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Effects of Military-Based Relationships on Spousal Intimacy: An Analysis of PTSD Symptomology

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**Effects of Military-Based Relationships on Spousal Intimacy:
An Analysis of PTSD Symptomology**

by

Jeffrey M. Kraft

A Thesis

Submitted to the Graduate Faculty of

St. Cloud State University

in Partial Fulfillment of the Requirements

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Abstract

Past research of military families has focused on the effects of war on the domicile unit rather than asking why such effects are present. One of the social support systems that potentially influences the development and course of PTSD is the “Battle Buddy,” a comrade during phases of training and combat. The research question that is most interesting is “How does the presence of a Battle Buddy affect the marital intimacy and support?” The present study asked returning veterans enrolled in central Minnesota college courses to respond to a plethora of surveys inquiring about their Battle Buddy relationships and their intimate relationships. A milieu of statistical tests was used to determine their relationships and to better understand this population and their relationships. The statistical findings did not confirm the author’s original hypotheses. As it pertains to the research question of the present study, it appears that the presence of a Battle Buddy in the life of a veteran as indicated by the results of the multiple-regression models increases a veteran’s intimacy with their partner. The greatest limitation of this study is the small sample size. Future studies should replicate this study with a larger sample size to include more variables in order to further explain the connection between a Battle Buddy and spousal intimacy in the life of a returning veteran.

Key Terms: The term soldier and veteran are those members of the armed forces who are either actively serving or discharged. “Spouse” refers to the intimate partner or husband/wife of the soldier or veteran. Marital support refers to the degree that the veteran is actively seeking support (social, therapeutic, etc.) from their partner. Intimacy refers to the degree of perceived closeness in an intimate relationship. Battle Buddy refers to the military relationship between the soldier and another member of the armed forces. Perceived social support refers to the degree in which the veteran feels supported by another/others in his life.

Acknowledgments

This project is dedicated to my parents, Steve and Linda, for humoring me when I talked about this project and always pushing me to ask larger questions. Also, to the men and women in the armed forces whose contributions should never be forgotten.

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Chapter 1: Introduction

Description of the Phenomena

Military Culture. The United States military functions as a breed of its own. As an extension from civilian life, the military culture persists as an offshoot or alternative lifestyle that most will never become familiar with. This institution plays a large role in how pathology is acquired, how it persists, and how it is treated. Military ethos promotes a sense of self-reliance which causes veterans to distance themselves from the therapeutic emotional support the institution has to offer. This type of training instills a sense of competence in soldiers through the fostering of a team-based environment, role taking with superiors and the importance of survival instincts in combat situations (Weiss et al., 2012).

The assumption of the United States armed forces is that members are trained to a specific standard that values discipline, respect, and virtue in all acts that they commit. Through this discipline there exists a sense of instrumental-based communication among soldiers and a repression of emotional communication as it aims to threaten the instrumental training. The soldiers live by their own devised set of behavioral norms, values, and organizational practices. In a study that aims to compare military culture with university culture, the author found many values that are associated across all branches of military training (Pielmus, 2013). They explained how this “strong culture” values traits such as camaraderie, patriotism, honesty, moral integrity, mutual assistance and the importance of the organization having control over individual behavior. These values are emphasized through tradition and functions as the nature of their job. Another interesting facet of this culture is the role that secrecy plays in their work. This secrecy develops in and out groups that further divides the military and civilian lifestyles.

Role of secrecy. An important aspect of any relationship is the role of secrecy and its ability to impede or facilitate communication. Veterans are trained in a way that promotes secrecy. From the confidentiality of mission plans to the “top-secret” technological capabilities, it is imperative that some secrets be maintained to protect not just national security, but the wellbeing of the soldier and other combatants. However, the very nature of secrets creates in and out groups, those who know the secret and those who do not. Social psychology has demonstrated that this can create highly regarded conflicts between these two groups if the prize or information is deemed highly valuable (Sacco, Bernstein, Young, & Hugenberg, 2014). In addition, there are numerous aversive effects that are associated with being a part of the out-group, such as lower self-esteem and inconsistency in self-identification. It is also important to note that it is a lot worse to be ostracized by an in-group than an out-group.

The experiences that veterans and their combatants face creates these in and out groups that do not dissolve when returning to civilian life. The out-group are the spouses that have not experienced or witnessed this trauma first-hand, but they are still affected by the social inclinations to feel rejected by those who have experienced similar trauma.

Battle buddy. The formal definition of a Battle Buddy is an assigned partner to each United States Army recruit. While originally designed to lower the high rates of attrition in the military recruiting process, this program is now being utilized to limit the high rates of suicide and other damaging behaviors. This program acts as a support system that provides mutual aid and a sense of responsibility to, as well as, accountability of another individual (Ramsberger, Mills, & Legree, 2002).

While in combat with others, there are often bonds formed through mutual experience and hardships. There are many terms that American soldiers refer to in regards to their comrades, but the most common is a Battle Buddy. Platoons are organized to ensure cohesiveness and productivity by consistently grouping the same people together in the combat environment for longer periods of time, rather than being with different people every mission. This set up allows relationships to foster and mutual support then develops in times of hardship (Curry, 2014). This teamwork mentality persists throughout the military and does not lose steam with the acclimation back into civilian life.

Intimacy in military marriages. Intimacy within a marriage is a huge contributor to marital satisfaction, but within the military culture it is difficult to remain completely intimate with those who function in a completely different system than their spouse. Military marriages create a schism in the worlds of each individual that is then exasperated by the extended separation of the spouses. Due to the nature of the United States Army, soldiers are often apart from their spouses for extended periods of time (Carroll, Hill, Yorgason, Larson, & Sandberg, 2013). While this creates a physical distance in the relationship, the research has determined that this is not a direct contributor to marriage dissolution. This does, however, limit communication between the couple, which is shown to illicit communication-based issues such as miscommunication and mistrust.

On a family level, a pathology such as PTSD affects all portions of the family: spouse, children, and communication. In the frame of couple communication, an active duty military deployment with longer periods apart and limited communication is often associated with lower marital satisfaction. This marital satisfaction is even lower in those couples that have a spouse

with a diagnosable psychopathology and is often due to less perceived social support amongst both the civilian spouse and the veteran spouse (Andres, 2014). The civilian spouse often forms connections to other civilians in similar circumstances to create a network of support that benefits all members. These networks are also enhanced through group therapy that helps the members cope with the stressors of having a deployed/psychologically ill spouse, as well as the everyday stress of assuming many different roles of the family.

When a member of the military marriage becomes diagnosed with PTSD, there often is only limited information that the other spouse receives. It is stated that the spouse receives the majority of their information from informal avenues such as the media (Buchanan, Kemppainen, Smith, MacKain, & Cox, 2011). This suggests that the supportive spouse typically knows very little about the nature of their spouse's diagnosis which creates yet another issue with the understanding of their experience with PTSD. This often leads to further misunderstandings within the dyad which negatively affects the level of intimacy.

PTSD. The concept of active war-time experiences elicits many different emotional resonance ranging from excitement to fear. The author, William Tecumseh Sherman (1864), described war by stating "War is cruelty. There is no use trying to reform it. The crueller it is, the sooner it will be over" (¶ 2). Using the term "cruel" to describe a human endeavor speaks to the societal implication of not just war, but the desired resolution. Cruelty is an act that begets violence, incivility and carnage. This is the nature of war that soldiers experience and remains a reality for many women and men who must then acclimate themselves back into society.

In the case of PTSD, trauma acts as the arbiter of change. Through a stressful experience, the individual is emerged into a different state of being and becomes limited by the behaviors

and experiences of PTSD symptomology. There is a clear shift in bodily experience and personality that tells us something has changed. Furthermore, it would be incorrect to assume that the individual is solely affected by their symptoms in an intrinsic state. These symptoms persist as a new reality for those who are diagnosed.

