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Factors Affecting Commitment for Military Couples

Laura Villalobos Garza
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Walden University

College of Social and Behavioral Sciences

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Laura Villalobos Garza

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Walden University

2020

Abstract

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by

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MS, Walden University, 2017

MPA, University of Texas-Pan American, 2014

BS, University of Texas-Pan American, 2004

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Abstract

The reintegration process for combat veterans is challenging not only for soldiers but also for their spouses and family members. The purpose of this quantitative study was to examine factors affecting relationship commitment in military couples in which a service member has shown signs of post-traumatic stress disorder (PTSD). Sternberg's triangular theory of love provided the framework for the study. Independent variables were passion, intimacy, age, and social support, and the dependent variable was commitment. Survey data were collected from 116 participants using Sternberg's Triangular Love Scale and the Multidimensional Perceived Social Support Scale. The results of multiple linear regression analysis showed that there was no significant effect of all factors combined; however, intimacy and passion were found to have a significant effect individually. Findings may increase awareness among mental health practitioners and shift the focus from the combat veteran to the partner or the couple as a unit when combating PTSD.

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Dedication

To my parents, Graciela and Roberto Villalobos, who managed to stay committed to each other through the challenges of my father's Army career. You both have taught me endless life lessons. Additionally, to all military wives who are often overlooked. Their strength and support provide a true foundation for the family unit.

To my husband, Art, who agreed to support this doctoral journey, a major milestone in our family's lives. Thank you for the constant motivation and reminder that only I can control the outcome.

To my girls, Lauren, Anabella, Makayla, and Ariana. You have endured many sacrifices we've made together as a family to complete this major milestone. May you all have the passion to pursue your dreams. Always remember, there are two things in your life you are in total control of: your attitude and your effort. Education is powerful!

To all of my siblings, it's my turn to help out! Alex, thanks for the reminder that "can't" is not in our vocabulary and nothing for us is ever easy.

In memory of my paternal grandmother, Josefa G. Villalobos. Although never given the opportunity to attend a single day of school in her life, she was still one of the wisest women I've ever known. You always stressed the importance of school to your grandchildren.

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Endless family support got me through to the end. I want to thank Art for the constant reminder that the sacrifices I made will add value to the family and set an example for the girls. Your endless support lit the pathway to completion. Thank you to my four daughters who were my motivation to strive for success.

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Chapter 1: Introduction to the Study

The family unit consisting of military veterans suffering from post-traumatic stress disorder (PTSD) continues to disintegrate (LaMotte, Taft, Reardon, & Miller, 2015). Current research indicated that although extensive research has been conducted to identify and address factors contributing to PTSD (LaMotte et al., 2015; Monson, Taft, & Fredman, 2009; Yambo et al., 2016), there is limited research on the effect PTSD has on families, specifically spouses. The ability of military service members suffering from PTSD to reintegrate into the family unit is not only challenging for the service members but is difficult for the family as well (Sensiba & Franklin, 2015).

In addressing the effects on the mental health of spouses living with sufferers of PTSD, research indicated the need for the development of programs and interventions that reinforce the family unit (Yambo et al., 2016). Studies have shown that not only are combat veterans suffering from mental health issues as a result of PTSD, but spouses are also exhibiting mental health issues associated with secondary traumatic stress, psychological distress, burden, marital and relationship dissatisfaction, difficulty coping, and domestic violence (Dekel, Goldblatt, Keidar, Solomon, & Pollack, 2005; Gros, Lancaster, Teves, Libet, & Acierno, 2019; Hamilton, Nelson Goff, Crow, & Reisbig, 2009; Yambo, Hamilton, & Johnson, 2014).

Chapter 1 addresses research exam factors contributing to the struggles the family units faced in the absence of the combat parent. The reintegration process upon their return to the family unit is also described (see Sensiba & Franklin, 2015). In addition, the

chapter addressed the factors of age, intimacy, passion, and social support that contribute to the success and commitment of the relationship.

Background

The effects of combat trauma impact the military member's family mentally, emotionally, physically, spiritually, and relationally. When examining these factors and contributions to the success or failure of family reunification, Renshaw, Blais, and Caska (2010) explored the effects of age, social support, passion, and intimacy/closeness on a commitment to the relationship. The strength of these characteristics proved to be an important factor within relationship commitment (Renshaw et al., 2010). Although Renshaw et al.'s findings indicated the success of family units, the reintegration process showed the difficulties facing families because of the negative impact on the mental health of combat veteran spouses (Yambo et al., 2016). There was evidence of an association between PTSD symptoms and intimate relationship discord (LaMotte et al., 2015). However, there was little evidence of how age, social support, passion, and intimacy impact commitment level for partners experiencing the return of combat veterans and symptoms of PTSD. The current study addressed the gap in research. Findings may assist mental health professionals in addressing concerns and providing services to military spouses.

Problem Statement

From the moment a combat soldier returns home, the reintegration process is not only challenging for the soldier but also their spouse and family members (Sensiba & Franklin, 2015). This challenge includes simple and complex components. For example,

upon return from combat, a veteran typically experiences challenges with parenting including setting limits and providing adequate discipline (Gewirtz, Erbes, Polusny, Forgatch, & Degarmo, 2011; Gewirtz, Pinna, Hanson, & Brockberg, 2014). In addition, children experience less positive involvement from parents who return from combat (Gewirtz et al., 2011; Gerwartz et al., 2014). Stressors facing military families include long separations, difficulty parenting, and PTSD (Sensiba & Franklin, 2015).

The military service member and their spouse have to redefine their roles and establish normal routines in the home again. There was an abundance of research on military couples dealing with PTSD (LaMotte et al., 2015; Monson et al., 2009; Yambo et al., 2016). Common experiences that spouses reported were living with unpredictability and having to maintain peace in the household (Yambo et al., 2016). Zwanziger, Anderson, Lewis, Ferreira, and Figley (2017) discovered instances in which spouses who possessed knowledge of PTSD and its symptoms and/or had access to resources in dealing with the disorder exhibited a higher level of resilience. Zwanziger et al. reported that severe marital problems typically occurred within 90 days of experiencing PTSD symptoms. However, there was limited empirical research on predictors of relationship commitment among military spouses. A better understanding of these predictors may increase the likelihood of military relationships and families being saved.

Furthermore, there was a lack of exploration of the impact of relationship factors, such as age, social support, intimacy/closeness, and passion, on relationship commitment. Although some researchers suggested that intimacy/closeness, passion, and satisfaction

were influential factors in relationship commitment, the relationship between the independent variables of age, passion, intimacy, and social support and the dependent variable of relationship commitment has not been adequately examined (Renshaw et al., 2010). According to Yambo et al. (2016), during the reintegration process there is a negative impact on the mental health of combat veteran spouses. LaMotte et al. (2015) discussed an association between PTSD symptoms and intimate relationship discord. A better understanding of the factors that are positively associated with relationship commitment may be used to develop resources that support relationship commitment among military couples who include a veterana suffering from PTSD.

Purpose Statement

Military spouses face psychological stress when they live with combat veterans who exhibit PTSD symptoms, which impacts commitment in their marital relationship (Yambo et al., 2016). Further, the research found that intimacy helps create relationship satisfaction and commitment among some relationships (Kobusingye et al., 2019). However, other factors also impact relationship commitment in these couples (Renshaw et al., 2010). The purpose of this quantitative study was to determine whether the factors of age, social support, passion, and intimacy predicted relationship commitment among military couples who included a veteran suffering from the symptoms of PTSD.

Framework

The theory used for this study was the triangular theory of love (Sternberg, 1986). The theory includes three components of a relationship: intimacy, passion, and commitment (Lemieux & Hale, 2002; Sternberg, 1986). This theory indicates that these

components are important to a successful marriage (Lemieux & Hale, 2002). Intimacy refers to the closeness and bond that is found in a loving relationship (Lemieux & Hale, 2002). Lemieux and Hale (2002) described this component as the ability to share sensitive information between individuals within a relationship. Passion is an all-encompassing term related to romance, attraction, and sex (Sternberg, 1986). Commitment refers to the decision a person makes to remain in a relationship on a long-term basis (Sternberg, 1986).

The theory addresses an individual's likelihood to seek a different relationship or remain married. A fourth measure of satisfaction was added by Lemieux and Hale (2002) to address how happy the individual perceives their relationship to be. However, this construct was not assessed in the current study.

