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# The Contribution of Self-Disclosure as a Personal and Interpersonal Characteristic Within the Couple Relationship to Recovery From Posttraumatic Stress

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**Objective:** Much research has been conducted on the clinical course of posttraumatic stress disorder (PTSD), from the perspective of viewing it as a chronic disorder. In the present study, however, we propose viewing PTSD via the recovery paradigm, based on the sociointerpersonal model for understanding post-trauma, which offers a holistic and multidimensional definition of recovery and prognosis (Maercker & Horn, 2013). Specifically, the contribution to recovery of both self-disclosure as a personality trait and self-disclosure of traumatic experiences within the couple relationship were examined. Posttraumatic distress levels and perception of the response following self-disclosure in the couple relationship were examined as mediating variables. **Method:** The study population included 180 participants between the ages of 20–71 who had been exposed to at least one traumatic event in their lives. **Results:** The study findings revealed that people with a high propensity for self-disclosure and more self-disclosure in the couple relationship had higher levels of personal recovery. The level of posttraumatic distress mediated the relation between self-disclosure in the couple relationship and the perception of recovery. Only the perception of a positive response following exposure of trauma in the couple relationship was a mediator in the association between self-disclosure of traumatic experiences in the couple relationship and recovery. **Conclusions:** The study indicates the importance of communication regarding the traumatic event in general, and with reference to the perception of the response to the exposure itself. In addition, the study contributes to broadening the recovery paradigm regarding PTSD.

## Clinical Impact Statement

This study has revealed the contribution of both personal self-disclosure and self-disclosure of traumatic experiences in the couple relationship to the prediction of personal perception of recovery by individuals exposed to traumatic events. The mediation of the association between self-disclosure in a relationship and recovery that was found in this study reinforces the importance of self-disclosure in the couple relationship in reducing PTSD and developing a personal perception of recovery. Practically, the theoretical knowledge herein should be made accessible to therapists treating couples who are coping with PTSD in order to promote self-disclosure within relationships, to work on the response and support given after self-disclosure, and to foster recovery processes.


**Keywords:** PTSD, recovery, self-disclosure, couples, perception of self-disclosure


Traumatic events are defined as either threatening to one's life or to one's physical or emotional integrity, or as a close personal encounter with violence and death (Yehuda et al., 2015). About 6 to 9 percent of the world population will experience posttraumatic stress disorder (PTSD) during their lifetimes

(Kessler et al., 2017; Killikelly et al., 2019), as a consequence of exposure to such events.

Although the research literature on PTSD has extensively addressed the course of the disorder and the nature of its symptoms, most studies have had a binary focus—that is, on the existence or

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Noa Adelstein Yardeni served as lead for data curation, formal analysis, investigation, methodology, visualization, and writing—original draft and contributed equally to writing—review and editing. Rachel Dekel served as lead

for funding acquisition, project administration, supervision, and validation, contributed equally to writing—review and editing, and served in a supporting role for conceptualization and methodology. Dan Ramon served as lead for software and served in a supporting role for formal analysis.

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absence of symptoms—and have mainly focused on PTSD as a single outcome. In this study we employed the theoretical model of the recovery paradigm, which refers to recovery as a wider process that is not linear and is defined by the individuals themselves (Anthony, 1993; Slade & Longden, 2015). In this sense, the current article contributes to the field of recovery from trauma.

According to the paradigm, recovery is a unique and dynamic process involving the changing of attitudes, values, emotions, goals, skills, and/or roles, enabling a life of satisfaction, hope, and meaning despite the limitations caused by the disease (Anthony, 1993; Duff, 2016; Leonhardt et al., 2017).

In particular, in this study we relied on the sociointerpersonal model for understanding PTSD (Maercker & Horn, 2013), which offers a multidimensional definition of trauma recovery and predictors of recovery as existing within different social context levels. The individual level refers to one's feelings and thoughts about the trauma; the close relationship level refers to the processing of the trauma via interactions with a partner; and the more distant social level consists of wider influences on the individual's processing of the trauma, such as culture or religion.