Extreme stress becomes a haunting realization for those who experience it and soldiers of war are no stranger to this concept. When they are serving, bonds are formed through collective experiences, of which only a small portion of the population will experience in their lifetime. These events are often stressful and can become maladaptive to the individual and their interpretation of their environment. According to Ohye et al. (2014), 33% of all returning soldiers who reintegrate themselves back into civilian life will suffer from one form of PTSD, depression, or Traumatic Brain Injury (TBI). These disorders are also known to be highly comorbid which further heightens the prevalence. The literature also discusses how the onset of PTSD symptoms are often presented months after the traumatic event (Buchanan et al., 2011).

There persists an important distinction to be made between those who see active combat in a war-setting and those who got through military training and decide to be held in reserve. A study that looks at the daunting task of military training in British armed forces suggests that the training itself can pose many mental health risks for both those receiving the training as well as those who are participating (Gould et al., 2015). The study found that the participants who went through the intensive training were more likely to have symptoms of stress, but that this would typically subside. The article also claimed that there seems to be a longer term increase in traumatic stress symptoms due to the training. Another study looking at a similar phenomenon has found a similar outcome. Taylor et al. (2011) claimed during their mock-captivity training

the participants went from 52% of them having dissociative symptoms at pre-training to 94.4% of the participants with dissociative symptoms at a post measure. These studies demonstrated that military training is known to have adverse effects to the mental wellbeing of those who experience it.

Furthermore, the work of Walker, Clark and Sanders (2010) theoretically suggested the diagnosis of *post deployment multi-symptom disorder* (PMD) as a viable disorder to describe numerous pathologies inflicted by militaristic-based trauma. Their research suggested that while not all soldiers will reach the criteria for PTSD, there are numerous individuals who suffer from long-term mild psychological disturbances that may appear during the reintegration period. These symptoms directly impact the family system and numerous external supports in the lives of a veteran.

Reintegration. As soldiers return to a more civilian lifestyle and become reintegrated into their family systems, mental health issues have been shown to increase (Sipos et al., 2014). Furthermore, the longer a soldier lives the civilian life, the higher the likelihood of increased mental health issues. This transitional process includes physical, psychological and emotional consequences that affect all aspects of a soldier's life. Soldiers move through phases of reintegration that begin where they are deployed and end at home with their social network. Throughout these phases, numerous trainings and assessments are completed to ensure a smooth transition. This process averages across seven half day training exercises. It was found that a 10-day reintegration training, coupled with command support, significantly reduced mental health issues, suicidal threats or acts, and contact with law enforcement as compared to the traditional seven-day reintegration training (Sipos et al., 2014).

In a qualitative study that looked at the experiences of returning soldiers, Brenner et al. (2015) identified family as being the most common protective factors for a successful reintegration after wartime deployment amongst their sample. This study highlighted a common theme of “coming back into the life of their family.” It was described as the soldier seeing their family’s lives as going on without them present and the challenge of joining their routines and daily traditions, rather than their family going by the soldier’s routines. This research highlighted a potential for intervention to ensure successful and fruitful reintegration into the civilian world.

There is also a larger social context that must be considered as influences to these symptoms (Maercker & Horn, 2013). There is a multitude of social influences, from the opinions and actions from the family, to the healthcare provider and the insurance companies. All of these aspects are not absent from the culmination of symptoms. When soldiers return to civilian life, there are often changes in interaction and attachment styles that become maladaptive to the family arrangement (Paley, Lester, & Mogil, 2013). While the individual suffering from PTSD is seen as the identified problem (IP) in family therapy, system based techniques can reap benefits for the entire family through improved understanding, empathy building, and increased social support.

The family is often seen as the “hidden victims” of trauma because although they do not directly experience these events, they are typically the first line of people who are indirectly affected by the event. There is a shift in thought and lifestyle that a system must undergo to compensate for this traumatic event. Former ideas and roles must be reevaluated and challenged with the hopes of returning to or the fabrication of a new sense of stability.

The number one inhibitor of debilitating trauma symptoms is level of social support (Coulter, 2013). This highlights the importance of looking at larger systems when providing a treatment for PTSD rather than just practicing with the individual. Social support does have an impact on the culmination and materialization of symptoms. Bringing the family into the therapy room incites feelings of warmth and acceptance of the circumstances. A study of a REACH program discusses how positive human communication, and an increase of communication skills, are a large contributor to therapeutic success (Fischer, Sherman, Han, & Owen, 2013). This program is broken down into three phases. The first focuses on rapport building and building dyadic support with a significant adult in the client's life. The second phase is a multi-family session that focuses on psychoeducation and the evaluation of the family's needs and support. Finally, the last phase is designed to build communication skills and reignite a sense of intimacy with the family. This therapy is based on the concepts of social support and communication which aim to highlight malfunctions in interpersonal abilities and to develop the skills needed to foster positive social support from others. It is just as important to empathize with the client by demonstrating that something is being done about their pathology while also showing that many are in the same fight.

As PTSD is a largely studied area, there are numerous empirically supported treatments (ESTs) that have been tested and have demonstrated a reduction in symptomology. The goals of empirically-based practices are to limit the pervasive nature of a given disorder and improve quality of life of the victim.

One of the most empirically supported treatment for civilian and combat induced PTSD is Traditional Exposure Therapy (DiMauro, 2014). This is described as a way to challenge

limited and maladaptive cognitions by exposing the individual to a new sense of reality. PTSD pervades the mind and creates new meaning for previously established stimuli. To reverse this, researchers would re-expose the individual to the stimuli and challenge the cognitions that their traumatic experience had solidified. This exposure is delivered in numerous forms such as prolonged, flooding (implosive), imaginal, and en vivo. As a veteran with PTSD, this type of therapy is highly valuable and institutes a second order change by challenging strongly held notions of reality and replacing them with neutral or positive cognitions regarding external stimuli. Virtual reality technology is being tested and validated as another type of Exposure Therapy. This is beneficial to veterans as clinicians can recreate the actual circumstances the individual has faced and can challenge these anxieties in a controlled environment.

Implication of Study

Marital intimacy through these type of pathologies often goes ignored, or are swept under the rug by family members to avoid further stigma. There is even a possibility of demotion in military rank or becoming discharged from the unit. Couple communication is threatened by this silence and further creates schism within the family unit. It is estimated that the presence of PTSD in a veteran family has a 60% chance of increasing marital instability as compared to families who do not have a veteran return with the diagnosis (Donnellan, Murray, & Holland, 2014). This is a large population of people who are left with limited solutions and explanations for the soldier's symptoms.

One of the most damaging implications of PTSD is the high prevalence of suicide. Those with a military background are more likely to commit suicide than any other population in the general public. In a study that looked at suicide ideation it was estimated that 12.5% of returning

veterans reported suicide ideation within the last two weeks of participating (Pietrzak et al., 2010). These respondents demonstrated a positive relation with being diagnosed with depression and/or PTSD and showed a negative relation with social support. One of the functions of a Battle Buddy is to limit suicide and suicide ideation through the use of a structured social network.

According to Organismic Value Theory (Joseph & Linley, 2008), a person moves through a process of appraisals, emotional states, coping, and further appraisals when dealing a traumatic event. The theory highlights how one should be able to perceive and accept a given experience in order to serve as a support system to any person struggling with a given issue. This theory highlights that the Battle Buddy would be the most feasible and practical individual to help the soldier get through their experiences. The Battle Buddy is able to directly connect with the events or traumatic issues and therefore not create further stigma as it is a struggle that they themselves are familiar with.