Further, Sternberg (1986) noted that eight different manifestations stem from this theory. These include nonlove, which is when all three components are missing from the relationship. Next, friendship is described as intimacy on a friendship level within the relationship, but the other components are missing (Sternberg, 1986). Third, infatuated love is what Sternberg (1986) described as passion; however, the other two components are missing. Further, empty love is a lack of happiness within the relationship that occurs when there is a commitment but an absence of passion and intimacy (Sternberg, 1986). The manifestation of romantic love occurs when there is both intimacy and passion, but commitment in the relationship is lacking (Sternberg, 1986). In companionate love, there is commitment and intimacy, but passion is absent (Sternberg, 1986). Fatuous love lacks intimacy although the relationship does have commitment and passion (Sternberg, 1986).

Finally, consummate love is what every relationship hopes to be, which is a perfect combination of all three components (Sternberg, 1986). According to the triangular theory of love, individuals in love are happier in their relationship. They know how to work with one another to overcome their difficulties due to the strong bond held by all three components being present (Sternberg, 1986).

As applied in the current study, this theory was the foundation of the research to explore whether age, social support, passion, and intimacy predicted relationship commitment among military couples in which a combat veteran was suffering from symptoms of PTSD. In using the eight manifestations stemming from this theory, I examined the relationship between military service members and their spouses and determined which of the factors were present. Once the factors were identified, I used the triangular theory of love to determine whether the factors predicted commitment among the couples in which a veteran suffered from PTSD. Using this theory allowed for a deeper understanding of the factors that were most important in predicting commitment. The theory also allowed me to identify ways to help these couples improve to realize consummate love and achieve a long-lasting and healthy marriage.

Research Question and Hypotheses

RQ: Do the factors of age, intimacy, passion, and social support predict commitment among military couples who include a combat veteran suffering from symptoms of PTSD?

H_0 : The factors of age, intimacy, passion, and social support are not statistically significant in predicting commitment among military couples who include a veteran suffering from symptoms of PTSD.

H_1 : The factors of age, intimacy, passion, and social support are statistically significant in predicting commitment among military couples who include a veteran suffering from symptoms of PTSD.

Nature of Study

To address the gap in the literature, I used a quantitative, nonexperimental, cross-sectional correlational design. According to Patten (2017), a quantitative nonexperimental cross-sectional correlational design is used to examine the degree of the relationships among variables at one point in time. I examined whether age, social support, passion, and intimacy predicted relationship commitment among military couples that included a veteran suffering from symptoms of PTSD. Therefore, the nonexperimental cross-sectional correlational design was appropriate. Multiple regression analysis is used to determine the relationship between multiple variables in a quantitative study (Morrissey & Ruxton, 2018). Due to there being multiple predictor variables and one dependent variable in the current study, I used multiple regression analysis to answer the research question.

Definitions

Commitment: The decision to remain in a relationship on a long-term basis (Sternberg, 1986).

Intimacy: The closeness and bond that is found in a loving relationship (Sternberg, 1986).

Passion: An all-encompassing term that includes romance, attraction, and sex (Sternberg, 1986).

Post-traumatic stress disorder (PTSD): A psychiatric disorder that occurs in people who experience or witness a traumatic event such as a natural disaster, serious accident, terrorist act, war/combat, rape, or other violent personal assault (American Psychiatric Association, 2013).

Reintegration process: The process used by the military to ensure the well-being of soldiers, civilian employees, and families as they are reunited after an extended deployment (National Academies of Sciences, Engineering, and Medicine, 2014).

Satisfaction: A measure of how happy the individual perceives their relationship to be (Lemieux & Hale, 2002).

Secondary traumatic stress: A syndrome of symptoms nearly identical to PTSD that arises due to exposure to knowledge about a traumatizing event experienced by a significant other (Figley, 1993; Gros et al., 2019).

Triangular theory of love: A theory in which love is understood in terms of three components that together are viewed as forming the vertices of a triangle. The triangle is used as a metaphor rather than as a strict geometric model. These three components are intimacy, passion, and decision/commitment. Each component manifests as a different aspect of love (Sternberg, 1986).

Assumptions

Several assumptions were made in this study. The first assumption was that the participants would be honest when reporting their age and relationship dynamics. Second, there was an assumption that the instruments used to measure intimacy, passion, and satisfaction would be suitable measures for this study. Finally, I assumed that the participants would report differing levels of intimacy, passion, and commitment. I also assumed that participants with lower levels of relationship satisfaction would participate in my examination of the relationship between the independent variables of age, intimacy, passion, and social support and the dependent variable of relationship commitment.

Scope and Delimitations

The study focused on partners and spouses of combat veterans experiencing PTSD symptoms. Participants were recruited through social media. The scope included the independent variables of age, passion, intimacy, and social support and the dependent variable of relationship commitment. The responses were expected to provide the study with values and beliefs of combat veterans' partners throughout the United States and U.S. territories.

Limitations

This study exhibited some limitations. Although there was the assumption that participants would be honest, there may have been circumstances in which the participant did not answer truthfully, also known as self-report bias. This presented as a limitation to the study because of the self-reporting nature of the questionnaire. Social

desirability may have also influenced responses in that the participant responded with responses they believed I wanted to hear.

Another limitation was sample bias because the participants recruited in the study volunteered to participate. Therefore, findings may not be generalizable to individuals who did not volunteer to participate in this study. Another sample bias was the location of participants. This was observed when the participants were limited to one community or state.

Significance

Findings may be used to address commitment challenges and minimize divorce frequency among military couples through an improved understanding of the factors that predict relationship commitment. A better understanding of how coping strategies or social support impacts the relationship may enable mental health professionals to target these factors more aggressively through therapy. Having resources such as coping strategies and support groups developed to address the needs of spousal relationships may increase the likelihood of saving them. Additionally, service care providers may incorporate the findings into treatment services offered to military families, which may impact how providers help couples when one of them (a veteran in this case) shows symptoms of PTSD. The therapist may be better prepared to help the couple work on and strengthen their commitment to each other in their relationship.

Psychoeducation in this subject area has been shown to be beneficial on a macroscale for relationships. The knowledge gained has been used to direct appropriate services (Sherman & Larsen, 2018). Further social change may occur by removing the

stigma of mental illness through the promotion of education, training, and communication with military personnel and their spouses when help is seen as a social norm instead of a weakness. Connecting military personnel and veterans to mental health services with their support systems may reduce depression and decrease levels of intimate partner violence. Divorce rates among this population may also be reduced. When these areas are met, individuals may build resiliency and enhance their lives based on personal experiences and reflections.

Summary

With the return of the combat veteran to civilian life comes the redefining, reassessing, and relearning of their role in the family. The residual effects of war influence the combat veteran's reintegration to family life. If the family unit is to survive the effects of the war, research has to address the military spouse and psychological stressors affecting them while living with combat veterans suffering from PTSD (Yambo et al., 2016). The purpose of this quantitative nonexperimental cross-sectional correlational study was to determine whether the factors of social support, passion, and intimacy predicted relationship commitment among military couples that included a veteran suffering from symptoms of PTSD. Chapter 2 includes a description of the theory used to support the study, definitions of the variables, and a description of the relationships between spouse and sufferer of PTSD, effects of PTSD on spouses of veterans who have PTSD, factors contributing to symptoms of PTSD, exposure to trauma, secondary exposure to trauma, and the effects of deployments on family members.

Chapter 2: Literature Review

The family unit of military veterans who have PTSD continues to disintegrate. Current literature indicated that although extensive research has been conducted to identify and address factors contributing to PTSD (LaMotte et al., 2015; Monson et al., 2009; Yambo et al., 2016), there is limited research on the effect PTSD has on families, specifically spouses. This chapter includes a discussion of the search strategies implemented in identifying factors contributing to the effects of PTSD on spouses of combat veterans suffering from PTSD. Sternberg's (1986) triangular theory of love was selected to examine the issue. This chapter contains a review of the research conducted on the secondary effects of PTSD on spouses of people living with PTSD.

