

Posttraumatic Stress Disorder and Marital Adjustment: The Mediating Role of Forgiveness

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The study assessed the effects of war captivity on posttraumatic stress symptoms and marital adjustment among Prisoners of War (POWs) from the Yom Kippur War. It was hypothesized that men's perception of level of forgiveness mediates the relation between posttraumatic symptoms and marital adjustment. The sample consisted of 157 Israeli veterans divided into 3 groups: 21 POWs with Posttraumatic Stress Disorder (PTSD), 58 former POWs without PTSD, and 70 control veterans. The findings indicated that former POWs with PTSD reported lower levels of marital satisfaction and forgiveness than veterans in the other 2 groups. In addition, men's perception of level of forgiveness mediated the relationship between their posttraumatic symptoms and their marital adjustment. The theoretical and clinical implications of these results are discussed.

Keywords: Posttraumatic Symptoms; Forgiveness; POWs; Marital Adjustment

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INTRODUCTION

In recent years, scholars have postulated the benefits of forgiveness in interpersonal relationships (Gordon & Baucom, 1998). Enright and Coyle (1998) define forgiveness as “a willingness to abandon one's right to resentment, negative judgment and indifferent behavior toward one who unjustly injures us, while fostering the undeserved qualities of compassion, generosity, and even love toward him or her” (p. 140). Others have noted its power to restore trust, develop new closeness, and increase love and willingness to help the other (Augsburger, 1981).

One of the areas in which forgiveness has a significant role is marriage. More than other intimate relationships, the marital relationship may satisfy our deepest bonding

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needs, yet simultaneously be the source of profound emotional pain (Fincham, Paleari, & Regalia, 2002). Angry and painful feelings aroused by hurt can lead to deterioration of marriage and of the emotional well-being of both spouses (Fincham et al., 2002). According to Worthington (1998), in order to diminish a decline in intimacy, passion, and commitment within a marital relationship, it is imperative to incorporate forgiveness into a marriage. What differentiates troubled from untroubled relationships, Worthington argues, is not the presence or absence of pain but the willingness of individuals to confess their pain to their partner, as well as being able to express their feelings to the offender due to the pain that he or she had caused.

A number of studies have documented the benefits of forgiveness in the marital relationship. Findings indicate that forgiveness increases intimacy, trust, and feelings of closeness between partners, essentially contributing to a more equal balance of power (Gordon & Baucom, 1998; Jackson, 1998; Worthington & DiBlasio, 1990). Moreover, Paleari, Regalia, and Fincham (2005) have indicated that forgiveness predicted concurrent marital quality and documented a reciprocal effect between forgiveness and marital quality over time. Similarly, Fennell (1993) identified forgiveness as one of the top 10 characteristics of enduring first marriages. Although forgiveness may be beneficial for normative marriages, a question remained regarding its role as a mediating mechanism in the relation between psychopathology and marital adjustment. This study aims to explore the mediating role of forgiveness in marital adjustment among former ex-Prisoners of War (POWs).

War captivity is a highly traumatic experience. It usually follows in the wake of brutal combat, a traumatic experience in itself, and involves prolonged, repeated, and deliberately inflicted deprivation, humiliation, and physical torture (Herman, 1992). Unlike a single traumatic event (i.e., car accident), captivity involves a series of repeated and prolonged traumatic events that the POWs are unable to escape. Captors use harsh tactics aimed at breaking and altering their prisoners' psyche. At times, captors develop a profound relationship with the captives, thus becoming an omnipotent source of complete good and evil. While in captivity, POWs are brutally interrogated and are forced to disclose confidential military information. Furthermore, after their release, ex-POWs are often explicitly or implicitly accused for their own plight, as captivity is often interpreted as weakness and submission to the enemy (Avneri, 1982; Hunter, 1993).

Previous empirical research on former POWs found that the trauma of captivity often produces deep and long-lasting pathology, which seriously impairs quality of life for many years after release (Engdahl, Speed, Eberly, & Schwartz, 1991; Port, Engdahl, & Frazier, 2001). The most common and widely documented mental health problem stemming from war captivity is Posttraumatic Stress Disorder (PTSD) (Solomon, Neria, Ohry, Waysman, & Ginzburg, 1994). PTSD is an anxiety disorder that is characterized by re-experiencing the traumatic event, avoidance of stimuli associated with the trauma and numbing of general responsiveness, and symptoms of increased arousal (American Psychiatric Association, 2000).