Perceived social support does have an impact on the culmination and materialization of symptoms. Within the context of intrafamily communication, we see that the active presence and support of the family has a great benefit to those who suffer from military induced pathology. This creates a supportive environment in which the individual can challenge misconceptions upon reality and create a new story separate from the trauma that was experienced.

When looking at the communication between the spouses, pathology is actively affecting all parts of the relationship. This is often presented in the literature through pathological disorders such as PTSD, or other anxiety related symptoms (Paley et al., 2013). Those who suffer from such pathologies become reserved and retreat when family members try and assist. The majority of soldiers believe that their family will never understand what they went through

and the family cannot help when they wish to be supportive. The bonds forged with their friends in the heat of battle can create a division in the relationships with their loved ones when they return from war. The mental health field must be able to effectively assist the family as a domicile unit as opposed to solely assisting the one suffering from the pathology as it has been demonstrated that changes occur in the entire family system.

Due to the instrumental nature of a veteran's training, there is often a phenomena in which returning soldiers do not seek treatment for their symptomology. The number one reported reason for this is that the veterans do not believe that they are suffering from any symptoms (Buchanan et al., 2011). The spouse is often one of the first people to become aware of these symptoms. This demonstrates how the role of the spouse and their perception of the veteran's symptoms is crucial in the seeking of treatment. According to the same study, veterans claim that they wish to self-treat their symptoms and, therefore, do not seek treatment. This speaks directly to the nature of self-reliance and self-care attitude that is present in veteran behavior. The role of the Battle Buddy is often seen as an alternative support person to share these experiences with.

Consequences of low marital satisfaction produces issues of lower overall happiness, poorer life satisfaction, less self-esteem, poorer overall health, and increased psychological distress (Carroll et al., 2013). These findings are key because the circumstances seem to create a perpetuating system that assumes that poor couple communication will further the pathological symptomology caused by military induced stress.

Theoretical Framework: Symbolic Interactionism

Symbolic Interactionism is a sociological framework that highlights the importance of the interacting self and the identities that are formed based through interpersonal communication. As

humans interact they derive meanings through symbols and shared understandings that further develop our self-concepts (Rosenbaum, 2009). Over time, humans develop personas in which society requires them to act within roles such as a mother, father, soldier, spouse, etc. The meanings that are attributed to these roles change overtime through the interactions with others and the environment. This framework is the basis for understanding and treating PTSD in veterans.

The family is often described as one of the first support systems for those who suffer from PTSD. Not only does support and commitment become a large contributor to the victim's symptomology, the family changes due to the presence of the pathology (Berger & Weiss, 2009). For example, there are different shifts in family roles and communication that must be accounted for to compensate for the debilitating symptoms that one family member experiences.

Veterans are often privatized agents that do not share their deployment experiences with those whom they deem would not understand; individuals such as their spouses and children (Andres, 2014). This further divides the communication between all members of the family and the roles that each member plays. Symbolic interactionism, and the intersectionality of roles, is critically relevant in explaining this secrecy. While a veteran is an active soldier for the majority of their career, they also play other roles in society including the part of spouse, mother and/or father. Allowing the patient to understand the jumps between roles and the societal expectations attached to each one, the patient can then develop a better sense of what role they are playing and when each is appropriate (Sautter, Glynn, Arseneau, Cretu, & Yufik, 2014). The hesitation to share traumatic experiences in the line of duty is centered on the secrecy and solidarity mentality that is present in military culture. Helping them move past their role as a soldier while in the

family realm could be a starting point to facilitate better communication with others who have the potential to aid them and the treatment of pathology. A study looking at military couple communication asserts that trauma symptoms were negatively associated with the spouse's relationship quality when disclosure was low or mixed (Monk & Goff, 2014). This asserts that when there was little to no communication the couple's relationship and the PTSD symptomology was negatively affected.

Another important aspect of the Symbolic Interactionist social framework is the balance between social determinants and individual indeterminism (White, Klein, & Martin, 2015). This assumption of the model suggests that our social actions are determined by our societal position and expectations to the various roles that we assume. There is also the idea that we can create new roles within the social contexts of the roles that we assume. Soldiers in this sense often find it difficult to remember the important societal expectations of being in a family system so then they must relearn what is important and what the expectations of their family members are.

Couple communication and intimacy is challenged by the role shifting that must take place in the family when a spouse is deployed. Donnellan et al. (2014) that examined PTSD and trauma in dyads has led to some interesting conclusions regarding the balance of taking societal roles and making new ones. This article implied that both members of the dyad have experienced change after the trauma has occurred. The rules and mutual understandings of relationship past have been stripped from the structure of their past roles and confusion then remains in how interaction must be facilitated. Another interesting change in intimacy in this study was the role changes that needed to remain flexible due to the changes in family structure. As the soldier may have originally been the "breadwinner" of the family system, this is not always the case after the

diagnosis of PTSD (Donnellan et al., 2014). In this sense, the healthier spouse must assume this added role of “breadwinner” while remaining in the role of the emotional nurturer. The changes in responsibilities for all members of the dyad is explained through the Social Interactionism framework.

Past and Current Literature

Military camaraderie is not a novel idea. It dates back to the days of Aristotle when he discussed how the bonds that were forged in war is one of the strongest bonds that individuals can have. He also discussed how veterans of war-time events used camaraderie to deal with emotional turmoil due to the violence of war (Hinojosa & Hinojosa, 2011). This is a timeless bond that has not changed for thousands of years, yet there is very little research, time, and funds that are devoted to these strong interpersonal connections that are formed in times of witnessing violence and the traumatic nature of war.

While it varies from war to war, marriage is affected negatively by active war-time experiences. Combat is found to be a high predictor of marital disillusion in military couples, but little is known why this is the case. The factors that lead to this divorce are essential to understanding both not only the motivation for it, but also the motivation to remain resilient. The study of “why” is a huge gap in the research when it is not conducive to assume that the simple act of war-time activities leads to divorce.

Due to military-induced PTSD being the byproduct of the institutionalized role of the military, there is a clear rationale as to why the government would protect their investments. This area of research is heavily funded, but only in the matter of individual treatment and prevention (United States Government Accountability Office, 2011). Past research has focused on the

generalized portions of military culture and their families whom interact within the confines of a larger society (Maercker & Horn, 2013). While the study of PTSD is huge in military medicine, and is one of the most highly funded research areas in psychopathology, the literature has been largely focused on individual therapy and the genetic make-up of the disorder. The area has also been very heavily focused on the persistence and change of the disorder through time. A large portion of the research is pressured to produce empirically validated treatments (Osborne, 2009).

Current research is looking to extend past the biological model of this disorder to include other protective factors and avenues of treatment (Batten et al., 2009). Various sociological frameworks are now looking towards interpersonal support separate from the soldier who is directly suffering from the disorder. Researchers are beginning to look into the family as being a crucial resiliency factor in the treatment of PTSD symptoms. This emphasis on externalized medicine allows practitioners to extricate their clients from the terminality of pervasive psychopathological symptoms.

Research in the field of Battle Buddy mentality and comradery is also limited in that the discussion of this term is not widely used outside of the United States. In other areas of the world this concept is often termed “military friendships” which pervades the literature of comradery rather than Battle Buddy (Hinojosa & Hinojosa, 2011). Even in the United States, the term Battle Buddy is often used by just the Army branch of the national military as other branches has terms of their own that function equally synonymous. For instance, “foxhole friend” is used in the United States Marine Corp. Semantics aside, the majority of the research in this area looks at the process of the comradery building and the common maintenance of the relationship over time. A study looking at the factors that make up a long standing Battle Buddy is divided into

four stages: transition to war, growth of the military family, reintegration, and seeking to reconnect with the military family (Hinojosa & Hinojosa, 2011). During the reintegration phase (the primary focus of this research area), there are two experiences that happen as they lead into the next phase of the friendship. The first discusses the act of “hanging on” to the military friends soldier comes back with. This phase is characterized by the active seeking of military social support that is often associated with excessive drinking and bonding with military friends. This is shown to help ease the transition from the highly structured lives of being deployed and communicating with the same fellow soldiers every day. This phase lasts a couple months for most of the returning veterans.

