

Psychological Symptoms and Marital Satisfaction in Spouses of Operation Iraqi Freedom Veterans: Relationships with Spouses' Perceptions of Veterans' Experiences and Symptoms

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RESEARCH HIGHLIGHTS:

- Spouses of veterans with PTSD have been shown to be at increased risk for psychological and marital distress; however the specific mechanisms for this distress remain unknown. This study examines the link between spouses' perceptions of recently returned National Guard combat veterans' symptoms, veterans' self-reports of symptoms and spouses' levels of distress.
- Researchers believe that this is the first study to show empirically that spousal perceptions of soldiers' symptoms were related to spouses' own psychological and marital functioning, and much more strongly related to spouses' functioning than soldiers' self-report of symptoms.
- Perceptions of partners' functioning can impact marital and psychological functioning in many groups beyond military couples and additional research including these groups is important to further our understanding of how spouses react to their partners' mental health difficulties, as well as how to help couples cope with these issues.

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ABSTRACT:

“Much research has shown that spouses of combat veterans with post-traumatic stress disorder (PTSD) have higher rates of psychological and marital distress than do spouses of veterans without PTSD; however, very few studies have examined potential mechanisms of this increased vulnerability. The current study examined spouses of National Guard soldiers recently returned from deployments in Iraq. In addition to documenting elevated levels of psychological symptoms in these spouses, the authors found that spouses experienced greater symptom severity when they perceived high levels of symptoms in soldiers but the soldiers endorsed low levels of symptoms. Furthermore, spouses' marital satisfaction was negatively linked to soldiers' self-reported symptom severity only when spouses perceived that soldiers had experienced low levels of combat activity while deployed. When spouses perceived high levels of such activity, soldiers' self-reported symptoms had no relationship with spouses' marital satisfaction. These findings highlight the importance of interpersonal perceptions in intimate relationships and are consistent with the notion that uncontrollable attributions for a relative's mental health problems may provide a buffer against relationship distress.”

Implications

FOR PRACTICE

The results of this study, although preliminary, emphasize the importance of the perceptions of both combat veterans and their family members as a factor in the degree of distress they and their partners experience. About 44% of spouses included in this study displayed elevated symptoms of depression and 10% displayed elevated levels of PTSD symptoms, while 16% of the sample indicated possible marital distress, a level not unusual for this community according to previous research. Spouses' perceptions of soldiers' combat exposure, PTSD symptoms and depressive symptoms were related to soldiers' reports of combat exposure and psychological symptoms. Spousal perception was also more strongly related to spouses' psychological functioning and marital distress than soldiers' self-report of symptoms. The authors found that when spouses perceived higher levels of symptoms in soldiers but soldiers reported lower symptom levels, spouses experienced greater symptom severity. Marital satisfaction for spouses was also linked negatively to symptom severity in soldiers when spouses perceived them as having experienced low levels of combat activity during deployment. These findings indicate that there may be an impact of partner perception on experience and intensity of partners' psychological symptoms, and consequently marital distress levels. Clinicians and community members should be sure to monitor spousal levels of distress, taking this into account when serving veteran populations. Military community advocates may want to focus on services that provide tools for stress management and improving marital relationships, especially in cases where veterans display elevated PTSD symptoms or other mental health issues.

FOR POLICY

Marital distress caused by communication difficulties and deployment-related health issues, especially mental health issues, can be a severe problem for veterans and their families. Policy makers may wish to focus on providing military spouses with the tools to manage their own stressors related to having a partner with PTSD or other mental health complications resulting from service. Policies supporting access to mental health services, including couples counseling, would be extremely valuable for both spouses and service members. Because spouses were more stressed when their perception of soldiers' symptoms did not match soldiers' self-report of symptoms, it may be beneficial for couples to undergo PTSD specific counseling together so that there is no disconnect in perceptions of symptom severity that could cause additional stress. Policy makers may also wish to support funding initiatives for the provision of couples counseling for all married veterans returning from recent conflicts, perhaps not in a mandatory program, but one that is available across the board to all married veterans.

FOR FUTURE RESEARCH

As the sample size utilized for this study was fairly small, future researchers should aim to gather data from a larger number of veterans to increase the possibility of detecting significant interactions between PTSD symptom severity, perceptions of spouses of combat veterans and marital distress. Previous studies focused on military spouses have largely used active duty members in their samples, where this sample relies on spouses of service members from the National Guard. More research including both National Guard and active component samples would increase the direct comparability of the current results. Future studies should also focus on the experiences of female veterans and their spouses, as previous studies, including this one, have consisted solely of male veterans and their wives. Researchers should perform longitudinal studies to compare differences in experience by service era and length of time after deployment, as the majority of veterans in this sample had recently returned from combat, while many prior studies took place years or decades after deployments had ended. Researchers may explore longitudinally, for example, whether spouses' and soldiers' reports become more consistent over time, especially in couples who do not divorce. Future studies should aim to recruit veterans who are less likely to seek help, as opposed to those already present at VA Medical Centers, as well as more diverse samples of veterans, including those with varying degrees of educational attainment. Finally, researchers should assess spouses' prior exposure to psychological trauma, which may have factored into their reported psychological symptoms.

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