Extensive research indicates that a major aspect in ex-POWs' lives, dramatically affected by combat-related PTSD, is their marital relationships (Dekel & Solomon, 2006). Findings relating to familial and marital relations among traumatized survivors may be examined on several levels. On a structural level, findings reveal higher divorce rates among PTSD veterans compared with their non-PTSD counterparts (Jordan et al., 1992). For example, an extensive American study found that among

Vietnam veterans with PTSD the probability for divorce was two times higher than among veterans without PTSD (Kulka et al., 1990). On the functional level, studies report outbursts of rage and aggression (Beckham, Moore, & Reynolds, 2000; Taft et al., 2005), difficulties in intimacy and marital communication (e.g., Cook, Thompson, Riggs, Coyne, & Sheikh, 2004), lower levels of family functioning (Ford, Shaw, Sennhauser, & Greaves, 1993), and difficulties in sexual functioning (e.g., Johnson & Williams-Keeler, 1998). Furthermore, trauma victims report lower marital satisfaction (e.g., Caselli & Motta, 1995) and an intention to end their marriage (e.g., Riggs, Byrne, Weathers, & Litz, 1998).

The unique traumatic experience of captivity stirs conflicting emotions, which often include a mixture of a sense of betrayal, abandonment, resentment, guilt, shame, and anger (Hunter, 1993). These profound and enduring feelings often become entrenched and may have considerable detrimental implications for interpersonal relationships, as captive-captors interactions may be consciously or unconsciously reenacted (Herman, 1992). For example, an ex-POW might avoid sexual relations due to a lack of trust as well as fear that his partner might use his disclosure to hurt him, like his captor had done.

Empirical studies that specifically examined the effects of war captivity on marital life revealed that ex-POWs were emotionally distant from their families, preferred solitude, and were prone to outbursts of anger toward their wives and children (Bernstein, 1998). Ex-POWs also had higher divorce rates than veterans who were not ex-POWs (30% among POWs vs. 13% among controls) (Nice, McDonald, & McMillian, 1981). Ex-POWs who took part in the Yom Kippur War were more prone to report problems in marital adjustment than non-POW veterans (Neria et al., 2000). At the same time, however, only limited research assessed the unique and combined effects of captivity and PTSD on POWs' marriage and compared the marital relations of ex-POWs with and without PTSD. To the best of our knowledge, only one study has taken this endeavor (Cook, Riggs, Thompson, & Coyne, 2004). The results of that study revealed that ex-POWs with PTSD reported more marital distress and significantly less satisfaction in terms of intimacy and constructive communication within marital relationships, than ex-POWs without PTSD. In light of these findings, it is of importance to identify factors that may mediate the negative impact of PTSD on POWs' marital life. One factor that has been implicated in the quality of interpersonal relations is forgiveness.

Forgiveness may mediate the relation between PTSD and marital adjustment via several possible routes. Forgiveness may be important for individuals suffering from PTSD to overcome their fears and memories of certain events and can ultimately affect not only their well-being, but their personal relationships (Orcott, Pickett, & Pope, 2005). PTSD was found to be related to difficulties forgiving oneself and others (Witvliet, Phipps, Feldman, & Beckham, 2004). Furthermore, forgiveness was related to psychological healing and releasing feelings of vengeance and anger that trouble many posttraumatic victims (Bayer, Klasen, & Adam, 2007; Hope, 1987). It was also found to decrease depression and anxiety (Hargrave, 1994; Hebi & Enright, 1993), which are often comorbid with PTSD (Keane, Marshall, & Taft, 2006). Thus, forgiveness may reduce the mental burden of traumatized veterans and possibly promote coping with marital difficulties. While it is also possible to hypothesize a moderation effect (i.e., some of these men have greater capacity to forgive, it gives them a buffer in the effects of PTSD on their marriages), our

mediation hypothesis is rooted in the understanding that the ex-POWs' PTSD might impact their ability to forgive.

In a similar vein, Snyder and Heinze (2005) found that among survivors of childhood abuse forgiveness of self, others, and situations mediated the relationship between PTSD and hostility toward others. They suggested that forgiveness is the means by which a person reframes the negative bond of PTSD to the experienced hostility so that these undesired thoughts and feelings of anger may be diminished. From their point of view, individuals want to be linked to positive outcome and thus forgiving the other allows one to be "good and in control" — a feeling that many PTSD victims feel they lack in their marital relations.