The second portion of this transition is when the battalion splits and most return home to their friends and families. This is seen as one of the most devastating losses of a soldier’s life. After the months spent developing deep-seeded intimate relationships, they are then expected to return to everyday life with people who do not understand their recent experiences. A soldier from this study best put it describing what they tell their friends and family as simply being a story. This story is separate from reality because the family was not there to witness and experience the traumatic experiences (Hinojosa & Hinojosa, 2011). When a soldier is stripped of this type of communication they had on a daily basis, they then become emotionally (and sometimes physically) isolated from the civilian population.

Areas of Literature that are Lacking

Past research has studied the general effects of PTSD on the couple when they are being acclimated into civilian life. Numerous systems have been demonstrated to affect the quality of support and treatment of this disorder, but there has been little research on the effects of both

intimacy and the communication in a marriage or intimate relationship as it pertains to the presence of military induced PTSD. Looking at the factors that produce this diagnosis is crucial to both clinicians and researchers in that we get a better picture of the components that contribute to the higher rates of marriage dissolution in this population. With this added piece, we can better understand both the social contexts and the circular relationships that are present in the dyadic relationship. For example, the spouse's perceived need to comfort the soldier creates different meanings and expectations in the ways that the relationship has remained stable prior to the diagnosis. With this we see forms of pushing back and emotional turmoil that appears to affect how one member of the dyad views the other. This circulatory system is not as understood in the context of external social support systems.

While looking at why marriages are often fractured due to this illness in military couples, another novel interest in this field is the role of the Battle Buddy and their effect on marital intimacy and communication. It seems that this person in the veteran's life provides something that the spouse cannot; a mutual sense of understanding and a place to divulge information without having to explain the pain associated with the experiences. A large hole in the current research is present in how the spouse views the relationship and whether or not it affects the marriage's intimacy or communication.

There are many emotional consequences of having an external individual supporting one member of a couple dyad. According to the research surrounding the topic of external social support (friends, family, etc.), marital distress was associated with higher external social support mobilization (Julien & Markman, 1991). This means that the more external resources that were mobilized by one spouse, the more stress was put on the couple as a whole. The study mentioned

that the presence of the outside help was used as a mediation tool rather than counteracting the negative effects of the issues. These findings suggest that the presence of the external Battle Buddy will have some sort of effect on the marriage's intimacy, but why this is remains unclear.

The research is also heavily lacking information on student veterans and the life post-military lifestyle. While veterans do a plethora of activities during or after their time, it is not well documented what support they receive during these activities and if they are deemed effective or not. The need to fill the hole in student veteran literature is furthered by the fact that while active and student veterans have shared many of the same experiences, student veterans have unique challenges to face while also acclimating back into society (Romero, Riggs, & Ruggero, 2015).

Research Questions and Hypothesis

The research question that is most interesting is "How does the presence of a Battle Buddy affect the marital intimacy and support"? One hypothesis is that Battle Buddy support and time spent with the Battle Buddy will negatively impact emotional intimacy between the veteran and their partner. A second hypothesis is that Battle Buddy support and time spent with the Battle Buddy will not significantly impact social intimacy between the veteran and their partner. A third hypothesis is that Battle Buddy support and time spent with the Battle Buddy will not significantly impact sexual intimacy between the veteran and their partner. A fourth hypothesis is that Battle Buddy support and time spent with the Battle Buddy will negatively impact intellectual intimacy between the veteran and their partner. A fifth hypothesis is that Battle Buddy support and time spent with the Battle Buddy will negatively impact recreational intimacy between the veteran and their partner. A final hypothesis is that Battle Buddy support and time

spent with the Battle Buddy will not affect significant other support between the veteran and their partner.

Chapter 2: Methods

Participants

The sample for this study was returning American veterans who suffer from a degree of trauma associated with their military experience. Each participant was also expected to be in some form of committed relationship for at least six months in order to gauge levels of intimacy between them and their partner. A committed relationship was defined as an interpersonal relationship in which both parties have agreed to maintain exclusivity in order to foster intimacy. This convenient sample was gathered by a distribution list through the St. Cloud State University's veteran resource center. Each member of the sample is currently enrolled into academic classes at a central Minnesota institution of higher learning. This sampling method was performed with the intention of obtaining a larger sample size as well as the right quality of people for this study.

University participants were mainly returning veterans who have both served actively and members of the reserve of all branches of the United States armed forces. All participants must have been in a committed relationship with an individual who is also not currently serving in the military.

While students at St. Cloud State University consisted of the majority of the sample, numerous participants were recruited through email contacts distributed by the director of the St. Cloud State University Veteran's Center. These participants both worked in and attended other universities in central Minnesota.

Procedures

The participants were contacted via by the Veteran Resource Center's Director and asked to participate in this study. The participants were asked to complete the questionnaires via email under the attention of a higher ranking officer at the Veteran's Resource Center as part of their weekly newsletter. The principle investigator attended three monthly meetings to advertise this study and ask for further participation from the student veterans. Recruitment flyers were hung in the Veteran Resource Center on campus to facilitate a larger sample size (Appendix A). The initial email requested that participants to click on the link to the survey if they meet the criteria of the study. The participants were asked to complete an online survey through the survey design website (Survey Monkey) and the data was collected and stored on their secured online databases (Via SSL Encryption), as well as on a USB flash drive that contained no identifiable information in the possession of the primary investigator. This survey tool was utilized for its simplicity and economical nature. All data was held private unless shared at the discretion of the Primary Investigator.

All online forms listed the contact information of the primary investigator to ensure an open line of communication. The initial email stated the purpose and implications of the study with a direct link to the survey. They were then asked to read the informed consent form and to check a box indicating that they understand any potential risks associated with the study prior to the answering of questions (Appendix B). Participants were requested to take the survey in a place and during a time that was comfortable to them and where they could answer questions impartially. They were asked to answer all questions at one time and refrain from completing the survey in multiple sessions. The participants were prompted that the questionnaire would take

approximately 15 minutes to complete. After completing the survey, participants were then thanked for their participation, debriefed, and promptly released.

The last page contained a list of mental health resources and the contact information of the primary investigator and the study's academic advisor. They were asked to contact these resources if they experienced any emotional or psychological discomforts. Participants were directed to another survey which prompted to include their emails after completion of the survey and be entered into a drawing for a \$200 award that was chosen at random. The award was disseminated once data analysis was completed. Four follow-up reminder emails were sent out by the director of the St. Cloud State University's Veteran's Center requesting that participants start or fully complete the survey to remain eligible for the lottery.

The questionnaire consisted of four instruments that collected the information needed to conduct an analysis of the results. The first was a demographic questionnaire that collected basic information regarding the lived experiences of the veterans and to evaluate the relationship with their monogamous other. The answers to these questions were also used to ensure the individual fits the criteria needed to participate in this study (Appendix C).

The Trauma Symptom Checklist was used to determine the level of distress that was incurred by the veteran through both training and active duty in their military careers (Appendix D). The checklist aims at asking participants regarding dissociation, anxiety, depression, sexual deficiencies, and sleep disturbances (Zlotnick, 1996). This checklist assisted in determining a baseline of traumatic symptoms that could potentially the communication between the veteran and the spouse. The participants were asked to rate the level of severity (0-3; never to often) on a variety of symptoms related to these factors of trauma when thinking about their military career.

