process. The primary variables from the CATS Model were used as the codes: individual functioning (primary trauma survivor, secondary trauma survivor), communication, safety and stability (e.g., role in the relationship, stability adaptability, conflict), traumatic process (e.g., awareness, protective buffering, avoidance), connection (e.g., attachment/cohesion, support/nurturance, intimacy), and resilience (individual, relationship, family; See Oseland et al. for further description of the individual and relationship functioning variables).

Inclusion of qualitative data provides an additional depth of data analysis in a mixed method approach (e.g., Creswell, 2009; Creswell & Plano Clark, 2011; Dolbin-MacNab, Parra-Cardona, & Gale, 2014). Because the participants recruited for the larger study were paired veteran couples (i.e., male veteran and female spouse), the data were not independent. Several participants in the high disclosure group were matched spouses, so some of their qualitative data may have overlapped (i.e.,

describing their perception of the same trauma or deployment experience). Although some participants in the low disclosure group included both paired spouses data, most low disclosure spouses gave inconsistent responses (i.e., their perception of the level of disclosure differed from that of their spouse's perception or they were inconsistent in their reports of their disclosure level in their interview). These participants were excluded in the current analyses to provide a clear distinction between high and low disclosure groups and because responses were analyzed by group cluster versus paired couple dyads.

The qualitative research team consisted of advanced undergraduate students who met regularly with the faculty primary investigator. One student was involved in the original disclosure group coding and was familiar with the data transcripts from that process. The other two team members were blind to the group placement of the participant transcripts. The three research team members independently read and coded the transcripts of the participant interviews by interpreting the meaning from each transcript, matching the interview data with the identified CATS Model variables, to determine the best fit between the variables and the data (Patton, 2002). The use of a team of multiple coders allowed for the triangulation or convergence of several perspectives to improve the trustworthiness and credibility of the data interpretations. Several methods of triangulation (e.g., multiple coders and team consensus) were used to ensure credibility of the data interpretations (i.e., substantive significance; Patton, 2002). Although a theoretical framework was used, the research team was open to other codes and interpretations of the data and met regularly to ensure convergence of the data (Patton, 2002). In some instances, codes were modified (e.g., personal and interpersonal awareness) and similar codes were combined (e.g., increased conflict and relationship stress). This allowed for flexibility in the data analysis process (Patton, 2002). Based on individual member coding and group consensus, the final themes described here consisted of the most frequently identified and most salient themes describing the connection between trauma disclosure

levels and individual and relationship functioning reported by the participants.

Results

Quantitative Data Analyses

A multivariate analysis (MANOVA) indicated significant differences between the groups for relationship satisfaction (DAS), $F(1, 69) = 13.29, p = .001$; PTSD symptoms (PPTSD-R), $F(1, 69) = 5.04, p = .03$; and trauma symptoms (TSC), $F(1, 69) = 4.96, p = .03$; a significant difference between groups was not found for the total number of traumatic events (TEQ), $F(1, 69) = 2.11, p = .15$. When relationship length was added as a MANCOVA covariate, the overall result was significant, $F(4, 60) = 3.07, p = .02$. Univariate results indicated group differences were significant only for relationship satisfaction (when controlling for length of the relationship), $F(1, 66) = 11.66, p = .001$. Because of the nonindependence of the High Trauma Disclosure group (i.e., the group included 19 paired couples), the paired participants were separated into groups to determine potential inflation of the DAS data; however, the results indicated equal means between the High Trauma Disclosure group participants. Thus, our hypothesis was only partially supported, when controlling for relationship length, as participants in the low trauma disclosure group reported lower relationship adjustment than high trauma disclosure group participants. (Results and correlation data are reported in Table 1.)

Table 1. Analysis of Variance and Correlational Results for High and Low Disclosure Groups

Variables	HDG	LDG	<i>F</i>	<i>p</i>	μ^2	1	2	3	4
	<i>M</i> (<i>SD</i>)	<i>M</i> (<i>SD</i>)							
1. TEQ	4.71 (3.46)	6.06 (2.57)	1.99	.16	.03	--			
2. PPTSD-	32.55	41.94	2.43	.12	.04	.59**	--		

R	(13.72)	(17.89)							
3. TSC	22.69 (18.82)	34.38 (17.16)	3.12	.08	.05	.54**	.80**	--	
4. DAS	119.86 (14.07)	103.63 (19.27)	11.66***	.001	.16	-.21	-.48**	-.48**	--

Note. MANCOVA results are reported above. HDG = High Disclosure Group; LDG = Low Disclosure Group; TEQ = Traumatic Events Questionnaire Total; PPTSD-R = Purdue Post-traumatic Stress Disorder Scale-Revised; TSC = Trauma Symptom Checklist; DAS = Dyadic Adjustment Scale. * $p < .05$. ** $p < .01$ *** $p < .001$, two-tailed.

