

Posttraumatic Stress and Stigma in Active-Duty Service Members Relate to Lower Likelihood of Seeking Support

Rebecca K. Blais,¹ Keith D. Renshaw,² and Matthew Jakupcak^{1,3}

¹Mental Health Service, VA Puget Sound–Seattle Division, Seattle, Washington, USA

²Department of Psychology, George Mason University, Fairfax, Virginia, USA

³Department of Psychiatry and Behavioral Sciences, University of Washington, Seattle, Washington, USA

Posttraumatic stress disorder (PTSD) is a common mental health concern for returning service members. Social support is a robust predictor of resiliency and recovery from PTSD; however, barriers to seeking support are understudied. PTSD and anticipated enacted stigma from family and friends were explored as correlates of the likelihood of seeking support among 153 Iraq/Afghanistan U.S. service members. Results showed that PTSD ($r = -.31, p < .001$) and anticipated enacted stigma ($r = -.22, p \leq .01$) were negatively associated with likelihood of seeking support. Post hoc analyses showed that only dysphoria ($r = -.32, p < .001$) was significantly related to the likelihood of seeking support after accounting for anticipated enacted stigma and other PTSD clusters. Implications of these findings and ways to increase likelihood of seeking support are discussed.

Perceived social support is associated with better outcomes in individuals facing stressors (e.g., Haber, Cohen, Lucas, & Baltes, 2007). Social support is a robust predictor of resiliency and recovery from posttraumatic stress disorder (PTSD), and conversely, higher PTSD is associated with lower subsequent social support (e.g., Kaniasty & Norris, 2008). Social support is linked with greater perceived need for mental health care (Edlund, Unützer, & Curran, 2006), which is critical given the low and delayed rates of utilization in veterans (Maguen, Madden, Cohen, Bertenthal, & Seal, 2012). Although prior research has investigated ways in which lack of support may contribute to PTSD (e.g., Evans, Cowlshaw, Forbes, Parslow, & Lewis, 2010) and vice versa (e.g., Laffaye, Cavella, Drescher, & Rosen, 2008), little research has examined features of PTSD as possible barriers to seeking support.

PTSD is multidimensional. The *Diagnostic and Statistical Manual of Mental Disorders* (4th ed., text rev.; *DSM-IV-TR*; American Psychiatric Association, 2000) defined PTSD in terms of three symptom clusters: reexperiencing, avoidance, and hyperarousal. Alternate models of PTSD, however, have

been postulated, including the numbing (King, Leskin, King, & Weathers, 1998) and dysphoria models (Simms, Watson, & Doebbeling, 2002). The *DSM-5* description of PTSD closely mirrors the numbing model, but confirmatory factor analyses indicate the dysphoria model has superior fit and stability in samples of Iraq veterans (Meis, Erbes, Kaler, Arbisi, & Polusny, 2011). Higher dysphoria is associated with greater interpersonal difficulties (Pietrzak, Goldstein, Malley, Rivers, & Southwick, 2010), and higher avoidance is associated with fewer psychotherapy visits (Blais, Hoerster, Malte, Hunt, & Jakupcak, 2013). These same features of PTSD may also affect support seeking, but this has not been examined.

Another possible barrier to support seeking is anticipated enacted stigma (AES). AES is an individual's belief that others will react in a hostile or discriminatory manner if they seek help for psychological distress. AES is highest among distressed service members (Hoge et al., 2004) and linked with a lower likelihood of seeking help from a mental health or medical professional (Blais & Renshaw, 2013). If service members perceived that family and friends would react negatively if they sought professional help, they might also be less likely to seek support from these same individuals, but this possibility has not been examined.