This scale is currently shown to demonstrate validity with a .89-.91 alpha level in studies that look at the psychometrics and utility (Zlotnick, 1996). Examples of these questions ask for scaling answers to: stomach problems, dizziness, and trouble getting along with others.

The Multi-Dimensional Scale of Perceived Social Support was used to determine the level of support that the veteran receives from their Battle Buddy or other members in their military social system and their monogamous other in their lives (Appendix E). The participants were asked to think about their military friends and their monogamous other when responding to this instrument. This scale contains three subscales (significant other, family and friend) that informed the researcher which people the veteran believed were actively supporting them and to what degree. The scale is designed to ask about a specific person as well as the participant's family. Participants are asked to answer 12 items and rate from 1-7; from "very strongly disagree" to "very strongly agree" when responding. This scale is currently shown to demonstrate reliability between .88 and .93 alpha level in studies that look at the psychometrics and utility (Eker, Arkar & Yaldiz, 2000). Example questions from this scale include: There is a special person around when I need them, I have a special person who is a real source of comfort to me, and I can talk about my problems with my friends. The participant was asked to answer the questions asking about their "friends" to think of their Battle Buddy when responding to the item. Family and significant other perceived support scores were also collected.

The Personal Assessment of Intimacy in Relationships (PAIR) scale was used to determine the intimacy between the veteran and the monogamous other. The author purchased and obtained the rights to use this scale in the present study. This scale was used to look at the level of intimacy that is present in the relationship and we compared these findings to the scores

of other variables that were collected. The scale is made up of questions that aim to ask about intimacy between two people, such as a partner. The participants are asked to rank answers from 1-5 ranging from “Does not describe me/my relationship” to “Does describe me/my relationship very well.” Many authors have found coefficient alpha score between .82-.87 across many different cultures (Shaefer & Olson, 1981). The authors also found that the scores from this scale positively correlated with the Waring Intimacy Questionnaire that looked at ideas of family and self ($r=.77$). These two constructs are intuitively correlated so this further demonstrates convergent validity. Example questions from this scale included My partner listens to me when I need someone to talk to, we usually “keep to ourselves,” my partner disapproves of some of my friends, and I have some needs that are not being met by my relationship.

Chapter 3: Results

The research design that was utilized in the current study was a survey that instituted multiple questionnaires and psychometric instruments in order to objectively gauge the lives of returning veterans with the hopes of better understanding their relational experiences. The survey design was chosen because of the cost and time effective nature of a questionnaire.

An online survey format was utilized to ensure that the survey could reach a larger sample of participants, as well as to ensure systematic answering and data collection.

The present study resulted in a sample size of 50 participants; however, 20 participants were dropped from the final statistics due to incomplete surveys. Three reminder emails were sent to the email listserv over the course of a week to remind the participants to complete the survey in its entirety. This effort yielded an additional two participants to the sample total that was used for the final statistical analysis.

While the majority of the participants' information was usable in the final analysis, there existed some missing information from some participants. The missing information/question responses were inserted by taking the average for that item across all participants whom responded to that item. This average was inserted into the response in order to not affect the other participant's scores. The benefits of this marginal mean imputation technique is that one may still use data that may contain missing item scores. Limitations of this method is that it may bias the variance and covariance scores (Pigott, 2001).

In terms of demographics gathered, frequencies were used to decide who was eligible to be used in the proceeding analyses. Means were also collected in order to see averages between all of the variables being collected. In addition, the standard deviations of the demographic data

were looked at to see where the participants lay on a continuum and how much dispersion was present in the sample group.

While the majority of the survey forced an answer for each question (gender, location, sexual orientation, etc.), there were some questions that allowed for open ended answers (number of children, number of people living in your current house, and number of years and months knowing their significant other and their Battle Buddy). This data was interpreted and analyzed as continuous data.

For the variable “Age” ($n = 30$), the youngest participant was 19-years-old while the oldest participant was 54-years-old. On average, participants were 30.47-years-old ($SD = 9.04$). For the variable “Time in military service” ($n = 30$), the shortest time enlisted was one year while the longest time enlisted was 29 years. On average, participants enlisted in military services for 7.9 years ($SD = 6.39$).

The sample identified as 56% Male, 42% Female, and 2% Other. The race/ethnicity of this sample was 92.9% White (Non-Hispanic), 2.4% Black, and 4.8% Hispanic. The sexual orientation of this sample identified as 95.9% Heterosexual and 4.1% Bisexual. Of the sample in the study, 34.8% reported that they have been diagnosed with a mental health issue by a mental health professional. Of those diagnosed, 81.3% of these individuals have sought and completed treatment for this mental health issue. Of the sample in the study, 66.7% reported that they have kept information from their significant other related to their deployment experiences. The average number of months back from deployment for this sample was 50.23 months ($SD = 36.63$). There were two extreme outliers for this set of item.

The amount of time that a participant has been with their significant other the average time amongst the sample was 87.41 months ($SD = 86.98$). The average time a week that participants spent with their significant other was 3.27 hours ($SD = .94$). The amount of time that a participant had known their Battle Buddy was 2.47 years ($SD = .68$). The average amount of time a week participants spent with their Battle Buddy was 10.93 hours ($SD = 24.14$).

Table 1

Descriptive Statistics of Sample

Variable	n	Range	Minimum	Maximum	Mean	Std. Error	Std. Deviation
Age	30	35	19	54	30.47	1.651	9.043
Years knowing Battle Buddy	30	3	1	4	2.47	.124	.681
Hours a week spent with Battle Buddy	30	96	0	96	10.93	4.407	24.14
Months together with significant other	30	357	0	357	87.41	15.88	86.977
Hours a week spent with significant other	30	3	1	4	3.27	.172	.944
Number of years enlisted	30	28	1	29	7.89	1.186	6.388
Number of deployments	30	4	0	4	1.14	.176	.931

For the variable “Total Trauma Score” ($n = 30$), the lowest score was 42 while the highest score was 133. On average, participants scored a 75.47 ($SD = 24.71$). For the variable “Perceived Social Support,” in regards to the participant’s battle buddy ($n = 30$), the lowest score was 1 while the highest score was 8. On average, participants scored a 5.27 ($SD = 1.69$).

For the variable “emotional intimacy,” in regards to the participant’s relationship with their significant other ($n = 30$), the lowest score was 0 while the highest score was 96. On

average, participants scored a 65.07 ($SD = 27.37$). For the variable “social intimacy,” in regards to the participant’s relationship with their significant other ($n = 30$), the lowest score was 4 while the highest score was 92. On average, participants scored a 52.27 ($SD = 18.43$). For the variable “sexual intimacy,” in regards to the participant’s relationship with their significant other ($n = 30$), the lowest score was 20 while the highest score was 96. On average, participants scored a 69.20 ($SD = 21.61$). For the variable “intellectual intimacy,” in regards to the participant’s relationship with their significant other ($n = 30$), the lowest score was -4 while the highest score was 80. On average, participants scored a 57.33 ($SD = 19.83$). For the variable “recreational intimacy,” in regards to the participant’s relationship with their significant other ($n = 30$), the lowest score was 20 while the highest score was 80. On average, participants scored a 62.54 ($SD = 15.46$). This is indicated by Table 2.

Table 2

Descriptive of Scales

Scale Variable	n	Range	Minimum	Maximum	Mean	Std. Error	Std. Deviation
Trauma Total Perceived	30	91	42	133	75.47	4.512	24.712
MSPSS for Battle Buddy	30	7	1	8	5.27	.308	1.685
Emotional Intimacy	30	96	0	96	65.07	4.997	27.371
Social Intimacy	30	88	4	92	52.27	3.365	18.433
Sexual Intimacy	30	76	20	96	69.2	3.945	21.608
Intellectual Intimacy	30	84	-4	80	57.33	3.620	19.829
Recreational Intimacy	30	60	20	80	62.53	2.822	15.456

Pearson product-moment correlations were used to correlate all variables, such as severity of trauma, intimacy with the monogamous partner and the perceived support of the Battle Buddy. This test was used due to the continuous nature of the data gathered in this survey design. These correlations allowed for test variables to be assessed for multi-collinearity. This analysis produced several significantly correlated variables (Table 3).