Qualitative Data Analysis

The qualitative data analysis included comparisons between the high and low trauma disclosure groups, resulting in key themes from the interpretation of the data. Examples for each theme are incorporated in the descriptions below for further identification and interpretation of the data. The most salient themes and exemplar quotes (Patton, 2002) based on consensus coding are included for both disclosure groups. For the quotes, participants are identified with a code number to indicate which couple and spouse are included (e.g., 1M = Couple #1, male spouse; 43F = Couple #43, female spouse).

High disclosure group theme analysis. In the analysis of the qualitative data, high disclosure and low disclosure categories were identified and then divided into male and female groups. Within these respective categories several salient themes were reported. Both male ($n = 25$) and female participants ($n = 30$) in the high disclosure group ($n = 55$) reported congruent themes of personal and relationship cohesion, interpersonal awareness, increased communication, and increased conflict and relationship stress.

Relationship cohesion. Increased cohesion was a prominent theme identified in the high disclosure participant interviews. Out of the 55 respondents, both male ($n = 18$) and female ($n = 15$) participants reported that they felt a heightened sense of closeness or connection to their spouse.

Participants used the terms “*stronger*” and “*strengthened*” to describe the current state of their relationship post-deployment or as a result of other trauma experiences. For example, Participant 25F stated, “I think we’re a lot stronger couple, you know... together I don’t think there’s anything we can’t face.” According to other interview responses, the deployment, as well as past traumas, influenced several participants to have a greater appreciation for their partner and a desire to not take the other person for granted.

Personal and interpersonal awareness. Both male ($n = 12$) and female ($n = 15$) participants in the high disclosure group indicated increased awareness and recognition of their trauma experiences; however, this was manifested differently depending on the individual. Some respondents described increased awareness of the importance of their relationship because of their deployment or other trauma experiences. One participant emphasized her increased awareness of the change her relationship incurred due to the deployment: “When we got back together, we seemed to be more sensitive to each other. And the needs that each other had and trying to be sensitive to your partner’s needs” (28F).

Other participants described a greater recognition of the personal impact of their partner’s trauma experiences. Increased recognition of their partner’s past trauma was one of the most observable manifestations of increased awareness in the male participants. For example, Participant 25M indicated that issues related to his partner’s trauma arise “very frequently”:

Especially her issues with her trauma [prior rape, assault, domestic violence in previous marriage] because we’ll be talking about something that happened and she’s always like, “You know that happened there and it was horrible.” So, things like that come up, so now I’m totally open to that. I’m gonna clue into that, because I mean she needs to talk about it, too. If it was like a totally traumatic experience we really need to discuss that.

As seen in this response, several male respondents also identified that they had gained a better understanding and awareness of the implications that resulted from their partner's trauma history and how to appropriately handle it. When Participant 44M was asked what impact his partner's blackouts have on him, he responded as follows:

At first, they scared me but I've gotten used to them to where if I let it go for a little bit and then I try to start up a conversation to see what caused it, 'cause that's what she wants me to do. It's hard to do because I don't know what to say.

Several participants indicated heightened personal or self-awareness related to their own trauma history. When Participant 49F was asked how her relationship was most affected by her past trauma (childhood physical abuse), she responded, "I'm probably more reactionary, when we get into fights, the voices get raised, I'm more ready to get on a defensive, more ready to defend myself." Participant 43M also described this increased self-awareness in regards to post-deployment revelations: "I changed. That's the biggest positive. I've realized my family's what I need to concentrate on, not just the military."

Increased communication. Both male ($n = 10$) and female ($n = 13$) participants reported an increased level of communication in their relationship. Their trauma experiences, particularly during military deployment, proved to be a catalyst for certain individuals in improving communication in various forms. For example, Participant 12M stated:

I never used to be one that could talk on the phone. Kinda broke that habit, kinda broke that habit quick so in that, in that aspect communication has definitely improved. Showing emotion to her has definitely improved quite a bit so... I guess you can't really share stuff with your buddies while you're out there. I mean you can, but it's not the same.

