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# Couple forgiveness, self-differentiation and secondary traumatization among wives of former POWs

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## Abstract

This study explored secondary traumatization among wives of former POWs. Forgiveness and self-differentiation were investigated for their role in wives' mental and marital distress. Participants included wives ( $N = 82$ ) of former Israeli POWs (18 with PTSD [posttraumatic stress disorder] and 64 without PTSD) and a control group of 72 women whose husbands fought in the war but who were neither POWs nor suffered from PTSD. Compared to the other two groups, wives of former POWs with PTSD reported lower couple forgiveness and self-differentiation. High self-differentiation predicted low emotional and marital distress, whereas high couple forgiveness reduced only marital distress. Self-differentiation moderated the relationships between couple forgiveness and both types of distress. Findings highlight the challenges women face when living with partners with PTSD.

## Keywords

Couple forgiveness, self-differentiation, secondary traumatization, prisoners of war, PTSD

Secondary traumatization refers to the suffering of persons close to victims of traumatic events. Secondary trauma victims suffer emotional symptoms although they were not directly exposed those events (Rosenheck & Nathan, 1985). Although labels vary,

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indirect traumatization has been noted among children of Holocaust survivors (Van IJzendoorn, Bakermans-Kranenburg, & Sagi-Schwartz, 2003), wives of combat soldiers (Manguno-Mire et al., 2007), and trauma victims' therapists (Baird & Jenkins, 2003).

This study focuses on secondary traumatization among wives of former POWs. Captivity during wartime is traumatogenic experience which is associated with post-traumatic stress disorder (PTSD) and other symptoms (e.g., Dikle, Engdahl, & Eberly, 2005; Engdahl, Dikel, Eberly, & Blank, 1997) such as work, sexual, and marital problems (Cook, Riggs, Thompson, & Coyne, 2004). Nonetheless, only a few studies focused on wives of former POWs. World War II POWs and their wives reported emotional distance almost half a century after the war (Bernstein, 1998). Couples made up of Australian Vietnam veterans, with and without war captivity, reported similar marital intimacy; however, wives' and husbands' depression were related (Dent et al., 1998). Former US Navy POWs from the Vietnam War had a higher rate of divorce than a comparison sample (Cohan, Cole, & Davila, 2005). Wives of Israeli POWs from the 1973 Yom Kippur War indicated both captivity and husband's PTSD contributed to the wives' distress, although PTSD was the stronger contributor (Dekel & Solomon, 2006).

This study further explores secondary traumatization by investigating the contribution of two relational variables – couple forgiveness and self-differentiation – to wives' emotional and marital distress. Both forgiveness (Fenell, 1993; Fincham, Hall, & Beach, 2006; Witvliet & McCullough, 2007) and differentiation (Kerr & Bowen, 1988; Titelman, 1998) have been clearly linked to emotional well-being and marital satisfaction. Neither variable, however, has been examined in relation to secondary traumatization among spouses of traumatized individuals.

## Forgiveness

Marriage is a primary site of both conflict and forgiveness. Transgressions in marriage can elicit strong negative feelings and disrupt the relationship. Forgiveness is one means of providing closure for a painful and/or disturbing relationship event (Fincham, Beach, & Davila, 2004; Fincham et al., 2006). Indeed, the capacity to seek and grant forgiveness is a primary contributor to marital longevity (Fenell, 1993). Moreover, forgiveness increases intimacy, trust, and feelings of closeness between partners; contributes to a more equal balance of power (Gordon & Baucom, 1998; Jackson, 1998); and promotes discussion between partners (Kelly, 1998). Thus, unsurprisingly, forgiveness is positively related to marital satisfaction (Fincham, 2000; Fincham, Hall, & Beach, 2005; Fincham, Paleari, & Regalia, 2002), and marital quality (Paleari, Regalia, & Fincham, 2005).