Table 3

Description of Correlations Amongst Variables

	1	2	3	4	5	6	7	8	9
1. Emotional		.646**	.656**	.830**	.823**	-.459*	.772**	.629**	.216
2. Social			.447*	.619**	.660**	-.218	.590**	.519**	.307
3. Sexual				.663**	.666**	-.480**	.481**	.484**	.214
4. Intellectual					.790**	-.423*	.732**	.583**	.127
5. Recreational						-.410*	.852**	.696**	.340
6. Trauma total							-.477**	-.706**	-.174
7. Significant other perceived support subscale								.807**	.249
8. Battle Buddy perceived support Subscale									.342
9. Hours a week spent with battle Buddy									

** Correlation is significant at the .01 level (2-tailed)

* Correlation is significant at the .05 level (2-tailed)

Selected variables were also examined through multiple regression equations. This is important because it allowed for the viewing of patterns in how relations were established and maintained within this sample. After running an a priori power analysis, the sample size demonstrated good statistical power when using two independent variables and one dependent variable with the intention of explaining at least 25% of the variance in the dependent variable (Soper, n.d.). This power analysis demonstrates that the sample size is adequate when using only two IVs and one DV for each of the multiple regression equations. The data was run with the amount of time that the participant spends with their Battle Buddy weekly and the Multi-Dimensional Scale of Perceived Support- Friend scale (rated for their Battle Buddy) as the independent variables and with the Personal Assessment of Intimacy of Relationship's five subscales of intimacy as the dependent variables (Table 4). This intimacy score, indicated by the Personal Assessment of Intimacy in Relationships (PAIR) is broken up into five separate types of intimacy. These types of intimacy/subscales are: emotional, social, sexual, intellectual, and recreational.

Table 4

Multiple Regressions with PAIR Subscales, MSPSS-Friend Subscale, and Time Spent with Battle Buddy

Model	F	P	Predictor Variables	B	SE	β	t	P	ΔR^2	Adjusted R ²
1 (Emotional)	8.839	.001**	(Constant)	11.278	13.68	-	.824	.417	-	-
			Hours spent a week with Battle Buddy	.001	.18	.001	.006	.995	-	-
			Battle Buddy Perceived Support	10.211	2.585	.629	3.95	.001**	.369	.351
2 (Social)	5.477	.01**	(Constant)	24.008	9.996	-	2.402	.023*	-	-
			Hours spent a week with Battle Buddy	.112	.132	.146	.847	.405	-	-
			Battle Buddy Perceived Support	5.134	1.889	.469	2.718	.011*	.289	.236
3 (Sexual)	4.197	.026*	(Constant)	37.228	12.13	-	3.068	.005**	-	-
			Hours spent a week with Battle Buddy	.049	.16	.055	.306	.762	-	-
			Battle Buddy Perceived Support	5.969	2.293	.466	2.603	.015*	.237	.181
4(Intellectual)	7.15	.003**	(Constant)	20.183	10.31	-	1.958	.061	-	-
			Hours spent a week with Battle Buddy	-.067	.136	-.082	-.496	.624	-	-
			Battle Buddy Perceived Support	7.194	1.948	.611	3.693	.001**	.346	.298
5 (Recreational)	13.301	.00**	(Constant)	30.019	7.052	-	4.257	.000**	-	-
			Hours spent a week with Battle Buddy	.074	.093	.116	.798	.432	-	-
			Battle Buddy Perceived Support	6.019	1.33	.656	4.516	.000**	.496	.459

** Significant at the .01 level

* Significant at the .05 level

Finally, a multiple regression was performed with the Multi-Dimensional Scale of Perceived Support-Friend scale (rated for their Battle Buddy) and the time they spend weekly with their Battle Buddy as the independent variables and the Multi-Dimensional Scale of Perceived Support- Significant Other scale (rated for their partner) as the dependent variable (Table 5).

Table 5

Multiple Regressions with MSPSS-Significant Other Subscale, Time Spent with Battle Buddy, and MSPSS-Friend Subscale

Model	F	<i>p</i>	Predictor Variables	b	SE	β	<i>t</i>	<i>p</i>	ΔR^2	Adjusted R^2
1 (Perceived Support of Significant Other)	25.275	.00**	(Constant)	1.217	.658		1.849	.075**	-	-
			Hours spent a week with Battle Buddy	-.002	.009	-.030	-.246	.808	-	-
			Perceived Support of Battle Buddy	.841	.124	.817	6.762	.000**	.652	.626

** Significant at the .01 level

* Significant at the .05 level

Anecdotal information in the demographic questionnaire was used to simply provide qualitative features to the current study once patterns were assessed quantitatively. The following common domains emerged in the qualitative portion of this study.

The majority of participants who responded to their current employment identified themselves as “Full-Time Students.” When asked about their current mental health status, those who have stated that they have been diagnosed by a mental health professional stated that they are diagnosed with “PTSD” or “Anxiety.” Next, individuals were asked to explain how their significant other is affiliated with the military, participants state that their significant other is a “veteran,” or is “actively enlisted.”

Participants also discussed what information they have kept from their significant other regarding their military experiences; three themes emerged amongst the data. Participants identified that their combat experience “does not concern” their significant other. The sample additionally acknowledged to have kept from their partner “details” regarding their military operations. Participants also stated that they have withheld discussions of their “symptoms” since being reintegrated from their significant other.

In addition, when asked what information have they shared with their Battle Buddy, specific themes have also emerged. Participants identified their Battle Buddy as a person they can “trust” and as a person that can “understand” their struggles. This sample have also expressed that their Battle Buddy are individuals that they have directly experienced military action with. Finally, individuals answered a question about what makes a Battle Buddy different than other friends, participants identified a “close connection” with this person. They stated that they “trusted this person” with their life. Participants also commonly divulged that their relationship is “special” as they have shared similar military experiences with one another.

Chapter 4: Discussion

Hypotheses

An examination of Battle Buddy support and time spent with the Battle Buddy affects the emotional intimacy between veterans and their partner's reveals that both independent variables, when taken together, account for 35.1% of the variance of the dependent variable "emotional" intimacy as indicated by the PAIR. These two variables together make up about one-third of the variance in the dependent variable, which means there is only about two-thirds of the variance left to be explained by other variables.

According to the data, as a point increases on the MSPSS-Friend subscale, emotional intimacy can be predicted to increase by 10.211 points when all variables are held constant. This suggests that emotional intimacy is positively influenced by a veteran's perception of support from their Battle Buddy.

This author's original hypothesis regarding the effects of this variable was not confirmed by the present study. It was hypothesized that these variables would be predictive of lower emotional intimacy between the partners, but rather we see that as a veteran's perception of support from their Battle Buddy increases, as does emotional intimacy with their partner.

When looking at how Battle Buddy support and time spent with the Battle Buddy affects the social intimacy between veterans and their partners, this data suggests that both independent variables, when taken together, account for 23.6% of the variance of the dependent variable "social" intimacy as indicated by the PAIR. These two variables together make up about one-fourth of the variance in the dependent variable, which means there is only about three-fourths of the variance left to be explained by other variables.

According to this sample, as a point increases on the MSPSS-Friend subscale, social intimacy can be predicted to increase by 5.134 points. This suggests that social intimacy is positively influenced by a veteran's perception of support from their Battle Buddy.