Given the fact that many PTSD symptoms, such as a restricted range of emotional affect, irritability, and alienation, are related to difficulties in interpersonal functioning (Knobloch-Fedders et al., 2017), we mainly focused on the close relationship level. More specifically, the silence around traumatic experiences and the challenge of exposing them to one's partner may create tension and difficulties in the relationship (Maercker & Hecker, 2016). Expanding knowledge about the self-disclosure of traumatic experiences as expressed on the personal and interpersonal level may contribute to work in the clinical field of couple therapy for trauma victims. Therefore, in the present study we examined the prediction of variance in the perception of personal recovery, in its broad definition (Anthony, 1993; Leonhardt et al., 2017; Maercker & Horn, 2013). The independent variables included (a) one's capacity for self-disclosure as expressed in the first level of Maercker and Horn's (2013) model, and (b) the disclosure of traumatic experiences in the couple relationship and the perception of the response to said self-disclosure as expressed in the second level of the model.

## Self-Disclosure

Self-disclosure comprises the deliberate disclosure of information about oneself to another person through verbal communication (Finkenauer et al., 2018). The literature refers to self-disclosure both as a personality trait and as an interpersonal characteristic of relationships (Finkenauer et al., 2018; Greene et al., 2006). Thus, self-disclosure is an integral aspect of maintaining relationships, creating intimacy, and increasing affection on the part of the recipient of the disclosed information (Greene et al., 2006).

The association between PTSD and the self-disclosure of trauma has been addressed in the professional literature, with self-disclosure being found to have many benefits for those coping with distress (Bolton et al., 2003; Frattaroli, 2006). The benefits described relate mainly to a decrease in the severity of PTSD symptoms (Köhler et al., 2018). Additional benefits are closely related to the conceptual realms of the recovery paradigm. For example, Herman (1992) described the self-disclosing of traumatic experiences as a precondition for restoring a sense of meaning to the world. Such self-disclosure has also been found to promote a

sense of control and the perception that one can organize the environment in a way that suits one's individual needs (Hemenover, 2003). On the other hand, some researchers have found that there are possible negative consequences of self-disclosure that must also be taken into account, such as the potential challenges posed to the couple relationship (Gibson, 2018), feelings of rejection and shame, and/or a decrease in self-worth (Grice et al., 2018).

Relying on the theoretical base of Maercker and Horn's (2013) model, in addition to examining self-disclosure as a personality trait, we also examined self-disclosure within the couple relationship, emphasizing that exposure and its consequences occur within the dialectical relationship between individuals and their environment. Whereas most studies addressing self-disclosure of traumatic experiences in relationships have focused on improving the personal clinical condition of the individual (Bolton et al., 2003), in this study we examined self-disclosure of diverse traumatic experiences in the couple relationship as promoting a perception of personal recovery.

It is important to emphasize the complexity and conflict inherent in the self-disclosure of traumatic experiences. On the one hand, such disclosure is highly challenging, as it forces the individual to be in contact with the trauma. On the other hand, the desire to disclose the difficult memories is an integral part of the recovery process and the reclaiming of a sense of confidence that was damaged (Herman, 1992). The ability to disclose this content and promote recovery processes is related to the severity of the PTSD: Namely, the higher the distress, the more difficult to self-disclose (Bolton et al., 2003; Pietruch & Jobson, 2012). That said, self-disclosure is associated with lower levels of distress and higher recovery (Köhler et al., 2018), a classic Catch-22.

As previously discussed, however, even when self-disclosure does occur, it may have negative consequences. Various factors can lead to the occurrence of those, including inappropriate timing or the physical location of disclosure (Greene et al., 2006), stigma and lack of sufficient knowledge about the information revealed (Chaudoir & Quinn, 2010; Grice et al., 2018), and the perception of the recipient's response (Beals et al., 2009; Greene et al., 2006). Thus, in addition to examining the association between self-disclosure as a general trait and its occurrence in the relationship, we also examined the perception of the partner's response as a mediator.

## Perception of Response

In the research literature, responses to self-disclosure in the couple relationship are categorized as either negative or positive perceptions of the response. A negative perception of the recipient's response to trauma self-disclosure has been found to predict a deterioration in psychopathology, whereas a positive perception of the recipient's response may be of a protective nature (Dworkin et al., 2019). Moreover, a positive perception of the response to trauma disclosure has been found to have clear benefits, such as a lessening of self-blame and a significant decrease in the severity of PTSD (Campbell et al., 2001).