Forgiveness is a complex construct, conceptualized at varying levels; e.g., a response to a transgression, a personality trait, or a characteristic of social units such as families and communities (Fincham & Kashdan, 2004). In the current study, forgiveness is a dyadic characteristic; i.e., is simultaneously interpersonal and inter-relational. Although some models emphasize the injured party, this model conceptualizes forgiveness as interactive, where both the offender and the victim are simultaneously considered (Pollard, Anderson, Anderson, & Jennings, 1998). In this model, five components describe both partners' level of forgiveness: (1) *realization*: awareness, by either the

offender or victim, of an incident which caused pain and suffering; (2) *recognition*: either the offender's or victim's assessment of event; (3) *reparation* which includes three interactional elements: confrontation about the event, admission of responsibility by the offender, and reciprocal asking for and giving forgiveness; (4) *restitution*: the offender makes amends; (5) *resolution*: relinquishment of hurts by the offended and the offender (Pollard et al., 1998).

Relations between PTSD and forgiveness have been studied primarily among victims who directly developed PTSD from traumatic events and studies generally examine victim's ability to forgive themselves and the offender. Among veterans with PTSD, higher capacity to forgive was negatively related to mental distress (Witvliet, Phipps, Feldman, & Beckham, 2004). Moreover, forgiveness partially mediated the relationship between exposure to interpersonal trauma and PTSD among undergraduate students (Orcutt, Pickett, & Pope, 2005). Individuals with low levels of forgiveness reported more PTSD symptoms than those with high levels of forgiveness. In a similar vein, forgiveness also mediates the relations between PTSD and hostility among adult survivors of childhood abuse (Snyder, & Heinze, 2005).

Forgiveness as an interpersonal process raises several questions: for example, does an atmosphere of forgiveness alleviate both partners' emotional and marital distress? Does self-differentiation, or the ability to differentiate one's self from one's partner, moderate the relationship between couple forgiveness and emotional and marital distress? Working from this interpersonal view, the current study attempts to examine these questions.

## Self-differentiation

Self-differentiation also has both intra- and interpersonal dimensions (Bowen, 1978). The interpersonal level, examined in this study, refers to the ability to experience both relationship intimacy and autonomy. Optimal self-differentiation occurs when a person is capable of maintaining a clear sense of self and adhering to personal convictions when pressured by others, while at the same time having flexible boundaries that permit emotional intimacy without fear of merging (Bowen, 1978; Kerr, 1988). Persons with low self-differentiation tend to fuse in relationships, whereas those with excessive self-differentiation tend to distance or cut themselves off emotionally (Kerr & Bowen, 1988).

Well-differentiated individuals are more resistant to the deleterious effects of stress than those less-effectively differentiated (Kerr & Bowen, 1988). They are thought to experience less anxiety as well as fewer psychological and physical symptoms than persons with low differentiation. They also function better in stressful situations (Bowen, 1978) and have more satisfying marriages (Kerr & Bowen, 1988). Several empirical studies revealed a positive correlation between differentiation and marital adjustment (Bartle-Haring, Rosen, & Stith, 2002; Miller, Anderson, & Keala, 2004; Murdock & Gore, 2004). In summary, better differentiated partners establish greater autonomy in marriage without experiencing fears of abandonment, and achieve emotional intimacy in marriage without fear of feeling smothered.

Only one study assessed differentiation among wives of veterans with PTSD (Ben-Arzi, Solomon, & Dekel, 2000). In that study, lower differentiation was associated

with wives' higher burden and distress. That study's sample was small, however, and included only individuals exposed to trauma and who developed PTSD. As such, these findings cannot differentiate between the effects of trauma and PTSD.