In a similar way, Participant 24F indicated that the deployment allowed growth in communicating with her partner that may not have happened otherwise:

We had a lot of time just to talk about our relationship, so that was kind of nice. We actually got to talk about a lot of things that I don't know if we would have talked about face to face. Individuals in the high disclosure group also indicated that post-deployment communication was improved. When asked if there were any positive effects from the deployment on the relationship, Participant 22F stated, "We learned how to communicate better, I think, a lot less yelling and a lot more talking."

Increased conflict and relationship stress. Some participants in the high disclosure group reported a few negative experiences, including increased conflict ($n = 8$ females) and relationship stress ($n = 9$ females, 7 males). The female respondents primarily described conflict related to the deployment, illustrated by arguments, flaring tempers, and increased irritability. Participant 38F confirmed this theme when addressing how her relationship was most affected by the deployment:

I guess it's just hard sometimes you do things when you know people are leaving, it's easier to go away mad than it is to go away, you can sometimes pick little fights before they leave because it's easier. But coming home there's a little bit of a distance because it's hard. I mean your husband is gone for a year, and he comes home, your husband's gone for 6 months, and then comes home. It feels kind of odd.

Likewise, some of the participants also reported relationship stress. The manifestation of this relational distress varied based on individual and context. Male veterans described stress stemming specifically from deployment and absence from major life events, while females often reflected this theme by an increase in feelings of anxiety, irritation, relationship tension, and a sense of isolation. Both male and female participants also cited relationship stress due to changes post-deployment, such as finances, readjusting to life together, and changes in their spouse's temperament and personality.

Low disclosure group theme analysis. In the low disclosure group ($n = 16$), participants reported primarily negative or impaired relationship functioning themes, including increased

relationship conflict and stress, as well as decreased or impaired communication. The female participants also indicated role strain and being unsatisfied with their role in the relationship. Some participants reported increased communication and support, and some male participants reported themes of increased cohesion and relationship adjustment, which were similar themes to the high disclosure group. Results should be interpreted with caution because of the small number of low disclosure group participants.

Increased conflict and relationship stress. Increased conflict and relationship stress were themes reported by both male ($n = 7$) and female ($n = 5$) participants in the low disclosure group. Participants described disagreements and arguments caused by a variety of post-deployment adjustment issues and relationship stressors. Several participants reported anger stemming from their deployment as the primary contributor to increased conflict within their relationship. When Participant 7M was asked about the negative effects his relationship sustained due to the deployment, he reported, "We'll get into arguments very quickly about stuff, stupid stuff." This was also described by Participant 50F: "He gets angry and he starts raising his voice and I just clam up. Or I'll get mad about an incident and we won't get violent you know but a lot of times I tippy toe around everything because of the fear that's still inside of me."

Decreased or impaired communication. As might be expected, the low disclosure group described decreased or impaired communication with their spouse as a primary theme. Both male ($n = 4$) and female ($n = 5$) participants reported decreased or impaired communication during and after the deployment period with their partner. Male veterans indicated that it was difficult to communicate their experiences during deployments, which also was reflected in the female participants' responses. Participant 45F discussed experiencing decreased communication upon the return of her spouse from deployment: "It hindered the communication a lot more and I think part of it is that a lot of that stays so much in his mind and there's things he can't talk about." Male veterans

verbalized that communication was too agonizing or did not cross their mind upon returning from deployment. When asked why Participant 45M felt that he talked less about things now than he used to, he described his situation by stating, “Just painful I guess is what it is, I just can’t get it out.” Furthermore, female participants indicated impaired communication regarding their own trauma history. Many of the female spouses did not find it necessary to discuss their previous traumas, while others disclosed their trauma history early in the relationship and never revisited the subject. When asked how Participant 7F would rate her ability to talk about her past trauma (childhood sexual abuse) on a scale of 1 to 10, she answered: “What happened to me, I would say probably a two. We don’t. I think I’ve told him once and it just, we just never brought it up again.”

Increased role strain. Female participants ($n = 3$) reported experiencing role strain and were unsatisfied with the change due to deployment in their role in the relationship. For example, Participant 45F said: “While he was gone, I kind of came and went and did things as I wanted to and like now he wants it to be like it used to be where we went everywhere together kind of thing.” While increased role strain was not coded as a theme for any male participants in the low disclosure group, again, results are to be interpreted with caution due to the small sample size of this group.

Communication and increased support. Although decreased communication was a prominent theme in the low disclosure group, some male ($n = 3$) veterans described adequate communication post-deployment. They perceived their communication with their partner as sufficient for their relationship: “We’ve been able to communicate about the relationship with this deployment” (46M). Female participants ($n = 3$) discussed that they felt supported during the deployment through various avenues of communication, including phone calls and emails: “He called me, he emailed me, he did whatever he could at the time.” (47F).