The main aim of this study is to explore the role of forgiveness in marital adjustment among former ex-POWs. We hypothesize that ex-POWs with PTSD will report less satisfaction in their marital relationships than ex-POWs without PTSD, and control combatants who were not captured. In addition, we hypothesize that veterans' perceptions of their level of forgiveness in the current relationship will mediate the association between their posttraumatic symptoms and their marital adjustment.

METHOD

Participants and Procedure

One hundred and fifty-seven Israeli veterans participated in this study. They were divided into 3 groups: 58 former POWs without PTSD, 21 POWs with PTSD, and 70 controls, that is veterans who were combatants in the same war but were neither captured by the enemy nor diagnosed with PTSD. The POWs groups included combat soldiers who had been captured by Egypt or Syria during the 1973 Yom Kippur War. The control group consisted of combat soldiers who had fought on the Syrian and Egyptian fronts during the Yom Kippur War and who resembled the POWs in military and personal characteristics (e.g., rank, assignment, age, and education) (for full details please see Neria, Solomon, & Dekel, 1998).

POWs

According to records of the Israeli Ministry of Defense, 240 soldiers serving in the Israeli Army land forces were taken prisoner in the 1973 Yom Kippur War. Of the 164 ex-POWs who had participated in the previous study (Neria et al., 1998), 10 could not be located, 4 had died, and 6 could not participate due to deterioration in their mental status. Of the remaining 144 ex-POWs, 103 participated in this study, constituting a 71.5% response rate. Among the ex-POWs who agreed to participate, 79 were found to be in marital or live-in girlfriend relationships (54.8%).

Controls

A control group of 280 combat veterans of the Yom Kippur war, matched with the ex-POWs in their personal and military backgrounds, was sampled from the Israeli Defense Forces' (IDF) computerized data banks. Of the 185 men who participated in the previous study (Neria et al., 1998), 41 could not be located and 1 had died. Of the remaining 143 controls, 95 participated in this study, constituting a 66.2% response rate. Among the controls who agreed to participate, 70 were found to be in marital or live-in girlfriend relationships (48.9%). The two groups did not differ in age, education, religiosity, income, and length of marriage.

This study is part of a longitudinal study that examines the psychological and psychosocial consequences of captivity among Israeli ex-POWs. The names of ex-POWs were divulged by IDF authorities as part of the periodic examination of soldiers after their military service. All the participants had taken part in an earlier study conducted in 1991. In order to locate participants for this wave of measurement (2003) we used the study's previous records. Participants were contacted by telephone and were asked to take part in the study. Only veterans who are currently married or had a live-in girlfriend participated in this study. A battery of questionnaires was administered to those who expressed consent in their homes or in other locations of their choice. Before filling out the questionnaires, the participants signed informed consent forms and were assured that the data would remain confidential. The participants were told that the aims of this study were to assess their current psychological and psychosocial state after their participation in war. All the questionnaires were administered in Hebrew. Approval was obtained by both IDF and Tel Aviv University human subject committees.

The three groups did not significantly differ in their sociodemographic variables: length of marriage ($M = 27.37$ $SD = 6.19$), age ($M = 53.37$ $SD = 4.68$), and number of children ($M = 3.25$, $SD = 1.21$).

Measures

1. *The PTSD Inventory* is a self-report scale that consists of 17 statements corresponding to the 17 PTSD symptoms listed in the DSM-IV (APA, 2000). Participants were asked to rate how often they suffered from each symptom in the previous month on a scale ranging from 0 (not at all) to 4 (almost always). Participants were identified as having PTSD if they endorsed at least one intrusive symptom, three avoidant symptoms, and two hyper-arousal symptoms. While the items can be used in a dichotomous way (i.e., meets DSM-IV symptom criteria for diagnosis of PTSD), they can also be used as a continuous measure reflecting the sum of symptoms. When compared with diagnoses obtained from structured clinical interviews, the scale revealed a high convergent validity (Solomon et al., 1993). Cronbach's α in the current study was .95.

2. *The Family Forgiveness Scale (FFS)* (Pollard, Anderson, Anderson, & Jenning, 1998) measures forgiveness capacity in a specific system, as judged by the respondent. The scale consists of two parts in which each section consists of 20 statements. The statements are ranked on a four-point scale ranging from 1 ("never true") to 4 ("almost always true"). The first part pertains to the forgiveness capacities of the family of origin, the second to those of the current relationship. For the purpose of the study, we used only the section relating to those in a current relationship, including only the most significant statements. Statements found in the FFS are as follows: "We believe it is important to understand when we have hurt each other" and "I trust this individual to forgive me when I apologize." The FFS also includes items such as "when I hurt her I apologize" and "I never forget a bad thing that she has done to me."