## The current study

The current study examined the contribution of two of the wives' relational variables – couple forgiveness and self-differentiation – to their marital and mental distress, beyond that of their husbands' PTSD. It is important to examine couple forgiveness because women whose husbands have PTSD are often forced to endure offensive and hurtful behaviors as these men tend to resort to strong verbal and physical violence (Jordan et al., 1992) and to reduce involvement in the family's daily routine. Hence, such wives bear great responsibility for maintaining and balancing the marriage's instrumental and emotional components (Solomon, 1993). Attempts to forgive are assumed to be part of the conflict resolution process aimed at reducing negative stress reactions and increasing positive emotions and closeness. Therefore, we examined several questions and hypotheses. First, are there differences in levels of couple forgiveness among the three groups of wives (i.e., wives of POWs with PTSD, wives of POWs without PTSD, and wives of non-POW war veterans without PTSD)? Couple forgiveness among wives of former POWs with PTSD was hypothesized to be lower than the two other groups. Living with the ongoing tension (e.g., verbal conflict and violence), will erode the wife's couple forgiveness and the desire for closeness. The second hypothesis predicted that couple forgiveness would correlate negatively with the wife's distress (i.e., her own PTSD symptoms, other psychiatric symptoms, and marital adjustment).

Women with an optimal level of differentiation are able to maneuver between intimacy and autonomy to maintain a sense of well-being, without feeling overwhelmed, and without sacrificing their own needs or losing their own autonomy and identity (Bowen, 1978). Therefore, the second question posed by the study examined whether the three groups of wives differ in differentiation. Living with a husband who has PTSD, and who consistently requires help, protection and support, impairs the wife's capacity to preserve self-differentiation. Therefore, it is hypothesized that wives of men with PTSD will show lower levels of differentiation than those married to POWs without PTSD or married to combat veterans who had experienced neither captivity nor PTSD. In addition, it was hypothesized that high levels of differentiation will be associated with low levels of mental and marital distress. Furthermore, it is hypothesized that less differentiated wives (who struggle maintaining boundaries and fear abandonment) will use couple forgiveness strategically to reduce negative emotions (Worthington & Scherer, 2004) and alleviate anxiety. Therefore, correlations between couple forgiveness and emotional and marital distress may be stronger among women with low self-differentiation. On the other hand, differentiation enables relationship maintenance with partners with different opinions and attitudes, without withdrawing emotionally to maintain a sense of self (Schnarch, 1997). It was therefore hypothesized that women with high self-differentiation will rely less on couple forgiveness to reduce mental and marital distress, and that the correlation between couple forgiveness and distress would be weaker for those women.

## Method

These data came from longitudinal research examining the psychological and psychosocial consequences of captivity among Israeli ex-POWs. Ex-POWs names were provided by Israel Defense Force authorities as part of soldiers' periodic examination following military service. These records had been used to locate participants for a previous data collection wave in 2003. Participants in the 2003 study were contacted via telephone, and informed that the researcher was interested in performing a study on their wives or partners. The wives were informed of the study's purpose, and those who consented could complete the research questionnaires at a location of their choice.

### Participants

*Wives of former POWs.* Of 124 former POWs who participated in the previous study, 111 were married or had a partner at the time of the study. Eighty-two wives participated in the present study; 18 (22%) married to former POWs with PTSD, and 64 (78%) married to former POWs without PTSD. Husbands' PTSD was measured via a self-report questionnaire administered on the second wave (Solomon & Dekel, 2005).

*Control group.* Of 106 (non-POW) combat veterans who participated in the previous study, 102 were married or had a partner. Initially, 74 wives agreed to participate; however, because two husbands met PTSD criteria, 72 wives comprised the control group.

No differences were found in the age, years of schooling, number of years married, number of children, or employment among the women in the three groups. The women ranged in age from 22 to 72 years ( $M = 50.51$ ,  $SD = 6.29$ ) with an average of 14.18 years of schooling. Years married ranged from 3 to 53 ( $M = 27.82$ ,  $SD = 6.54$ ) and the mean number of children was 3.13 ( $SD = 1.18$ ). Just over half (i.e., 52%) of the women held full-time jobs, 26% held part-time jobs, and the rest (22%) were not employed for pay.