Increased cohesion. The male ($n = 5$) veterans who indicated increased cohesion described their relationship as either “*stronger*” or “*closer*” post-deployment. Through this time apart from one another, the males reported a stronger sense of security in their relationship upon return. When asked about positive aspects of the deployment on his relationship, Participant 46M said, “We really realized how much we need each other. Not a sense of codependence more like co-supportive.”

Discussion

The current study involved a mixed method research design that addressed the relationship between trauma disclosure and individual and relationship functioning in a sample of veteran couples. Participants were categorized into one of two groups based on trauma disclosure levels: high trauma disclosure and low trauma disclosure. The data analysis results indicated that the low trauma disclosure group reported lower relationship adjustment than the high trauma disclosure group, when length of the relationship was included as a covariate. In addition, in the qualitative interview data, the high disclosure group participants indicated better interpersonal functioning, including better communication, adjustment, personal and interpersonal awareness and relationship cohesion. Conversely, the low disclosure group indicated mixed data, with more impaired communication, greater levels of relationship conflict and stress, and role strain, with a few positive themes that were similar to the high disclosure group.

Although the research on trauma disclosure in veterans is limited, the current results support other literature on the relationship between previous trauma and couple relationships (e.g., Knobloch & Theiss, 2012; Nelson Goff et al., 2007, 2009; Renshaw et al., 2008, 2009, 2014), the critical role communication plays as a foundation for good relationship functioning in trauma couples (Nelson Goff et al., 2006), and the effects of disclosing trauma for individual trauma survivors (Davidson & Moss, 2000; Pennebaker, 2000; Pennebaker & Harber, 1993). The current results provide a step in understanding the relationship between trauma disclosure, individual functioning, and interpersonal

relationships. We cannot infer that low trauma disclosure caused reduced relationship adjustment in these veteran couples; however, the results suggest more impaired relationship functioning, in both the Dyadic Adjustment Scale and the qualitative reports, for the low disclosure group data. In general, participants who reported sharing their deployment and trauma experiences with their spouse indicated better communication, personal and interpersonal adjustment, more awareness and sensitivity to their spouse, and a heightened sense of closeness or connection in their relationship.

Utilizing the CATS Model (Nelson Goff & Smith, 2005; Oseland et al., 2016) provided a framework of variable terms for the qualitative themes, including both positive and negative/impairment areas for both groups. While this might be expected, to date, research on trauma disclosure levels in veteran couples has been unexplored, particularly the effects on interpersonal functioning. Although the trauma symptom scores and total traumatic events were in the expected directions, with higher trauma symptoms and more traumatic events reported by the low trauma disclosure group, results were not statistically significant when controlling for relationship length between the groups. Thus, we do not want to overemphasize the results, which should be interpreted with caution because of the small number of low trauma disclosure group participants. Although length of the relationship may play a role in trauma symptoms and disclosure, it may be that effects went undetected due to the small sample, and thus, there was a loss of power when adding the additional covariate.

Our findings support research by Renshaw and colleagues (e.g., Campbell & Renshaw, 2011, 2012, 2013; Renshaw et al., 2008, 2009, 2010), who found spouses' perceptions of PTSD symptoms in veterans can impact functioning and therefore may need to be directly discussed. It may also be that those participants who are disclosing less are protecting their partners from the severity of the trauma (Davidson & Moss, 2008) or they may find disclosure difficult (Leibowitz, Jeffreys, Copeland, & Noel, 2008). Communication in couples can be affected through attempts to avoid direct

communication about trauma symptoms (e.g., flashbacks and startle responses) or experiences of either partner (Monk & Nelson Goff, 2014). The reluctance of partners in veteran couples to disclose may reduce awareness and understanding for both partners, as well as contribute to the individual and systemic impact of prior trauma experiences, although it may serve other protective functions. Trauma may affect the relationship even if it is not discussed overtly, as trauma symptoms (e.g., hypervigilance) can still interfere with their interactions, as evidenced in some of the qualitative responses. It also may be that poor or reduced communication, in general, or other relationship problems may reduce trauma survivors' willingness to share their trauma history with their partner. The current results suggest possible implications for programs and services for and future research with veteran couples.