This author's original hypothesis regarding the effects of this variable was not confirmed by the present study. It was hypothesized that these variables would not change social intimacy between the partners, but rather we see that as a veteran's perception of support from their Battle Buddy increases, as does social intimacy with their partner.

When looking at how Battle Buddy support and time spent with the Battle Buddy affects the sexual intimacy between veterans and their partners, this data suggests that both independent variables, when taken together, account for 18.1% of the variance of the dependent variable "sexual" intimacy as indicated by the PAIR. These two variables together make up about one-fifth of the variance in the dependent variable, which means there is a large amount of variance left to be explained by other variables.

As a point increases on the MSPSS-Friend subscale, sexual intimacy can be predicted to increase by 5.969 points. This suggests that sexual intimacy is positively influenced by a veteran's perception of support from their Battle Buddy.

This author's original hypothesis regarding the effects of this variable was not confirmed by the present study. It was hypothesized that these variables would not affect the sexual intimacy between the partners, but rather we see that as a veteran's perception of support from their Battle Buddy increases, as does sexual intimacy with their partner.

When looking at how Battle Buddy support and time spent with the Battle Buddy affects the intellectual intimacy between veterans and their partners, this data suggests that both

independent variables, when taken together, account for 29.8% of the variance of the dependent variable “intellectual” intimacy as indicated by the PAIR. These two variables together make up about one-third of the variance in the dependent variable, which means there is only about two-thirds of the variance left to be explained by other variables.

According to the data, as a point increases on the MSPSS-Friend subscale, intellectual intimacy can be predicted to increase by 7.194 points. This suggests that intellectual intimacy is positively influenced by a veteran’s perception of support from their Battle Buddy.

This author’s original hypothesis regarding the effects of this variable was not confirmed by the present study. It was hypothesized that these variables would be predictive of lower intellectual intimacy between the partners, but rather we see that as a veteran’s perception of support from their Battle Buddy increases, as does intellectual intimacy with their partner.

When looking at how Battle Buddy support and time spent with the Battle Buddy affects the recreational intimacy between veterans and their partners, this data suggests that both independent variables, when taken together, account for 45.9% of the variance of the dependent variable “recreational” intimacy as indicated by the PAIR. These two variables together make up about half of the variance in the dependent variable, which means there is only about half of the variance left to be explained by other variables.

According to the data, as a point increases on the MSPSS-Friend subscale, recreational intimacy can be predicted to increase by 6.019 points. This suggests that recreational intimacy is positively influenced by a veteran’s perception of support from their Battle Buddy.

This author’s original hypothesis regarding the effects of this variable was not confirmed by the present study. It was hypothesized that these variables would not affect recreational

intimacy between the partners, but rather we see that as a veteran's perception of support from their Battle Buddy increases, as does recreational intimacy with their partner.

When looking at how Battle Buddy support and time spent with the Battle Buddy affects the significant other support between veterans and their partners, this data suggests that both independent variables, when taken together, account for 62.6% of the variance of the dependent variable significant other support as indicated by the MSPSS. These two variables together make up over half of the variance in the dependent variable, which means there is less than half of the variance left to be explained by other variables.

According to the data, as a point increases on the MSPSS-Friend subscale, the MSPSS-Significant Other subscale can be predicted to increase by .841 points. This suggests that the perception of support from a veteran's significant other is positively influenced by a veteran's perception of support from their Battle Buddy.

This author's original hypothesis regarding the effects of this variable was not confirmed by the present study. It was hypothesized that these variables would not affect a veteran's perceived support of their partner, but rather we see that as a veteran's perception of support from their Battle Buddy increases, as does a veteran's perceived support of their partner.

To restate, the statistical findings did not confirm the author's original hypotheses, but interestingly, other significant findings were observed.

Interpretation

This data suggests that Battle Buddy support significantly impacts all aspects of intimacy between the veteran and their partner as reported by the veteran. We see that as Battle Buddy Support increases, levels of intimacy also increase to a varying degree.

It is important to note that one may feel supported by their Battle Buddy but not necessarily indicate that they spend a large portion of time together. This indicates that the quality of time spent with their Battle Buddy may be more indicative of Battle Buddy support and in turn, intimacy in their relationship.

The Battle Buddy support variable also appeared to be the only significant variable in these regression models. This may indicate that perception of Battle Buddy support influences intimacy with their partner and time with their Battle Buddy does not affect intimacy.

As it pertains to the research question of the present study, it appears that the presence of a Battle Buddy in the life of a veteran as indicated by the results of the multiple-regression models increases a veteran's intimacy with their partner. This may be due to the fact that as a veteran feels supported by their Battle Buddy, they may feel more comfortable engaging in intimate acts and conversations with their partner as they may feel supported. This may also be due to those participants who are more likely to engage in relationships with their Battle Buddy were socially healthier and experienced healthier spousal intimacy.

Limitations

Some of the limitations of this study were that the study simply makes correlational claims regarding the relationships that were found between the variables. Rather than instituting cause, the results could simply describe a correlational relationship that is present in the sample in hopes that these relationships generalize to the larger population. Another limitation was the specific nature of the sample. While this research design adds to the current literature, it has smaller applicability as the current study was simply looking at returning veterans who are enrolled in a university-setting. Traumatic disorders were also not diagnosed, but rather the study

simply gauged any sort of trauma symptoms that have presented themselves in the wake of military training or action. These symptoms may be comorbid or better explained by another mental health issue. A final limitation of this study is how we defined the variables being tested. For example, the current study looked at “perceived social support” rather than “actual support” which could institute a different outcome. Furthermore, the use of an Imputation of Mean technique used for missing data also has been shown to bias variance and covariance statistics. This may lead to an underestimation of the standard errors (Allison, 2001).

The greatest limitation of this study is the small sample size. Typically, a multiple regression requires a larger number of participants than the 30 individuals that fully responded to this questionnaire. Due to the smaller sample size, additional more sophisticated analyses could not be performed without maintaining statistically appropriate statistical power. Another limitation of this study was the present sample. The majority of the respondents were Caucasian and male. An increase in diversity amongst the sample may enrich the results and provide variability amongst the sample. A final limitation would be the sample itself. All participants were currently seeking a higher education at a large state school in Minnesota. Veterans who are not currently pursuing a higher education, or who are located in a different part of the country might have different responses than those presented here. This sample should be generalized to other populations with caution.

Future Directions

This study is applicable to many different aspects of the field of Marriage and Family Therapy. However, to begin with, this study should be replicated with a larger sample size in order to confirm the results that were found. Once the results have been replicated, this study can

provide useful information to veterans, their family members, therapists, as well as army officials, and even the government. It may be important for therapists who work with veterans to recognize this important individual and attempt to integrate these members into the therapy room. Family members can be educated to work with their partner's Battle Buddy as a way to learn more about their partner, therefore increasing intimacy. There is even the potential for the larger systems that soldiers and veterans exist in to adjust to the large effect Battle Buddies have on their partners by providing other support systems, therefore reducing the negative effect Battle Buddies have on the intimacy of partners. Battle Buddies are a largely understudied area and this study has sought to fill in that gap in the literature.

Recommendations for future research are suggested. Future studies should further clarify the specific types of support that the veteran receives from each individual. Future studies should also further explore what other effects Battle Buddies have on their partner's intimate relationships, as well as the effects Battle Buddies have on their partner's children and friends. It is clear that the effect of a Battle Buddy is large and a more nuanced view of these relationships and their effects are needed.

Future research should consider the complexity that personality and how it may play into a veteran's ability to effectively communicate and attend, not simply their relationships, but to any psychological distress they may be experiencing. An individual's ability to adapt after trauma may demonstrate more successful resiliency and communication skills to all forms of support.

Future research should look into a more thorough and concise qualitative study to further the implications of the current study. It would also be interesting to see how the current results

compare to a sample of actively serving members who are deployed elsewhere. Future studies should also address the longitudinal impact of a Battle Buddy's influence on partner intimacy.