Questions regarding the benefits of self-disclosure are germane to the present study, reflected in the hypothesis put forth that the positive association between self-disclosure and perception of recovery would be mediated by the perceived response to the self-disclosure (Beals et al., 2009; Bolton et al., 2003; Dworkin et al., 2019). In this study we examined the role played by each type of response perception and

hypothesized that self-disclosure of traumatic experiences in the couple relationship perceived as positive would lead to an increase in the perception of personal recovery, whereas self-disclosure perceived as negative would lead to a lower recovery. As such, we have continued expanding on the self-disclosure concept and have deepened the ecological view of its outcomes. In short, this study's contribution is twofold. First, the outcome measure we used was recovery, which is a more conclusive variable defined by the individuals themselves, and includes four factors: personal confidence and hope, willingness to ask for help, reliance on others, and not being dominated by symptoms. Second, in understanding the predictors of recovery we focused on self-disclosure as a meaningful predictor in three senses: as a self-trait, as occurring in couples' relations, and on perceptions of disclosure as a mediator.

## Hypotheses

1. A positive association would be found between one's propensity for self-disclosure in general and within the couple system (on the one hand) and one's perception of recovery (on the other hand), so that the higher the level of self-disclosure, the higher the perception of personal recovery.
2. The association between self-disclosure of traumatic experiences in the couple relationship and one's perception of recovery would be mediated by the severity of the PTSD; namely, the higher the level of self-disclosure, the lower the severity of PTSD, and the lower the level of PTSD, the higher the level of perception of personal recovery.
3. The positive association between disclosure of traumatic experiences in the couple relationship and the perception of one's recovery would be mediated by the perception of the partner's response to the disclosure.
  - a. A positive perception of the response would lead to an increase in the perception of personal recovery.
  - b. A negative perception of the response would lead to a decrease in the perception of personal recovery.

The research hypotheses were examined while controlling for the background variables of education and employment which, according to the research literature, may be related to the research variables.

## Method

### Participants

The participants were required to meet two criteria: (a) having gone through at least one traumatic event, and (b) being in a relationship. The sample size was calculated according to Harris (1985) so that the minimum sample size would be 98. However, in practice, the study included 180 participants, 98 of whom were women (54.4%) and 82 of whom were men (45.6%). The number of traumatic life events ranged from a single event to 18 different events ( $M = 6.94$ ), with 156 participants (86.7%) reporting having experienced more than one traumatic event in their lives. The

average age of the study participants was 38.5 ( $SD = 11.14$ ), with the oldest being 71 and the youngest 20. At the time of the study, all participants had been in a relationship for at least 3 months, with the average relationship duration being 11.5 years ( $SD = 10.45$ ).

Furthermore, 85% of the participants were employed at the time of the study. The average number of years of education was 15.4 ( $SD = 3.4$ ), and 93.3% of the participants were Jewish. As for their degree of religiosity, 75.6% of the participants were secular.

### Research Procedure

The study was approved by the ethics committee of the authors' university. Prior to sending out the questionnaires, a pretest process to examine the questionnaire was carried out. The study data were collected through a convenience snowball sample. The questionnaire was posted on social media and shared by people with acquaintances. Participants were not able to continue answering the questionnaire if one of the questions was left unanswered; therefore, questionnaires that were omitted from the study were those that had been dropped in the middle of the process.

### Measures

#### Background Variables

The questionnaire elicited data on gender (0 = *male*, 1 = *female*), age, relationship duration, employment (0 = *unemployed*, 1 = *employed*), and years of education.

#### Stressful Life Events

Participants were presented with a list of 18 stressful life events—such as the death of a close one, sexual assault, war, severe disease—and were asked to indicate whether or not they had directly experienced them. The questionnaire was based on both earlier versions (Ben-Nissim, 2016; Solomon, 1995). The total score was calculated as the number of events that the participant experienced. Of the 18 traumatic events offered to participants, the most common ones selected were Death of a close one (23.3%), War (18.3%), and Sexual assault (18.3%).