This preliminary study examined PTSD and AES as correlates of the likelihood of seeking support from family and friends. Family and friends may be particularly important sources of support in returned National Guard members, who may not have immediate access to professional health services. We examined PTSD and AES in the context of Andersen's

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Correspondence concerning this article should be addressed to Rebecca K. Blais, Rush University, 1645 W. Jackson Blvd, Suite 400, Chicago, IL 60612. E-mail: rebecca_blais@rush.edu

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(1995) model of characteristics that contribute to help seeking: need, enabling, and predisposing factors. We conceptualized PTSD severity as the primary need characteristic and low AES as an enabling characteristic, together with additional enabling characteristics of higher income and being married, and predisposing characteristics of older age, nonminority race, and higher education. We hypothesized that PTSD, particularly dysphoria and avoidance severity, and higher AES would be negatively associated with the likelihood of seeking support in the context of this broader model.

Method

Participants

Participants were drawn from a convenience, nonprobability sample of 153 Utah National Guard/Reserve Iraq/Afghanistan service members returned from deployment for an average of 10.15 ($SD = 16.59$) months. The sample was predominantly White (86.3%), married (62.1%), Marine (57.5%) or Army (35.9%) members, were Latter Day Saints members (69.5%), with one deployment (64.1%), and some college education (74.5%). Mean age was 27.89 ($SD = 7.20$) years.

Measures

To assess PTSD symptoms, we utilized the PTSD Checklist-Military (PCL-M; Weathers, Litz, Herman, Huska, & Keane, 1993). Items were summed for a total score and for symptom cluster scores for reexperiencing (Items 1–5), avoidance (Items 6–7), dysphoria (Items 8–15), and hyperarousal (Items 16–17). Cronbach's α for the total scale and four subscales were .95, .88, .73, .92, and .81, respectively. To assess likelihood of seeking support, we utilized four items from the General Help-Seeking Questionnaire (GHSQ; Wilson, Deane, Ciarrochi, & Rickwood, 2005). Participants rated likelihood of seeking support for psychological distress or difficult negative emotions from romantic partners, family, friends, and other relatives using a Likert scale of 1 = *extremely unlikely* to 7 = *extremely likely*. Higher scores indicated greater likelihood of seeking support. Cronbach's α for the four items in the current sample was .77. To assess AES from family and friends, we used the Perceptions of Stigmatization by Others for Seeking Help (PSOSH; Vogel, Wade, & Aschman, 2009). Five PSOSH items ask how respondents believed their family and friends would respond to them if they sought help for psychological distress or difficult negative emotions after deployment. Items are scored using a Likert scale ranging from 1 = *not at all* to 5 = *a great deal* and these items are summed with higher scores indicating greater AES. Cronbach's α and test-retest reliability in the development sample were .91 and .82, respectively. Cronbach's α in the current sample was .94. Data on other enabling (marital status, income) and predisposing (age, education, race) factors were assessed via a demographic questionnaire.

Procedures

The Veterans Affairs Human Subjects Subcommittee and the University of Utah Institutional Review Board approved the study methods. Service members (240) attending three Yellow Ribbon or postdeployment health assessments were informed of the study by the principal investigator. Service members interested in participating were provided with a study packet that included a waiver of documentation of informed consent and all study questionnaires. Participants received \$15 compensation. One hundred fifty-three male service members completed questionnaires.

Data Analysis

Bivariate correlations were used to examine associations between stigma, PTSD, and age with likelihood of seeking support. To assess the association between income, education, marital status, and race with likelihood of seeking support, t tests for independent means were used. A measurement model of a latent variable of likelihood of seeking support with the four observed items (romantic partner, friend, family member, and other family relative) from the GHSQ as indicators was tested. Structural equation modeling was then used to examine simultaneous associations of PTSD, AES, and relevant enabling and predisposing characteristics with the latent variable. Finally, to determine which PTSD clusters related to lower likelihood of seeking support, global PTSD severity was replaced with the four PTSD cluster severity scores. To evaluate the structural model goodness of fit, Marsh, Hau, and Wen (2004) suggest using a cutoff of .90 or higher for the normed fit index (NFI), Tucker-Lewis index (TLI), and comparative fit index (CFI), and a cutoff of .10 or lower for the root mean square error of approximation (RMSEA).

