A COMPARISON STUDY OF LOW TRAUMA DISCLOSURE PARTICIPANTS AND THEIR PARTNERS

by

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Abstract

Traumatic events affect not only the primary trauma survivor, but also secondary trauma survivors (e.g., spouses, children). Intimate partner relationships provide unique conditions for examining how the interpersonal and/or systemic impact of trauma exposure and post-trauma responses can impact both the primary and secondary trauma survivors, and the interpersonal dynamics of the couple. Preliminary work has indicated that the extent of trauma disclosure may serve as a buffering effect for relationship adjustment for those below the clinical threshold for PTSD (Monk & Nelson Goff, 2014). Researchers also have found that relationships can suffer effects in direct correlation to trauma disclosure (Creech, Benzer, Liebsack, Proctor, & Taft, 2013; Nelson Goff et al., 2006).

The current study explored qualitative and quantitative data from low trauma disclosure individuals (n = 15) and their partners. The Couple Adaptation to Traumatic Stress Model (Nelson Goff & Smith, 2005; Oseland, Gallus, & Nelson Goff, in press) was used to provide the framework for understanding the experiences of low trauma disclosure to spouses in a sample of Army soldiers and their spouses.

The low trauma disclosure group reported some positive and negative themes related to relationship functioning. The mixed trauma disclosure partners (n = 7) reported primarily negative themes related to relationship functioning, as well as the positive theme of increased communication. The high trauma disclosure partners (n = 4) reported all positive themes related to relationship functioning. Contrary to the original hypothesis, the results indicated mixed trauma disclosure partners seemed to be functioning at lower levels than the low or high trauma disclosure partners

A quantitative analysis demonstrated a number of trends throughout the disclosure groups. The low trauma disclosure group reported scores between the mixed and high trauma disclosure groups for all measures. The mixed trauma disclosure group overall reported the highest PTSD scores and lowest couple adjustment scores, despite experiencing the lowest number of traumatic events and general trauma symptoms. The high trauma disclosure group reported the highest couple adjustment scores, despite experiencing the highest number of traumatic events, trauma symptoms, and lowest PTSD scores. Implications for practice and future research also are described.

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Chapter 1 - Introduction

Armed conflict has been a significant part of the history of our country. Most recently, post-9/11 conflict, including Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), and Operation New Dawn (OND), has framed our modern context and everyday experiences of armed conflict. As of March 2013, over 2 million military personnel have seen combat in the conflicts in Afghanistan and Iraq (Institute of Medicine, 2013). The U.S. Department of Veteran Affairs has estimated that 10 to 18% of those who have served in Afghanistan and Iraq are likely to have posttraumatic stress disorder (PTSD) (U. S. Department of Veterans Affairs, 2014a). Among those who served in Iraq and Afghanistan and are utilizing Veteran Affairs healthcare services, 23% have PTSD (Fulton et al., 2015). This is not solely a consequence of recent wars, as roughly 31% of Vietnam veterans are estimated to have PTSD (U. S. Department of Veterans Affairs, 2014b).

Many service members will experience symptoms of PTSD, depression, traumatic brain injury, or other traumatic experiences as a result of combat. In some cases, these challenges require the veterans to seek help from medical, mental health, and other professionals. In order to get the help they require, the veterans need to, at some level, disclose their trauma history. This sharing of their traumatic experiences could be to a significant other, friend, or even medical professional. Interestingly, many veterans disclose to a healthcare provider before anyone else, including significant others (Leibowitz, Jeffreys, Copeland, & Noel, 2008).

The decision to disclose or not disclose about a traumatic experience is a personal one, as is the decision about who to disclose to about a previous traumatic experience. For many, this could take years to decide and the impact this disclosure has on the individual can be very debilitating (Pennebaker, Hughes, & O'Heeron, 1987; Pennebaker, Kiecolt-Glaser, & Glaser,

1988). Some may decide to only share the fact that they experienced a particular trauma, while others may share more specific details of the traumatic experience.

Trauma is defined in very wide-ranging terms and is thought to occur on a continuum, as traumatic experiences can differ from one person to another (Breslau & Kessler, 2001). For example, one person may find a particular event to be very traumatizing and another person may experience no lasting effects from a similar or identical event. The current study acknowledged this and allowed for flexibility in what the participants deemed to be a traumatic experience. Over the years, the definition of a traumatic event has fluctuated. *The Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5)* defines a traumatic experience as "exposure to actual or threatened death, serious injury, or sexual violence" (American Psychiatric Association [APA], 2013, p. 271). In addition, the criteria states that the exposure must be in one of the following ways: one must either experience the event directly or be a witness to others experiencing it, learn about the event happening to a close family member or friend, or experience recurring exposure to details of the event (APA, 2013). Carlson and Dalenberg (2000) stated that a traumatic event has three components: inability to control the situation, negative perception of the event, and unexpectedness.

The U.S. Department of Veterans Affairs (2014) defined posttraumatic stress disorder as distress that may occur after experiencing a traumatic experience. Examples of traumatic experiences are child abuse, child sexual abuse, car accidents, combat exposure, and natural disasters. However, just because someone has experienced a trauma does not mean they necessarily have PTSD.

Purpose of the Study

When individuals undergo a traumatic experience, their entire support system can be affected. Alternatively, they are inherently affected by their own support system. This can be an especially complicated dynamic if both individuals of a relational couple have a trauma history. Research has shown that trauma symptoms can be a predictor of low relationship satisfaction and reduced communication (Cook, Riggs, Thompson, Coyne, & Sheikh, 2004; Knobloch & Theiss, 2012). Thus, research into helping individuals overcome and cope with prior traumatic experiences, especially within their personal relationships, is important. One area in particular that requires further study is the disclosure about trauma to a spouse or significant other. The study of trauma disclosure is vital for both its implications for helping the individual, as well as the potential effects of disclosure on the couple's relationship.

The aim of this study was to address the existing gaps in research regarding understanding the experiences of individuals with a history of previous trauma who report little to no disclosure of their trauma to their spouse/partner (low trauma disclosure). The data set used is from a larger study involving 50 military couples (n = 100 individuals). Based on the need for a better understanding of the impact of low disclosure of trauma, 15 low trauma disclosure individuals and their partners from the larger data set were identified for this study. These 15 individuals were chosen based on their low level of trauma disclosure to their partner. Both partners were included in the data analysis to gain a more in-depth understanding of the individual and couple dynamics in couples with low trauma disclosure. Understanding the decision process that an individual goes through when deciding what to disclose to an intimate partner as well as the implications on that couple's relationship is vital. A collection of studies has been conducted to begin to answer these questions.

Chapter 2 - Literature Review

As a result of recent military conflicts abroad, particularly throughout the past 13 years, a variety of challenges for military couples and families have arisen. As such, much research has been done to address these experiences. This research is performed with the overall objective that a better understanding of the nature of these challenges can aid in the development of better strategies to help military couples and families cope and general well-being.

Unfortunately, many service members may experience a stressful or traumatic event during their deployment. Moving forward, they must decide the level at which to disclose these events, as well as how much to disclose about the impact this trauma has on them. Research has demonstrated that communication problems, issues reconnecting with their spouse, and an increase in conflict are not uncommon during the reintegration process of a soldier returning from deployment (Knoblock & Theiss, 2012). Recent work in the field of trauma studies has sought to better understand these experiences for military couples by seeking to answer a number of important questions including: how these challenges affect a service member's ability to disclose to their spouse about traumatic events they experienced while deployed, as well as how these challenges impact a spouse's decision to share with his or her partner about a personal trauma he or she may have experienced (Cafferky, 2014; Campbell & Renshaw, 2011; Cook et al., 2004; Frisby, Byrnes, Mansson, Booth-Butterfield, & Birmingham, 2013; Hemenover, 2003; Knoblock & Theiss, 2012; Laurenceau, Barrett, & Pietromonaco, 1998).

A number of factors contribute to the decision to disclose a previous traumatic experience. Researchers have shown that withholding a trauma can result in long-term physical stress and that the stress associated with this concealment is particularly intense (Pennebaker et al., 1987; Pennebaker et al., 1988). In a large sample of the general population, one study found

that 89% believed that relief could be found through disclosure of an emotional experience (Pennebaker, Zech, & Rimé, 2001). Trauma disclosure is one step closer to coming to terms and finding meaning from one's previous trauma experiences.

Types of Disclosure

The sharing of information, such as a traumatic experience, can be very trying on an individual. As previously stated, there are many factors that go into the decision to disclose to others. Individuals must believe that there is something to gain because in the process of doing so the experience must be relived. The different types of disclosure as well as different methods of trauma disclosure, including verbal and written disclosure, have been described by previous researchers (e.g., Frisby et al., 2013; Hemenover, 2003; Lutgendorf & Antoni, 1999; Pennebaker, 1997; Pennebaker, 2000; Pennebaker et al., 2001).

Verbal Disclosure

Verbal disclosure of a trauma is the act of telling another person about the event, whether that be telling the specific details of a traumatic experience or sharing one's feelings regarding the event. As the name implies, this type of disclosure is distinguished entirely through its auditory nature. The majority of disclosure that occurs in relationships is verbal in nature. For this reason, most studies examining disclosure study this specific mechanism. The means for which to disclose is a personal one, as one may feel more comfortable disclosing verbally, as opposed to in written form. Lutgendorf and Antoni (1999) discovered that the more someone discloses with another person, the more comfortable both individuals become with the process.

Frisby and colleagues (2013) highlighted the need for general communication specifically among military couples because of deployments and trainings that frequently prevent a couple from physically being together. The authors discussed the importance of everyday talk (EDT)

between couples in order to maintain the relationship and indicated it may also help with coping. In addition to EDT, decreasing the avoidance of specific topics in conversation may also reduce stress between the couple (Frisby et al., 2013). Verbal disclosure has also shown to decrease stress and distressing thoughts (Lutgendorf & Antoni, 1999).

Written Disclosure

A number of studies have explored written disclosure about traumatic experiences, including several comparison studies between an experimental group and a control group. In general, the methodology of these studies entails the experimental group writing for a set time about a traumatic or particularly emotional event, while the control group writes about an everyday experience for the same timeframe. For some individuals, discussing and expressing emotions can come naturally and for others it does not. Interestingly, some researchers indicate that men benefit slightly more from written disclosure than women (Smyth, 1998). Pennebaker et al. (2001) expanded upon Smyth's (1998) results, indicating that individuals who get the most benefit from written disclosure are those who do not discuss their emotions as naturally as others. Written disclosure provides a different avenue to share such emotions and some may feel more comfortable disclosing in this manner rather than verbally, as stated previously (Lutgendorf & Antoni, 1999).

Benefits of Disclosure

The benefits and level of disclosure will vary from person to person; however, researchers believe that those who feel effects of their traumas on an everyday basis are the ones who benefit the most from disclosure (Pennebaker & Susman, 1988). Most research on the benefits of trauma disclosure is focused specifically on written disclosure. However, there is

little reason to believe that most if not all of these benefits could also result from verbal disclosure.

Psychological Benefits

Several researchers have specifically studied the psychological effects of disclosing trauma through written communication. Gidron, Peri, Connolly, and Shalev (1996) examined the effects of individuals with PTSD writing about their traumatic experiences. The authors found that the individuals with PTSD who wrote about their traumas reported less distress immediately following their writing session compared to the control group.

Pennebaker et al. (2001) reported that those who chose not to disclose a traumatic experience reported lower psychological health and lower satisfaction with their life, specifically relating to appearance, finances, and intimate relationships. Consistent with these results, sharing trauma could have positive benefits, including improved self-perception, personal growth, and self-acceptance (Hemenover, 2003). Other psychological benefits that may result from disclosure include lower depression rates and improved mood (Pennebaker, 1997; Pennebaker, 2000).

Health Benefits

There have been several studies indicating that positive health effects result from written disclosure of traumatic experiences. In a meta-analysis, Frisina, Borod, and Lepore (2004) found that physical health outcomes were positively affected through written emotional disclosure. In fact, both chronically ill and terminally ill patients saw health improvements through writing exercises (Frisina et al., 2004). Pennebaker (2000) highlighted specific physiological benefits that were found to result from written disclosure, including a decrease in pain and decreased medication use. Pennebaker & Susman (1988) also found that individuals who reported withholding an emotional experience often reported a higher number of illnesses. Thus, as

Pennebaker et al. (2001) concluded, withholding an emotional experience is associated with poorer health.

Trauma Disclosure within the Context of the Couple Relationship

Posttraumatic Stress Disorder (PTSD) and Trauma Disclosure

Many researchers use the diagnosis of PTSD as a specific indicator for studying those with a history of trauma in order to make a comparison to individuals without a PTSD diagnosis. This is essentially a formal and systematic way to compare individuals based on a set of exhibited symptoms. The more traumatic an experience, the more it will weigh on the individual and have potentially negative consequences. Often times, this is manifested through constant worry, interruptions in sleep, and disturbing thoughts, which may result in posttraumatic stress disorder (PTSD; APA, 2013).