The FFS consists of five subscales based on a synthesis of current models of forgiveness (Hargrave, 1994; Hargrave & Anderson, 1992; Johnson, 1986; Smedes, 1984): (1) realization—intrapsychic awareness of an incident that caused pain, (2) recognition—assessment of the painful incident by either party, (3) reparation—interactional elements of forgiveness, (4) restitution—offender making amends, and (5) resolution—offender and offended relinquishing past pain. For the purpose of this

study, we created an index for the total level of forgiveness in the current relationship by calculating an average of the five forgiveness scales.

Cronbach's α for the FFS relationship section is .92. The scale has high-item validity and discriminate validity. Canonical correlations of the FFS, Relational Ethics Scale and Worthington Autonomy Scale established convergent validity for the FFS (Pollard et al., 1998).

3. *Dyadic Adjustment Scale* (Spanier, 1976) assesses marital adjustment by 32 items consisting of four subscales: consensus, cohesion, satisfaction, and affectional expression. Participants were asked to indicate the extent to which each item described their current marital relationship. The dyadic adjustment score was calculated by adding the ratings of the 32 items, in which high scores reflect better adjustment. Heyman, Sayers, and Bellack (1994) reported that the scale has very good convergent validity and discriminant validity. The scale has been widely used with Israeli populations, including couples undergoing treatment for infertility (e.g., Mikulincer, Horesh, Levy-Shiff, Manovich, & Shalev, 1998) and patients with severe affective disorders (e.g., Horesh & Fennig, 2000). Cronbach's α was .94.

Statistical Analyses

The first part of the analysis examined group differences among ex-POWs with PTSD, ex-POWs without PTSD, and comparable veterans on forgiveness level by computing an analysis of variance. The second part of the analysis assessed the mediating role of forgiveness by two regressions analyses. Following Baron and Kenny (1986, p. 1177), mediation was concluded where the following four criteria were met: (a) the independent variable had a significant effect on the mediator, (b) the independent variable had a significant effect on the dependent variable, (c) the mediator had a significant effect on the dependent variable, with the independent variable partially out, and (d) the effect of the independent variable upon the dependent variable in (c) was significantly lower than in (a).

RESULTS

Marital Adjustment and Forgiveness

Table 1 presents means, *SDs*, and the results of the *F*-tests for group comparisons regarding forgiveness and dyadic adjustment.

TABLE 1
Means and Standard Deviations on Marital Adjustment (DAS) and Forgiveness (FFS) According to Study Group

	Controls ^a	POWs without PTSD ^b	POWs with PTSD ^c	Group	Effect size
FFS	3.22 (0.41)	3.07 (0.45)	2.85 (0.53)	$F(2, 150) = 7.38^{***}$ a > b, c	$\eta p^2 = .09$
DAS	123.26 (19.23)	116.30 (16.97)	85.12 (23.05)	$F(2, 136) = 17.93^{***}$ a, b > c	$\eta p^2 = .20$

Notes. DAS = Dyadic Adjustment Scale; FFS = Family Forgiveness Scale; POW = Prisoners of War; PTSD = Posttraumatic Stress Disorder.

*** $p < .001$.

As seen in Table 1 and Scheffe posthoc tests, the level of forgiveness among the controls was higher than ex-POWs without PTSD and ex-POWs with PTSD. In addition a significant group difference in level of marital adjustment was found. The level of marital adjustment among ex-POWs with PTSD was lower than the controls and the ex-POWs without PTSD.

The Mediating Role of Forgiveness

The first step in our analyses was to calculate a correlation matrix of the study variables. The results show that veterans' posttraumatic symptoms were negatively associated with perceived level of forgiveness in the current relations ($r = .49, p < .00$). Furthermore, veterans' posttraumatic symptoms were negatively associated with their marital adjustment in the current relations ($r = .40, p < .00$). In addition, veterans' perception of level of forgiveness in the current relationships was positively associated with their marital adjustment ($r = .69, p < .00$). The higher the level of forgiveness, the more dyadic adjustment.