Results

Predisposing characteristics of age, race, education, and enabling characteristics of marital status and income were non-significantly related to likelihood of seeking support ($ps > .05$). To preserve power, these variables were not included in final models. The average PCL-M score suggests that the sample was experiencing low-to-moderate levels of PTSD-related distress (e.g., see Bliese et al., 2008). Global PTSD, PTSD clusters, and AES were all significantly, negatively correlated with likelihood of seeking support (see Table 1). Global PTSD and dysphoria were positively correlated with AES.

The latent variable of likelihood of seeking support included four indicator variables and 13 estimated parameters, as well as a covariance between the error terms of two highly related GHSQ items (i.e., family, other family relative). Sample size was adequate for this analysis (cf., Westland, 2010). Model fit was excellent: $\chi^2(1) = 0.50$, $p = .479$; CFI = 1.00; NFI =

Table 1
Means, Standards Deviations, and Correlations for Stigma, Total PTSD, PTSD Symptom Clusters, and Likelihood of Seeking Support

Variable	<i>M</i>	<i>SD</i>	1	2	3	4	5	6
1. AES	8.28	4.54	–					
2. PTSD severity	35.54	14.31	.16	–				
3. Reexperiencing	9.70	4.10	.13	.87***	–			
4. Avoidance	3.95	1.92	.05	.80***	.72***	–		
5. Dysphoria	17.61	7.92	.17*	.95***	.72***	.68***	–	
6. Hyperarousal	4.51	2.13	.14	.81***	.64***	.60***	.71***	–
7. Likelihood of SS	14.88	6.00	–.22**	–.31***	–.19*	–.17*	–.32***	–.26***

Note. *N* = 153. AES = anticipated enacted stigma; PTSD = posttraumatic stress disorder; SS = seeking support.

p* < .05. *p* < .01. ****p* < .001.

1.00; RMSEA = .00. All structural paths were significant and large in size ($\lambda > .50$). To examine effects of AES and PTSD severity, we examined a model with paths from AES and PTSD to this latent variable. Due to prior findings that PTSD and AES are correlated (Blais & Renshaw, 2013), a covariance between these error terms was included, creating 20 total parameters. Model fit was excellent: $\chi^2(7) = 6.85, p = .445$; CFI = 1.00; NFI = .97; RMSEA = .00. Paths from PTSD severity ($\lambda = -.32, p < .001$) and AES ($\lambda = -.24, p = .012$) were both significantly negative, with small to medium effects.

Finally, global PTSD severity was replaced with the four PTSD clusters. All covariances among cluster error terms (six covariances) were specified, creating 34 total parameters. Model fit was excellent: $\chi^2(20) = 22.66, p = .306$; CFI = 1.00; NFI = .96; RMSEA = .03. Paths from AES ($\lambda = -.23, p = .014$) and dysphoria ($\lambda = -.34, p = .031$) were significant, with small-to-medium effects. Other structural paths were nonsignificant.

Discussion

Results from this preliminary study show that higher PTSD symptoms, particularly dysphoria, are negatively associated with the likelihood of seeking support. Thus, distressed service members who may most benefit from support are least likely to seek support. Dysphoria includes emotional numbing and interpersonal detachment, both of which may impede seeking support. Lower support seeking may be one mechanism underlying the negative association between PTSD and lower social support (Pietrzak et al., 2010). Prospective research of these constructs is needed.

Higher AES was associated with lower likelihood of support seeking. AES may be related to military culture or male gender norms that equate vulnerability or support seeking with weakness (Jakupcak, Blais, Grossbard Garcia, & Okiishi, 2013). These findings highlight the importance of addressing service members' perceptions that people will react negatively to them if they seek help. Campaigns promoting access to mental health care (e.g., "It takes the strength and courage of a warrior to ask

for help") may be appropriate to address such beliefs in relation to nonprofessional sources of help as well.

It may also be important to educate service members' support network to reduce stigma associated with support seeking. Service members' AES may be related to negative experiences discussing military-related distress with civilians unfamiliar with combat-related distress. Novel treatments for PTSD including the family are being developed and tested (Monson, Fredman, & Taft, 2011; Sayers, 2011) and educational resources (e.g., <http://www.afterdeployment.org/>) may be particularly helpful to service members' loved ones.