### Instruments

*Post traumatic stress symptoms.* Both husbands' and wives' PTSD symptoms were assessed using a 17-item scale with each item corresponding to a core PTSD symptom listed in the DSM-IV (American Psychiatric Association, 1994). Strong consistency between these self-reports and clinical diagnoses have been reported (Solomon, Benbenishty, Neria, Abramowitz, Ginzburg, & Ohry, 1993). Scale scores were used to assess the husbands' PTSD status (yes/no) and symptom levels (Solomon & Dekel, 2005). The same items also assessed wives' PTSD symptom levels. Women indicated whether they had experienced each symptom during the previous month. Wives were asked about their husband's experiences of combat or captivity (e.g., "I have recurrent pictures or thoughts about my husband's captivity"). Intensity of their secondary traumatization was taken to be the number of symptoms they reported. Internal consistency was high (Cronbach's  $\alpha = .91$ ).

*Mental distress.* Overall mental distress was measured with Derogatis' (1977) General Symptom Index (GSI). This widely-used scale (e.g., Mikulincer, Horesh, Eilati, &

Kotler, 1999) consists of 53 items, each with a 5-point scale (1 = *not at all*; 5 = *to a great extent*), and each representing one psychiatric symptom experienced during the previous two weeks (e.g., “cry easily”). In the current study, only the general score was used. Cronbach’s alpha was strong (.97).

**Marital satisfaction.** Spanier’s (1976) 32-item Dyadic Adjustment Scale (DAS) measured relational satisfaction (e.g., “How often do you and your partner quarrel?”) (see Heyman, Sayers, & Bellack, 1994, for a discussion of reliability and validity). Participants indicated the extent to which each item described their current marital interaction. Marital satisfaction scores represented the sum of the 32 items, where high scores reflected higher satisfaction. Cronbach’s alpha was strong (.95).

**Family forgiveness.** Pollard et al.’s (1998) Family Forgiveness Scale (FFS) measures levels of forgiveness in specific relationships. Twenty statements (1 = *never true*; 4 = *almost always true*) examine forgiveness capacities in the current relationship. The FFS’ five subscales represent a synthesis of several forgiveness models (Hargrave, 1994; Hargrave & Anderson, 1992): (i) realization (e.g., “I am usually aware when I have been hurtful towards this person”); (ii) recognition (e.g., “We believe it is important to understand when we have hurt each other”); (iii) reparation (e.g., “We apologize if we hurt each other”); (iv) restitution (e.g., “We like to work things out between us”); and (v) resolution (e.g., “I trust this individual to forgive me when I apologize”). A total forgiveness score for the current relationship was computed by averaging the five forgiveness scales, where higher scores indicated greater forgiveness in the marriage. Cronbach’s alpha in the current study was reasonable (.72).

**Self-differentiation.** Apel’s (1997) Self-differentiation Scale (SDS) measured three dimensions of self-differentiation: fusion – over-involvement with the partner to the point of losing one’s individuality (e.g., “I do not agree to go out without my spouse”); balance – the capacity to participate in the partner’s experiences without losing one’s individuality (e.g., “When we disagree, I try to understand my spouse’s standpoint”); and detachment – a self-focus and emphasis on personal autonomy (e.g., “When I have a conflict with my spouse, I withdraw and clam up”). Nine statements assessed each dimension. Participants rated how accurately each statement describes how they relate to their husbands, on a 5-point scale (5 = *very much* to 1 = *not at all*). Cronbach’s alpha for the fusion subscale (.62) was lower than for balance (.76) and detachment (.73).

## Results

### *Couple forgiveness and self-differentiation*

Wives of POWs with PTSD were hypothesized to report lower couple forgiveness than wives of POWs without PTSD or wives of control veterans; an ANOVA indicated a significant group effect,  $F(2,152) = 4.73, p < .01$ . Wives of POWs with PTSD reported significantly lower couple forgiveness than wives in the two other groups (see Table 1).