Literature Search Strategy

Except for a few resources used to provide a foundation for the history of the topic, the articles used were peer reviewed, scholarly, and published within the last 5 years. The databases I used were *Journal of Nursing Scholarship*, *American Psychological Association*, *Journal of Traumatic Stress*, *Science Digest*, *Clinical Psychology Review*, *American Psychologist*, and *International Journal of Environmental Research and Public Health*. The keywords used in these search engines included *veterans*, *military*, *transition*, *interventions*, *psychoeducation*, *spouse*, *Post Traumatic Stress Disorder*, *resilience*, *trauma*, *family interaction*, *experiential avoidance*, *intimate relationships*, *coping*, *family interventions*, *marital satisfaction*, *couples*, *PTSD couples*, *PTSD and intimate partner violence*, *PTSD military and divorce*, and *couples and PTSD and intimacy*.

Theoretical Foundation

Sternberg's (1986) triangular theory of love consists of three components. The first component is intimacy, which refers to feelings of closeness and connectedness. Intimacy presents the emotional aspect of a loving relationship. The second component is passion, which is a motivational influence that encompasses romance, attraction, and sex. Passion is associated with the behavioral aspect of a loving relationship. The final component is commitment, which encompasses the decision to love and maintain a long-term relationship. Commitment represents the cognitive aspect of a loving relationship (Sternberg, 1986). Erber and Erber (2017) and Hatfield and Sprecher (1986) noted that love is a combination of cognitive, emotional, and behavioral aspects, similar to Sternberg's triangular theory of love.

The theory indicates that the three components of intimacy, passion, and commitment are important to a successful marriage (Lemieux & Hale, 2002). Intimacy is referred to as the closeness and bond that would typically be found in a loving relationship (Erber & Erber, 2017). Lemieux and Hale (2002) described this component as the couple's ability to share sensitive information with each other. Passion is described as an all-encompassing term that leads to romance, attraction, and sex (Sternberg, 1986). Commitment refers to the decision a person makes to remain in a relationship on a long-term basis (Sternberg, 1986). Commitment addresses concerns such as the individual's likelihood to seek a different relationship or remain married. The fourth measure of satisfaction, added by Lemieux and Hale (2002), addresses how happy the individual perceives their relationship to be.

Sternberg (1986) noted that eight manifestations stem from this theory. These include nonlove, which is when all three components are missing from the relationship. Next, friendship is described as intimacy on a friendship level within the relationship, but the other components are missing (Sternberg, 1986). Third, infatuated love is what Sternberg identified as passion; however, the other two components are missing. In addition to these is empty love, which is the lack of happiness within the relationship and occurs when there is a commitment but an absence of passion and intimacy (Sternberg, 1986). The manifestation of romantic love occurs when there is both intimacy and passion, but commitment in the relationship is lacking (Sternberg, 1986). Compassionate love is defined as a love in which compassion and intimacy are present, but passion is missing (Erber & Erber, 2017; Sternberg, 1986). Fatuous love is lacking intimacy, although the relationship does have commitment and passion (Sternberg, 1986). Finally, the manifestation of consummate love is what every relationship hopes to be, which is a perfect combination of all three components (Sternberg, 1986). According to the triangular theory of love, individuals in love are happier in their relationships and know how to work with one another to overcome their difficulties and build a strong bond including all three components (Erber & Erber, 2017; Sternberg, 1986).

Sternberg's (1986) Triangular Love Scale is a 36-item questionnaire designed to address the three components of the theory. The 36-item questionnaire was developed to measure each of the components but failed to identify the distinction between the three components, with many responses overlapping. The theory may be conceptually sound but lacks valid measures of the three components (Whitley, 1993).

Lemieux and Hale (2002) tested the theory using their means of measurement. Lemieux and Hale developed a scale to test the theory, which included items from the Passionate Love Scale (Hatfield & Sprecher, 1986), Lund's (1985) Commitment Scale, and the Miller Social Intimacy Scale (Miller & Lefcourt, 1982). Lemieux and Hale's results offered the best support of the triangular theory of love, which has been found useful in other research (Fernández-Carrasco et al., 2019; Kobusingye, Baluku, & Aheisibwe, 2019). The factor analysis used by Lemieux and Hale eliminated the item overlap seen in the initial testing of the theory and created a stable three-factor solution focusing on intimacy, passion, and commitment. In addition, by allowing only one member of a relationship to participate in the study, the risk of interdependent responses was eliminated.

One of the shortcomings of the original study was the use of college students as test subjects. In dealing with issues of intimacy, passion, and commitment, the perception of single individuals differs greatly from those in committed relationships or those having experienced committed relationships (Lemieux & Hale, 2002). In addition, college students may also have a differing perception of love than noncollege students (Hendrick & Hendrick, 1989). Taking these issues into account, Lemieux and Hale (2002) chose to test the theory by selecting married individuals as participants.

I used this theory as the foundation of my research to explore whether social support, passion, intimacy, and predict relationship commitment among military couples suffering from the effects of PTSD. In using the eight manifestations stemming from this theory, I examined the relationship between military service members and their spouses

to determine which of these factors were present. Once the factors were explored, I used Sternberg's (1986) triangular theory of love as the framework to determine whether the factors predict relationship commitment among couples who are affected by PTSD. Using this theory to guide the inner workings behind commitment among military couples allowed for a deeper understanding of the factors. I determine whether the factors were primary indicators of predicting commitment.

PTSD and Veterans

According to the American Psychiatric Association (APA, 2013), PTSD is a condition that occurs following a life-threatening event, such as threatened death, torture, injury, or sexual abuse inflicted by others, which is likely to be experienced in military combat (Yambo et al., 2016). PTSD is a chronic condition that causes significant distress and long-term impairment (Gros et al., 2019). According to the APA and Gros et al. (2019), the condition can cause psychiatric symptoms such as depression, substance abuse, suicidal ideation, problems with memory and cognition, as well as physical and mental health problems. The disorder is also associated with difficulties in social and family life, including occupational instability, marital problems, family discord, and difficulties parenting (APA, 2013; Gros et al., 2019; Yambo et al., 2016). With each deployment, the potential for exposure to traumatic events increases, increasing the likelihood that combat veterans experience symptoms and/or are diagnosed with PTSD (Yambo et al., 2016).

Yambo et al. (2016) argued that there has been an uptick in PTSD cases among current military personnel due to high injury rates from explosive devices. The National

Veterans Foundation (NVF, 2016) highlighted that nearly 20% of veterans are diagnosed with PTSD and/or depression. However, these rates are likely underreported. The NVF, as well as Tanielian and Jayacox (2008), also argued that access to mental health services would only reach 50% of those in need.

According to the United States Department of Veteran Affairs (2015) and Gros et al. (2019), symptoms of PTSD may occur after exposure to traumatic events, such as threatened death to oneself or others, the death of others, serious or threatened injury to oneself, or actual or threatened physical or sexual violence. As the diagnosis of PTSD increases and the criteria for a diagnosis expands, more cases are being reported among U.S. military veterans (LaMotte et al., 2015). Soon after the September 11, 2001 attack on the United States, the call for swift action against those believed to have led the attack led to an increase in troop deployments for the Middle East. Since the September 11th attacks on the World Trade Center, Pentagon, and Flight 93 in Pennsylvania, over two million troops have been deployed in Operation Enduring Freedom and Operation Iraqi Freedom (Gros et al., 2019; Tan, 2009). With the frequency of deployments increasing and the length of time between deployment decreasing, the number of individuals exhibiting PTSD symptoms continues to grow.

Spouses of military veterans expect their partners to return from combat and resume their previous roles and responsibilities (e.g., partner, husband/wife, parent). However, military veterans sometimes exhibit difficulty in reintegrating within the familial environment, including intimate partner relationships, social closeness with peers, and the parental role (Gros et al., 2019; Knobloch-Fedders, Caska-Wallace, Smith,

& Renshaw, 2017; Yambo et al., 2016). Gros et al. (2019) reported that of the combat veterans who were experiencing relationship issues, 70% consisted of veterans experiencing PTSD, whereas 30% did not report PTSD as a concern. Transitioning from a combat soldier living a life of high intensity, making split-second decisions, and showing strength both physically and mentally, to a life in which the expectation is to show compassion, patience, and understanding can be extremely difficult (Knobloch-Fedders et al., 2017). In addition, veterans are aware that they are suffering from a mental health condition and see their mental illness as a weakness. They are likely embarrassed about combat-related mental illness and are, therefore, less likely to seek help (Hoge et al., 2004; NVF, 2016). Indications are that the stigma associated with mental illness contributes to the low numbers of veterans seeking help (Hoge et al., 2004; NVF, 2016). Being identified as a protector and savior in their role as a soldier is a contradiction to their feeling of hopelessness when dealing with PTSD (LaMotte et al., 2015; Monson, Taft, & Fredman, 2009). The barriers that veterans experience when seeking help for their PTSD symptoms seem to be a contributing factor to their ability to reintegrate into a life outside the combat zone (Gros et al., 2019; Hoge et al., 2004).