Several studies exist comparing individuals with a PTSD diagnosis to those without a diagnosis as it relates to their trauma disclosure levels. Campbell and Renshaw (2012) found that Vietnam veterans who did not exhibit high levels of PTSD symptoms reported communication about their deployment similar to other communication between them and their partners. In a comparison study, Vietnam veterans with PTSD communicated less with their partners on both normal and stressful days compared to those without a PTSD diagnosis or veterans with little to no combat experience (Carroll, Rueger, Foy, & Donahoe, 1985). The same study also reported that veterans with PTSD reported lower self-disclosure to their partners.

Research has found that PTSD severity can impact the decision to disclose as well as the outcome of the disclosure of a traumatic experience. Campbell and Renshaw (2013) conducted a study in which measures of both PTSD symptoms and relationship satisfaction were collected six months apart. The researchers found that as the severity of the service member's PTSD

increased, both the service member and his or her partner's relationship satisfaction decreased when measured six months later. Specifically, the PTSD symptom of emotional numbing was the symptom primarily associated to impaired relationship satisfaction.

Riggs, Byrne, Weathers, and Litz (1998) found that Vietnam veterans with PTSD diagnoses and their partners reported more intimacy problems, relationship distress, and more discussions of separation in their relationship compared to couples that did not have a veteran with PTSD. The same study also concluded that the couples with a veteran with a PTSD diagnosis had more trouble adjusting in terms of their relationship, simply due to the challenges PTSD symptoms bring to a relationship (Riggs et al., 1998). Cook et al. (2004) found that couples with a veteran possessing a PTSD diagnosis reported more marital distress than those without a PTSD diagnosis (30% vs. 11%). The authors also reported that these couples were three times more likely to report more marital distress compared to those without a PTSD diagnosis. Physical aggression toward their significant other has also shown to be greater in Vietnam veterans with a PTSD diagnosis compared to Vietnam veterans without PTSD (Carroll et al., 1985).

Recent research with post-9/11 veterans has found similar results, supporting the theory that trauma negatively affects couple functioning. Campbell and Renshaw (2013) also concluded that the indirect effects of emotional numbing decreased the levels of disclosure, thus decreasing the relationship satisfaction between both partners. An increase in trauma symptoms has shown to be negatively related to marital/relationship satisfaction for both soldiers and their female partners (Nelson Goff, Crow, Reisbig, & Hamilton, 2007).

Secondary Traumatic Stress (STS) and Disclosure in Spouses

Not only does the primary trauma survivor experience psychological effects from the traumatic event, but the spouse may also experience psychological effects from the same trauma. It is crucial to examine the entire family system when examining the impact of PTSD (Galovski & Lyons, 2004). Dekel and Monson (2010) outlined literature surrounding the topic of PTSD and the family system, and highlighted that PTSD symptoms are correlated to lower functioning for both the family and the significant other. Specifically, the outcomes of PTSD symptoms affect an individual's own satisfaction levels as a parent and also within the couple relationship. Nelson Goff and Smith (2005) indicated that the symptoms experienced by the primary trauma survivor could actually negatively impact the partner, through secondary traumatic stress (STS) (Figley, 1998, 2002; Nelson Goff & Smith, 2005).

Campbell and Renshaw (2012) discovered that partners experienced more psychological distress when individuals with high levels of PTSD communicated with their partner regarding their traumatic deployment experiences. This could be due to the content of the traumatic experience or it could be due to the spouse's trying to sympathize with their spouse. Renshaw, Rodrigues, and Jones (2008) reported that 44% of the military spouses in their study, whose service member recently returned from deployment, showed increased levels of depression and 10% of the military spouses also demonstrated an increase in their own reported PTSD symptoms. Campbell and Renshaw (2012) reported that excessive disclosure about combat experiences could have a negative effect on the partner. The authors also discussed that some partners even experience similar symptoms to that of their service member or veteran with PTSD.

Spouse Disclosure to Deployed Service Member

Often times, during the term of a service member's deployment, a significant or critical event may occur back home. The decision to disclose such events to the deployed service member is one that is seriously considered by spouses. In fact, some spouses receive outside pressure to not disclose to their spouse during the term of a deployment. Merolla and Steinberg (2007) discovered that military spouses were instructed in a pre-deployment training to not discuss negative issues with the service member during deployment, as it may cause a distraction. Another study found that military spouses may not disclose negative stresses with their deployed partners to protect them from additional stressors (Joseph & Afifi, 2010).

Cafferky (2014) found three overarching philosophies spouses consider in terms of what information to share with their deployed spouse, which may change as the deployment progresses. The first philosophy involved sharing anything and everything. This philosophy is based on the ideal that a marriage should not have secrets. The second philosophy was protection, which is based on the ideal that the husbands should not be informed of the stresses going on at home. The last philosophy was based on negotiation and stated the wives should share some information while keeping quiet about other information. Lastly, Cafferky also found that the outcome of a disclosure would be considered in the decision to disclose in the future to the deployed partner.

Disclosure Effects on Intimacy Levels

Self-disclosure has been shown to be a factor in the intimacy between two individuals. If individuals have feelings of intimacy toward their partner, they are likely to share emotional experiences with their partner. If the disclosure between the couple is simply about the facts of the trauma, then the intimacy between the two individuals may not be affected. If the disclosure

is about the primary trauma survivor's emotions about the trauma, the intimacy level between the couple will likely be positively affected. In other words, self-disclosure of one's emotions is a greater predictor of intimacy than if the self-disclosure was surrounding information or facts (Laurenceau, Barrett, & Pietromonaco, 1998).

Theoretical Model

Few empirically supported models exist that demonstrate the multi-directional effect that trauma symptoms have on both the couple and family system (Dekel & Monson, 2010; Taft, Watkins, Stafford, Street, & Monson, 2011). In 2005, Nelson Goff and Smith introduced the *Couple Adaptation to Traumatic Stress (CATS) Model* to demonstrate the systemic impact of trauma on couple functioning and the effects of the couple's functioning on the individual. Prior to this model, most research focused primarily on trauma survivors and did not include their immediate family members. The CATS model exhibits both the primary and secondary effects the individual experiences as a result of previous trauma experiences. In addition, the CATS Model includes the interpersonal effects between the primary trauma survivor and spouse. The well-being and functioning of both the primary trauma survivor and partner are included in the model. Another component of the CATS Model are the resources and predisposing factors that may contribute to both positive and negative outcomes from trauma. The availability of resources and predisposing factors, such as characteristics of the individual or a prior trauma, will impact the interactions of the individual and also the dynamics between the dyad (Nelson Goff & Smith, 2005). Recently, the CATS Model was revised to allow for the model to be applied to couples where either one partner has a trauma history (single trauma history) or both individuals within the couple have a trauma history (dual trauma history), as demonstrated by

several studies. It also more explicitly classified the dynamics of couple functioning and communication based on empirical research (Oseland et al., in press).

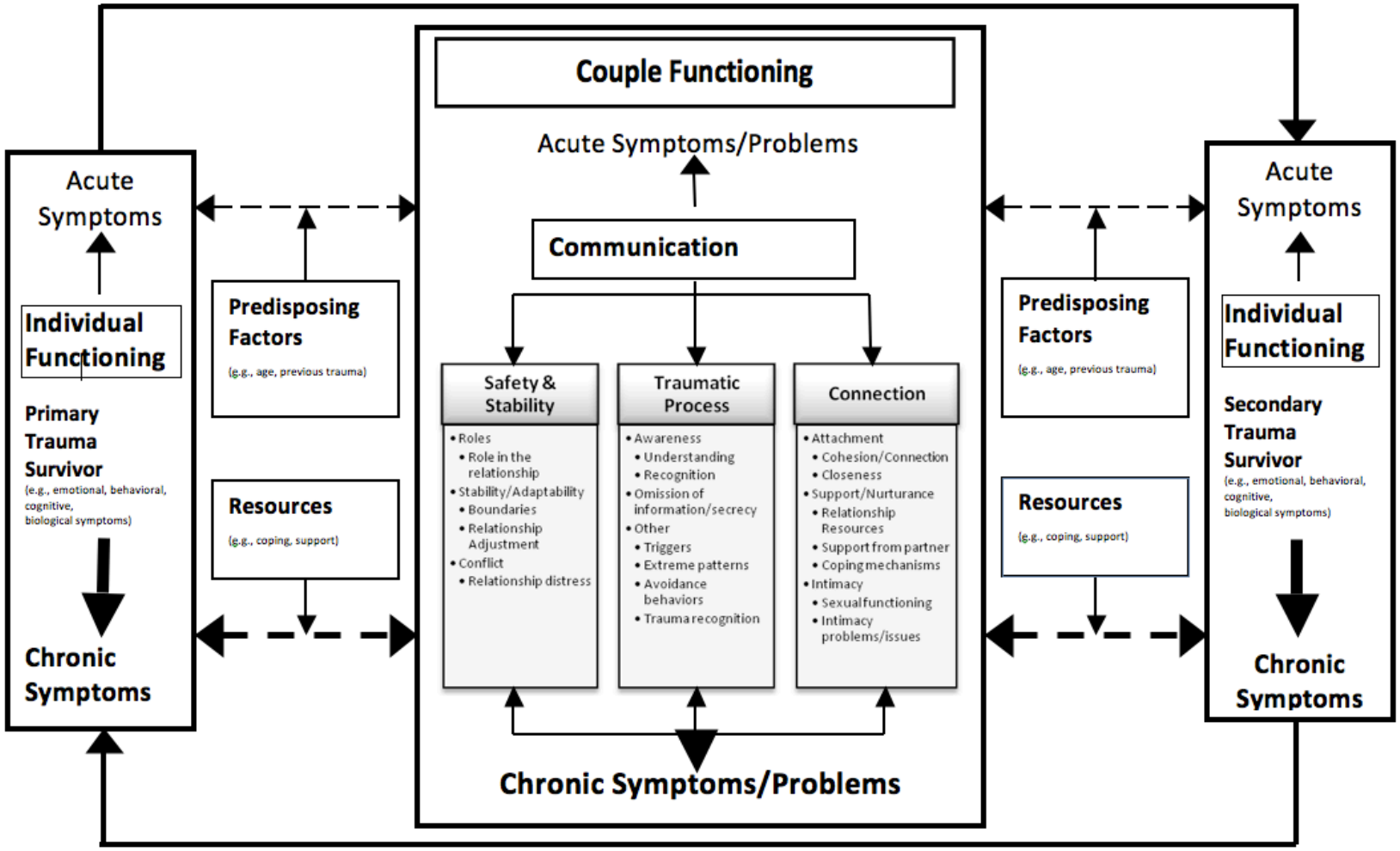

Figure 1. The Couple Adaptation to Traumatic Stress Model (Oseland et al., in press).

Primary Trauma Survivor

The primary trauma survivor is the individual who experiences the trauma firsthand. The individual level of functioning of the primary trauma survivor is depicted in the far left box of *Figure 1*. Nelson Goff and Smith (2005) and Oseland et al. (in press) indicated that the symptoms a primary trauma survivor could experience after the trauma can range anywhere from acute to chronic. These symptoms could include emotional, behavioral, cognitive, or biological effects on the individual who directly experienced the trauma.

Secondary Trauma Survivor

The secondary trauma survivor is the individual whose partner has experienced the trauma firsthand. In other words, the secondary trauma survivor did not directly experience the trauma; however, he/she interacts with the primary trauma survivor and experiences the primary trauma survivor's trauma symptoms. Nelson Goff and Smith (2005) indicated that the primary trauma survivor's symptoms could negatively impact the secondary partner so much so that he or she could experience similar symptoms to the primary trauma survivor. Similar to the primary trauma survivor, these symptoms could range anywhere between acute and chronic and directly affect the individual/spouse's level of functioning. These effects are depicted in the right box in *Figure 1*.

Predisposing Factors and Resources

Nelson Goff and Smith (2005) described predisposing factors as characteristics of the individual or stressors of the individual prior to the traumatic experience. Predisposing factors, like previous traumatic experiences, age, or other risk factors, may impact the reaction and coping abilities of the individual in response to the most recent trauma. The authors also stated predisposing factors may reduce couple functioning and increase the partners' vulnerability to primary or secondary traumatic stress. Both the primary and secondary trauma survivors have

predisposing factors that contribute to both their individual level of functioning and couple functioning (see *Figure 1*).

Resources are the personal resources of the individuals. As indicated in *Figure 1*, both the primary trauma survivor and the secondary trauma survivor have personal resources, which contribute to both their individual functioning levels and couple functioning. Examples of resources are education level, financial assets, health, social support systems, and coping skills. As an example, financial resources could allow the individual to seek help when they need it. The authors indicated that predisposing factors and resources might serve as risk or protective factors during the recovery from a traumatic event.

Couple Functioning

At the center of the CATS Model is couple functioning; research has shown that when an individual experiences a trauma, it will impact those around them (Carroll et al., 1985; Dekel & Monson, 2010; Riggs et al., 1998). The impact of a trauma on the couple's level of functioning can be seen as intimacy issues, decreased communication, and increased conflict. As seen in *Figure 1*, an arrow goes from the primary trauma survivor to the secondary trauma survivor and an arrow goes from the secondary trauma survivor back to the primary trauma survivor. This indicates that both the primary and secondary trauma survivors' symptoms have an influence on each other. Research has shown that partners of veterans with PTSD can play a significant role in the post deployment psychological functioning of the combat veterans (Renshaw & Caska, 2012). Similar to the individual functioning boxes, couple functioning can range from acute symptoms/problems to chronic symptoms/problems.