**Table 1.** Means (and SDs) of study variables across groups

Variables	Control wives	Wives of POWs without PTSD	Wives of POWs with PTSD
Forgiveness	3.34 <sub>a</sub> (0.30)	3.30 <sub>a</sub> (0.34)	3.08 <sub>b</sub> (0.40)
I-Fusion	2.23 <sub>a</sub> (0.56)	2.35 <sub>a</sub> (0.66)	2.72 <sub>b</sub> (0.35)
I-balance	3.99 <sub>a</sub> (0.56)	4.00 <sub>a</sub> (0.63)	3.60 <sub>b</sub> (0.47)
I-Detachment	1.93 <sub>a</sub> (0.56)	1.88 <sub>a</sub> (0.54)	2.25 <sub>b</sub> (0.69)

Within rows, means lacking a common subscript differ significantly ( $p < .05$ ).

The MANOVA to examine differences in self-differentiation across groups revealed a significant overall effect,  $F(3,148) = 4.37, p < .01$ . Wives of POWs with PTSD reported significantly more fusion, more detachment, and less balance than wives in the other two groups (see Table 1).

### *Couple forgiveness, self-differentiation, and secondary traumatization*

Hierarchical regressions examined the contributions of couple forgiveness and self-differentiation to women's PTSD symptoms, general psychiatric symptoms, and marital adjustment. In all cases, husband's PTSD symptoms, as a control, were entered in the first step; couple forgiveness and the three differentiation dimensions were entered in the second step; and interactions between couple forgiveness and differentiation indices were entered in the third step. All variables were standardized before conducting the regressions (see Table 2).

*Wives' PTSD symptoms.* Taken together, predictor variables explained 54.3% of the variance in wives' PTSD symptoms,  $F(7,151) = 26.61, p < .001$ . In step 1, the husbands' PTSD predicted the wives' PTSD symptoms. The greater the symptoms reported by the husband, his wife was likely to report more symptoms. In the second step, the variables explained an additional 25.1% to the variance. The only significant predictor of wives' PTSD symptoms was fusion: the greater the wives' fusion, the more PTSD symptoms they reported. The interactions entered in step 3 contributed an additional 6.8% to the variance. Two interactions were significant: couple forgiveness  $\times$  fusion and couple forgiveness  $\times$  detachment.

Simple slope analysis probed couple forgiveness by fusion interaction on the wives' PTSD. Couple forgiveness was unrelated to the wives' PTSD symptoms ( $b = .01$ ) when fusion was low. When fusion was high, however, forgiveness negatively predicted ( $b = -.17$ ) PTSD.

Simple slope analysis also probed couple forgiveness by detachment interaction on the wives' PTSD. Couple forgiveness was unrelated to wives' PTSD symptoms ( $b = .03$ ) when detachment was low; however, forgiveness negatively predicted PTSD ( $b = -.19$ ) when detachment was high.

*Psychiatric symptomatology.* Taken together, predictor variables explained 42.4% of the variance in the wives' psychiatric symptoms,  $F(7,148) = 17.29, p < .001$ . In step 1,



**Table 2.** Stepwise regression results of husband's PTSD, couple forgiveness, and self-differentiation as predictors of wives' PTSD, psychiatric symptoms, and marital adjustment