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Appendix A

Recruitment Flyer

VOLUNTEERS NEEDED FOR

RESEARCH SURVEY ON

COMMITTED RELATIONSHIPS IN THE MILITARY

We are looking for volunteers to complete a short survey on committed relationships in the lives of veterans. As a participant in this survey, you would be asked to recall some memories from your own life and respond to a few questions about them. All participants must be in a committed relationship for at least **6 months** in order to participate. The study will take approximately 15 minutes for you complete. In appreciation of your time, you will be entered into a drawing for \$200.00.



If you are interested, please email jmkraft@stcloudstate.edu or
Contact Zac Mangas at the SCSU Veteran's Resource Center

Thank you!

**This study has been reviewed and approved by the
Institutional Review Board, St. Cloud State University**

Appendix B

Informed Consent Form

Purpose

Researchers at Saint Cloud State University are asking you to fill out surveys about your close relationships and how communication functions in the lives of a veteran. We will use the results to better the understanding as to how communication occurs in committed relationships and friendships. We are asking all adult military personnel to fill out the subsequent forms. There are minimal risks to you in taking part, because we are not asking for any names and no one can know who filled out a form. It takes about 15 minutes to finish.

Taking part is voluntary

If any discomfort arises while taking this survey, discontinue and contact mental health professionals provided to you at the bottom of this form. If you choose not to fill out the survey, there will be no penalty and it will not affect any services or other benefits you might receive from superiors.

Confidentiality

Your name is not on the study form with your answers. There will be no identifiable information gathered. All completed surveys will send an email to a list so that you may be entered into a drawing to win 200 dollars.

For even more protection, Saint Cloud State University also has a Certificate of Confidentiality from the federal government. It was made to protect all information from disclosure, even that ordered by a court, without your written consent. That is, it was made to keep the information private or confidential, like your medical records.

No reports about the survey will contain your name or the name of any volunteer in the study.

If you have any questions about the study, you may contact the principle investigator, Jeffrey Kraft, at telephone number 563-495-5746 or via email at jmkraft@stcloudstate.edu.

If you have any questions about your rights as a research participant, you may contact Dr. Michael Mayhew or Chair of the Saint Cloud State University IRB, Eric Rudrud, at 320-308-4155.

I have read and understood the information above. The researchers have answered all the questions I had to my satisfaction. They gave me a copy of this form. I consent to take part in this study.

Signature: _____ Date: _____

Appendix C

Questionnaire

Age: _____

Please circle:

Gender:

Male Female Other

Location:

Urban Rural Suburban

Sexual Orientation:

Straight Gay/Lesbian Bi-Sexual

Race/ Ethnicity:

White (Non-Hispanic) Hispanic African-American American Indian
Asian American Other

Employment Status (outside of military obligations):

Full-Time Part-Time (List number of hours weekly_____) Not-Employed

Have you ever been diagnosed with a mental health issue by a medical doctor?

Yes No

If, yes, please explain:

If yes, have you sought and completed treatment for this mental health issue?

Yes No

Explain:

Which of these accurately depicts your relationship status:

Single/Divorce/Separated _____
Committed/Cohabiting/Married _____

Number of people in the current household: _____

Annual Household income: _____

Please circle your current collegiate education level:

Freshman Sophomore Junior Senior Graduate Student

Major(s) and Minor(s):

Major(s) _____

Minor(s) _____

Time spent on the school campus in an average week:

_____ Hour(s)

Total credit hours earned:

_____ Credit hours

Credits currently enrolled this semester:

_____ Credit hours

When thinking about your significant other (if applicable):

Years and months together:

_____ year(s) _____ month(s)

Hours spent with significant other weekly:

_____ hour(s)

Does your significant other have any affiliation to the military?

Yes

No

Explain:

When thinking about your military experiences, have you ever kept information from this individual?

Yes

No

Explain:

When thinking about your family:

Hours spent with family weekly:

_____ hour(s)

Number of children:

Age(s) of children:

When thinking about your close military friends or “Battle Buddies”:

How many people fall into this category?

Hours a week spent with these individuals:

_____hour(s)

Have you ever felt the need to confide in these individuals?

Yes No

Explain:

When thinking about your military career?

Time in service:

_____year(s) _____month(s)

Branch of service:

Army Marines Navy Air Force National Guard Other

Rank:

Job:

Number of deployments:

_____ Where: _____

Number of months back from last deployment:

_____Months

Scales to be used:

- TSC-40 (Trauma Symptom Checklist)
- MSPSS-12 (Multi-dimensional scale of perceived support)
- PAIR (Personal Assessment of Intimacy in Relationships)

Appendix D

Trauma Symptom Checklist

How often have you experienced each of the following in the last month? Please circle one number, 0-3.

Symptom	Never ----- Often			
	0	1	2	3
1. Headaches				
2. Insomnia				
3. Weight loss (without dieting)				
4. Stomach problems				
5. Sexual problems				
6. Feeling isolated from others				
7. "Flashbacks" (sudden, vivid, distracting memories)				
8. Restless sleep				
9. Low sex drive				
10. Anxiety attacks				
11. Sexual overactivity				
12. Loneliness				
13. Nightmares				
14. "Spacing out" (going away in your mind)				
15. Sadness				
16. Dizziness				
17. Not feeling satisfied with your sex life				
18. Trouble controlling your temper				
19. Waking up early in the morning				
20. Uncontrollable crying				
21. Fear of men				
22. Not feeling rested in the morning				
23. Having sex that you didn't enjoy				
24. Trouble getting along with others				
25. Memory problems				
26. Desire to physically hurt yourself				
27. Fear of women				
28. Waking up in the middle of the night				
29. Bad thoughts or feelings during sex				
30. Passing out				
31. Feeling that things are "unreal"				
32. Unnecessary or over-frequent washing				
33. Feelings of inferiority				
34. Feeling tense all the time				
35. Being confused about your sexual feelings				
36. Desire to physically hurt others				
37. Feelings of guilt				
38. Feeling that you are not always in your body				
39. Having trouble breathing				
40. Sexual feelings when you shouldn't have them				

Appendix E

Multi-Dimensional Scale of Perceived Social Support

Instructions: We are interested in how you feel about the following statements. Read each statement carefully. Indicate how you feel about each statement.

Circle the "1" if you **Very Strongly Disagree**

Circle the "2" if you **Strongly Disagree**

Circle the "3" if you **Mildly Disagree**

Circle the "4" if you are **Neutral**

Circle the "5" if you **Mildly Agree**

Circle the "6" if you **Strongly Agree**

Circle the "7" if you **Very Strongly Agree**

1.	There is a special person who is around when I am in need.	1	2	3	4	5	6	7	SO
2.	There is a special person with whom I can share my joys and sorrows.	1	2	3	4	5	6	7	SO
3.	My family really tries to help me.	1	2	3	4	5	6	7	Fam
4.	I get the emotional help and support I need from my family.	1	2	3	4	5	6	7	Fam
5.	I have a special person who is a real source of comfort to me.	1	2	3	4	5	6	7	SO
6.	My friends really try to help me.	1	2	3	4	5	6	7	Fri
7.	I can count on my friends when things go wrong.	1	2	3	4	5	6	7	Fri
8.	I can talk about my problems with my family.	1	2	3	4	5	6	7	Fam
9.	I have friends with whom I can share my joys and sorrows.	1	2	3	4	5	6	7	Fri
10.	There is a special person in my life who cares about my feelings.	1	2	3	4	5	6	7	SO
11.	My family is willing to help me make decisions.	1	2	3	4	5	6	7	Fam
12.	I can talk about my problems with my friends.	1	2	3	4	5	6	7	Fri