Communication and Relationship Satisfaction

Couple functioning is inherently related to both the couples' communication and relationship satisfaction. Wick and Nelson Goff (2014) conducted a study using the original CATS model to compare military couples based on their relationship satisfaction and trauma symptom levels. The participants with higher relationship satisfaction and lower trauma symptom scores indicated more sharing of information between the couple and also open communication patterns. On the other hand, the participants with lower relationship satisfaction and higher trauma symptoms levels indicated lower amounts of information being shared between the couple and a more closed pattern of communication. In a similar study, Nelson Goff et al. (2007) found that the soldiers' trauma symptoms, specifically problems sleeping, dissociation, and severe sexual issues, were associated with lower relationship satisfaction for both the soldiers and their partners.

Hamilton, Nelson Goff, Crow, and Reisbig (2009) studied a group of military couples and specifically examined the impact a primary trauma experience of the female partners had on the relationship satisfaction for both the female partner and the male soldier. As the authors predicted, a significant trauma history and more trauma symptoms experienced by the female partners correlated with lower relationship satisfaction in both the female spouses and the soldiers. Looking at specific PTSD symptoms, re-experiencing and arousal symptoms in the female partners were predictors of lower relationship satisfaction in both the female partners and male soldiers.

An analysis was conducted using the actor-partner-interdependence model (APIM), applying it to a cohort of military couples (Monk & Nelson Goff, 2014). The authors wanted to better understand the impact of a trauma history and trauma symptoms on the relationship quality in both the primary trauma survivor and their partner. Their hypotheses were supported in that higher trauma symptoms had a negative correlation to the relationship quality of both the primary trauma

survivor and his or her partner. The authors also reported that more disclosure of traumatic experiences moderated the relationship between the trauma symptoms and relationship quality for both partners.

Studies comparing veterans with and without a PTSD diagnosis have demonstrated that those with PTSD have more problems communicating with their partner compared to those without PTSD (Campbell & Renshaw, 2012; Carroll et al., 1985; Cook et al., 2004). The CATS Model has been revised and includes communication as an imperative component of couple functioning (Oseland et al., in press). In addition, the revised model identifies issues related to safety and stability, traumatic process, and connection within the couple relationship to further understand the systemic effects of trauma. The addition of three components makes the revised CATS Model more applicable to understanding the impact of trauma on the couple relationship: safety and stability, traumatic process, and connection (Oseland et al., in press).

Included in the safety and stability component of the revised CATS Model are establishing the roles of the relationships, establishing boundaries and adaptability, as well as understanding that conflict could be present in the relationship. If the trauma survivor does not feel a sense of safety and stability, his/her trauma symptoms could become worse and any progress made may be lost (Herman, 1997).

The second component is traumatic process. Traumatic process is the progression an individual goes though in order to address his/her trauma history. Awareness and recognition of the trauma will help the individual process the event and also find meaning of the trauma. During this process, individuals may experience triggers, which remind them of the trauma. They may also demonstrate avoidance behaviors as a means of evading their own thoughts or feelings about the trauma. Lastly, trauma survivors may also omit information from others about the event (Oseland et

al., in press). The long-term impact of secrecy on the couple relationship may result in problems in their relationship (Cook et al., 2004).

The final component of the CATS Model (Oseland et al., in press) is connection. Researchers have demonstrated that a connection to another person can aid in the recovery from a trauma and resilience within the trauma survivor (Johnson, 2002; Nelson Goff & Smith, 2005). The trauma survivor's connection to another person includes the individual's attachment to others, support received in the relationship, and also the intimacy felt within the relationship. The establishment of a connection to another person is an important part of the trauma recovery process (Oseland et al., in press). It is possible that the rebuilding of a connection between the trauma survivor and the partner could change the patterns of their relationship; however, establishing a connection is imperative to overcoming the trauma, both for the individual and the couple dyad.

The central component of the CATS Model (Nelson Goff & Smith, 2005; Oseland et al., in press) is couple functioning. Recent literature has found that higher relationship satisfaction and lower trauma symptom scores lead to more disclosure and open communication between partners (Wick & Nelson Goff, 2014). An APIM analysis revealed that higher trauma symptoms may lead to lower relationship quality in both the primary and secondary trauma survivors. The researchers also found that more trauma disclosure moderated the relationship between trauma symptoms and relationship quality for both partners (Monk & Nelson Goff, 2014). Despite such literature utilizing the CATS Model (Nelson Goff & Smith, 2005; Oseland et al., in press), little is still known about the decision process and motives behind the low trauma disclosure participants.

Utilization of the CATS Model. In order to provide support for the CATS Model and to inform the revision, several studies have been conducted that have applied this model. Nelson Goff et al. (2007) specifically examined relationship satisfaction among military couples as impacted by

a history of trauma and trauma symptoms. The authors found that high trauma symptom levels of an individual predicted a lower relationship satisfaction for that individual and their partner. The results of this study imply the large effect trauma symptoms can have on one's interpersonal experiences.

Nelson Goff et al. (in review) specifically looked at the impact of trauma disclosure in couples and the effect on the couple relationship. The study highlighted participants who reported high disclosure to their spouses and participants who reported little or no disclosure about their trauma to their spouses. The results indicated that the low disclosure group showed more trauma symptoms and demonstrated lower relationship adjustment compared to the high disclosure group. According to the qualitative interview data, the high disclosure group reported better couple functioning, which included better communication, adjustment, relationship cohesion, as well as awareness of themselves and others. The low disclosure group indicated poorer communication, more conflict and stress, and an increase in role strain.

In a similar study, Nelson Goff et al. (2015) examined the systemic effects of war deployment on the couple relationship. The authors also compared both the high and low disclosure groups for this study, but directly addressed differences between the groups in their deployment experiences. The high disclosure group reported an increase in support and active connecting with their spouse during the deployment, but also an increase in communication after deployment, an increase in relationship resources during the deployment, feelings of cohesion between them and their partner resulted from the deployment, and also an increase in stress relating to the deployment and other outside stressors. The low disclosure group reported an increase in support and active connecting with their spouses during deployment, a decrease in communication after deployment, and an increase in understanding of themselves or their partners after the deployment. Interestingly,

both the low disclosure and high disclosure group reported an increase in support and active connection between them and their spouse during the deployment.

The disclosure of trauma relates directly to the CATS Model, specifically the three components of safety and stability, traumatic process, and connection. In order to share one's traumatic experience with another person, he/she must feel a sense of safety and stability between him/herself and that person. According to the CATS Model, safety and stability are manifested in the relationship as clear boundaries, roles, and also the path away from conflict. Another requirement to disclose one's trauma is traumatic processing. The individual must be somewhere in this process in order to have thoughts or feelings of the traumatic event. Traumatic processing also aids in coming to terms and finding meaning in the trauma. Lastly, in order to disclose a trauma to another person, the trauma survivor must feel a connection to him or her. A sense of support from the other person will help the trauma survivor feel safe in disclosing his or her experience. When disclosing to someone, it is a mutual relationship. If the trauma survivor does not feel a sense of support from his/her partner, for example, then he or she is not likely to share their traumatic experiences with partner.

Additional studies have been conducted using the CATS Model to measure couple functioning after a traumatic event. Nelson Goff et al. (2007) found that high trauma symptoms are a predictor for lower relationship satisfaction for the primary and secondary trauma survivors. Another study specifically examined the high and low trauma disclosure groups. This study revealed that the low trauma disclosure group reported more trauma symptoms and lower relationship adjustment compared to the high trauma disclosure group. Such literature has yet to address the specific motives behind the decision to not disclosure a trauma history to a partner.

Purpose of Current Research

PTSD is a challenge many deal with in the aftermath of a trauma. In addition to the negative effects on the primary trauma survivor, many studies have shown that PTSD can have a negative effect on the couple relationship. The support system can be weakened due to these challenges of PTSD. However, as evident in the research, disclosure of trauma is a key component to trauma recovery, as is a solid support system (Campbell & Renshaw, 2011; Herman, 1997; Johnson, 2002; Lutgendorf & Antoni, 1999; Nelson Goff & Smith, 2005; Oseland et al., in press). Research on trauma disclosure has demonstrated that both psychological and physiological benefits can result from such disclosure (Frisina, Borod, & Lepore; 2004; Gidron, Peri, Connollly, & Shalev, 1996; Hemenover, 2003; Pennebaker, 1997; 2000; 2001; Pennebaker et al., 2001; Pennebaker & Susman, 1988); however, this does not come without potential consequences. For example, when a spouse is the recipient of the disclosure, secondary traumatic stress could result. This secondary traumatic stress and its effects could feedback to the primary trauma survivor also affecting him/her. Traumatic stress can become cyclical between the primary and secondary trauma survivor, as is portrayed in the CATS Model (Nelson Goff & Smith, 2005; Oseland et al., in press).

The CATS Model (Nelson Goff & Smith, 2005; Oseland et al., in press) provides an empirical explanation of the impact of trauma on both the primary trauma survivor and the secondary trauma survivor. Predisposing factors and resources are included in this model as these are important components in both an individual's ability to cope with the trauma, as well as the couple's ability to function. Implicit in couple functioning is communication, which the CATS Model breaks down into safety and stability, traumatic process, and connection (Oseland et al., in press).

Several limitations exist in the current literature on trauma disclosure in couples. Most research on trauma focuses on the effects it has on the primary trauma survivor, not to include its systemic effects in the partner and couple/family functioning. A few studies have analyzed disclosure of traumatic experiences. Specifically, there is very limited research on low trauma disclosure and why someone might choose not to disclose. Much of the literature on trauma disclosure is research specifically focused on written disclosure of traumatic experiences, rather than addressing verbal disclosure of traumatic experiences, either in a research study, clinical context, or interpersonal relationships, like between married partners.

The central purpose of the current study was to address the underlying factors and effects of low trauma disclosure in military couples where at least one partner has experienced a trauma. This study also adds empirical support for the CATS Model, specifically targeting couples with little to no disclosure of trauma experiences to their spouse. A better understanding of the processes and rationale of those who choose to disclose very little about their traumas is needed. The clinical and practical implications can provide more knowledge to the helping professionals assisting those recovering from prior trauma. The research questions and methods used in the current study are described in Chapter 3.

Chapter 3 - Methods

Research Questions

Given the gap in literature regarding trauma disclosure between partners, the following research questions were used to guide this study: a) What are the characteristics of low trauma disclosure participants compared to their partners (coded as mixed or high trauma disclosure)? and b) How does their relationship functioning differ between low trauma disclosure participants and their partners (coded as mixed or high trauma disclosure)?

Participant Demographics

The participants in this study included 13 couples (26 individuals). Of the selected participants, 15 were coded as low trauma disclosure, 7 mixed trauma disclosure, and 4 high trauma disclosure. Additionally, amongst the low disclosure group, 2 couples (4 individuals) both were coded as low trauma disclosure. All of the participants were married at the time data were collected, with the majority being in their first marriage (57.7%; n = 15). The average length of marriage was 5.98 years (SD = 6.96) with a range of 1 month to 23 years. The average age of all participants was 32.42 (SD = 8.458; Range = 19 – 51 years). The majority of the participants identified themselves White/Caucasian (69.2%; n = 18), reported attending some college or completed college (53.9%; n = 14), and were employed full-time (57. 7%; n = 15). The largest income bracket reported by the participants was $30,000-70,000 (46.2%; n = 12). The Protestant religion was represented by 53.8% of the participants (n = 14). At the time of data collection, all soldiers reported a history of only one deployment to Iraq. Military rank was inadvertently omitted from the original data collection as a demographic variable question. Only a few Guard and Reserve soldiers and no current female soldiers opted to participate in this study.

Table 1

Participant Demographics

Race		*n*	Percent
	White	18	69.2%
	African American	3	11.5%
	Other	3	11.5%
	American Native/Alaskan Native	2	7.7%
Number of Marriages		*n*	Percent
	1	15	57.7%
	2	10	38.5%
	3	1	3.8%
Education Level	Completed a high school degree or less	7	26.9%
	Completed college or some college	14	53.9%
	Completed a Master's Degree	5	19.2%
Employment Status			
	Full-Time	15	57.7%
	Part-Time	2	7.7%
	Unemployed	3	11.5%
	Full-Time Homemaker	6	23.1%
Income			
	Less than $30,000	9	34.5%
	$30,000-$70,000	12	46.2%
	Greater than $70,000	4	15.3%

Data Collection

This study was a part of a larger research study of trauma in military couples, conducted by the TRECK (Trauma, Research, Education, and Consultation at Kansas State University) Team. The original study included 50 military couples (n = 100 individuals), all of whom completed quantitative surveys and qualitative interviews in 2004-2005. This original sample of participants was recruited from two Midwest cities that surround the Army posts of Fort Riley and Fort Leavenworth, Kansas. Various recruitment methods were utilized, including flyers posted in the communities, newspaper announcements, recommendations from Army Family Readiness Groups (FRGs) and chaplains from both installations and other military contacts, as well as snowball sampling from other research participants. In order to be included in the original study, all participants had to be over the age of 18, at least one partner had been deployed to Iraq or Afghanistan since September 11th, 2001, and they had been in their relationship for at least one year. Each participant also denied any current substance abuse or domestic violence during an initial telephone screening. All individuals were participating on a volunteer basis, and each couple that completed the interview process received $50 for their participation. The University Institutional Review Board (IRB) approved this research process. Military IRB was not required as the participant recruitment and research procedures did not occur directly on the Army installations. All participants completed the informed consent and debriefing procedures.