Implications and Limitations

While trauma disclosure has been associated with wellbeing in some studies (e.g., Davidson & Moss, 2008; Pennebaker et al., 1988, 2001), disclosure about traumatic events may also be distressing (e.g., Pennebaker & Beall, 1986) and may have a negative effect on mental and physical health for trauma survivors (Gidron et al., 1996). It is possible that individuals who experience less distress or lower trauma symptom levels may benefit more from disclosure compared to those with more severe clinical symptoms (Frisina, Borod, & Lepore, 2004) or with certain types of trauma experiences (Freyd et al., 2005). In addition, although participants in our study did report more trauma symptoms in the low disclosure group, there was not a statistically significant difference in the total numbers of traumatic events between groups. Our sample included participants with a variety of previous trauma experiences, both combat-related and other traumas, which may all result in a range of outcomes and impairment levels. Future research is needed to explore what types of traumas may be related to individual and relationship impairment and trauma disclosure between partners in veteran couples. It is also important for research to address trauma disclosure in other veteran

couples, including Vietnam veterans and female veterans, as well as longitudinal data on the process of trauma disclosure in veteran couples. The current study included only male veterans who had a single post 9/11 deployment to Iraq or Afghanistan; further research on the long-term effects of multiple post 9/11 deployments on this generation of veteran couples is needed, particularly a more detailed understanding of the process of trauma disclosure and the impact of disclosure levels on a variety of outcomes (e.g., PTSD symptoms, marital stability).

It is necessary to understand when disclosure to others may be contraindicated and have a negative effect on trauma survivors and their partners. Particularly for military service members/veterans and their partners, there often are situations when information is classified or when sharing the information is too difficult or could negatively affect one or both partners. It is also important to note that the current study addressed trauma exposure for both partners and was not exclusive to military/combat-related traumas. Thus, while the current study included post 9/11 veteran couples specifically, additional research is needed to further recognize the impact and implications of war trauma disclosure as well as other types of trauma experiences for veteran couples.

As with all research, the current results should be considered in light of its limitations. Due to the limited size of the low disclosure group and uneven cell sizes, caution should be used when generalizing the results because of the potential for participant bias of the results. For example, participants' disclosure to their spouse specifically may be biased to provide a more positive presentation of themselves, rather than an accurate description of their actual disclosure to their spouse about their trauma experiences. Also, participants may have shared their trauma experiences with other individuals besides their spouse, such as professionals (Leibowitz et al., 2008) or friends (e.g., other service members), which was not assessed in the current study. Because of these limitations, while the quantitative data should be interpreted with caution, the trauma symptom

scores did indicate higher levels in the low disclosure group compared to the high disclosure group, providing reasonable potential for further investigation with larger, more diverse samples of trauma survivors and their partners. In addition, further qualitative analyses of the dyadic processes related to trauma disclosure between spouses is needed to assess the impact of trauma disclosure on individual and couple functioning. Interdependence between partners is something that should be addressed in future work by including dyadic data analysis strategies (see Kenny, Kashy, & Cook, 2006; Monk & Nelson Goff, 2014) in a larger sample.

The present study is among the first to address the areas of trauma disclosure, individual functioning, and relationship quality in a non-clinical sample; thus, it adds to the current veterans studies by providing a systemic evaluation of different trauma disclosure levels in a sample of veteran couples. Trauma disclosure does appear to have an overall positive relationship with individual and systemic functioning. Conversely, individual and systemic functioning of trauma survivors and their partners likely also may contribute to more or less disclosure about previous trauma experiences to others, including spouses/partners. Utilizing a mixed method research approach allowed for further understanding of group differences, as well as an exploration of themes from the participants about their trauma disclosure experiences. The current study provides information about the systemic relationship between individual trauma experiences and intrapersonal and relationship functioning in a sample of veteran couples, which furthers our understanding of trauma disclosure in veterans and their spouses.