#### The Recovery Assessment Scale (RAS)

The RAS (Corrigan et al., 2004) was used to assess recovery from severe mental illness. The original RAS includes 41 items assessing one's perception of recovering from a mental illness. Participants are asked to rate statements on a 5-point Likert scale ranging from 1 (*highly disagree*) to 5 (*highly agree*). In the current study we used the abbreviated 12-item Hebrew version (Roe et al., 2012), which includes four of the original five factors: self-confidence and hope, readiness to ask for help, relying on others, and lesser symptom dominance. In the present study, Cronbach's alpha for the total scale was .87.

#### Self-Disclosure Index (SDI)

The SDI (Miller et al., 1983) is a 10-item instrument assessing the tendency to self-disclose regarding intimate topics ("what is important to me in life," "things I have done, which I feel guilty about"). Responses are rated on a 6-point Likert scale. Satisfactory external and internal validity was reported with Cronbach's alpha

ranging from .93 to .95 (Bachem et al., 2018; Stein et al., 2017). In the present study, Cronbach's alpha was .91.

### **Couple Self-Disclosure-Combat Disclosure Scale (CDS)**

The CDS is a six-item self-report measure designed to evaluate participants' willingness to disclose their thoughts and feelings related to traumatic experiences to an intimate partner. Items are measured on a 4-point Likert scale ranging from 1 (*strongly disagree*) to 4 (*strongly agree*), with scores ranging from 6 (*no disclosure*) to 24 (*high disclosure*). All items were reverse-coded. Originally, the measurement was designed to evaluate service members' willingness to disclose their thoughts and feelings related to deployment and combat-related experiences to an intimate partner (Balderrama-Durbin et al., 2013). Three of the six items assessed the disclosure of deployment experiences more broadly, and the remaining three assessed disclosure of combat-related experiences specifically. In the current research, this scale was adjusted to the disclosing of a general traumatic experience ("I am uncomfortable discussing some aspects of my traumatic experience with my partner"). The questionnaire was translated into Hebrew using the back-translation procedure by two different people and was given to a number of professionals in the field for review. The adjusted scale in the current research demonstrated good internal consistency ( $\alpha = .92$ ).

### **Partner Response to Disclosure Scale**

The Partner Response to Disclosure Scale (Allen et al., 2015) consists of 11 items rated on a 6-point Likert-type scale, and evaluates people's perceptions of their partners' response to their trauma-related disclosure. Each item asks about the presence of perceived understanding and sympathy, or lack thereof (e.g., "My partner seemed understanding about what I went through"; "My partner seems to blame, doubt, judge, or question me about this experience"). Although this measure was developed for use with combat veterans, the items were adapted to align with a general traumatic experience. Psychometric analyses of this measure have not yet been published. To assess the ability of the scale to separately detect both positive and negative responses, the measurement's developers conducted principal-axis factoring with oblimin rotation on the 11 items. Items within each factor demonstrated strong internal consistency in past research ( $\alpha = .91$  for perceived positive responses;  $\alpha = .86$  for perceived negative responses; DiMauro & Renshaw, 2021). Accordingly, subscale scores for perceived positive responses and perceived negative responses were calculated by summing the constituent items. Higher scores on these subscales correspond, respectively, to more positive responses and more negative responses. In the current research the measurement demonstrated good internal consistency ( $\alpha = .78$  for perceived positive responses;  $\alpha = .80$  for perceived negative responses). The questionnaire was translated into Hebrew using the back-translation procedure by two different people and was given to a number of professionals in the field for review.

### **PTSD Checklist for DSM-5 (PCL-5), Specific Version**

The PCL-5 (Blevins et al., 2015) is a 20-item self-report inventory assessing the severity of PTSD symptoms over the past month, as per the *DSM-5*. The PCL-5 has four subscales, corresponding to each of the symptom clusters in the *DSM-5*.

Participants were asked to complete the PCL-5 while referring to the event, which they chose from the life events list. The self-report rating scale is 0–4 for each symptom (from *not at all* to *extremely*). Scores on the PCL-5 range from 0–80. The PCL-5 was shown to have very good psychometric properties (Blevins et al., 2015). Several years ago, the PCL-5 was translated into Hebrew using the back-translation procedure by two PTSD experts with extensive knowledge in PTSD diagnosis. Since its translation, the Hebrew version has been used in several Israeli PTSD studies, showing excellent psychometric properties (Haruvi-Lamdan et al., 2019; Horesh et al., 2018). In the current study, the instrument showed excellent internal consistency (Cronbach's  $\alpha = .95$ ). Thirty-seven percent of the study's population had clinical levels of PTSD, according to the diagnosis criterion (as customary  $>33$ ). *M* score was 30.47, (*SD* = 18.74 the range was 0–75), demonstrating a wide range. We used PTSD as a continuous level.