Due to the sensitive nature of the topic and the possibility that the partners had not disclosed their trauma(s) to their partner, all individuals in the couple were interviewed separately. The semi-structured interview was directed by 30 open-ended questions (see Appendix A for the qualitative interview questions). The focus of these questions was on their previous deployment and/or trauma experiences, intra- and interpersonal effects of those experiences and the functioning of the couple.

Each interview lasted between 45 and 90 minutes. All interviews were audio taped and transcribed verbatim by undergraduate research assistants.

The interviews were conducted with each spouse individually. During the interview, participants were asked to answer questions about their ability to discuss their previous deployment and other trauma experiences with their spouse and how well their spouse listened to those experiences. Participants were also asked about their level of awareness of their spouse's deployment and trauma history and as their spouse's awareness of their own history.

In addition to the qualitative interviews, the participants completed a number of standardized measures (see Appendix B for the quantitative survey). In order to collect the participant's trauma history and types of trauma exposure, the Traumatic Events Questionnaire (TEQ) (Vrana & Lauterbach, 1994) was utilized. The purpose of the measure is to determine each participant's experience with various types of trauma that have the potential to produce symptoms of posttraumatic stress (Lauterbach & Vrana, 1996). The scale used in the current study included six items addressing war events *(Did you ever serve in a war zone where you received hostile incoming fire from small arms, artillery, rockets, mortars, or bombs?)*, two items about traumatic events in childhood *(As a child, were you the victim of physical abuse?)*, and nine other traumatic events *(Have you been a victim of a violent crime such as rape, robbery, or assault?)*. 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 total participant sample, the Cronbach alpha estimate for the TEQ was adequate ($\alpha = .73$). (See *Figure 2* for the traumatic event data of the sample).

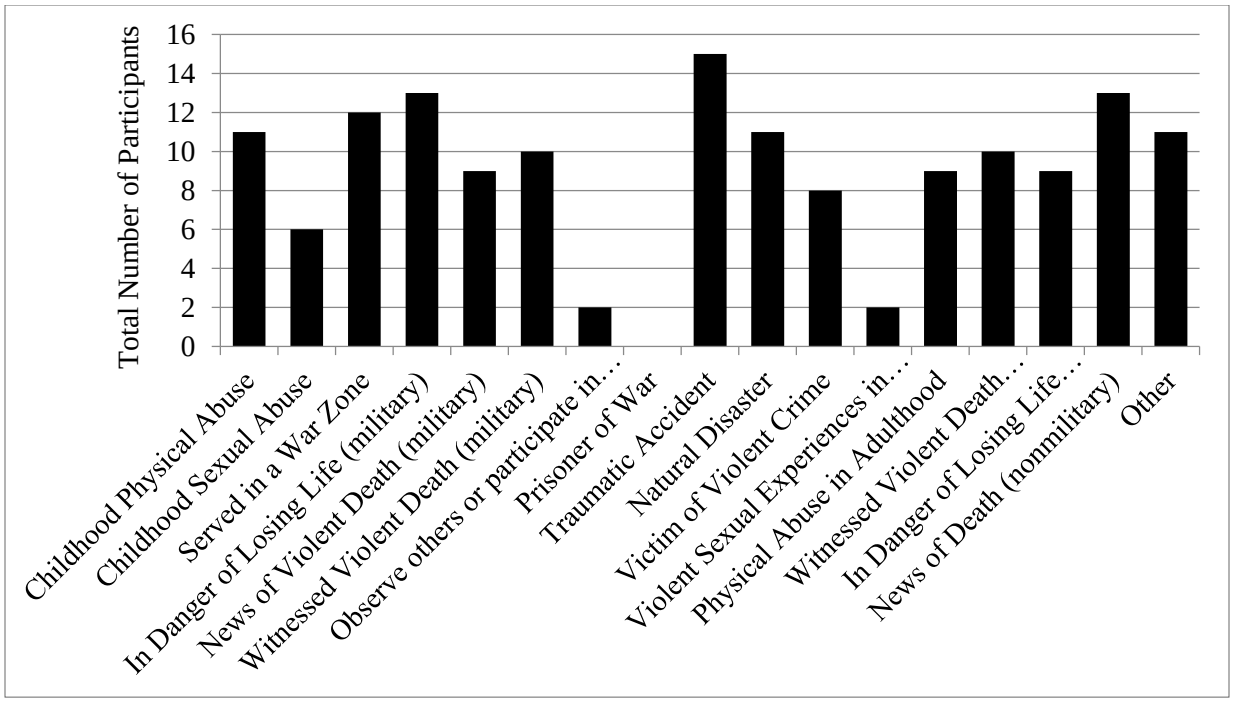

Figure 2. Types of Traumatic Events Experienced by Participants.

The Purdue Post-Traumatic Stress Disorder Scale-Revised (PPTSD-R) (Lauterbach & Vrana, 1996) is a 17-item instrument that uses the diagnostic criterion for PTSD (American Psychiatric Association [APA], 1994). The PPTSD-R has three subscales specific to 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. As a part of the measure, each participant is asked to designate how often each reaction occurred in the past month. Examples of items from the PPTSD-R include the following: *Have you had upsetting dreams about the event; Did you avoid activities or situations that might remind you of the event; and Have you felt unusually distant or cut off from people?* For the total participant sample, the Cronbach alpha estimate for the PPTSD-R was adequate ($\alpha = .94$).

The Trauma Symptom Checklist-40 (TSC-40) (Briere, 1996) is a 40-item instrument that adult participants who have experienced a traumatic event, self-report his/her symptomatology. 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. Each participant indicated how often he/she experienced particular symptoms in the past two months. Such symptoms include headaches, insomnia, flashbacks, sexual problems, and other individual symptoms that may result from previous childhood or adult traumatic experiences. The current study utilized the TSC-40, as additional symptom subscales provide a measure of general trauma symptoms beyond PTSD. For the total participant sample, the Cronbach alpha estimate for the TSC-40 was .94.

Relationship adjustment was assessed with the Dyadic Adjustment Scale (DAS) (Spanier, 1976). The DAS is a 32-item, variable-Likert measure, which assesses the quality of the relationship from the perspective of both partners. Total scores range from 0-151, with higher scores indicating greater relationship satisfaction. Total scores above 100 label the particular couple as nondistressed. Whereas total scores below 100, indicate the couple is distressed. Examples of items include the following: *How often have you discussed or considered divorce, separation, or terminating your relationship?; How often do you and your partner "get on each other's nerves"?;* and *Do you and your partner engage in outside interests together?* For the total participant sample, the Cronbach alpha estimate for the DAS was .93.

Analytic Strategy

The framework utilized for data analysis was the CATS Model (Nelson Goff & Smith, 2005; Oseland et al., in press). An advantage of using this model is the flexibility it allows for new

themes to emerge. The key variables from the CATS Model were utilized as the codes: individual functioning of both partners, communication, safety and stability (e.g., awareness, protective buffering, avoidance), connection (e.g., attachment/cohesion, support/nurturance, intimacy), and resilience (individual, relationship, family). Each variable includes an increased and decreased notation, as the CATS Model makes the assumption both positive and negative outcomes result from trauma (e.g., increased and decreased support).

Nelson Goff et al. (in review) and Nelson Goff et al. (2015) utilized this data set and divided the participants into a high disclosure group (n = 55), which included 25 male and 30 female participants, and a low disclosure group (n = 16) consisting of 11 male and 5 female participants. The researchers identified and coded each individual based on his/her self-reports from both the quantitative and qualitative interview data. Thus, the high, mixed, and low trauma disclosure groups were delineated based on how much the participants reported that they had talked directly with their partners about their trauma history. Previous research with this disclosure data has focused on comparing across different groups (e.g., high versus low disclosure (Nelson Goff et al., in review; Nelson Goff et al., 2015) or high and mixed/low disclosure groups [Monk & Nelson Goff, 2014]). Because of these previous studies and continued questions about the systemic effects of trauma disclosure levels, we sought to focus the current study on the low trauma disclosure group of participants and their partners, in order to further understand the group who indicated they had disclosed little or nothing to their partner about their previous trauma experiences. Both qualitative interviews and quantitative data were analyzed to explore the factors that may contribute to limited disclosure of previous trauma experiences and how low trauma disclosure affects both individuals and their couple relationship.

Table 2

Participant Trauma Disclosure Levels

Participant Number	Trauma Disclosure Level
5M	Low
5F	Mixed
7M	Low
7F	Low
11M	Low
11F	Mixed
14M	Low
14F	Mixed
15M	Low
15F	Mixed
26M	Low
26F	Mixed
27M	Low
27F	High
31M	High
31F	Low
35M	Low
35F	Mixed
45M	Low
45F	Low
46M	Low
46F	High
47M	High
47F	Low
50M	Mixed
50F	Low

Note. The participant numbers are not in order because the numbers are from a larger study.

As a part of previous studies, researchers identified and coded each participant with an individual disclosure level based on his or her self-report from the interview data: low, mixed, or high trauma disclosure. The purpose of the current research was to determine what individual and systemic effects may contribute to and result from a low disclosure of a trauma history on trauma survivors, their spouse/partner, and their relationship as a couple. Due to this research interest, only the low disclosure group from the larger study was analyzed. In order to obtain a broader picture, the low disclosure participants (n = 15) were included together with their partners, for further analysis. In two of the couples, both individuals were coded in the low disclosure group. It should be noted that in previous studies that 16 individuals were a part of the low trauma disclosure group. The current study utilized the low trauma disclosure participant as well as his/her partner. In one case, a low trauma disclosure participant's partner did not have a complete transcript, so this dyad was not included in the present study. See Table 2 for a complete list of the participants and their trauma disclosure level. For the current study, we utilized the individual as the primary unit of analysis, comparing across low disclosure participants and their partners. We wanted to understand more about the systemic effects in couples where a partner reported little or no trauma disclosure to his/her partner.

Prior to data analysis, the lead researcher trained the data analysis team on the CATS Model and coding procedures. The team consisted of one researcher, one graduate student, and four undergraduate research assistants. Once the 26 participant transcripts were gathered, based on their designation of low disclosure, data analysis began. Following their training, the individual data analysis team members read through the full transcript for each partner and then reread and coded each of the 26 transcripts. The transcripts were coded based on the overarching themes of safety and stability, traumatic process, and connection from the CATS Model. After the team members coded

each interview, the team met together on several occasions to determine a consensus code for each code of all 26 transcripts. Utilizing multiple coders is important to test for the convergence of several perspectives (Patton, 2002). This convergence thus enhanced the trustworthiness and credibility of the data interpretations (Patton, 2002).

After completion of consensus coding as a team, the quotes was entered into an Excel file based on the theme and participant disclosure level. Next, the lead researcher identified overall emerging themes from the interview transcripts. Tallying the total number of quotes within each theme identified the most salient themes. Themes with a higher number of quotes were recognized as more salient. In addition, the total number of quotes within each theme was normalized to the number of participants who contributed those quotes by dividing the total number of quotes within each salient theme by the number of participants who supplied the quotes. This normalized frequency count was calculated for each theme within each disclosure group. Those with a higher normalized frequency number, indicated a more salient theme. Identifying a normalized frequency number allowed a comparison between the disclosure groups despite the different numbers of participants for each group.

The next analysis entailed grouping the partners together (low male-low female, low male-mixed female, low female-mixed male, low male-high female, and low female-high male). The purpose of this was to see if any particular disclosure group demonstrated strong differences between other disclosure groups when paired as a couple. This analysis did not produce any strong, concrete variances or clear trends in the data. Next, the lead researcher and another team member conducted a more in-depth content analysis. This entailed using the previously identified salient themes and re-reading each quote within the classified disclosure groups and themes in order to

gain a more coherent overall picture. Common topics discussed by the participants were identified. These topics contributed further to the qualitative analysis.

These emerging themes and subthemes demonstrated the reasoning of the low trauma disclosure participants to not disclose previous trauma(s) to their partners. The emerging themes and subthemes also revealed the individual and systemic effects of the decision not to disclose his/her previous trauma(s). Lastly, the lead researcher identified quotes within each emerging theme and subtheme in order to provide examples of each theme. Based on individual member coding and group consensus, the final themes consisted of the most frequently identified and thus most salient themes the impact of deployment and other trauma experiences had on respondents, their partners, and their relationship as a couple, comparing the low trauma disclosure group with their mixed or high trauma disclosure partners. Chapter 4 will describe the results of the data analysis.

Chapter 4 - Results

The results of this study address the following research questions: a) What are the characteristics of low trauma disclosure participants compared to their partners (coded as mixed or high trauma disclosure)? and b) How does their relationship functioning differ between low trauma disclosure participants and their partners (coded as mixed or high trauma disclosure)?