Briana S. Nelson Goff
Kansas State University
bnelson@k-state.edu

Kathryn Hartman*
University of Nebraska-Lincoln

Devon Perkins*
Colorado State University

Kali Summers*
Kansas State University

Laura Walker*
Kansas State University

J. Kale Monk
University of Illinois at Urbana-Champaign
* Denotes equal contribution as 2nd author

References

- American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: Author.
- Briere, J. (1996). Psychometric review of Trauma Symptom Checklist 33 & 40. In B. H. Stamm (Ed.), *Measurement of stress, trauma, and adaptation* (pp. 373–377). Lutherville, MD: Sidran Press.
- Briere, J., & Runtz, M. (n.d.) *Trauma Symptom Checklist 33 and 40: TSC-33 and TSC-40*. Retrieved from <http://www.johnbriere.com/tsc.htm>
- Burr, W. R. (1973). *Theory construction and the sociology of the family*. New York: John Wiley & Sons.
- Campbell, S. B., & Renshaw, K. D. (2011). Distress in spouses of Vietnam veterans: Associations with communication about deployment experiences. *Journal of Family Psychology, 26*, 18–25. doi:10.1037/a0026680
- Campbell, S. B., & Renshaw, K. D. (2012). Combat veterans' symptoms of PTSD and partners' distress: The role of partners' perceptions of veterans' deployment experiences. *Journal of Family Psychology, 25*, 953–962. doi:10.1037/a0025871
- Campbell, S. B., & Renshaw, K. D. (2013). PTSD symptoms, disclosure, and relationship distress: Explorations of mediation and associations over time. *Journal of Anxiety Disorders, 27*, 494–502. doi:10.1016/j.janxdis.2013.06.007

- Castro, C. A., Adler, A. B., & Britt, T. W. (Eds.) (2006). *Military life: The psychology of serving in peace and combat: Volume 3: The military family*. Westport, CT: Praeger Security International.
- Cook, J. M., Riggs, D. S., Thompson, R., Coyne, J. C., & Sheikh, J. I. (2004). Posttraumatic stress disorder and current relationship functioning among World War II ex-prisoners of war. *Journal of Family Psychology, 18*, 36–45. doi: 10.1037/0893-3200.18.1.36
- Creech, S. K., Benzer, J. K., Liebsack, B. K., Proctor, S., & Taft, C. T. (2013). Impact of coping style and PTSD on family functioning after deployment in Operation Desert Shield/Storm returnees. *Journal of Traumatic Stress, 26*, 1–5. doi: 10.1002/jts.21823
- Creswell, J. W. (2009). *Research design: Qualitative, quantitative, and mixed methods approaches* (3rd ed.). Thousand Oaks, CA: Sage.
- Creswell, J. W., & Plano Clark, V. L. (2011). *Designing and conducting mixed methods research* (2nd ed.). Thousand Oaks, CA: Sage.
- Davidson, A. C., & Moss, S. A. (2008). Examining the trauma disclosure of police officers to their partners and officers' subsequent adjustment. *Journal of Language and Social Psychology, 27*, 51–70. doi: 10.1177/0261927X07309511
- Dekel, R., & Monson, C. M. (2010). Military-related post-traumatic stress disorder and family relations: Current knowledge and future directions. *Aggression and Violent Behavior, 15*(4), 303–309. doi:10.1016/j.avb.2010.03.001
- Dolbin-MacNab, M. L., Parra-Cardona, J. R., & Gale, J. E. (2014). Mixed methods clinical research with couples and families. In R. B. Miller & L. N. Johnson (Eds.), *Advanced methods in family therapy research* (pp. 266–281). New York: Routledge.
- Eddy, J. M., Heyman, R. E., & Weiss, R. L. (1991). An empirical evaluation of the Dyadic Adjustment Scale: Exploring the differences between marital “satisfaction” and “adjustment.” *Behavioral Assessment, 15*, 199–220.

- Figley, C. R. (1983). Catastrophes: An overview of family reaction. In C. R. Figley & H. I. McCubbin (Eds.), *Stress and the family: Coping with catastrophe* (Vol. 2, pp. 3–20). New York: Brunner/Mazel.
- Figley, C. R. (Ed.). (1998). *Burnout in families: The systemic costs of caring*. Boca Raton, FL: CRC Press.
- Frattaroli, J. (2006). Experimental disclosure and its moderators: A meta-analysis. *Psychological Bulletin*, *132*(6), 823–865. doi: 10.1037/0033-2909.132.6.823
- Freyd, J. J., Klest, B., & Allard, C. B. (2005). Betrayal trauma: Relationship to physical health, psychological distress, and a written disclosure intervention. *Journal of trauma & dissociation*, *6*(3), 83–104. doi:10.1300/J229v06n03_04
- Frisina, P. G., Borod, J. C., & Lepore, S. J. (2004). A meta-analysis of the effects of written emotional disclosure on the health outcomes of clinical populations. *The Journal of Nervous and Mental Disease*, *192*, 629–634. doi: 10.1097/01.nmd.0000138317.30764.63.
- Gidron, Y., Peri, T., Connolly, J. F., & Shalev, A.Y. (1996). Written disclosure in posttraumatic stress disorder: Is it beneficial for the patient? *The Journal of Nervous and Mental Disease*, *184*, 505–507. doi:10.1097/00005053-199608000-00009.
- Hamilton, S., Nelson Goff, B. S., Crow, J. R., & Reisbig, A. M. J. (2009). Primary trauma of female partners in a military sample: Individual symptoms and relationship satisfaction. *American Journal of Family Therapy*, *37*, 336–346. doi: 10.1080/01926180802529965
- Henry, S. B., Smith, D. B., Archuleta, K., Sanders-Hahs, E., Nelson Goff, B. S., Reisbig, A. M. J.,...Scheer, T. (2011). Trauma and couples: Mechanisms in dyadic functioning. *Journal of Marital and Family Therapy*, *37*, 319–332. doi: 10.1111/j.1752-0606.2010.00203.x
- Institute of Medicine. (March 2013). *Returning home from Iraq and Afghanistan: Assessment of readjustment needs of veterans, service members, and their families*. Retrieved from [---