Marital Problems and PTSD

The difficulty in adjusting to home life is a residual effect of PTSD symptoms (Yambo et al., 2016). Lambert, Hasbun, Engh, and Holzer (2015), as well as Knobloch-Fedders et al. (2017), reported the severity of posttraumatic stress symptoms as indicators of the quality of intimate relationships. Specifically, combat veterans experienced higher levels of conflict within their relationships, higher rates of intimate partner violence, and

higher divorce rates (Cook, Riggs, Thompson, Coyne, & Sheikh, 2004; Jordan et al., 1992; Knobloch-Fedders et al., 2017; Lambert et al., 2015). They also examined the level of resiliency the spouse exhibits, and their understanding of the combat veteran's experiences factoring as components of relationship quality. As a major support system on the home front, spouses who are aware of PTSD symptoms and have knowledge of the condition have a more positive attitude toward treatment and are more likely to encourage their military service members to seek help from a military facility (Alrutz, 2006). The positive attitude and eagerness to seek help serve as an indicator of resiliency on the part of the spouse (Yambo et al., 2016). A spouse who seeks ways to help the returning veteran is more likely to stay in the marriage and serve as a positive influence on the relationship (Yambo et al., 2016). Social support groups for the spouse/partner were indicated as a helpful way to validate personal feelings and help the combat veteran (Gros et al., 2019). This is not to say that all spouses will make an effort to understand the difficulties endured by the returning veteran or be eager to help.

Research conducted by Knobloch-Fedders et al. (2017) explored the lack of interpersonal relationships post-deployment. For example, it was founded that military personnel returning from combat exhibited fewer signs of support, including caring acts or validation (Knobloch-Fedders et al., 2017). The study also reveals common behaviors of service members with PTSD symptoms such as blaming, controlling, and a less affirming and controlling demeanor than couples not dealing with PTSD. Combat veterans find themselves experiencing difficulty assimilating to a life away from a combat zone. Veterans who have PTSD find it difficult to create or sustain intimate

relationships with individuals who have not experienced what they have including combat and PTSD symptoms. Upon returning from combat, veterans even find it difficult to sustain prior relationships with non-combat individuals. Not only are veterans encountering a world they no longer recognize upon their return from combat, but they are placing the blame on their spouses (Knobloch-Fedders et al., 2017). Their inability to engage in interpersonal relationships greatly contributes to the failure of marriages among combat veterans who have PTSD (Lambert, Hasbun, Engh, and Holzer (2015).

Military Spouses and Reintegration

Evidence shows that military deployment to combat zones adversely affects family relationships. There is an increased risk for marital discord, intimate partner violence, and divorce (Monson, Taft, & Fredman, 2009). In addition to the dissolution of relationships among spouses, parenting and co-parenting may be diminished or disrupted, as reflected in difficulty setting limits and disciplining children, reduced positive involvement and warmth, inconsistent use of positive contingencies to promote children's skills, and reduced monitoring (Gewirtz & Davis, 2014; Gewirtz, Erbes, Polusny, Forgatch, & Degarmo, 2011). In addressing the issue of reintegration of the combat veteran suffering from PTSD, research indicates that the military spouse is likely to readjust their lives around the veteran's symptoms without regard to their own personal physical and emotional well-being, and little is known about the cost of such resiliency (Yambo et al., 2016). In a study by Yambo et al. (2016), spouses expressed the difficulties that accompany living with a veteran with PTSD. The combat veteran's behavior is erratic with unrecognized triggers, which lead to a life of unpredictability.

This unpredictability often leads to violent outbursts and uncontrollable anger (Gros et al. 2019; Yambo et al. 2016). Spouses also deal with bearing the burden of taking over the roles of the military spouse and finding it difficult to relinquish their position once the veteran is deployed. The military spouses find themselves taking on the role of peacemaker, dealing with PTSD sufferer's emotions, and protecting their children from possible abuse by the military veteran (Yambo et al., 2016). In addition, spouses find the need to create a new life in order to accommodate the issues the person with PTSD is dealing with, creating new friendships among individuals who understand the effects of PTSD on the family dynamic, and making sense of their relationships (Gros et al. 2019; Yambo et al., 2016). According to Yambo et al. (2016), during the reintegration process, there is a negative impact on the mental health of combat veteran spouses due to unrecognized triggers which often leads to a life of unpredictability.

La Motte et al. (2015) discuss an association between PTSD symptoms and intimate relationship discord. La Motte et al. (2015) reported that veterans experienced challenges with reintegration due to the diminished capacity to perform within the parental role. The findings reported that veterans were less effective in limit setting, as well as engaging in positive involvement and warmth. It was also observed that combat veterans performed an inconsistent use of positive contingencies to promote children's skills monitoring (Gerwartz & Davis, 2014; Gerwartz, Erbes, Polusny, Forgatch & Degarmo, 2011). This unpredictability often leads to violent outbursts and uncontrollable anger. Spouses also deal with bearing the burden of taking over the roles of the military spouse and finding it difficult to relinquish their position once the veteran is deployed.

The military spouse finds himself or herself taking on the role of peacemaker, dealing with PTSD sufferer's emotions, and protecting their children from possible abuse by the military veteran. Studies conducted with spouses of U.S. Vietnam veterans (Lyons, 2001) and Canadian peacekeepers' spouses (McLean, 2006) found that spouses readjust their lives around the veteran's symptoms without regard to their own personal physical and emotional well-being. This places them in a position in which they find the need to create a new life in order to accommodate the issues experienced by the person with PTSD (Yambo et al., 2016). Spouses are likely to create new friendships among individuals who understand the effects of PTSD on the family dynamic and making sense of their relationships (Gros et al. 2019).

Marriage Commitment

The efforts made by spouses of veterans who have PTSD to hold the family together and find ways of dealing with the effects of PTSD are an indication of how committed they are to the success of their marriage. Many times, military spouses carry this burden alone (Yambo et al., 2016). This commitment to the relationship takes a degree of resilience. One definition of resilience is one's positive adaptation when experiencing stress or trauma (Wang, Shi, Zhang, & Zhang, 2010). In the case of a spouse living with and dealing with a veteran suffering from PTSD, the stressor is the change in the family dynamic (Yambo et al., 2016). The spouse's ability to bounce back from the challenges they face is not only a sign of resilience but their commitment to their relationship. An individual who exhibits characteristics of resilience is more likely to maintain a positive outlook, make meaning out of a challenge, maintain spiritual

connectivity, have a flexible view of success, willing to seek resources/assistance, ability to communicate, identify and communicate feelings, and life engagement (Godwin and Kreutzer, 2013). These factors are also indicative of a commitment to a relationship.

Age

Age is a construct that is often used in research to group participants based on age groups and generation. It is believed people within the same age ranges are likely to have similar values related to relationships, raising children, recreation, and even work. Researchers hope to gain a better understanding of perceptions based on a particular stage in the respondent's life (Schnittker, 2019).

There is limited research to support the understanding of how age influences the level of commitment one has with a loved one experiencing PTSD after combat. Previous research has navigated the impact of PTSD from the male combat veteran to his son based on the age of the child (Dekel & Goldblatt, 2008). However, limited research was found on the age of the partner or spouse. Only recently was age measured as a variable when caring for a disabled combat veteran (Schnittker, 2019). Schnittker (2019) noted that it is likely that a disability of the combat veteran occurred in younger years. This may be beneficial in understanding the length of time partners have been exposed to the combat veteran's PTSD and their willingness to continue to support their partner even in the most difficult times. Schnittker (2019) also reported that mortality rates for combat veterans increase drastically after the age of 65. Therefore, the age of the combat veteran and the age of the partner need to be considered when assessing commitment.