### **Statistical Analysis**

First, we conducted Pearson correlations between the research variables. Second, a hierarchical multiple regression analysis was performed in three steps to examine the contribution of the variables to the variance in the perception of recovery. In order to decide which background variables would be included in the regressions, Pearson correlations were conducted between the background variables of gender, employment, education, and level of religiosity on the one hand, and the dependent variable on the other. Only the variables of gender and employment had a significant association with the dependent variable. A positive association was found between gender, employment, and perception of recovery ( $r = .27, p < .001$ ;  $r = .29, p < .001$ , respectively), and these variables were entered in the first step. In the second step of the regression analysis, the independent variables of personal self-disclosure and self-disclosure in the couple relationship were entered into the model. In the third step, PTSD, a positive perception of the response, and a negative perception of the response were entered into the model. PROCESS macro (Hayes, 2017) was used to examine whether the variables of PTSD and the perception of the response to self-disclosure mediated the association between self-disclosure of traumatic experiences in the couple relationship and perception of recovery, as stated in the second and third hypotheses. As indirect effects are calculated and not estimated, bootstrapping procedures were used to create a 95% confidence interval for these effects, offering a robust assessment of the mediation effects.

### **Results**

Pearson correlations were conducted to examine the research hypotheses addressing associations between research variables (see Table 1).

The first research hypothesis was that a positive association would be found between participants' propensity for self-disclosure and actual couple self-disclosure on the one hand, and participants' perception of recovery on the other hand, so that the higher the levels of self-disclosure, the higher the perception of personal recovery. The findings (see Table 1) indicate the existence of a strong and significant positive association between personal self-disclosure



**Table 1**  
Pearson Correlations Between Study Variables ( $N = 180$ )

Study variables	1	2	3	4	5	6
1. Personal self-disclosure (SDI)						
2. Couple self-disclosure of traumatic events (CDS)	.28***					
3. Perception of recovery (RAS)	.60***	.35***				
4. PTSD (PCL-5)	-.23**	-.46***	-.43***			
5. Positive perception of response	.33***	.35***	.40***	-.14		
6. Negative perception of response	-.27***	-.57***	-.30***	.46***	-.54***	

Note. SDI = Self-Disclosure Index; CDS = Combat Disclosure Scale; RAS = Recovery Assessment Scale; PCL-5 = PTSD Checklist for *DSM-5*.  
\*  $p < .05$ . \*\*  $p < .01$ . \*\*\*  $p < .001$ .

and perception of recovery ( $r = .60, p < .001$ ), as well as the existence of a moderate and significant positive association between self-disclosure of traumatic experiences in the couple relationship and the perception of recovery ( $r = .35, p < .001$ ). That is, the higher the reported personal self-disclosure and self-disclosure of traumatic experiences in the couple relationship, the higher the perception of recovery. Thus, these findings confirm the first research hypothesis.

Regarding the self-disclosure variables, the findings indicated a significant negative association between PTSD and personal self-disclosure ( $r = -.23, p < .001$ ), alongside an even stronger negative association between PTSD and self-disclosure of traumatic experiences in the couple relationship ( $r = -.46, p < .001$ ). Namely, the higher the levels of personal and couple self-disclosure, the lower the level of PTSD.

As can be seen in Table 1, a moderate and significant negative association was found between negative perception of response and perception of recovery ( $r = -.3, p < .001$ ). That is, the higher the participants' negative perception of response to self-disclosure of traumatic experiences in the couple relationship, the lower their perception of recovery. Furthermore, a moderate and significant positive association was found between positive perception of response and perception of recovery ( $r = .40, p < .01$ ). That is, the higher the participants' positive perception of response to self-disclosure of traumatic experiences in the couple relationship, the higher their perception of recovery.