To examine the mediating role of forgiveness we used two regressions analyses. Following Baron and Kenny's (1986) and Preacher and Hayes's (2004) recommendations, first we examined the direct contribution of the predicting variable (veterans' posttraumatic symptoms) to the outcome variable (marital adjustment). Second, in another regression, we examined the direct relations between the predictor (posttraumatic symptoms) and the mediating variable (forgiveness), and the outcome variable (dyadic adjustment). Third, we examined if the contribution of the predicting variable to the outcome variable in the presence of the mediator is nonsignificant.

First, as seen in Table 2, posttraumatic symptoms made a significant contribution to dyadic adjustment ($\beta = -.41, p < .00$). Second, the direct relation between forgiveness (the mediator) and dyadic adjustment was also significant. Forgiveness in current relationship predicted dyadic adjustment ($\beta = .641, p < .00$), while the relation between posttraumatic symptoms and dyadic adjustment became insignificant ($\beta = -.07, p = ns$). Finally, to test whether the degree of mediation (i.e., the indirect effect) was significant, we tested whether the regression coefficient between posttraumatic symptoms and dyadic adjustment was reduced in the presence of the mediator via Sobel's test (1982). The results signified that the total reduction (from $-.41$ to $-.07$) was significant for veteran's dyadic adjustment ($z = -5.22, p < .00$). These

TABLE 2

Two Regression Analyses of Veteran's DAS on PTSD Symptoms and Forgiveness—A Mediation Analyses

	Veteran's dyadic adjustment		
	β	<i>SE</i>	R^2 (%)
<i>First regression</i>			16
PTSD symptoms	-.41***	.07	
<i>Second regression</i>			44.3
PTSD symptoms	-.09	.06	
Forgiveness	.64***	.06	

Notes. DAS = Dyadic Adjustment Scale; PTSD = Posttraumatic Stress Disorder.

*** $p < .001$.

results lend further support for the mediating role of forgiveness in the relation between veterans' posttraumatic symptoms and dyadic adjustment.

DISCUSSION

The findings show that the level of forgiveness among the controls was higher than among ex-POWs without PTSD and ex-POWs with PTSD. In addition, the level of marital adjustment among ex-POWs with PTSD was lower compared with controls and ex-POWs without PTSD. The findings also provide further support for the beneficial effects of forgiveness within marital relationships (Gordon & Baucom, 1998; Worthington & DiBlasio, 1990). Forgiveness was positively associated with marital adjustment and negatively related with level of PTSD. More importantly, forgiveness mediated the relationship between PTSD and marital adjustment.

These findings support the notion that the detrimental effect of war captivity on marital life may stem from the fact that war captivity increases the likelihood of PTSD. Our findings are consistent with the findings of Cook et al. (2004), who found that among ex-POWs, those with PTSD reported more marital distress and less marital satisfaction than those without PTSD. The lower marital satisfaction of both spouses in couples where the husband suffers from PTSD may be attributed to the way in which posttraumatic symptoms manifest themselves in the close day-to-day contact and intimacies of marital life. Traumatized husbands are often unable to perform many of the functions and tasks expected of married men. Some cannot hold down a job and support their families; others are distant and emotionally numb, and are unable to meet the emotional needs of their wives and children (Solomon & Mikulincer, 2007). The diminished sexual drive among some traumatized men may also leave their wives feeling rejected and unloved. The general irritability and outbursts of rage among ex-POWs push their wives further away and often evoke feelings of frustration and anger on their part. These men are painfully aware of their inadequacies and may feel both guilty and helpless. At the same time, many of them feel that their wives do not understand what they have been through and why they are not properly functioning. In short, in a marriage where the husband has PTSD, both spouses may feel isolated from their partner.

Two other plausible explanations to this finding are also worth noting. First, it is possible that general psychopathology among men, rather than PTSD per se, is a predictor of relationship problems. This possibility is supported by the high rate of comorbidity found among veterans with PTSD (Keane et al., 2006). Second, it is possible that psychopathology among the veterans' spouses (Dekel & Solomon, 2006) colored their perception of problematic marital adjustment. It is worth noting that this sample is quite unique. Contrary to the high rate of separation in veterans' marriages, particularly those suffering from PTSD, the marriages of the Israeli POWs with PTSD in this sample have survived a long time. This sampling effect might have also influenced the pattern of findings.

The study's findings show that forgiveness mediated the relationship between PTSD and marital adjustment; higher levels of posttraumatic symptoms are associated with a lower level of forgiveness, which in turn is associated with less marital adjustment. In other words, PTSD appears to damage one's ability to forgive, which in turn damages relationship adjustment. These findings shed light on one of the possible mechanisms responsible for the association between PTSD and marital adjustment.