It could be argued that the view on relationship satisfaction and willingness to stay in a difficult relationship changes with age. However, no research was found to determine how the age of the spouse impacts their willingness to commit or stay committed to a relationship with a partner who is a combat veteran that is reintegrating back into civilian life. The proposed research may potentially fill the gap by offering some data in understanding how the variable age sustains or maintains a relationship with PTSD by one partner is present.

Social Support

Ozbay, Johnson, Dimoulas, Morgan, Charney, and Southwick (2007) defined social support as one's access to individuals, groups, or communities and the degree of support that his or her social network provides when in need. These individuals can be family, friends, neighbors, community members, or even online networking groups found within social media (Ozbay et al., 2007). According to Weinberg, Besser, Zeigler-Hill, and Neria (2016), social support is described as a person's perception of external help, whether it is emotional, physical, tangible, or informative (Weinberg et al., 2016).

Weinberg et al. (2016) and Ozbay et al. (2007) argued that social support is a protective factor and one of the more influential aspects of coping with traumatic events. It can maintain or improve mental and physical health (Ozbay et al., 2007). More importantly, for this study, Ozbay et al. (2007) reported that individuals were more likely to overcome stress, prevent additional symptoms related to trauma, reduce trauma-related symptoms, as well as decrease morbidity and mortality rates. Ozbay et al. (2007) reported a reduction in symptoms of depression.

While there is some research to show the importance of social support for returning combat veterans, there is little to no research on how social support impacts marital commitment for partners/spouses of combat veterans. The focus of mental health services has historically been on the combat veterans (Knobloch-Fedders et al., 2017; Miller, Greif, & Smith, 2003; Wolf, Miller, Harrington, & Reardon, 2012) and not partners/spouses, children, parents, or other close family members (Weinberg et al., 2016). It was believed that the combat veteran and their spouse would overcome PTSD symptoms when social support was accessible (Weinberg et al., 2016).

The perception of caregiver burden on the spouse or partner of a combat veteran may be implicated when social support is minimal (Dekel et al., 2005; LaMotte et al., 2015). However, Weinberg et al. (2016) reported a negative association between social support and trauma-related symptoms due to terrorism, suggesting that survivors and their spouses did not consider social support to help with PTSD symptoms. This was supported by Dekel et al. (2005) and Lahav, Kanat-Maymon, and Solomon (2017), as the combat veteran and the spouse did not find it helpful to utilize each other for support. Whereas Ozbay and colleagues (2007) argued that individuals with a strong network of social support might reduce perceptions of negative experiences.

Secondary Traumatization

Trauma not only impacts the combat veteran experiencing the horrific event, but it also impacts the individuals surrounding them (Dekel, Goldblatt, Keidar, Soloman, & Polliack, 2005). Secondary traumatization is defined as the transmission of symptoms from the person that previously experienced trauma to other people in their social

network (Dekel et al., 2005). The disclosure of stories that include disturbing or horrific trauma scenarios indirectly exposes the loved ones to the same trauma (Baum, 2015). Individuals that may experience secondary traumatization may include partners/spouses, children, parents, other close family members, as well as caseworkers or mental health practitioners (Baum, 2015; Dekel et al., 2005). This negative influence is known as secondary traumatization, burnout, vicarious traumatization, or compassion fatigue (Baum, 2015; Dekel et al., 2005). For this research, the term secondary traumatization will be used.

Spouses and family members have reported experiencing a negative impact on combat veterans with PTSD (Dekel et al., 2005). Dekel et al. (2005) noted that the wives experienced a loss of the person they once knew before combat. The impact of combat changed the veteran to the point that they are no longer recognized. In the research by Dekel et al. (2005), wives experienced similar symptoms as did their partners with PTSD. Anxiety, depression, tension, confusion, and loss of control are just a few symptoms that these women had experienced (Dekel et al., 2005). It could be argued that the partners of combat veterans not only experienced the trauma vicariously but are also mourning the loss of the partner they once knew as the veteran has changed from their combat experience.

Dekel, Levinstein, Siegel, Fridkin, and Svetlitzky (2015) reported that only 20% of women identified their symptoms were directly related to those of their partner's PTSD symptoms. It is unclear as to the extent of secondary trauma on the spouse or partner. Without further research, there is no way of knowing how secondary

traumatization impacts the relationship between the combat partner and intimate partner. Researchers do not yet know how this factor influences commitment for the partner to stay in the relationship when they, too, are experiencing the trauma from their loved one. The proposed research may find that there is a need to offer mental health services and additional community supports to partners who experience secondary trauma in order to help families remain as one unit.

Commitment, Intimacy, and Passion

Intimacy, passion, and commitment are essential factors of healthy relationships, which lead to relationship satisfaction (Greeff & Malherbe, 2001). These indicators of a resilient relationship in the face of adversity are addressed in the study of the triangular theory of love and its possible implications with regards to strengthening relationships affected by PTSD. The researchers suggested that intimacy/closeness, passion, and commitment are sizable factors in relationship satisfaction and success (Renshaw, Blais, & Caska, 2011). In addition, male veterans with chronic PTSD are found to be less self-disclosing and emotionally expressive with their partners (Carroll, Rueger, Foy, & Donahue, 1985). This may indicate that male veterans are absent and unable to participate in a socially normative relationship.

Veterans who have PTSD also exhibit a greater level of anxiety related to intimacy (Knobloch-Fedders et al., 2017; Riggs, Byrne, Weather, & Litz, 1998). This is likely due to a disconnect of human intimacy related to combat training. Additional studies of combat veterans who have chronic PTSD have found that of the identifiable symptom clusters, avoidance/numbing symptoms are more strongly associated with

intimate relationship dissatisfaction and impaired intimacy (Evans, McHugh, Hopwood, & Watt, 2003; Solomon, Dekel, & Mikulincer, 2008). In a research study of Israeli ex-prisoners of war (POWs), and a control group of combat veterans who were not POWs found that self-disclosure partially mediated the association between the avoidance symptoms of PTSD and marital intimacy. This is likely problematic for overcoming challenges with PTSD and increase intimate partner satisfaction. In line with research conducted by Koenen et al. (2008), the study indicated that diminished self-disclosure is one factor accounting for the connection between avoidance symptoms and intimate relationship issues.

Feelings of detachment, maintaining negative beliefs and avoidance can adversely affect a trauma survivor's ability to connect and build secure relationships with their significant other (APA, 2003; Arzi, Solomon, & Dekel, 2000; Balcom, 1996; Goff, Crow, Reisbig, & Hamilton, 2007; Gros et al. 2019; Johnson, 2002). In an attempt to manage their symptoms and deal with the challenges that accompany those symptoms, veterans who have PTSD tend to fluctuate between desiring comfort from their partners to wanting isolation (Arzi et al., 2000; Yambo et al., 2016). This may lead the partner of a trauma survivor with a sense of defeat at the thought of being unable to help the survivor (Goff, Reisbig, et al., 2006; Goff & Smith, 2005; Hecker, 2007). Intimacy serves as an integral part of relationships and overall relationship satisfaction (Greeff & Malherbe, 2001). Most definitions of intimacy indicate that trusting one another, sharing emotional and physical closeness, disclosing one's thoughts and emotions, and being aware of one's partner's thoughts and emotions are all important features of intimacy (Moss &

Schwebel, 1993). People who have been traumatized may have difficulty trusting, sharing with, and feeling close to their partners (Mills & Turnbull, 2004). The level of trauma combat veterans experience and their ability to cope with the trauma articulates the veteran's interaction with their partner. Learning how intimacy plays a role within relationships may help target some of the challenges that combat veterans with PTSD and their partners' experience upon reintegration.

Spousal efforts have shown to enhance marriage commitment (Gros et al. 2019; Yambo et al., 2016; Zwaniger et al., 2017). According to Zwaniger et al. (2017), military spouses are in a unique position to help identify the presence of PTSD symptoms in the military service member if they are aware of the signs and symptoms. Studies have shown that spouses who seek out resources and make an effort to understand the disorder improves the odds of overcoming the challenges related to PTSD (Yambo et al., 2016). In this regard, the spouse can play a vital role in helping bring awareness of the PTSD symptoms to the attention of the military member and thereby take early action in seeking treatment (Zwaniger et al., 2017). By examining the causes, symptoms, and treatment of PTSD, the intimate relationship was more likely to withstand the obstacles facing the couple.