Quantitative Results

The quantitative analyses included the DAS, TEQ, TSC, and PPTSD-R instruments. The groups were analyzed as low, mixed, or high disclosure groups based on how much of their traumatic history he or she has shared with his/her partner. Because of the small group sizes, statistical between group analyses could not be conducted, so descriptive statistics are provided for each group; however, interpretations should be done with caution due to these limitations. The quantitative results are presented in Table 3.

Low Disclosure Group

The low disclosure group consisted of 15 participants (10 males, 5 females). The low disclosure group reported scores between the mixed and high disclosure groups for the DAS, TEQ, TSC, and PPTSD-R (). The average DAS score reported by the low disclosure group (*M* = 103.1; *SD* = 19.89; Range = 70-127) is above the clinically significant threshold (Eddy, Heyman, & Weiss, 1991). For the TEQ, the low disclosure group reported a *Mean* of 5.87 traumatic events (*SD* = 2.53; Range = 2-11). For the TSC, the low disclosure group reported more trauma symptoms in the subscales of Dissociation, Depression, and Sleep Disturbances compared to the mixed and high disclosure groups. The low disclosure group reported the least number of trauma symptoms in the subscale of Sexual Problems (*M* = 2.67; *SD* = 4.47; Range = 0-16). For the PPTSD-R subscales, the low disclosure group scored higher than the other groups on the Arousal subscale (*M* = 14.8; *SD* =

6.54; Range = 5-24). On the PPTSD-R subscales of Re-experiencing and Avoidance, the low disclosure group scored the lowest (Re-experiencing: *M* = 11.27; *SD* = 6.33; Range = 5-23) (Avoidance: *M* = 14.73; *SD* = 6.66; Range = 7-29).

Mixed Disclosure Group

The mixed disclosure group consisted of 7 participants (1 male, 6 females). On the DAS, the mixed disclosure group reported the lowest relationship adjustment (*M* = 96.2; *SD* =15.35; Range = 75-112) compared to the low and high disclosure groups. Based on this data, the mixed disclosure group reported relationship adjustment scores below the clinical cutoff score of 100 (Eddy et al., 1991). On the TSC, the mixed disclosure group reported experiencing the lowest number of trauma symptoms compared to the other groups (*M* = 29.2; *SD* = 20.91; Range = 2-54. Specific to the TSC subscales, the mixed disclosure participants reported experiencing the lowest number of trauma symptoms for Dissociation, Anxiety, Depression, and Sexual Abuse Trauma Index. The mixed disclosure group reported experiencing the lowest number of traumatic events, based on the TEQ, (*M* = 4.7; *SD* = 3.77; Range = 0-11) compared to the other groups. For the TEQ, the mixed disclosure group reported more child and adult physical abuse (*n* = 5; 71.43% of participants) compared to the low and high disclosure groups. For the PPTSD-R instrument, the mixed disclosure group scored the highest (*M* = 46.2; *SD* = 25.53; Range = 17-78). On the PPTSD-R subscales, the mixed disclosure group scored higher than any other group on the subscales of Re-experiencing (*M* = 15.67; *SD* = 8.17; Range = 5-25) and Avoidance (*M* = 17.5; *SD* = 9.55; Range = 7-28). On the PPTSD-R subscale of Arousal, the mixed disclosure group reported the lowest (*M* = 13; *SD* = 8.67; Range = 5-25). Despite experiencing the lowest number of traumatic events and trauma symptoms, compared to the high and low disclosure groups, the mixed group reported higher scores on the PPTSD-R instrument (*M* = 46.2; *SD* = 25.53; Range = 17-78).

High Disclosure Group

The high disclosure group consisted of 4 participants (2 males, 2 females). For the DAS, the high disclosure group reported the highest relationship adjustment (*M* = 114.25; *SD* = 20.12; Range = 88-137). This group's DAS score is above the clinically significant threshold (Eddy, Heyman, & Weiss, 1991). On the PPTSD-R instrument, the high disclosure group scored the lowest (*M* = 40.5; *SD* = 22.17; Range = 18-68). For each subscale of the PPTSD-R instrument, the high disclosure group reported scores between the low and mixed disclosure groups. On the TSC, the high disclosure group reported experiencing the highest number of trauma symptoms compared to the other groups (*M* = 31.5; *SD* = 27.9; Range = 5-70). Specific to the TSC subscales, the high disclosure group reported more symptoms for Anxiety, Sexual Abuse Trauma Index, and Sexual Problems compared to the low and mixed disclosure groups. The high disclosure group reported the least number of symptoms in the subscale of Sleep Disturbances. For the TEQ, the high disclosure group reported experiencing the highest number of traumatic events compared to the other group (*M* = 7; *SD* = 4.97; Range = 0-11). On the TEQ, the high disclosure group reported experiencing the highest percentage of war-related traumatic events compared to the low and mixed disclosure groups.

Table 3

Quantitative Results for Each Disclosure Group

	M (SD)	Range
DAS		
Low	103.1 (19.89)	70-127
Mixed	96.2 (15.35)	75-112
High	114.25 (20.12)	88-137
TEQ		
Low	5.87 (2.53)	2-11
Mixed	4.7 (3.77)	0-11
High	7 (4.97)	0-11
TSC		
Low	31.23 (15.05)	10-62
Mixed	29.2 (20.91)	2-54
High	31.5 (27.9)	5-70
PPTSD-R		
Low	40.8 (17.9)	17-74
Mixed	46.2 (25.53)	17-78
High	40.5 (22.17)	18-68

Note. DAS = Dyadic Adjustment Scale; TEQ = Traumatic Events Questionnaire; TSC = Trauma Symptom Checklist; PPTSD-R = Purdue Post-Traumatic Stress Disorder Scale-Revised;

Qualitative Results

The qualitative data analysis included comparisons between individuals within the low disclosure (n = 15), mixed disclosure (n = 7), and high disclosure (n = 4) groups. Each participant was either coded as low disclosure or has a spouse who was coded as low disclosure. The qualitative content analysis included individual coding of the chosen transcripts, consensus coding as a team, and data analysis to reveal emerging themes.

As a result of this analysis, several key themes were identified. The main themes were determined by the total number of participants who discussed a particular theme, as well as the number of quotes for that theme. These numbers were used to calculate a normalized frequency number, which allowed for comparisons between disclosure groups due to the different group sizes. The most salient themes have a higher normalized frequency number. Reported below are the most salient themes for each disclosure group. The themes are listed below, with the most prominent listed first and in descending order afterwards. (See Table 3 for the emerging themes of each disclosure group.)

Table 4

Low, Mixed, and High Disclosure Emerging Themes.

	Low (*n* = 15)	Mixed (*n* = 7)	High (*n* = 4)
Increased Support	*n* = 4; 5.93	N/A	*n* = 4; 8.25
Increased Communication	*n* = 15; 5.53	*n* = 7; 5.43	*n* = 4; 10.75
Increased Relationship Stress	*n* = 13; 4.69	*n* = 6; 5.83	N/A
Decreased Communication/ Increased Secrecy	*n* = 14.5; 4.14	N/A	N/A
Increased Personal Outside Resources	*n* = 15; 3.87	N/A	N/A
Increased Adjustment	*n* = 12; 3.75	N/A	N/A
Decreased Cohesion	N/A	*n* = 5; 4.6	N/A
Increased Conflict	N/A	*n* = 5; 4	N/A

Note. N/A = not applicable. N/A indicates the particular group did not report this as a salient theme. The second number listed is the normalized frequency number.

The themes, from the CATS Model (Nelson Goff & Smith, 2005; Oseland et al., in press), demonstrate the impact trauma can have on the individual partner and on their relationship

functioning. Along with each theme are exemplar quotes to provide examples from participants. Each quote has a participant code indicating which couple and spouse reported the theme (e.g., 5M = Couple #5, male spouse; 46F = Couple #46, female spouse).

Low Disclosure Group

The low disclosure group consisted of 15 participants (10 males, 5 females). The most salient themes of the low disclosure group included: increased support, increased communication, increased relationship stress, decreased communication/increased secrecy, increased personal outside resources, and increased adjustment. Females within the low disclosure group discussed the importance of quality of their communication over the quantity of their communication. In addition, the partners of those coded as low disclosure, who were either low, mixed or high disclosure, discussed the need to adjust while the soldier was deployed and adjusting back once the soldier returned home. The normalized frequency number and a collection of representative quotes are listed below for each of the most salient themes. The list is ordered in decreasing order of normalized frequency number (most salient to least salient). Of these emergent themes, 3 out of 6 themes were negative themes and 3 out of 6 were positive themes.

Positive Themes. Increased support was the most salient theme reported by the low disclosure group (14/15 participants; normalized frequency number = 5.93). The participants described giving more support to their spouse and receiving more support from their spouse during and after the deployment or traumatic event. Participant 11 M stated:

> She supported me real good. I got a whole box full of letters… we talked a lot on the phone ‘cause they had a satellite phone so we’d sit there and talk for hours on end and we have a good phone bill to show it now but she was always available to talk to me.

All participants in the low disclosure group reported an increase in communication with their partner post-deployment (15/15 participants; normalized frequency number = 5.53). Participant 26M described how his communication has improved with his wife:

> It's improved. We discuss things more often. We just don't go our own separate ways and just do our own little things. We tend to discuss more, everything in general. Day-to-day things that we usually never used to talk about. We do talk a lot more.

Increased personal outside resources was reported by all participants of the low disclosure group (15/15 participants; normalized frequency number = 3.87). Participants described utilizing both personal and professional resources during and after the deployment or traumatic experience in order to better cope with the effects. Participant 5M described how therapy with his wife was beneficial for him because it helped him better understand his wife's perspective:

> It just made me understand her, her point of view towards the military a lot better, 'cause I just figured she hated them because they took her husband away, but not only that she had a whole swarm of things that go along with it that I think even I would be bitter.

Negative Themes. Increased relationship stress was the most prominent, negative theme reported by the low disclosure group (13/15 participants; normalized frequency number = 4.7). The participants indicated an increase in stress between themselves and their spouse, specifically related to the deployment, stressors at home, and additional demands on both partners. Participant 35M stated:

> A lot of stuff started going bad in the middle of it [the deployment]. And it had to go back to that deployment… A lot of stuff kind of was coming back. Because it was like I didn't know if I was going back or not. We had just got married and the situation as far as my wife and her medical problems, it was like all that time I'm be gone and not be here with her. And

> then I'm trying here. So that was a very big problem. Very stressful. I mean because it wasn't just now the military bothering me, it was now they're bothering her. And now that's bothering me even more and I was already upset and now I'm even more upset because she's upset. So it was, that was terrible.

Decreased communication and increased secrecy were combined after consensus coding. To get the scores listed below, the two themes were averaged together. Decreased communication and increased secrecy were reported by a majority of the low disclosure group (14.5/15 participants; normalized frequency number = 4.14). The majority of the low disclosure participants described difficulties communicating experiences while deployed or while their partners were deployed. Participants also noted challenges communicating their own trauma history with their partner. Participant 45F stated, "Communication trouble, it's gotten worse since things with the Army, I think partially because there's things he can't talk about. And it's just carried over a lot more. So we really don't talk about much of anything."

The majority of the low disclosure group (12/15 participants) reported an increase in adjustment with their partner (normalized frequency number = 3.75). Specifically, participants reported making adjustments in routines in order to accommodate the effects experienced by the primary trauma survivor from the traumatic event(s) or the trauma survivor discussed his or her own adjustment after the traumatic event. Participant 26M discussed the transition after returning from deployment and reported being more alert:

> Not having a weapon in your hand. I'm so used to having a weapon in my hand. I tend to look at people differently. I can sit in a store or in a restaurant, I'm looking at somebody 'cause I'm more focused on what's around me, who's around. I tend to eye everyone down.

> When I first got back I looked at everyone as a threat to me until I calmed down or felt otherwise that you were a threat to me.

Mixed Disclosure Group

The mixed disclosure group consisted of seven participants (one male, six females), who were partners of the low trauma disclosure participants. The most salient themes of the mixed disclosure group included increased relationship stress, increased communication, decreased cohesion, decreased communication/increased secrecy, and increased conflict. Of the salient themes that emerged, 4 out of 5 of the themes were negative and 1 out of 5 was positive. Again, the number of quotes, normalized frequency number, and a collection of representative quotes are listed below for each of the most salient themes, in decreasing order of normalized frequency. When asked how participants would rate their communication with their partner, the mixed disclosure group rated their communication as good. Further in the interviews, statements made by the males supported this, while statements made by the females did not.

Positive theme. All partners in the mixed disclosure group reported an increase in communication with their partner post-deployment or traumatic event (7/7 participants; normalized frequency number = 5.43). Participant 5F stated, “We can talk about anything, especially stuff from my past.” She also indicated that her spouse is able to share his experiences with her: “He’s told me more since he’s been back or talked to me about things.” Participant 11F stated:

> Talking about the deployment is not that hard. He’s pretty good most of the time. I'm sure there’s probably a lot of stuff that he’s not telling me, but he will talk to me about it. And I have talked to him about stuff that’s happened in the past.