B.S.N. Goff, et al. / Talk to Me](http://www.iom.edu/~media/Files/Report%20Files/2013/Returning-Home-Iraq-Afghanistan/Returning-</p></div><div data-bbox=)

Home-Iraq-Afghanistan-RB.pdf

- Kenny, D. A., Kashy, D. A., & Cook, W. L. (2006). *Dyadic data analysis*. New York: Guilford Press.
- Knoblock, L. K., & Theiss, J. A. (2012). Experiences of U.S. military couples during the post-deployment transitions: Applying the relational turbulence model. *Journal of Social and Personal Relationships, 29*, 423–450. doi: 10.1177/0265407511431186
- Lauterbach, D., & Vrana, S. (1996). Three studies on the reliability and validity of a self-report measure of posttraumatic stress disorder. *Assessment, 3*, 17–25. doi: 10.1177/107319119600300102
- Lee, K. H., & MacDermid Wadsworth, S. (2016). The newest generation of U.S. veterans and their families. In C. A. Price, K. R. Bush, & S. J. Price (Eds.), *Families and change: Coping with stressful events and transitions*, 5th Ed. (pp. 203–220). Thousand Oaks, CA: Sage.
- Leibowitz, R. Q., Jeffreys, M. D., Copeland, L. A., & Noel, P. H. (2008). Veterans' disclosure of trauma to healthcare providers. *General Hospital Psychiatry, 30*, 100–103. doi: 10.1016/j.genhosppsy.2007.11.004
- Monk, J. K., & Nelson Goff, B. S. (2014). Military couples' trauma disclosure: Moderating between trauma symptoms and relationship quality. *Psychological Trauma: Theory, Research, and Practice, 6*, 537–545. doi: 10.1037/a0036788
- Monson, C. M., Taft, C. T., & Fredman, S. J. (2009). Military-related PTSD and intimate relationships: From description to theory-driven research and intervention development. *Clinical Psychology Review, 29*(8), 707–714. doi:10.1016/j.cpr.2009.09.002
- Nelson Goff, B. S., Crow, J. R., Reisbig, A. M. J., & Hamilton, S. (2007). The impact of individual trauma symptoms of deployed soldiers on relationship satisfaction. *Journal of Family Psychology, 21*, 344–353. doi: 10.1037/0893-3200.21.3.344

- Nelson Goff, B. S., Crow, J. R., Reisbig, A. M. J., & Hamilton, S. (2009). The impact of soldiers' deployment to Iraq and Afghanistan: Secondary traumatic stress in female partners. *Journal of Couple & Relationship Therapy, 8*, 291–305. doi: 10.1080/15332690903246085
- Nelson Goff, B. S., Irwin, L., Devine, S., Cox, M., Orrick, K., & Schmitz, A. (2014). A qualitative study of single-trauma and dual-trauma military couples. Special section: Dual-Trauma Couples. *Psychological Trauma: Theory, Research, and Practice, 6*, 216–223. doi: 10.1037/a0036697
- Nelson Goff, B. S., Reisbig, A. M. J., Bole, A., Scheer, T., Hays, E., Archuleta, K. L., ... Smith, D. B. (2006). The effects of trauma on intimate relationships: A qualitative study with clinical couples. *American Journal of Orthopsychiatry, 76*, 451–460. doi: 10.1037/0002-9432.76.4.451
- Nelson Goff, B. S., & Smith, D. B. (2005). Systemic traumatic stress: The Couple Adaptation to Traumatic Stress Model. *Journal of Marital and Family Therapy, 31*, 145–157. doi: 10.1111/j.1752-0606.2005.tb01552.x
- Nelson Goff, B. S., Summers, K., Hartman, K., Billings, A., Chevalier, M., Hermes, H., Perkins, D., Walker, L., Wick, S., & Monk, J. K. (2015). Disclosure of war deployment experiences: A qualitative study of the relationship impact on military couples. *Military Behavioral Health Journal, 3*, 190-198. doi: 10.1080/21635781.2015.1055865
- Oseland, L. M., Gallus, K. L., & Nelson Goff, B. S. (2016). Clinical application of the Couple Adaptation to Traumatic Stress Model: A pragmatic framework for working with traumatized couples. *Journal of Couple and Relationship Therapy, 15*, 83–101. (Special Issue: *Research and Treatment Models Addressing Trauma in Couples*). doi: 10.1080/15332691.2014.938284
- Patton, M. Q. (2002). *Qualitative research and evaluation methods* (3rd ed.). Thousand Oaks, CA: Sage.
- Pennebaker, J. W. (2000). Telling stories: The health benefits of narrative. *Literature and Medicine, 19*(1), 3–18. Retrieved from <http://muse.jhu.edu/article/20241>