To support this research, one can examine Lemieux and Hale's (2002) study of the effect of intimacy, passion, and commitment on relationships. This may prove to be a useful tool in identifying perceptions of intimacy, passion, commitment, and resilience among couples dealing with PTSD. The research found that intimacy helps create relationship satisfaction and commitment in some relationships (Renshaw, Blais, &

Caska, 2011). By examining intimacy, passion, and commitment and how it is interpreted by the spouses, there may be a solution to building a long-lasting relationship.

Specifically, partners of military personnel may be the key to building long-lasting relationships by identifying symptoms and seeking help sooner, either through counseling to help support the new dynamics of the relationship, as well as build support systems for each individual. Programs can be targeted to educate spouses while the military member is in combat. Therefore, there is potential for combat veterans and their spouses to experience a decrease in incidences of marriage conflict, intimate partner violence, as well as divorce.

Commitment

Commitment within an intimate partner relationship is defined as the decision to love someone else and to maintain that relationship for an extended time (Lemieux & Hale, 2000). It is a decision to love another individual and maintain that love (Sternberg, 1986). Commitment is usually a factor that is decided early on within the relationship and often develops slowly (Erber & Erber, 2017; Lemieux & Hale, 2002). Commitment is reliant on the success of the relationship (Erber & Erber, 2017; Lemieux & Hale, 2002). Lemieux and Hale's (2000) found that long-term relationships are heavily influenced by variable commitment, more so than intimacy and passion. This was specifically true for men within their research (Lemieux & Hale, 2000). As the relationship continues, commitment scores increase, suggesting a strong correlation between commitment within the relationship and satisfaction in long-term relationships (Erber & Erber, 2017; Lemieux & Hale, 2002).

Married couples were found to express a higher level of commitment when they felt they were able to connect with their partners (Erber & Erber, 2017). Individuals reported a higher level of commitment when they felt their partners attempted to understand them. It was also noted that a higher level of commitment was observed when the individuals felt accepted as they are with shortcomings and mistakes (Erber & Erber, 2017).

In previous research, Erber and Erber (2017) defined commitment as the increase of attraction and interdependence over time. The increased level of investment and happiness with the relationship supports further commitment (Erber & Erber, 2017). These investments may include sexual intimacy, sharing a living space, sharing expenses such as buying a house or a car, as well as having children. Interestingly, higher levels of planned investments strengthened the commitment between two people within an intimate relationship (Erber & Erber, 2017). Once these higher levels of investment are observed within the relationship, commitment is likely to plateau (Erber & Erber, 2017).

However, the dissolution of commitment should also be acknowledged as perhaps some circumstances negatively influence relationship satisfaction, and therefore long-term commitment (Arriaga, Reed, Goodfriend, & Agnew, 2006; Erber & Erber, 2017). If there are lower levels of satisfaction, increased access to alternative situations/relationships, as well lower levels of investment in relationships, the decision to stay may be threatened (Erber & Erber, 2017). Also, when expectations of commitment do not match between partners, there is likely to be some discord within the relationship (Erber & Erber, 2017). Lack of commitment or disagreements related to

expectations of commitment should be acknowledged for the current research. However, how the factors within this research impact research are not yet understood and, therefore, supports the need for the proposed research.

Intimacy

Intimacy within an intimate partner relationship is described as feelings of closeness and connectedness, including showing concern for the wellbeing of their partner, as well as feeling the same in return (Erber & Erber, 2017). Intimacy includes feelings of happiness and contentment within the relationship, as well as feeling understanding, and having openly intimate communication with their partner that increases steadily over time (Erber & Erber, 2017; Sternberg, 1986). Intimacy implies some level of equality, as the feelings are shared and experienced by both partners. Sexual or physical interactions may also be considered building blocks for intimacy (Shulman, Seiffge-Krenke, & Walsh, 2017).

According to Lemieux and Hale (2002), intimacy is a substantial factor early on in relationships, with passion being more important in the beginning and for short-term relationships. Lemieux and Hale's (2000) reported that females find intimacy as the most important factor for satisfaction within long-term relationships. Intimacy is likely to occur when each partner feels comfortable in self-disclosure (Erber & Erber, 2017). Individuals are more likely to add more topics to the conversation before they are willing to add depth to the conversation. Once there are feelings of connection, and the breadth of topics has been exhausted, it is then expected that intimacy increases (Erber & Erber, 2017). Erber and Erber (2017) suggested that once higher levels of self-disclosure are

offered by one partner, it is likely that higher levels of self-disclosure are offered by the other partner. This leads to the feeling of a deeper level of intimacy by both individuals. It should be noted that cultural aspects influence expectations surrounding self-disclosure and levels of intimacy, both in the beginning and throughout the relationship (Erber & Erber, 2017).

Similar to commitment, intimacy will plateau within long-term relationships, and perhaps experience a decline. Researchers reported that this does not necessarily change the satisfaction within the relationship or the interaction between each individual (Erber & Erber, 2017; Lemieux & Hale, 2002). It is only when there are differences in expectations of intimacy that cause strife within the relationship (Erber & Erber, 2017). As long as each individual within the relationship is satisfied with the levels of intimacy, the relationship is still considered healthy and maintained.

Stressful situations may impact the level of intimacy due to preoccupation with other issues. Erber and Erber (2017) reported that stress could influence the level of disclosure a partner is willing or able to provide when in crisis. This is a particularly important aspect of the current research as PTSD is the elongation of crisis from previous trauma. This may lead to a sense of numbing of feelings, and therefore a reduction in self-disclosure and withdrawal from the partner (Dekel et al., 2005; Knobloch-Fedders et al., 2017). It is reported that combat veterans with PTSD face challenges with intimacy (Dekel et al., 2005; Knobloch-Fedders et al., 2017).

Passion

The passion within an intimate partner relationship is defined as the motivation surrounding romantic aspects of the relationship, including love, attraction, and sex (Erber & Erber, 2017; Lemieux & Hale, 2002). Erber and Erber (2017) and Sternberg (1986) also describe passion as factors that arouse the individual to include meeting sexual needs and promoting self-assurance, as well as the balance of submission and dominance between partners. Passion is the outcome of a strong attraction to the physical features of the other person (Erber & Erber, 2017). In some cultures, it is more about shared interests than it is a physical attraction (Erber & Erber, 2017). Whatever the motivation, when passion is reciprocated, it offers each individual a sense of fulfillment (Erber & Erber, 2017). A study by Aron and Henkemeyer (1995) reported that females who experienced higher levels of passion were more excited and more satisfied in their relationship than females that experienced lower levels of passion. There were no associations found for men (Aron & Henkemeyer, 1995). However, this research is dated and perhaps social norms surrounding passion for men have changed.

As described by Lemieux and Hale (2002), motivation is broken down between the positive and negative drive. Throughout the early stages of the relationship, passion and arousal spike, often being the most important factors between the couple. This is true for short-term relationships, as well. After passion has peaked, positive drive plateaus and remains relatively consistent (Lemieux & Hale, 2002). There may be a slight decline from the peak level of passion. However, it is expected to stabilize and remain high in long-term relationships when both partners are satisfied (Lemieux & Hale, 2002). This is

also known as habituation (Erber & Erber, 2017; Sternberg, 1986) or negative drive (Lemieux & Hale, 2002). The role that passion plays within the relationship is often viewed as less important than intimacy after time has passed.

When the needs of passion are met, the individual is likely to attempt to learn more about their partner, be more aware of their partner's feelings, as well as be more willing to meet the needs of their partner (Erber & Erber, 2017). In contrast, unreciprocated passion often leads to less desirable outcomes, such as anxiety and feelings of loneliness (Erber & Erber, 2017). While passion produces intense feelings of euphoria during times of positive interaction when the relationship is off-balance, passion plays a role with intense feelings of negativity (Erber & Erber, 2017). This may be particularly informative for relationships that experience a great deal of turmoil, perhaps similar to the couples that will be surveyed within this study (Erber & Erber, 2017; Hatfield & Sprecher, 1986).

Summary

From the moment the soldier returns home, the reintegration process is not only challenging for the combat soldier but also their spouse and family members (Sensiba & Franklin, 2015). With every deployment, the chances of the military veteran developing PTSD increases. The symptoms of PTSD not only affect the war veteran but also can have devastating effects on the spouse and children. In many cases, the family unit is destroyed. By identifying factors contributing to adverse effects of PTSD on spouses, the military, mental health providers, and spouses themselves could develop a systematic approach to dealing with PTSD.