Negative Themes. Increased relationship stress was reported by the majority of partners within the low disclosure group (6/7 participants; normalized frequency number = 5.83). The

participants indicated an increase in stress between themselves and their spouse, specifically related to the deployment, stressors at home, and additional demands on both partners. When asked if she felt the deployment was traumatic for her, Participant 11F stated:

> Yeah, if you would've asked me that before he left, I would've said no, we'll just deal with it. But, taking him out of our family for a year, that was, I mean for all of us very traumatic. I'm old enough, I can learn to deal with it. The kids can't deal with it. They don't understand how to deal with it. So that was traumatic for me having to try to tell them and reassure them that daddy is coming back. Being on the phone with him and hearing gun shots and bombs going off, so it's not hearing from him for a couple days, and you don't know what's going on. So I'd definitely say it's pretty traumatic.

Decreased cohesion was reported by several partners in the mixed disclosure group (5/7 participants; normalized frequency number = 4.6). The participants described feeling more distant from their spouses since the deployment or traumatic event. Participant 14F stated, "I'm not that lovey dovey anymore and I'm not attracted to him anymore, in a physical way. That's one of the major problems."

Again, decreased communication and increased secrecy were combined after consensus coding. Several partners in the mixed disclosure group reported a decrease in communication and an increase in secrecy with their partner (5.5/7 participants; normalized frequency number = 4.27). The majority of mixed trauma disclosure participants described difficulties communicating experiences during the deployment. One partner indicated she and her husband made an agreement not to discuss the traumatic events he experienced. Participant 15F stated:

> We've made an agreement that we wouldn't talk about it. I told him if he needed to talk about it, we would certainly find someone, but I'm emotional enough and things stick with me bad enough that I wasn't the one to talk to things about.

The final emerging theme reported by the mixed disclosure group was increased conflict. In the mixed disclosure group, 5 out of 7 participants reported increased conflict between themselves and their partner (normalized frequency number = 4). When asked how she would describe her communication with her spouse, Participant 11F stated:

> We don't. Every time we try to talk or have a discussion, it turns into a big yelling match. I think that he is still in that military mode. How it's going to be his way and he doesn't want to discuss other options.

The participants indicated an increase in arguments and disagreements caused by a variety of post-deployment adjustment issues and relationship stressors.

High Disclosure Group

The high disclosure group consisted of four participants (two males, two females). The most salient themes of the high disclosure group were both positive, and included increased communication (4/4 participants; normalized frequency number = 10.75) and increased support (4/4 participants; normalized frequency number = 8.25). Only two main themes were selected from the content analysis because these themes exceeded the others based on the normalized frequency number.

The high disclosure partners reported communication was improved on various levels during and after the deployment process. Participant 46F described the importance of communication during the deployment:

> It's all about communication. When he was gone over there he talked more to me being over there than he does while he's at home. And I think that helps. It really does. It gives him a sense of understanding and knowing what's going on at home. 'Cause if you keep them out, they're totally not gonna know what's going on when they get home. That pretty much said it for us, it's just talk talk talk. Talk as often as you can. Letters, flat letters, because if they don't get letters over there they don't come home happy and they're not happy over there. So they don't watch their backs as well, so that's pretty much what you can tell anybody. Just talk to 'em and write 'em and be there.

Participant 31M stated, "The biggest thing is communication. If you don't communicate effectively in your relationship, it's not going to work. That's what we try very hard to do".

All participants in the high disclosure group reported increased support. The high disclosure participants described giving more support to their spouse and receiving more support from their spouse during and after the deployment or traumatic event process. When asked what was most beneficial in dealing with the deployment, Participant 31M stated it was support from his wife:

> Her. Talking really. Just as stupid and corny as it sounds. If I would have said talking before I left or before I started talking about that kind of stuff I would have been like yeah, whatever pansy. But, now I really, having someone to share it with. Even if she can't directly relate, knowing that she's trying to.

In addition to support, participants in the high disclosure group were approximately twice as likely to report an increase in communication compared to both the low and mixed disclosure groups. The high disclosure partners were approximately 1.5 times more likely to discuss their role compared to both the low and mixed disclosure groups. A higher percentage of partners in the high

disclosure group reported providing support to their spouse (100%) compared to the low disclosure group (87%) and mixed disclosure group (57%).

Overall, the results demonstrate that mixed trauma disclosure partners reported more negative themes compared to their low trauma disclosure partners and the high trauma disclosure group. This result held true in both the qualitative and quantitative analyses. While some of these findings were expected, others were not. The high trauma disclosure partners appeared to be functioning well. Whereas, other results differed from the hypothesis in that the low trauma disclosure group would function at lower levels due to their lack of trauma disclosure. The final section, Chapter 5, will provide a final discussion of the study results, implications for practice, and further steps for researching trauma disclosure.

Chapter 5 - Discussion

Disclosing a traumatic event and its details to another person can be complex. In many cases, there are extenuating circumstances, which may prevent the individual from sharing such experiences. The current study sought to better understand the experiences and characteristics of low trauma disclosure participants compared to their partners. Even though originally the intent was to analyze by couple, this analysis did not produce strong conclusions. When the participants were grouped by low, mixed, and high trauma disclosure, the unit of analysis became the individual rather than the couple.

In addition, this study examined the couple's functioning due to the low trauma disclosure levels. Based on key variables in the CATS Model (Nelson Goff & Smith, 2005; Oseland et al., in press), salient themes emerged for each the low disclosure participants and their partners. Each of these themes demonstrated the positive and negative effects from the decision to disclose a traumatic event to a spouse. The qualitative results from the low disclosure group indicated an equal mix of positive and negative effects. The low disclosure group reported increased support, increased communication, increased relationship distress, decreased communication and increased secrecy, increased personal outside resources, and increased adjustment. The mixed disclosure group results indicated four out of five negative effects. The mixed disclosure group reported increased relationship distress, increased communication, decreased cohesion, decreased communication and increased secrecy, and increased conflict). The high disclosure group results indicated primarily positive effects: increased communication and increased support. It should be noted that the mixed and high disclosure individuals come solely from couples where at least one member was coded as low disclosure. As mentioned, this is explicitly due to the selection from the overall data set of couples with at least one low disclosure member. These results should only be

interpreted to indicate mixed and high disclosure conclusions based on having a spouse who is coded as low trauma disclosure.

The quantitative results also indicated positive and negative effects from the decision to disclose a traumatic experience. Based on the Dyadic Adjustment Scale (Spanier, 1976), the low and high disclosure groups reported relationship adjustment scores above the clinical threshold; however, the mixed disclosure group reported an average relationship satisfaction score below the clinical threshold (Eddy, Heyman, & Weiss, 1991). According to the Trauma Symptom Checklist (Briere, 1996; Briere & Runtz, n.d.), the low and high disclosure groups reported experiencing a similar number of trauma symptoms. Contrary to literature about trauma symptoms and relationship satisfaction (Cook et al., 2004; Knobloch & Theiss, 2012), the results of this study did not support the notion that the more trauma symptoms an individual experiences, the less satisfied he or she is in their relationship and the less communication occurs between partners. The low and high disclosure groups, who reported experiencing more trauma symptoms on the TSC, also reported relationship satisfaction scores above the clinical threshold (Eddy, Heyman, & Weiss, 1991).

Examining both the qualitative and quantitative results together allows conclusions to be made based on the decision to not disclose a trauma, as with the low disclosure group, and the effects upon the spouses. The following results described the low disclosure participants and their partners.

Low Disclosure Group

A central component of the CATS Model is couple functioning (Nelson Goff & Smith, 2005; Oseland et al., in press), which is directly impacted when an individual experiences a traumatic event. The results of this study demonstrated that the low trauma disclosure participants appeared to be functioning at higher levels than the mixed disclosure partners and lower levels than

the high disclosure partners. This is contrary to the hypothesis that low trauma disclosure participants would be faring the worst compared to their mixed and high trauma disclosure partners.

The qualitative results indicate possible reasons why the low disclosure group chose not to disclose some or all of their trauma history with their partner. The negative themes that emerged shed some light into this occurrence. Increased relationship stress, decreased communication and increased secrecy, and increased adjustment are potential explanations for why that particular group of participants chose to share little or none of their own trauma history. The present study indicates a defined and predictable pattern of trauma disclosure, as seen with the low disclosure individuals, may potentially be beneficial to oneself. This conclusion can be drawn because the low disclosure group reported more positive characteristics than the mixed disclosure group such as increased support, increased personal outside resources, lower PTSD scores, and higher relationship adjustment. So, even though the low trauma disclosure participants indicated little to no disclosure of their previous trauma experiences to their partners, it was a predictable pattern, compared to the mixed disclosure group of partners.

Mixed Disclosure Group

Based on both the qualitative and quantitative results, the mixed disclosure participants seem to be functioning at lower levels than their low and high disclosure counterparts. As previously stated, the mixed disclosure group reported the lowest number of trauma symptoms, based on the TSC, and experienced the lowest number of traumatic events, based on the TEQ. Despite those more positive results, the mixed disclosure partners indicated greater PTSD scores compared to low and high disclosure individuals. The higher PTSD rates are consistent with literature stating PTSD severity can have an impact on disclosure levels (Campbell & Renshaw, 2012; 2013; Carroll et al, 1985; Cook et al., 2004). More specifically, on the PPTSD-R subscales,

the mixed trauma disclosure group scored higher than any other group on the subscale of Avoidance. The mixed trauma disclosure group also reported relationship adjustment scores in the distressed range (below 100; Eddy et al., 1991). This is consistent with literature stating that emotional numbing is a symptom primarily associated with impaired relationship satisfaction (Campbell & Renshaw, 2013).

The current study suggests that mixed trauma disclosure could present challenges for both the individual and his or her partner. The mixed disclosure group seemed to possess an unclear pattern of communication, as these participants shared some details about their previous traumas, but not all. The high and low disclosure groups possessed a more clear and predictable pattern of communication and disclosure, as they either share nothing or quite a bit about their traumas. The predominantly negative results among the mixed disclosure group may indicate an unclear pattern of communication and disclosure, as seen with the mixed disclosure individuals. Another possibility is simply due to the notion that having a partner classified as low disclosure and having mixed disclosure patterns themselves may contribute to lower relationship satisfaction scores in this group.

The CATS Model (Nelson Goff & Smith, 2005; Oseland et al., in press) includes the components of safety and stability. Research has indicated that safety and stability must be present in order for the trauma survivor to share his/her experiences (Herman, 1997). A possible explanation for the mixed trauma disclosure levels is that at one point in time, the trauma survivor felt a sense of safety and stability, but lost this feeling. Herman (1997) indicated that this could make his/her trauma symptoms worse. The mixed trauma disclosure TSC scores are consistent with this research. In the present study, the mixed trauma disclosure group reported increased conflict and decreased communication. These themes are consistent with the CATS Model (Nelson Goff &

Smith, 2005; Oseland et al., in press) in that the impact of trauma affects the couple's level of functioning.

Interestingly, the mixed trauma disclosure group reported lower TEQ scores and lower general trauma symptoms (TSC); however, this group reported higher PTSD scores. The mixed trauma disclosure group also reported decreased cohesion with their partner. A possible explanation for this combination of results can be found in the literature indicating a connection to another person aids in the recovery process from a trauma (Johnson, 2002; Nelson Goff & Smith, 2005). The decreased cohesion between the couples may be a challenge for their inability to recover from their traumatic experience. In addition to the decreased cohesion, the mixed trauma disclosure also reported increased conflict in their relationship. These results support literature regarding the challenges of reconnecting as a couple after deployment (Knoblock & Theiss, 2012). Again, these results are interpreted with caution because of other factors that could contribute to the outcomes of this study.

High Disclosure Group

Based on both the qualitative and quantitative results, the high disclosure participants seem to be experiencing higher levels of functioning than their low disclosure partners and mixed disclosure counterparts. Because the high disclosure participants in the present study all had partners who were coded as low trauma disclosure, an opposite level of disclosure to that of your partner may be beneficial, again due to a defined and predictable pattern of trauma disclosure, as seen with the high and low trauma disclosure groups. This conclusion can be drawn because the high disclosure group reported more positive characteristics than the mixed disclosure group. Recent literature has stated that those with higher relationship satisfaction and lower trauma symptom scores also share more information with their spouses (Wick & Nelson Goff, 2014). In

contrast, the current study partially supported this as the high disclosure group described high relationship satisfaction, but also higher trauma symptoms scores than the low and mixed trauma disclosure groups. Research has noted that individuals with higher trauma symptoms also reported lower relationship quality (Monk & Nelson Goff, 2014). Again, the current study's results are in contrast with these findings as the high disclosure group reported the highest trauma symptom scores; however the same group scored highest when rating relationship adjustment.

Implications for Practitioners

The effects of trauma disclosure on individual and couple functioning allows professionals who work with service members, spouses, and veterans to better understand the implications of the decision to disclose a traumatic event to others. Specifically, clinicians can incorporate this study's findings into practice. Depending upon the individual's level of trauma disclosure, the clinician can guide the client through the implications of the decision to disclose his or her prior traumas. The present study suggests positive effects can results from high trauma disclosure. Specifically, relationship satisfaction was higher among couples that share more of their traumatic experiences with their spouse, as demonstrated by the high disclosure participants. Clinicians can also suggest clear patterns of communication for their clients, as the current study demonstrated the mixed disclosure individuals experienced more negative effects than low or high trauma disclosure individuals. As a result of this study, inconsistent levels of disclosure may be detrimental, as the results appear more negative than well-defined levels of disclosure, either high or low.

