Emotional Approaches to Coping, Avoidance, & Service Member Psychological Health During Reintegration

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FAMILY SYSTEMS THEORY & DYADIC COPING

(MacDermid Wadsworth et al., 2013)
PREVIOUS FINDINGS

Service Member Coping & Service Member Well-Being:

- Emotion Expression
- Emotion Processing
- Avoidance

PTSD Symptoms & Depression Severity

Partner Coping & Service Member Well-Being: ??
<table>
<thead>
<tr>
<th>INDEPENDENT VARIABLE</th>
<th>MEASURE</th>
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<tbody>
<tr>
<td>Emotion Processing</td>
<td>EAC (Stanton et al., 2000)</td>
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<tr>
<td>Emotion Expression</td>
<td>SACS (Dunahoo et al., 1998)</td>
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<td>Avoidance</td>
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<td>Psychological Health</td>
<td>Single-item (Willerton et al.)</td>
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<td>Depressive Symptoms</td>
<td>PHQ-9 (Spitzer et al., 1999)</td>
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**DATA**

- Survey data from 82 male Guard members ($M_{age} = 34.64$) and their female spouses/partners ($M_{age} = 33.50$) collected within the first year of reintegration ($M = 7.73$ months since return).
RESULTS: PSYCHOLOGICAL HEALTH

Service Member Coping & Service Member Psychological Health:

- SM Expression $\beta = .46^*$
- SM Avoidance $\beta = -.35^*$

Partner Coping & Service Member Psychological Health:

- P Expression $\beta = -.42^*$
- P Processing $\beta = .36^*$

Analyses control for: SM pay grade, # of children in home, SM age, & partner self-reported psychological health
RESULTS: DEPRESSIVE SYMPTOMS

Service Member Coping & Service Member Depressive Symptoms:

- SM Expression
- SM Avoidance

\[ \beta = -.34^* \]
\[ \beta = .58^{**} \]

SM Depressive Symptoms

Partner Coping & Service Member Depressive Symptoms:

After accounting for service members’ strategies, partners’ coping strategies were not significantly associated with service members’ depressive symptoms.

Analyses control for: SM pay grade, # of children in home, SM age, & partner psychological health
DISCUSSION QUESTIONS

(1) Are the associations between partner strategies and service members’ psychological health qualified by interactions? For example, is partner expression only maladaptive if service members are also high on expression? What about if service members are low on expression?

(2) Why do we find significant associations between partners’ coping and service members’ psychological health but not service members’ depressive symptoms?