In summary, Chapter 3 will focus on the discussion of the research design and rationale, as well as the methodology to include the target population, sampling procedures, approach to recruitment, participation, data collection, and discussion of results. The discussion will expand on the data analysis, as well as a plan to examine possible threats to the external and internal validity of the research study.

Chapter 3: Research Method

The purpose of this nonexperimental, quantitative study was to examine whether the factors of age, social support, passion, and intimacy predict relationship commitment among military couples who included a combat veteran suffering from symptoms of PTSD. The variables were measured using Sternberg's (1986) Triangular Love Scale and the Multidimensional Scale of Perceived Social Support (Zimet, Powell, Farley, Werkman, & Berkoff, 1990; Zhou et al., 2015). This chapter includes the research design that was used and the reason that it was selected. In addition, the methodology, population, sampling and sampling procedures, recruitment, and participation, and data collection are described. The instrumentation and operationalization of constructs are also included in this chapter. A data analysis plan is described with a discussion of the external and internal threats to validity. Lastly, the ethical procedures are included to demonstrate that the study had an ethical foundation for research with human participants.

Research Design and Rationale

I used a cross-sectional, correlational study design to compare relationships between groups of people by age and to assess the relationship between variables. The independent variables were age, social support, passion, and intimacy, and the dependent variable was relationship commitment. I analyzed romantic couples with at least one partner identifying as a combat veteran with PTSD symptoms. Age data were collected in the demographic section of the survey. Age indicated years lived and included information to describe everyday experiences including relationships (see Andrade,

2017). Social support was identified by three levels of support through the General Social Support Scale (see Martin et al., 2018). Passion, intimacy, and commitment were measured by Sternberg's (1986) Triangular Love Scale, which included five levels for each construct. Assessing these variables indicated the relationship between the independent variables of age, social support, intimacy, and passion and the dependent variable of relationship commitment.

This study had the potential for a snowball effect as participants may have asked or recommended others to participate. The study was considered nonexperimental because there was no manipulation of variables. Further, an assessment correlation between the variables was conducted as they were reported by the participants. The cross-sectional design was chosen because I collected data at one point in time. A correlational design was used to assess the relationship between variables. The snowball effect was exhibited as participants were welcomed to share with their friends, relatives, and peers who satisfied the selection criteria for the study. The snowball effect increased the likelihood of finding participants in the population and reduced the time needed to recruit participants.

Methodology

Population

The population was partners of combat veterans who experienced PTSD-type symptoms. According to the United States Department of Veteran Affairs (2019), there were approximately 20.8 million combat veterans in 2015. Although the rates of experiencing PTSD were not tracked, it was likely that most of the combat veterans

experienced some symptoms related to PTSD. There were also no reports to suggest how many partners were impacted by veterans experiencing the symptoms of PTSD due to war. The individuals in the study considered themselves to be in a permanent relationship with a combat veteran and lived in the United States or an American territory. The combat veterans were not included in this study because they were considered a vulnerable population. The participants had to be over the age of 18 because participants under the age of 18 were considered a vulnerable population. Also, it was less likely that individuals under the age of 18 were in long-term committed relationships with individuals who were combat veterans.

Sampling and Sampling Procedures

I recruited participants via social media (e.g., Facebook). I contacted administrators of Facebook groups to promote the study and asked permission to provide a post within the group for recruitment purposes. After the administrators from the social media groups permitted the study and post, the post provided details such as the target population, purpose of the study, and survey link. Participant groups included military spouse groups (e.g., Seasoned Spouse, Soldier's Wife, Crazy Life, MilSpouse Resource for Military Spouses, Jbab joint base, and Fort Bragg Wives). Other participant groups consisted of mothers (e.g., Wives and Mothers, McAllen Mothers, Milky Mamas bfs OFF-Topic) and students (e.g., Doctoral Mom Life, Literature Review Resources). All individuals were asked to share the information in the post with their friends and family members. The participants were also encouraged to share the link with their friends who satisfied the selection criteria for the study. I returned to each original post to provide a

current topic within each group. Finally, I shared the post within my Facebook page to encourage friends and family members to participate and/or share the survey post and link.

Inclusion and exclusion criteria. To participate in this study, participants had to live in the United States or on American territory and be in a romantic relationship with a combat veteran experiencing symptoms of PTSD, as determined by the screening tool. Participants had to be 18 years of age or older. Participants who identified as combat veterans, as well as minors, were excluded from this study because both groups were vulnerable populations. Individuals who lived outside of the United States were also excluded from the study.

Power analysis. To determine the appropriate sample size for acceptance or rejection of the null hypothesis within this study, a G*Power analysis was performed. There are five power analyses in the statistical literature: a priori, compromise, criterion, post-hoc, and sensitivity (Faul, Erdfelder, Lang, & Buchner, 2009). Of these, a priori power analysis was preferred by most authors due to being able to specify the desired effect size, the α level, and the desired power level (Erdfelder, Faul, & Buchner, 1996). Given this study's design and number of variables, a medium effect size of 0.15 was chosen. Cohen's (1992) work on determining effect size for appropriate and scholarly analysis of statistical data suggested effect sizes of .02 (small), .15 (medium), and .35 (large) for multiple correlation studies. An alpha level of .05 is considered an acceptable level of risk for mistakenly rejecting the null hypothesis for this type of analysis (see

Cohen, 1992). A power level of .80 is also accepted in the literature and was used to calculate the minimum sample size in the current study (see Cohen, 1992).

Recruitment, Participation, and Data Analysis

Participants were recruited within social media groups. I also shared the survey link on my personal Facebook page. In addition, I contacted administrators within Facebook groups who were likely to reach participants who satisfied the inclusion criteria for the study. Once permission was granted, posts including the purpose of the study and the survey link were provided in each group.

Through social media, the necessary number of participants was recruited within a reasonable time frame and with minimal cost (see Whitaker, Stevelink, & Fear, 2017). According to Whitaker et al. (2017), the use of Facebook to recruit participants is not only cost-effective and timely, but also targets underrepresented populations (e.g., low income) who are typically more difficult to reach.

Facebook is one of the most popular tools to communicate and share information among family, friends, acquaintances, potential business prospects, and research participants (Whitaker et al., 2017). A recent study indicated that nearly one billion users log on to their Facebook accounts daily (Whitaker et al., 2017). Although individuals using Facebook are more likely to be White women, the population who accesses and utilizes Facebook has changed since 2015 (Baltar & Brunet, 2012).

Individuals were asked to participate and/or share the link with their peers, which is known as snowball sampling. Facebook is thought to be one of the most successful

methods for snowball sampling (Baltar & Brunet, 2012). The momentum of snowball sampling allowed me to reach and exceed the minimum sample size on time.

Once an individual was determined to have an interest in the study, an informed consent form was offered. To ensure anonymity, the participant was not required to sign the consent form. However, it was recommended that the participant print or save the consent form because it contained my and a Walden University representative's contact information. The informed consent form explained that by moving to the first question of the survey, the participant affirmed that they had read the consent form. After the participant completed the survey, the participant was thanked and offered the contact numbers that were provided within the consent form. The participants were encouraged to share the link with peers who met the selection criteria.

Triangular Love Scale

Sternberg's (1986) Triangular Love Scale assessed intimacy, passion, and commitment through a 45-item questionnaire that asked the participant to rate each item on a scale of 1 (not at all) to 9 (extremely) with 5 (moderately) representing a median response. Each variable was represented by 15 items. The participant rated the degree to which they experienced each construct about their partner. The items were rated as significantly below average, somewhat below average, average, somewhat above average, and significantly above average (see Sternberg, 1986). For this study, the responses assessed how two of the independent variables (intimacy and passion) impacted the dependent variable (relationship commitment).