In order to examine the contribution of research variables to the perception of recovery, a three-step regression analysis was conducted. In the first step we entered the variables of gender and employment. In the second step of the regression analysis, the independent variables of personal self-disclosure and self-disclosure in the couple relationship were entered into the model. In the third step, PTSD, a positive perception of response, and a negative perception of response were entered into the model.

As can be seen in Table 2, the independent variables explained 53% of the variance of perception of recovery. Fifteen percent of the variance was explained by the background variables introduced in the first step. More specifically, significant associations were found between gender and employment on the one hand, and perception of recovery on the other, with perception of recovery found to be higher among women than among men, and higher among the employed than among the unemployed. Thirty percent of the variance was explained by the variables of personal self-disclosure and self-disclosure in the couple relationship that were entered in the second step.

Personal self-disclosure was found to have a significant positive association with perception of recovery; that is, the higher the level of personal self-disclosure, the higher the perception of recovery. Self-disclosure of traumatic experiences in the couple relationship made an additional contribution; that is, the higher the level of self-disclosure of traumatic experiences in the couple relationship, the higher the perception of recovery. Eight percent of

**Table 2**  
Standardized  $\beta$  Coefficients to Predict the Explained Variance of the Perception of Recovery

Steps	$B$	$\beta$	$T$	$R^2$	$\Delta R^2$
Step 1					
Gender	.34	.25	3.62***		
Employment	.44	.27	3.83***	.15	.15***
Step 2					
Personal self-disclosure	.32	.50	8.30***		
Couple self-disclosure of traumatic events	.02	.17	3.00**	.45	.30***
Step 3					
Gender	.13	.10	3.00		
Employment	.26	.16	3.00**		
Personal self-disclosure	.28	.43	7.50***		
Couple self-disclosure of traumatic events	.01	.06	.95		
PTSD	-.01	-.3	-4.74***		
Positive perception of response	.03	.23	3.50**		
Negative perception of response	0.1	.14	1.83	.53	.08***

\*  $p < .05$ . \*\*  $p < .01$ . \*\*\*  $p < .001$ .

the variance was explained by the variables of PTSD, positive perception of response, and negative perception of response, which were introduced in the third step. A significant positive association was found between the positive perception of response and perception of recovery: The more the response to self-disclosure in a relationship was perceived as positive, the higher the perception of recovery. No significant association was found in this model between negative perception of response and perception of recovery. A significant negative association was found between PTSD and perception of recovery: The higher the level of PTSD, the lower the perception of recovery. Nevertheless, in this step, as opposed to the previous one, the significant association between self-disclosure of traumatic experiences in the couple relationship and the perception of recovery became insignificant ( $p > .05$ ).

As mentioned, in the third step, the association between negative perception of response and perception of recovery was not significant, whereas the association between positive perception of response and perception of recovery was significant. Therefore, to ensure that this lack of association was not due to multicollinearity, we ran two additional regression models: one for positive perception of response in the third step, and the other for negative perception of response in the third step. This examination showed that the association between positive perception of response and perception of recovery was significant, and that there was a decrease in the beta value as found in the model that included the two response variables. Nevertheless, when entered separately into the model, the association between negative perception of response and perception of recovery was not significant.

PROCESS macro (Hayes, 2017) was used to examine whether the variables of PTSD and only positive perception of response to self-disclosure mediated the association between self-disclosure of traumatic experiences in the couple relationship and perception of recovery. Figure 1 presents the findings.