This mechanism is related to the idea that forgiving reduces the feelings of guilt and inadequacy often experienced by the traumatized. People who feel better about themselves may be better partners. This explanation is consistent with the theory of Snyder and Heinze (2005), who proposed that forgiving the other allows people to feel “good and in control” within a relationship. These feelings may both alleviate intrapsychic pain and improve interpersonal relations. Findings regarding the intrapsychic effects of forgiveness in reducing feelings of vengeance and anger (Hope, 1987) and of depression and anxiety (Hebi & Enright, 1993) may also help understand the healing powers of forgiveness within the relationships of traumatized veterans.

Another possible explanation is that forgiveness entails not only the readiness to accept an apology, but also the willingness to share, confide, reveal, confront, admit, and discuss troubling issues. It often conveys feelings of acceptance and empathy, and keeps the lines of marital communication open despite the pain. Thus, forgiveness may be a mechanism by which the tendency to withdraw and/or the escalation of anger and aggression are transformed into more flexible and refined feelings and cognitions that promote conflict resolution. These explanations are in line with past findings by McCullough and Worthington (1994), who found that forgiveness was related to reduction of hostility and violence in the marital relationship. They are also in line with findings indicating that forgiveness strengthens intimacy and trust between partners (Jackson, 1998) and increases their love and willingness to help one another (Hargrave, 1994). Although it is also possible that forgiveness buffers the effect of PTSD on marital adjustment (moderation hypothesis), our theoretical model for this study was that PTSD may directly impact the ability to forgive and hence may undermine the marital adjustment of war veterans.

Limitations of Study

This study has several limitations. Because this is a cross-sectional study, caution must be exercised with regard to the assumption of causal relations. Because of the correlative nature of this study it cannot be ruled out that the quality of marital relationship also affected the severity of PTSD, and not only vice versa. It is also worth noting that we only assessed forgiveness on the part of the husband, and not the wife. This may give rise to common-method variance that might bias the results. Furthermore, although we assume forgiveness is one of the most important variables for the relation between PTSD and marital adjustment, it is worth noting that forgiveness is only one of many possible variables that could serve as mediators. In addition, the ex-POWs with PTSD group is relatively small. This problem, however, does not stem from refusal on the part of PTSD casualties to participate in the study.

Clinical Implications

The study's findings have important practical implications. They suggest that promoting forgiveness in marriages where the husband suffers from PTSD may improve marital adjustment. Forgiveness-based intervention is beginning to gain attention in the literature on psychological and marital therapy. It has been shown to be useful in reducing anger and hostility, and in increasing empathy and positive feelings among people involved in interpersonal conflicts (Freedman & Enright, 1996; Gordon, Baucom, & Snyder, 2000). In addition, emerging literature indicates that interventions that sensitively assist clients to forgive (e.g., the social-cognitive model of

forgiveness) may promote mental health and more stable marital relationships (e.g., Enright & Fitzgibbons, 2000). PTSD symptoms themselves are sometimes notoriously persistent and where the symptoms cannot be ameliorated, helping the couple to live with them is a positive factor that could ultimately help the marriage.

One of the common issues raised that trauma victims struggled with is “why me?” They explicitly talk about feelings of anger and difficulty to forgive the circumstances. Within relations wives are encouraged to assist their husbands to forgive and in this way help them to reduce their anger. Furthermore, educating the spouses about the trauma process and posttraumatic symptoms is highly recommended. Therapists should be active in informing the couple about the familial and marital possible implications of traumatic experience. In this way, they may promote more understanding and forgiveness among wives who deal with their traumatized husbands’ lapses and breakdowns (e.g., Solomon, 1988). Moreover, studies have repeatedly shown that spousal support is an important resource in coping with and combating illness (e.g., Silver & Iacono, 1984). By raising marital satisfaction and helping to sustain the marital relationship, forgiveness may indirectly contribute to the well-being of married men and women who live in the shadow of PTSD.

Directions for Future Research

To date only a small number of studies have addressed the role of forgiveness in marital relationships that are undermined by psychological disorders. We recommend that further research be conducted on other possible variables that may serve as mediators in the relation between PTSD and marital adjustment, such as social support. We also recommend that future studies examine the mediating effects of forgiveness in a variety of other stressful situations and among different traumatized populations. An interesting direction to focus research on would be couples where the wife is suffering from PTSD or another psychological disorder. Also, where possible, studies using a prospective design are clearly preferable.

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