Each trauma disclosure group reported increased levels of communication; however, this does not indicate the content of the communications. It is well known that communication is key in relationships and thus leads to a more satisfying and successful bond. Family life educators and clinicians should teach and suggest communication methods that encourage quality of

communication, not just quantity. Quality communication and support from spouses may encourage disclosure of previous traumatic experiences.

Limitations and Future Research

The current study does not exist without some limitations. The data were collected approximately 10 years ago and much time has passed since then. The results of this study are to be interpreted based on this group of participants at that point in time. The data collected for the current study were collected prior to those interviewed possibly experiencing multiple deployments and many years of war. The ongoing wars in Iraq and Afghanistan have continued and troops are still deploying. It is possible that the participants have experienced many more deployments since then and the effects of this may have worsened their situation. The sample size for this study was also small, relatively young, and predominantly White. Although the current study addressed the levels of trauma disclosure and previous traumatic experiences for both partners, all participants were from a larger study of Army couples. The results of this study should not be interpreted to represent the larger general population. Future research should duplicate this study with a larger, more diverse sample.

Literature regarding trauma disclosure over a long period of time is scant. A longitudinal study to examine this same group of participants would provide insight on the long-term impacts of the decisions about disclosing a traumatic history. In almost all dyads, both husband and wife reported trauma histories. The fact that both participants in a couple had a trauma history may complicate his/her ability to be open to listening and supporting a partner who also has a trauma history. Future research should also examine trauma disclosure in couples where only one spouse possesses a trauma history.

If future research could utilize many of the same participants, in a follow-up study, it would be possible to see a more up-to-date picture of where the couples are now. In such a study, it would be interesting to see if the same participants would be coded the same, as low, mixed, or high trauma disclosure. The participants may have chosen to share more or less of their traumatic experiences since then.

Overall, the sample included participants who were relatively young (*M* = 32.42 years, *SD* = 8.46) and had only been married, on average, for about six years (*M* = 5.98; *SD* = 6.96; Range = <1 year to 23 years). It would be interesting to study a sample of participants who were older and had been married longer. Are individuals inclined to share more of their traumatic experiences over time? If so, how does this change their trauma symptoms and relationship satisfaction? The service members were also male Active Duty Army or National Guard. A future study to research trauma disclosure among the general population could attract more diverse participants.

Conclusion

The decision to disclose traumatic experiences with a spouse is dependent upon many factors. Communication skills, support from the partner, and amount of stress between the relationship are a few aspects that differentiate between individuals who choose to disclose a traumatic experience or not. Communication is necessary to maintain a relationship; however, the quality of the relationship is dependent upon the quality of communication. Specific to the military population, deployments complicate the maintenance of a relationship. In addition, predictability is desired within military culture. The present study indicates a defined and predictable communication and disclosure pattern may be more beneficial to the individual and couple functioning than an unclear or mixed disclosure pattern. High quality communications promote

support, resilience, and strength despite the challenges that are associated with previous traumatic experiences.

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Appendix A - Qualitative Interview Questions

Fort Riley Qualitative Interview Questions: Soldier Version

General Relationship Questions:

1. In general, how would you describe your relationship?

   -3 characteristics that best describe your relationship

2. How would you describe your communication with your partner?
3. Who expresses emotions more freely in your relationship? Explain.
4. How would you describe your "role" or "position" in the relationship?
5. How satisfied are you with your current "role"?
6. How do you and your partner resolve conflict in your relationship?

Intrapersonal Questions

(NOTE: Refer back to any symptoms indicated on the PPTSD-R or TSC-40 and probe for examples)

7. How has your recent deployment to Iraq/Afghanistan/Other most affected you personally?
   - Do you consider that experience "traumatic?"
   - What differences do you see in yourself before the deployment compared to after the deployment?
8. When has that experience had the most negative effect on you personally? Explain
9. Have there been any positive outcomes or anything positive that you gained from that experience? Explain

**Note: If there are other events indicated on the Traumatic Events Questionnaire in the Quantitative Questionnaire, repeat the above questions for those events.

10. Are there any other events or experiences that you consider particularly significant? (Describe and explain the effects)

Interpersonal Questions

Self:

11. How would you rate your ability to talk to your partner about the deployment or the events that happened in your past? (Scale of 1 poor to 10 excellent)
12. How would you rate your partner's ability to listen when you talk about the deployment or the events that happened in your past? (Scale of 1 poor to 10 excellent)
13. In general, how do you feel about the deployment? How does your partner feel about the deployment?
14. How did your partner support you in your deployment or other trauma experience?
    - Prompt specifically for emotional support
15. Does your partner identify him/herself as an insider or outsider to what you experienced? (if questions, ask "Does your partner consider him/herself to be a part of what you experienced?)
    - Prompt for specific example.
16. Do you see your partner as an insider or outsider to what you experienced? (if questions, ask "Do you consider your partner to be a part of what you experienced?) Prompt for specific example.

Partner:

17. Has your partner ever experienced any traumatic events? (what are those experiences? Did they occur prior to or during your relationship?)
    - Does your partner consider those experiences traumatic?

- Do you consider his/her experiences traumatic?

18. How did you learn about your partner's trauma? What was the experience of learning about his/her trauma like?
19. How is your partner most affected by his/her past trauma experiences?
20. How are you affected by your partner's trauma?

Relational:

21. How is your relationship most affected by:

    -your deployment (or other past trauma)?

    -your partner's (past trauma)?

22. How do issues related to your deployment (or other trauma) arise in your relationship?

    -How often does that occur?

23. How do issues related to your partner's trauma come up in your relationship?

    -How often does that occur?

24. When has your deployment (or other trauma) had the most negative effect on your relationship? Explain
25. When has (your partner's experience) had the most negative effect on your relationship? Explain
26. Have there been any positive effects from (that experience) on your relationship? Explain

Reunion/Redeployment

27. What has the transition home been like for you?

- Specific positive aspects?
- Specific areas of difficulty?

28. How does the deployment affect your relationship (ask specifically for impact Pre-deployment and Post-deployment) ?
29. What were your expectations of your partner before you returned home?
    - Did he/she meet your expectations? Please describe.
30. What differences did you notice about your partner after you returned home?

Recovery

31. What has been beneficial in coping with your deployment or other past trauma experience(s)? (techniques, people, etc?)
32. Have you been in therapy to deal with the effects of the deployment or trauma?
    -Did you go alone or with your partner?
    -What was that experience (those experiences) like?
    -What aspects were helpful/not helpful?
33. How has your partner helped you recover from the effects of the trauma? How have you helped your partner recover from the effects of his/her trauma?
34. Is there anything else that you feel is important for us to know?

Fort Riley Qualitative Interview Questions: Partner Version

General Relationship Questions:

1. In general, how would you describe your relationship?
    - 3 characteristics that best describe your relationship
2. How would you describe your communication with your partner?
3. Who expresses emotions more freely in your relationship? Explain.
4. How would you describe your "role" or "position" in the relationship?
5. How satisfied are you with your current "role"?
6. How do you and your partner resolve conflict in your relationship?

Intrapersonal Questions

7. How has your (husband/wife)'s recent deployment to Iraq/Afghanistan/Other most affected you personally?
    - Do you consider that experience to be "traumatic" to you? To your spouse?
        a. When has that experience had the most negative effect on you? Explain
        b. Have there been any positive outcomes or anything positive that you gained from that experience? Explain
8. If they have other events from the TEQ marked "Yes," ask about those:

    You indicated that you also have experienced _____ (from Traumatic Events Questionnaire in the quantitative questionnaire). How has that experience(s) most affected you personally?
    - Do you consider what you experienced "traumatic?"
        a. When has that experience had the most negative effect on you? Explain

b. Have there been any positive outcomes or anything positive that you gained from that experience? Explain

Interpersonal Questions

Self:

9. How would you rate your ability to talk to your partner about the deployment or the events that happened in your past? (Scale of 1 poor to 10 excellent)
10. How would you rate your partner's ability to listen when you talk about the deployment or the events that happened in your past? (Scale of 1 poor to 10 excellent)
11. How did your partner support you during his/her deployment or in your other trauma experience?
12. Do you identify yourself as an insider or outsider to your partner's deployment experiences? How does your partner view you? If questions, ask "Do you consider yourself to be a part of what your partner experienced?) Prompt for specific example.

    Does your partner identify him/herself as an insider or outsider to what you experienced? Do you see your partner as an insider or outside to what you experienced?

Partner:

13. How is your partner most affected by the deployment?

- Does your partner consider those experiences traumatic?
- Do you consider his/her experiences traumatic?
- In general, how does your partner feel about the deployment?
- How do you feel about the deployment itself?

14. How did you learn about your partner's deployment? What was the experience of learning about his/her experiences while deployed like?
15. How are you most affected by your partner's deployment? *(NOTE: Refer back to any symptoms indicated on the PPTSD-R or TSC-40 and probe for examples)*
16. Has your partner ever experienced any other traumatic events (refer back to the TEQ) besides the deployment? (what are those experiences? Did they occur prior to or during your relationship?)—If "yes," repeat the above questions.

Relational:

17. How is your relationship most affected by the deployment?
18. How do issues related to the deployment arise in your relationship? How often does that occur?
19. When has the deployment (or your partner's other trauma experiences) had the most negative effect on your relationship? Explain
20. *If participant or partner had other traumas*:
    - How is your relationship most affected by your/your partner's (other traumas)?
    - How do issues related to your/your partner's (other traumas) arise in your relationship?
        - How often does that occur?
        - When has your/your partner's (other traumas) had the most negative effect on your relationship? Explain
21. Have there been any positive effects from (the deployment/other trauma) on your relationship? Explain

Reunion/Redeployment

22. What has the transition to home been like for you?

- Specific positive aspects?
- Specific areas of difficulty?

23. How does the deployment affect your relationship (ask specifically for impact Pre-deployment and Post-deployment)?

24. What were your expectations of your partner before he/she returned home?

- Did he/she meet your expectations? Please describe.

25. What differences did you notice about your partner after he/she returned home?

Recovery

26. What has been beneficial in coping with the deployment or other past trauma experience(s)? (techniques, people, etc?)

27. Have you been in therapy to deal with the effects of the deployment or trauma?

-Did you go alone or with your partner?

-What was that experience (those experiences) like?

-What aspects were helpful/not helpful?

28. How has your partner helped you recover from the effects of the trauma? How have you helped your partner recover from the effects of the deployment or other trauma?

29. Is there anything else that you feel is important for us to know?

Appendix B - Quantitative Survey Questions

Understanding Traumatic Events

(Confidential)

Date _____

Please answer the following questions:

1. Gender: _____ Male _____ Female

2. Age: _____

3. What is your racial/cultural/ethnic origin? (Check one)

   _____ American Indian or Alaska Native

   _____ Asian or Pacific Islander

   _____ African-American (Black), not of Hispanic origin

   _____ Mexican-American (Hispanic)

   _____ European-American (White)

   _____ Other (Please Identify)_____

4. What is your current relationship status? (Check one)

   _____ Married How Long? _____
   _____ Dating How Long? ____
   _____ Separated How Long? _____
   _____ Divorced How Long? _____
   _____ Remarried How Long? _____
   _____ Living together How Long? _____
   _____ Other (please specify) _____

5. Total number of marriages (<u>including</u> current marriage) _____

6. What is your highest level of education that you have completed? (Check one)

   _____ No formal education _____ Some college

   _____ Some grade school _____ Completed college

_____ Completed grade school
_____ Some high school
_____ Completed high school
_____ Some graduate work
_____ Completed master's degree
_____ Completed doctorate

7. What is your religious preference? (Check one)

_____ Protestant (e.g., Baptist, Lutheran, etc.) _____
_____ Catholic
_____ Jewish
_____ None
_____ Non-denominational
_____ Other (Please specify) _____

8. Employment: (Check the one that most describes your status)

_____ Employed full-time
_____ Employed part-time
_____ Unemployed (Not disabled)
_____ Unemployed (Due to disability)
_____ Retired
_____ Full-time student
_____ Part-time student
_____ Full-time homemaker

9. Which category would include your family income, from all sources, before taxes last year? (check one)

_____ Below $ - 9,999
_____ $10,000 - $19,999
_____ $20,000 - $29,999
_____ $30,000 - $39,999
_____ $40,000 - $49,999
_____ $50,000 - $59,999
_____ $60,000 - $69,999
_____ $70,000 - $79,999
_____ $80,000 - $89,999
_____ $90,000 - $99,999
_____ $100,000 - Above

10. Psychological:

1. Have you had any psychological problem(s) (e.g., anxiety, depression, schizophrenia, etc.) for which you have seen a mental health professional at least once every 2 months:

a. During the last year? Yes _____ No _____
If yes, please specify the problem.

_____

b. During the last 2 years? Yes _____ No _____
If yes, please specify the problem.

_____

c. During the last 5 years? Yes _____ No _____
If yes, please specify the problem.

_____

11. Relationship:

1. Have you had any relationship problem(s) (e.g., communication, parenting, intimacy, etc.) for which you have seen a therapist at least once every 2 months:

a. During the last year? Yes _____ No _____

If yes, please specify the problem.