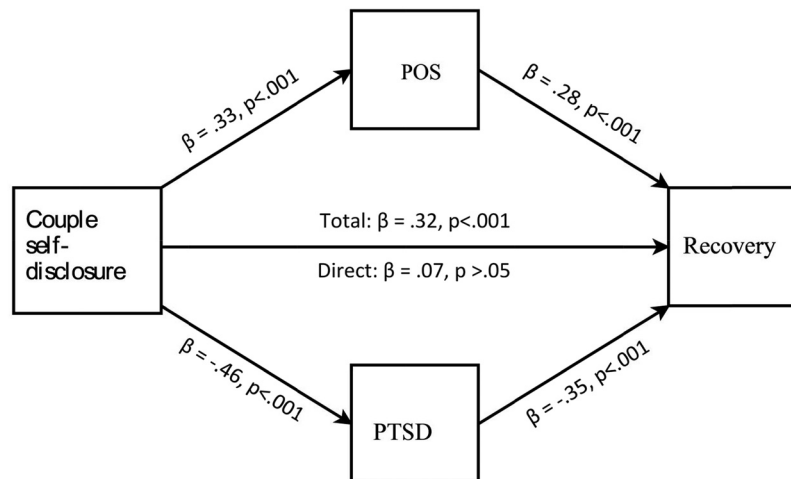
As indicated by Figure 1, the total effect of self-disclosure of traumatic experiences in the couple relationship on the perception of recovery was  $\beta = .32, p < .001$ . Self-disclosure of traumatic experiences in the couple relationship was found to have an indirect effect on perception of recovery via positive perception of response  $\beta = .095, 95\% \text{ CI } [.03, .15]$ . The higher the self-disclosure of these experiences in the couple relationship, the higher the level of positive perception of response ( $\beta = .33, p < .001$ ), and the higher the level of positive perception of response, the higher the perception of recovery ( $\beta = .28, p < .001$ ). Furthermore, self-disclosure of traumatic experiences in the couple relationship was found to have an indirect effect on perception of recovery via level of PTSD  $\beta = .160, 95\% \text{ CI } [.09, .25]$ . The higher the self-disclosure of these experiences in the couple relationship, the lower the level of PTSD ( $\beta = -.46, p < .001$ ), and the lower the level of PTSD, the higher the perception of recovery ( $\beta = -.35, p < .001$ ).

In addition, no direct effect was found between self-disclosure of traumatic experiences in the couple relationship and perception of recovery ( $\beta = .07, p > .05$ ). These findings confirm the second and third research hypotheses, according to which the variables of positive perception of response and PTSD mediated the association between self-disclosure of traumatic experiences in the couple relationship and perception of recovery.

## Discussion

The current study followed the sociointerpersonal model for understanding PTSD (Maercker & Horn, 2013), taking into account the subjective element of the personal perception of recovery (Slade & Longden, 2015). We differentiated between two levels of self-disclosure. One which reflects a personal characteristic and represent the first level of the model. The second which relates to the disclosure of traumatic experiences in the couple relationship and the

**Figure 1**  
*Mediation Model of the Association Between Self-Disclosure of Traumatic Experiences in the Couple Relationship and Perception of Recovery, as Mediated by PTSD and Positive Perception of Response*



*Note.* Pos = positive perception of response; Couple self-disclosure = self-disclosure of trauma experiences in couple communication.

perception of the response to this self-disclosure as expressed in the second level of the model.

The findings confirmed the first study hypothesis. That is, a positive association was found between one's propensity for self-disclosure and the actual level of self-disclosure within the couple system, and one's perception of recovery. This finding supports the literature, that indicate a positive association between self-disclosure and a decrease of PTSD (Pietruch & Jobson, 2012).

The literature on self-disclosure points to the personal resources that characterize people who are prone to such disclosure, such as self-worth, a sense of life satisfaction, and a perception of social support (Dupasquier et al., 2020). The way in which these personal characteristics reflect many of the principles of the recovery paradigm is clear (Roe et al., 2012). It is possible that from the outset, people who are more inclined to self-disclose are those who have the personal resources suited to developing a perception of personal recovery in coping with mental disorders in general, and PTSD in particular. Another possible explanation relates to studies suggesting that self-disclosure creates intimacy (Maercker & Horn, 2013) and sympathy, thus enabling the creation of more meaningful systems of social support in practice (Grice et al., 2018).

The findings confirmed the second study hypothesis. That is, a positive association was found between self-disclosure of traumatic experiences in the couple relationship and the perception of recovery, which was mediated by the severity of the PTSD, so that the higher the level of participants' self-disclosure, the lower their PTSD level, and the lower the PTSD level, the higher the level of personal perception of recovery. The mediation model demonstrated two positive effects of the disclosure of traumatic experiences in the couple relationship. First, disclosure was found to promote recovery indirectly by reducing PTSD. Second, the self-disclosure of traumatic experiences in the couple relationship was found to have a direct and independent association with the perception of recovery.