Limitations of this study include the cross-sectional design, which prevents causal inferences. Also, other variables (e.g., negative affectivity) may be important considerations in the associations detected. The nonprobability-based recruitment method resulted in a male, predominantly White, and religiously homogenous sample, which limits generalizability. For instance, religion and religious coping are linked with both PTSD and social support (Aflakseir & Coleman, 2009). The average score of 35 on the PCL-M suggests that this sample may not be experiencing clinical levels of PTSD. Internal consistency for the avoidance cluster was adequate (.73), but lower than other clusters, which may have influenced the null association between avoidance and support seeking. Findings were small-to-medium in effect size and are limited to likelihood of seeking support, rather than actual help-seeking behaviors. Analyses of individual clusters were underpowered, raising the need for replication in larger samples. It is also possible that results may be biased by issues of multicollinearity, particularly in the analysis using PTSD clusters. We did not assess formal mental health care use. Reservists have limited access to such services, which may make social support seeking even more integral to postdeployment well-being in this sample. This study was conducted prior to the *DSM-5*'s release. It is important to reexamine these associations using the revised model of PTSD.

References

- Aflakseir, A., & Coleman, P. G. (2009). The influence of religious coping on the mental health of disabled Iranian war veterans. *Mental Health, Religion & Culture, 12*, 175–190. doi:10.1080/13674670802428563

- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders (4th ed., text rev.)*. Washington, DC: Author.
- Andersen, R. M. (1995). Revisiting the behavioral model and access to medical care: Does it matter? *Journal of Health and Social Behavior, 36*, 1–10. doi:10.2307/2137284
- Blais, R. K., Hoerster, K., Malte, C., Hunt, S., & Jakupcak, M. (in press). Unique PTSD clusters predict intention to seek mental health care and subsequent utilization in veterans with PTSD symptoms. *Journal of Traumatic Stress*.
- Blais, R. K., & Renshaw, K. D. (2013). Stigma and demographic correlates of help-seeking intentions in returning service members. *Journal of Traumatic Stress, 26*, 77–85. doi:10.1002/jts.21772
- Bliese, P. D., Wright, K. M., Adler, A. B., Cabrera, O., Castro, C. A., & Hoge, C. W. (2008). Validating the Primary Care Posttraumatic Stress Disorder Screen and the Posttraumatic Stress Disorder Checklist with soldiers returning from combat. *Journal of Consulting and Clinical Psychology, 76*, 272–281. doi:10.1037/0022-006x.76.2.272
- Edlund, M. J., Unützer, J., & Curran, G. M. (2006). Perceived need for alcohol, drug, and mental health treatment. *Social Psychiatry and Psychiatric Epidemiology, 41*, 480–487.
- Evans, L., Cowlishaw, S., Forbes, D., Parslow, R., & Lewis, V. (2010). Longitudinal analyses of family functioning in veterans and their partners across treatment. *Journal of Consulting and Clinical Psychology, 78*, 611–622. doi:10.1037/a0020457
- Haber, M. G., Cohen, J. L., Lucas, T., & Baltes, B. B. (2007). The relationship between self-reported received and perceived social support: A meta-analytic review. *American Journal of Community Psychology, 39*, 133–144. doi:10.1007/s10464-007-9100-9
- Hoge, C. W., Castro, C. A., Messer, S. C., McGurk, D., Cotting, D. I., & Koffman, R. L. (2004). Combat duty in Iraq and Afghanistan, mental health problems, and barriers to care. *New England Journal of Medicine, 351*, 13–22. doi:10.1056/NEJMoa040603
- Jakupcak, M., Blais, R. K., Grossbard, J., Garcia, H., & Okiishi, J. (2013). “Toughness” in association with mental health symptoms among Iraq and Afghanistan war veteran seeking Veterans Affairs health care. *Journal of Psychology of Men and Masculinity*. doi:10.1037/a0031508
- Kaniasty, K., & Norris, F. H. (2008). Longitudinal linkages between perceived social support and posttraumatic stress symptoms: Sequential roles of social causation and social selection. *Journal of Traumatic Stress, 21*, 274–281. doi:10.1002/jts.20334
- King, D. W., Leskin, G. A., King, L. A., & Weathers, F. W. (1998). Confirmatory factor analysis of the clinician-administered PTSD Scale: Evidence for the dimensionality of posttraumatic stress disorder. *Psychological Assessment, 10*, 90–96. doi:10.1037/1040-3590.10.2.90
- Laffaye, C., Cavella, S., Drescher, K., & Rosen, C. (2008). Relationships among PTSD symptoms, social support, and support source in veterans with chronic PTSD. *Journal of Traumatic Stress, 21*, 394–401. doi:10.1002/jts.20348
- Maguen, S., Madden, E., Cohen, B., Bertenthal, D., & Seal, K. H. (2012). Time to treatment among veterans of conflicts in Iraq and Afghanistan with psychiatric diagnoses. *Psychiatric Services, 63*, 1206–1212. doi:10.1176/appi.ps.201200051
- Marsh, H. W., Hau, K., & Wen, Z. (2004). In search of golden rules: Comment on hypothesis-testing approaches to setting cutoff values for fit indexes and dangers in overgeneralizing Hu and Bentler’s (1999) findings. *Structural Equation Modeling, 11*, 320–341. doi:10.1207/s15328007sem1103_2
- Meis, L. A., Erbes, C. R., Kaler, M. E., Arbisi, P. A., & Polusny, M. A. (2011). The structure of PTSD among two cohorts of returning soldiers: Before, during, and following deployment to Iraq. *Journal of Abnormal Psychology, 120*, 807–818. doi:10.1037/a0023976
- Monson, C. M., Fredman, S. J., & Taft, C. T. (2011). Couple and family issues and interventions for veterans of the Iraq and Afghanistan wars. In J. I. Ruzek, P. P. Schnurr, J. J. Vasterling, & M. J. Friedman (Eds.), *Caring for veterans with deployment-related stress disorders* (pp. 151–169). Washington, DC: American Psychiatric Association.
- Pietrzak, R. H., Goldstein, M. B., Malley, J. C., Rivers, A. J., & Southwick, S. M. (2010). Structure of posttraumatic stress disorder symptoms and psychosocial functioning in veterans of Operations Enduring Freedom and Iraqi Freedom. *Psychiatry Research, 178*, 323–329. doi:10.1016/j.psychres.2010.04.039
- Sayers, S. L. (2011). Family reintegration difficulties and couples therapy for military veterans and their spouses. *Cognitive and Behavioral Practice, 18*, 108–119. doi:10.1016/j.cbpra.2010.03.002
- Simms, L. J., Watson, D., & Doebbeling, B. N. (2002). Confirmatory factor analyses of posttraumatic stress symptoms in deployed and non-deployed veterans of the Gulf War. *Journal of Abnormal Psychology, 111*, 637–647. doi:10.1037/0021-843X.111.4.637
- Vogel, D. L., Wade, N. G., & Ascheman, P. L. (2009). Measuring perceptions of stigmatization by others for seeking psychological help: Reliability and validity of a new stigma scale with college students. *Journal of Counseling Psychology, 56*, 301–308. doi:10.1037/a0014903
- Weathers, F. W., Litz, B. T., Herman, D. S., Huska, J. A., & Keane, T. M. (1993, October). *The PTSD Checklist (PCL): Reliability, validity, and diagnostic utility*. Paper presented at the 9th annual conference of the International Society for Traumatic Stress Studies, San Antonio, TX..
- Westland, J. C. (2010). Lower bounds on sample size in structural equation modeling. *Electronic Commerce Research and Applications, 9*, 476–487.
- Wilson, C. J., Deane, F. P., Ciarrochi, J., & Rickwood, D. (2005). Measuring help-seeking intentions: Properties of the General Help-Seeking Questionnaire. *Canadian Journal of Counselling, 39*, 15–28.

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