Variables	PTSD			GSI			Marital adjustment					
	B	Std Error	$\beta$	R <sup>2</sup> change	B	Std Error	$\beta$	R <sup>2</sup> change	B	Std Error	$\beta$	R <sup>2</sup> change
<b>Step 1</b>												
Husbands' PTSD	0.30	0.05	0.49***	22.4%	0.20	0.05	0.35***	11.4%	-6.27	1.78	-0.28***	7.4%
<b>Step 2</b>												
Husbands' PTSD	0.20	0.04	0.31***	25.1%	0.12	0.04	0.20**	22.2%	-3.42	1.29	-0.16**	49.7%
Fusion	0.30	0.04	0.47***		0.17	0.04	0.30***		0.25	1.34	0.01	
Balance	0.09	0.05	0.14		-0.02	0.06	-0.03		9.73	1.73	0.43***	
Detachment	0.09	0.05	0.13		0.14	0.06	0.25**		-5.13	1.66	-0.24**	
Forgiveness	-0.08	0.04	-0.12		-0.05	0.05	-0.08		4.53	1.47	0.20**	
<b>Step 3</b>												
Husbands' PTSD	0.18	0.04	0.28***	6.8%	0.10	0.04	0.17**	8.8%				
Fusion	0.33	0.04	0.52***		0.20	0.04	0.34***					
Balance	0.11	0.05	0.17*		-0.01	0.05	-0.01					
Detachment	0.05	0.05	0.08		0.10	0.05	0.18*					
Forgiveness	-0.08	0.04	-0.12		-0.04	0.04	-0.07					
Detachment × Forgiveness	-0.11	0.03	-0.21***		-0.16	0.03	-0.31***					
Fusion × Forgiveness	-0.09	0.04	-0.13*									
<b>Total R<sup>2</sup></b>				<b>54.3%</b>				<b>42.4%</b>				<b>57.1%</b>

\* $p < .05$ ; \*\* $p < .01$ ; \*\*\* $p < .001$ .  
GSI = General Symptoms Index

husbands' PTSD symptoms significantly and positively predicted wives' general psychiatric symptoms. Variables in step 2 explained an additional 22.2% of the variance. Wives' fusion and detachment both significantly and positively predicted psychiatric symptomatology. In the third step, the interactions explained another 8.8% of the variance. The only interaction to significantly predict symptoms was couple forgiveness  $\times$  detachment.

Simple slope analysis probed the interaction. Results revealed that, for wives with low detachment, forgiveness was positively related to symptomology ( $b = .10$ ), whereas forgiveness negatively and significantly predicted symptomology when detachment was high ( $b = -.18$ ).

*Marital satisfaction.* Taken together, the variables explained 57.1% of the variance in the wives' marital satisfaction,  $F(5,141) = 38.56, p < .001$ . In step 1, husbands' PTSD symptoms contributed significantly and negatively to their wives' marital satisfaction. In step 2, variables explained an additional 49.7% of the variance. Differentiation balance and detachment as well as couple forgiveness were significant predictors. Balance and forgiveness were positive predictors while detachment was a negative predictor. No interactions were significant.

## Discussion

This study focused on secondary traumatization among wives of POWs. The first aim was to examine differences among the three groups of women (i.e., wives of former POWs with PTSD, wives of former POWs without PTSD, and wives of war veterans who experienced neither captivity nor PTSD) on two relational variables: couple forgiveness and self-differentiation. The second was to examine the unique and combined contribution of those variables beyond that of the husbands' mental status.

That wives of former POWs with PTSD reported lower levels of couple forgiveness than women in the two other groups is consistent with the first hypothesis and is attributable to these couples' highly stressful environment, characterized by constant tensions between partners that sometimes lead to violence (Jordan et al., 1992; Taft et al., 2007). In such a context, negative transactions eventually exhaust efforts to resolve conflicts in a constructive way and likely result in a less forgiving atmosphere.

The second hypothesis linking couple forgiveness to distress was only partially supported. Couple forgiveness only contributed specifically to wives' marital satisfaction. Thus, although greater forgiveness was associated with greater marital satisfaction, lower forgiveness did not contribute to mental distress. This finding highlights the notion that forgiveness is, in part, an interpersonal phenomenon important to marital relations. This may also explain why forgiveness did not predict mental distress. The present measure examined forgiveness in marriage, and not the wives' personal dispositions (i.e., as an intrapersonal phenomenon). Measuring wives' trait for forgiveness might have predicted mental health outcomes (Worthington, Witvliet, Pietrini, & Miller, 2007). Hence, measuring an atmosphere of marital forgiveness might have limited the measures', and our findings', scope.