- Pennebaker, J. W., & Beall, S. K. (1986). Confronting a traumatic event: Toward an understanding of inhibition and disease. *Journal of Abnormal Psychology, 95*, 274–281. doi: 10.1037/0021-843X.95.3.274.
- Pennebaker, J. W., & Harber, K. D. (1993). A social stage model of collective coping: The Loma Prieta earthquake and the Persian Gulf War. *Journal of Social Issues, 49*, 125–145. doi: 10.1111/j.1540-4560.1993.tb01184.x
- Pennebaker, J. W., Kiecolt-Glaser, J. K., & Glaser, R. (1988). Disclosure of traumas and immune function: Health implications for psychotherapy. *Journal of Consulting and Clinical Psychology, 56*(2), 239–245. doi: 10.1037/0022-006X.56.2.239.
- Pennebaker J. W., Zech E., & Rimé B. (2001). Disclosing and sharing emotion: Psychological, social, and health consequences. In M. S. Stroebe, R. O. Hansson, W. Stroebe, & H. Schut (Eds.), *Handbook of bereavement research: Consequences, coping, and care* (pp. 517–543). Washington, DC: American Psychological Association.
- Rafuls, S. E., & Moon, S. M. (1996). Grounded theory methodology in family therapy research. In D. H. Sprenkle & S. M. Moon (Eds.), *Research methods in family therapy* (pp. 64–80). New York: Guilford Press.
- Renshaw, K. D., Campbell, S. B., Meis, L., & Erbes, C. (2014). Gender differences in the associations of PTSD symptom clusters with relationship distress in US Vietnam veterans and their partners. *Journal of Traumatic Stress, 27*(3), 283–290. doi: 10.1002/jts.21916
- Renshaw, K. D., Rodrigues, C. S., & Jones, D. H. (2008). Psychological symptoms and marital satisfaction in spouses of Operation Iraqi Freedom veterans: Relationships with spouses' perceptions of veterans' experiences and symptoms. *Journal of Family Psychology, 22*, 586–594. doi: 10.1037/0893-3200.22.3.586.

- Renshaw, K. D., Rodrigues, C. S., & Jones, D. H. (2009). Combat exposure, psychological symptoms, and marital satisfaction in National Guard soldiers who served in Operation Iraqi Freedom from 2005 to 2006. *Anxiety, Stress & Coping, 22*, 101–115. doi: 10.1080/10615800802354000
- Spanier, G. B. (1976). Measuring dyadic adjustment: New scales for assessing the quality of marriage and similar dyads. *Journal of Marriage and the Family, 38*, 15–28. doi: 10.2307/350547
- Taft, C. T., Watkins, L. E., Stafford, J., Street, A. E., & Monson, C. M. (2011). Posttraumatic stress disorder and intimate relationship problems: A meta-analysis. *Journal of Consulting and Clinical Psychology, 79*, 22–33. doi: 10.1037/a0022196
- Vrana, S., & Lauterbach, D. (1994). Prevalence of traumatic events and post-traumatic psychological symptoms in a nonclinical sample of college students. *Journal of Traumatic Stress, 7*, 289–302. doi: 10.1002/jts.2490070209
- Wick, S., & Nelson Goff, B. S. (2014). A qualitative analysis of military couples with high and low trauma symptoms and relationship distress levels. *Journal of Couple and Relationship Therapy, 13*, 63–88. doi: 10.1080/15332691.2014.865983