To explain the positive effects of self-disclosure in the couple relationship, we will briefly discuss one of the key components in relationships—intimacy. Intimacy is an essential component of the couple system that is dramatically affected by PTSD, according to the literature (Rizkalla & Segal, 2019a, 2019b). Many studies have shown that self-disclosure is associated with intimacy (Reis, 2017). Disclosure disburdens the couple system from secrets, and from the tension and concealment that ensue (Campbell & Renshaw, 2013; Maercker & Hecker, 2016), presumably helping to reduce PTSD and promote a personal perception of recovery. The present finding contributes to the debate in the literature about self-disclosure in the couple relationship. Also, it attests to the importance of understanding the benefits of self-disclosure in relieving clinical PTSD and developing a higher personal perception of recovery.

The findings confirmed the third study hypothesis. That is, the perception of a positive response to the self-disclosure of traumatic experiences in the couple relationship was associated with higher personal recovery. In practice, as no significant association was found in the regression model between a negative perception of response and the personal perception of recovery, the model was examined according to the hypothesis regarding the positive perception of response variable only. The examination found that the more people disclose in a relationship, the higher their positive

perception of response, and the higher this perception, the higher the perception of recovery.

The question arises as to what enables communication about such sensitive issues to be perceived as positive and to promote recovery. According to Maercker and Horn's (2013) sociointerpersonal model for understanding PTSD, the response of those close to the person who experienced the trauma is a significant interpersonal factor in shaping one's coping with PTSD (Maercker & Horn, 2013). Presumably, and as mentioned previously, recovery is not only an internal process, but also a socioecological process in which the environment of the person who experienced the event can shape its outcomes (Dworkin et al., 2019).

One of the few studies that measured the perception of response to self-disclosure of traumatic experiences in a relationship found that a positive perception carries within it a validation of the traumatic experience (DiMauro & Renshaw, 2021). Thus, a possible explanation for the mediation of the association between disclosure and perception of recovery by the variable of positive perception of response involves the decrease in self-blame that occurs when a partner's response is perceived as positive, promoting the process of recovery. As guilt was not examined in this study, this variable must still be studied in order to substantiate this claim.

Another possible explanation is based on the discloser's belief that disclosing traumatic experiences to one's partner will lead to support and validation of the traumatic experience (Marriott et al., 2016). When this belief meets a response perceived as positive, the person who disclosed the trauma will continue to disclose (Chadoir & Quinn, 2010; DiMauro & Renshaw, 2021). Thus, there is movement between the three levels of the sociointerpersonal model, and it is possible that self-disclosure experienced positively at the second level will allow for continued self-disclosure, thereby mobilizing support at more removed levels, and allowing for the establishment of extended recovery processes (Maercker & Horn, 2013).

## Research Limitations and Recommendations for Further Research

This study has revealed the contribution of both personal self-disclosure and self-disclosure of traumatic experiences in the couple relationship to the prediction of personal perception of recovery. Nevertheless, a number of research limitations must be considered. First, the study was cross-sectional and based on a convenience sample. Nonetheless, the study included people suffering from a wide range of posttraumatic stress levels. This characteristic sets the current study apart from others in the field, as many studies include participants who are diagnosed with PTSD, whereas in practice many people have experienced traumatic events but do not have a PTSD diagnosis and are therefore not included in such studies (Monk & Nelson Goff, 2014). Finally, although this study deepens the knowledge about the perception of response to disclosure, there are still various elements related to this process that were not measured in this study, such as motives and goals that cause individuals to disclose (Chadoir & Quinn, 2010), and the extent and amount of detail disclosed (Bedard-Gilligan et al., 2012). The list of elements associated with the act of disclosure should be expanded.



## Practical and Theoretical Implications of the Research Findings

The findings of the study point to the importance of the ecological point of view that contributes to the development of personal recovery from PTSD. The distress mediation model of the association between self-disclosure in a relationship and recovery found in this study reinforces the importance of self-disclosure in couple communication in reducing PTSD and developing a personal perception of recovery. Practically, the findings of this study make a contribution in terms of emphasizing the importance of self-disclosure, which is so challenged in cases of PTSD and in treating couples coping with PTSD. The implementation of this element can be found in cognitive-behavioral couple therapy (CBCT, Monson & Fredman, 2012), for example, in which sharing emotions and cognitions of both positive and negative types is addressed during the intervention.

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