Regarding self-differentiation, findings were consistent with the hypotheses that wives of former POWs with PTSD reported more fusion and more detachment as well as less balance than did the two other groups. Our assumption was that living with a husband suffering from PTSD would reduce self-differentiation because of the difficulties that accompany PTSD. In addition, greater differentiation predicted lower levels of mental and marital distress. As wives' fusion increased, they reported more PTSD and psychiatric symptoms, but less marital adjustment. The more balanced the wives' differentiation, the better their marital adjustment.

Regression results highlight the role of differentiation in women's personal and marital distress, and further highlight the difficulties facing couples dealing with PTSD. The husband's illness and its symptoms demand consistent intervention and intensive care, which is typically given by the wife. Such a major burden (Beckham, Lytle, & Feldman, 1996) puts her in the position of mother or caregiver. This burden is accompanied by her duty and commitment to her husband. Dekel, Goldblatt, Keidar, Solomon, and Polliack (2005) report that participants described different forms of struggle to relieve themselves of the caregiver-mother role in the marriage. At one end, couples experience a lost battle, where husband-wife fusion is coupled with the husband's strong dependence. At the opposite end, the marital bond allows space and independence for each spouse, an outcome most women aspired to. As suggested by Bowen (1978), women with high levels of separation-individuation can fluctuate between family intimacy and autonomy, enabling them to fill the caregiver and supportive role without being overwhelmed or sacrificing their needs and identity.

Three similar interactions appeared concerning the interaction of differentiation and couple forgiveness on mental and marital distress. For women with high fusion or detachment, couple forgiveness negatively predicted distress measures (PTSD and GSI). This suggests that women with low levels of differentiation (i.e., high fusion or detachment) used couple forgiveness strategically to reduce their levels of distress.

Findings indicate that forgiveness is an especially relevant emotion-focused strategy (Worthington & Scherer, 2004) for people with low differentiation, i.e., those with high levels of anxiety and psychological symptoms (Bowen, 1978; Kerr & Bowen, 1988). Thus, couple forgiveness helps these individuals alleviate anxieties by enabling them to maintain an illusion of well-organized marital relations. Conversely, people high in self-differentiation may handle distress in other ways. Their sense of self is not easily shaken and they may not rely on couple forgiveness to reduce distress. The effect of self-differentiation, general coping, and couple forgiveness, on mental and marital distress warrants further research.

The current study has several limitations. First, couple forgiveness and its correlates were measured from only from the point of view of the wife – without considering the husband's perspective. Moreover, considering forgiveness as a personality trait may have influenced the results. Nonetheless, the wife's perspective on couple forgiveness provides insights to her marital and mental health. Second, although PTSD among former POWs was assessed via self-reports, previous findings show strong consistency between self-report and clinical observations (Solomon et al., 1993).

Another limitation applies to virtually all studies dealing with the impact of traumatic experiences on victim's lives. Given the cross-sectional design, it is difficult, at best, to

collect before-and-after data from trauma victims. Thus, even though we assumed that differentiation and couple forgiveness contribute to mental and marital distress, the opposing order of causality cannot be ruled out.

The present findings have important practical implications. First, wives of former POWs should not be considered a uniform, undifferentiated group. Clinicians should devote special attention to women whose husbands have PTSD. Specifically, it is important to help these wives maintain differentiation despite the obstacles posed by their husbands' distress. The veteran is typically the sole recipient of services. Nonetheless, agencies that provide services to veterans should not forget the wives – a complicated issue when clinical resources are limited. Given that negative family relationships may interfere with PTSD treatment outcome (Tarrier, Sommerfield, & Pilgrim, 1999), helping wives represents an integral investment in the veterans' recovery.

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