_____

b. During the last 2 years? Yes _____ No _____

If yes, please specify the problem.

_____

c. During the last 5 years? Yes _____ No _____

If yes, please specify the problem.

_____

11a. *Military*: Please describe your 1st deployment to Iraq/Afghanistan/Other (if you have *not* been deployed, leave blank):

1. Dates of deployment _____
2. Location _____
3. Date you returned home _____
4. Please briefly describe your job while deployed_____

_____

11b. *Military*: If you have been involved in additional deployments to Iraq/Afghanistan/Other, please describe those deployments here (if you have *not* been deployed, leave blank):

5. Dates of deployment _____
6. Location _____
7. Date you returned home _____
8. Please briefly describe your job while deployed_____

_____

****

Below is a list of problems and complaints that people sometimes have. Please circle the best answer for each of the following problems as to how much they are NOW a concern to you:

Problems concerning yourself:	Never	Rarely	Sometimes	Often	Always
12. chronic illness/pain	1	2	3	4	5
13. depression	1	2	3	4	5
14. anxiety	1	2	3	4	5
15. stress	1	2	3	4	5

Problems concerning <u>yourself</u>:	Never	Rarely	Sometimes	Often	Always
16. rape	1	2	3	4	5
17. relationship problem	1	2	3	4	5
18. physical problem	1	2	3	4	5
19. excessive alcohol/drugs	1	2	3	4	5
20. family relationships	1	2	3	4	5
21. sexual problems	1	2	3	4	5
22. parenting	1	2	3	4	5
23. self-esteem	1	2	3	4	5
24. lack of assertiveness	1	2	3	4	5
25. suicidal thoughts	1	2	3	4	5
26. anger	1	2	3	4	5
27. sexual addiction	1	2	3	4	5
28. emotional childhood abuse	1	2	3	4	5
29. physical childhood abuse	1	2	3	4	5
30. sexual childhood abuse/incest	1	2	3	4	5
31. other (please specify):	1	2	3	4	5

Problems concerning <u>your relationship with your partner</u>:	Never	Rarely	Sometimes	Often	Always
32. poor communication	1	2	3	4	5
33. argue about finances	1	2	3	4	5
34. not enough time together	1	2	3	4	5
35. fighting	1	2	3	4	5
36. physical violence	1	2	3	4	5
37. excessive alcohol/drugs	1	2	3	4	5
38. refuses sex often	1	2	3	4	5
39. demands sex too often	1	2	3	4	5
40. physical sexual problem (impotence, painful intercourse, etc.)	1	2	3	4	5

Problems concerning <u>your relationship with your partner</u>:	Never	Rarely	Sometimes	Often	Always
41. parenting differences	1	2	3	4	5
42. partner too controlling	1	2	3	4	5
43. different values	1	2	3	4	5
44. difficulties with in-laws/extended family	1	2	3	4	5
45. other (please specify):	1	2	3	4	5

****

The next section is comprised of a variety of traumatic events that you may have experienced. For each of the following questions, please indicate whether or not you have experienced the event. If you have not experienced the event, circle "**No**" and go to the next numbered item. If you have experienced the event, circle "**Yes.**"

46. As a child, were you the victim of physical abuse?	YES	NO
47. As a child, were you the victim of sexual abuse?	YES	NO
48. Did you ever serve in a war zone where you received hostile incoming fire from small arms, artillery, rockets, mortars, or bombs?	YES	NO
49. Were you in serious danger of losing your life or of being seriously injured during military service?	YES	NO
50. Did you ever receive news of the mutilation, serious injury, or violent or unexpected death of someone close to you during military service?	YES	NO
51. Did you witness someone who was mutilated, seriously injured or violently killed during military service?	YES	NO
52. Did you ever observe others or participate in atrocities, such as torturing prisoners, mutilating enemy bodies, or harming civilians?	YES	NO
53. Were you ever a Prisoner of War?	YES	NO
54. Have you been in or witnessed a serious industrial, farm, or car accident, or a large fire or explosion?	YES	NO
55. Have you been in a natural disaster such as a tornado, hurricane, flood, or major earthquake?	YES	NO
56. Have you been a victim of a violent crime such as rape, robbery, or assault?	YES	NO
57. As an adult, have you had any unwanted sexual experiences that involved the threat or use of force?	YES	NO
58. As an adult, have you ever been in a relationship in which you were abused either physically or otherwise?	YES	NO
59. Have you witnessed someone who was mutilated, seriously injured or violently killed (**NOT** related to military experiences)?	YES	NO
60. Have you been in serious danger of losing your life or of being seriously injured (**NOT** related to military experiences)?	YES	NO
61. Have you received news of the mutilation, serious injury, or violent or unexpected death of someone close to you (**NOT** related to military experiences)?	YES	NO
62. Have you ever experienced any other very traumatic event like these? Please describe the event. _____ _____	YES	NO
63. If you answered "**NO"** to all the questions above, please describe your **MOST** traumatic event. _____		

* * * * * * * * * * *

From the previous list of events, please put the number of the event that you consider your MOST traumatic event in the following blank.

_____

****

The next section asks about your reactions to your MOST traumatic event, which you listed at the bottom of the previous page. Please answer each question for how often each reaction **OCCURRED** during the previous month.

In **the last month**, how often:	Not at all		Sometimes		Often
64. were you bothered by memories or thoughts of the event when you didn't want to think about it?	1	2	3	4	5
65. have you had upsetting dreams about the event?	1	2	3	4	5
66. have you suddenly felt as if you were experiencing the event again?	1	2	3	4	5
67. did you feel very upset when something happened to remind you of the event?	1	2	3	4	5
68. did you avoid activities or situations that might remind you of the event?	1	2	3	4	5
69. did you avoid thoughts or feelings about the event?	1	2	3	4	5
70. did you have difficulty remembering important aspects of the event?	1	2	3	4	5

In **the last month**, how often:	Not at all		Sometimes		Often
71. did you react physically (heart racing, breaking out in a sweat) to things that reminded you of the event?	1	2	3	4	5
Since the event….	Not at all		Sometimes		Often
72. have you lost interest in one or more of your usual activities (work, hobbies, entertainment)?	1	2	3	4	5
73. have you felt unusually distant or cut off from people?	1	2	3	4	5
74. have you felt emotionally "numb" or unable to respond to things emotionally the way you used to?	1	2	3	4	5
75. have you been less optimistic about your future?	1	2	3	4	5
76. have you had more trouble sleeping?	1	2	3	4	5
77. have you been more irritable or angry?	1	2	3	4	5
78. have you had more trouble concentrating?	1	2	3	4	5
79. have you found yourself watchful or on guard, even when there was no reason to be?	1	2	3	4	5
80. are you more jumpy or easily startled by noises?	1	2	3	4	5

****

The next section includes a list of problems and complaints that people sometimes have. Please read each one carefully. After you have done so, please circle one of the numbered spaces to the right that best describes **HOW MUCH THAT PROBLEM HAS BOTHERED OR DISTRESSED YOU IN THE PAST TWO MONTHS**. Circle only one numbered space for each problem.

How often have you experienced the following in the **last two months**:	Never			Often
81. Headaches	0	1	2	3
82. Insomnia (trouble getting to sleep)	0	1	2	3
83. Weight loss (without dieting)	0	1	2	3
84. Stomach problems	0	1	2	3
85. Sexual problems	0	1	2	3
86. Feeling isolated from others	0	1	2	3
87. “Flashbacks” (sudden, vivid, distracting memories)	0	1	2	3
88. Restless sleep	0	1	2	3
89. Low sex drive	0	1	2	3

How often have you experienced the following in the **last two months**:	Never			Often
90. Anxiety attacks	0	1	2	3
91. Sexual overactivity	0	1	2	3
92. Loneliness	0	1	2	3
93. Nightmares	0	1	2	3
94. "Spacing out" (going away in your mind)	0	1	2	3
95. Sadness	0	1	2	3
96. Dizziness	0	1	2	3
97. Not feeling satisfied with your sex life	0	1	2	3
98. Trouble controlling your temper	0	1	2	3
99. Waking up early in the morning and can't get back to sleep	0	1	2	3
100. Uncontrollable crying	0	1	2	3
101. Fear of men	0	1	2	3
102. Not feeling rested in the morning	0	1	2	3

How often have you experienced the following in the **last two months**:	Never			Often
103. Having sex that you didn't enjoy	0	1	2	3
104. Trouble getting along with others	0	1	2	3
105. Memory problems	0	1	2	3
106. Desire to physically hurt yourself	0	1	2	3
107. Fear of women	0	1	2	3
108. Waking up in the middle of the night	0	1	2	3
109. Bad thoughts or feelings during sex	0	1	2	3
110. Passing out	0	1	2	3
111. Feeling that things are "unreal"	0	1	2	3
112. Unnecessary or over-frequent washing	0	1	2	3
113. Feelings of inferiority	0	1	2	3
114. Feeling tense all the time	0	1	2	3
115. Being confused about your sexual feelings	0	1	2	3
116. Desire to physically hurt others	0	1	2	3

How often have you experienced the following in the **last two months**:	Never			Often
117. Feelings of guilt	0	1	2	3
118. Feeling that you are not always in your body	0	1	2	3
119. Having trouble breathing	0	1	2	3
120. Sexual feelings when shouldn't have them	0	1	2	3

* * * * * * * * * * *

Most persons have disagreements in their relationships. Please indicate below by circling the approximate extent of agreement or disagreement between you and your partner for each item on the following list.

	Always Agree	Almost Always Agree	Occasionally Disagree	Frequently Disagree	Almost Always Disagree	Always Disagree
121. Handling finances	1	2	3	4	5	6
122. Matters of recreation	1	2	3	4	5	6
123. Religious matters	1	2	3	4	5	6
124. Demonstration of affection	1	2	3	4	5	6
125. Friends	1	2	3	4	5	6
126. Sex relations	1	2	3	4	5	6
127. Conventionality (correct or proper behavior)	1	2	3	4	5	6
128. Philosophy of life	1	2	3	4	5	6
129. Ways of dealing with parents or in-laws	1	2	3	4	5	6
130. Aims, goals, and things believed important	1	2	3	4	5	6
131. Amount of time spent together	1	2	3	4	5	6

	Always Agree	Almost Always Agree	Occasionally Disagree	Frequently Disagree	Almost Always Disagree	Always Disagree
132. Making major decisions	1	2	3	4	5	6
133. Household tasks	1	2	3	4	5	6
134. Leisure time interests and activities	1	2	3	4	5	6
135. Career decisions	1	2	3	4	5	6

	All the time	Most of the time	More often than not	Occasionally	Rarely	Never
136. How often have you discussed or considered divorce, separation, or terminating your relationship?	1	2	3	4	5	6
137. How often do you or your partner leave the house after a fight?	1	2	3	4	5	6
138. In general, how often do you think that things between you and your partner are going well?	1	2	3	4	5	6
139. Do you confide in your partner?	1	2	3	4	5	6
140. Do you regret that you married/entered the relationship with your partner?	1	2	3	4	5	6
141. How often do you and your partner quarrel?	1	2	3	4	5	6
142. How often do you and your partner "get on each other's nerves?"	1	2	3	4	5	6

	Every Day	Almost every day	Occasionally	Rarely	Never
143. Do you kiss your partner?	1	2	3	4	5
144. Do you and your partner engage in outside interests together?	1	2	3	4	5

How often would you say the following events occur between you and your partner?	Never	Less than once a month	Once or twice a month	Once or twice a week	Once a day	More often
145. Have a stimulating exchange of ideas	1	2	3	4	5	6
146. Laugh together	1	2	3	4	5	6
147. Calmly discuss something	1	2	3	4	5	6

How often would you say the following events occur between you and your partner?	Never	Less than once a month	Once or twice a month	Once or twice a week	Once a day	More often
148. Work together on a project	1	2	3	4	5	6

There are some things about which couples sometimes disagree. Indicate if either item below caused differences of opinions or were problems in your relationship during the past few weeks. (CHECK yes or no).

	Yes	No
149. Being too tired for sex.	_____	_____
150. Not showing love.	_____	_____

151. The dots on the following line represent different degrees of happiness in your relationship. The middle point, "happy," represents the degree of happiness in most relationships. Please circle the dot which best describes the degree of happiness, all things considered, of your relationship.

• • • • • • •

Extremely Unhappy **Fairly Unhappy** **A little Unhappy** **Happy** **Very Happy** **Extremely Happy** **Perfect**

152. Which of the following statements best describes how you feel about the future of your relationship?

_____ I want desperately for my relationship to succeed, and <u>would go to almost any length</u> to see that it does.
_____ I want very much for my relationship to succeed, and <u>will do all I can</u> to see that it does.
_____ I want very much for my relationship to succeed, and <u>will do my fair share</u> to see that it does.
_____ It would be nice if my relationship succeeded, but <u>I can't do much more than I am doing now</u> to keep the relationship going.
_____ It would be nice if it succeeded, but <u>I refuse to do any more than I am doing now</u> to keep the relationship going.
_____ My relationship can never succeed, and <u>there is no more that I can do</u> to keep the relationship going.

****

Your contribution to this effort is greatly appreciated
Thank You!