Cassepp-Borges and Pasquali (2012) conducted a study in the United States to determine construct validity. Eighty four heterosexual participants participated, and there were no statistically significant findings between genders. However, females reported higher rates of perceptions of love for the ideal romantic lover, as well as for best friends. The study produced good internal consistency with high alpha values for intimacy ($\alpha = 0.91$), passion ($\alpha = 0.94$), and commitment ($\alpha = 0.94$). Similar findings were reported in other areas of the world (Cassepp-Borges & Pasquali, 2012). Cassepp-Borges and Pasquali sought to determine validity and reliability among sectors of Brazil. Cassepp-Borges and Pasquali determined that internal consistency was good for intimacy ($\alpha = 0.96$), passion ($\alpha = 0.92$), and commitment ($\alpha = 0.92$). Askarpour and Mohammadipour (2016) produced similar findings to confirm significance in reliability and validity in intimacy ($\alpha = 0.86$), passion ($\alpha = 0.87$), and commitment ($\alpha = 0.91$). Askarpour and Mohammadipour reported that their results were consistent with several other studies indicating validity and reliability in their findings.

Sternberg (1997) reported moderate to high correlations of his scales by utilizing Rubin scales to test the external validation of the instrument. However, Sternberg suggested that the numerical data produced by the study should be supplemented with a qualitative aspect. Specially, Sternberg suggested looking at behavioral data and not only self-report data through a questionnaire. Sternberg considered this method a limitation to research.

Multidimensional Scale of Perceived Social Support

The Multidimensional Scale of Perceived Social Support (MSPSS) was a useful self-report tool to determine an individual's perception of social supports. Participants were asked to assess their perceptions of social supports from significant others, family members, and friends (see Zimet et al., 1990; Zhou et al., 2015). The MSPSS is a 12-item scale in which participants are asked to select one response from very strongly disagree, strongly disagree, mildly disagree, neutral, mildly agree, strongly agree, or very strongly agree (Zimet, Dahlem, Zimet, & Farley, 1988; Zimet et al., 1990).

Zimet et al. (1990) facilitated a study that recruited 265 pregnant women, 74 adolescents, and 55 pediatric residents. Zimet et al. (1990) reported a previous study that showed strong internal reliability with alpha subscales ranging from 0.85 to 0.91. The test-retest reliability ranged from 0.72 to 0.85 (Zimet et al., 1990). Construct validity was compared to Depression and Anxiety subscales of the Hopkins Symptom Checklist (Zimet et al., 1990). Women reported experiencing greater support between gender responses. Whereas, internal reliability Cronbach alpha values ranged from 0.81 to 0.98 between groups. Zhou et al. (2015) suggested the original English version and versions in other languages were found to be valid and reliable. The study assessed and found strong factorial validity, as well as good internal and test-retest reliability (Zimet et al., 1988).

Another study conducted by Zhou and colleagues (2015) recruited 1,212 participants who were patients of a methadone maintenance program in China. The subscales Cronbach alpha were found to be satisfied ranged between 0.84 and 0.89, which was found to be acceptable (Zhou et al., 2015). Convergent validity was also found

to be satisfactory ($r > 0.80$) using an item-subscale correlation. Family ($r = 0.83$), friends ($r = 0.86$), as well as significant others ($r = 0.88$) indicated better convergent validity. Zhou et al. (2015) reported that the hypothesized item-subscale correlations were found to be higher than between items and other subscales suggesting a strong discriminant validity, as well.

Data Analysis Plan

All data collected was securely checked to ensure proper transfer to statistical software. Data was then appropriately coded as it was relocated from SurveyMonkey to IBM's Statistical Package for Social Sciences version 25 (SPSS 25) for data analysis. The data cleaning process secured frequencies on the variables and was examined for missing or inaccurate data, which was then corrected or discarded. The analysis described in the study was then run to identify and address outliers and assumptions. The assumptions were reviewed to include multivariate normality (regression residuals normally distributed); a linear relationship assumed; no multicollinearity (independent variables are not highly correlated with each other); and homoscedasticity (Creswell, 2014; Fidell & Tabachnick, 2003).

The independent variables age, social support, passion, and intimacy were analyzed against the dependent variable commitment among military couples that included a veteran suffering from symptoms of PTSD. The statistical analysis that was utilized in this research study was multiple linear regression. According to Creswell (2014) and Frankfort-Nachmias et al. (2015), multiple linear regression is used when the researcher wants to do a predictive analysis among a continuous dependent variable and

multiple independent variables that can be either categorical or continuous. That is, multiple linear regression allows the researcher to determine the relationship among the variables being studied by running the analysis to determine the relationship between four explanatory variables and one response variable. The variables were entered in a hierarchical linear model method of multiple linear regression (Weinfurt,1995). SPSS ran the analysis with no predictor variable and then ran each analysis by introducing a new predictor variable. SPSS determined which variable to select based on the variable that was determined to influence the analysis the most (Weinfurt,1995).

Research Question and Hypotheses

RQ: Do the factors age, intimacy, passion, and social support predict commitment among military couples that include a combat veteran suffering from symptoms of PTSD?

*H*₀: The factors of age, intimacy, passion, and social support are not statistically significant in predicting commitment among military couples that include a veteran suffering from symptoms of PTSD.

*H*₁: The factors of age, intimacy, passion, and social support are statistically significant in predicting commitment among military couples that include a veteran suffering from symptoms of PTSD.

Threats to Validity

Internal Validity

There was potential for the dependent variable to be impacted by other variables outside of the variables that were examined within this study (Frankfort-Nachmias,

Nachmias, & DeWaard, 2015). These extra variables considered threats to internal validity (Bhattacharjee, 2012). Threats to internal validity were more likely in non-experimental research as the environment could not be controlled as it would be in a laboratory (Bhattacharjee, 2012, Frankfort-Nachmias et al., 2015). The independent factors were not manipulated and, therefore could not determine a cause-and-effect. It needed to be reiterated that this study was looking for a correlation between variables and not causality (Bhattacharjee, 2012).

One potential threat to internal validity included self-report bias. This threat was due to the self-administered survey research design in that the participants did not provide the most accurate answers on their survey. Further, participants provided answers that they thought the researcher wanted to hear instead of what the truth was; therefore, reactivity occurred. To reduce these threats, the researcher provided a note to the participants that the results of the study depended on the truthful answers from participants as each participant and their responses were vital to the research study.

According to Althubaiti (2016), two examples of self-report was biasing social desirability and recall bias. Social desirability suggested that the participant was likely to respond to the survey in a way that was socially acceptable, particularly when the topic was personal or sensitive (Althubaiti, 2016). In order to decrease the likelihood of this bias, the participants were informed that their identity would remain anonymous. The second self-report bias, recall bias, suggested that sometimes an individual's recall of historical events was skewed. Althubaiti (2016), suggested this could be influenced by a number of factors such as length in time to recall the experience, the individual's age, or

the characteristic of a health condition such as PTSD (Althubaiti, 2016). The researcher was not able to eliminate recall bias and therefore had to be aware of this when making assumptions about the results.

External Validity

External validity was the idea that the research findings could be generalized to another population other than the one being studied (Carlson & Morrison, 2009; Frankfort-Nachmias et al., 2015). While it was important to understand how the independent variables impacted the dependent variables within this population, it was beneficial to other groups (Bhattacharjee, 2012; Frankfort-Nachmias et al., 2015). According to Frankfort-Nachmias et al. (2015), it was necessary for the participants to represent the population being investigated.

Two potential threats to external validity were volunteer bias and confounding. Volunteer bias suggested that participants that volunteer to participate did not necessarily represent the typical individual within the population being assessed (Salkind, 2010). The participants chose to respond for personal reasons and responded based on their current situation related to those reasons. Therefore, it was likely that this bias impacted the generalizability of the findings (Salkind, 2010). Confounding suggested that there were potentially additional variables that influenced the relationship between the independent and dependent variables (Weinberg, 1993). This may have led to distortions in the findings and potentially impacted the generalizability of the findings (Weinberg, 1993).

Although there were threats that occurred in both the external and internal validity of this research study, the researcher took precautions to reduce the threats before and

during data collection. Yet, another threat to validity was the use of online survey instruments. The possibility of misleading or false information by the participant existed in the use of this type of instrument as a participant was self-reporting. Finally, due to the inclusion criteria, a representative sample was not likely to be obtained from this study; thus, the results were not able to be generalized across the entire population.

One way the researcher attempted to reduce the threat of internal validity was to remind the participant that the answers were anonymous. It, therefore, increased the likelihood that the respondent was more truthful in their answers. Another way the researcher attempted to reduce the threat to internal validity was to allow the participants to know there was time to respond to the answers at their own pace. The participants were asked an approximate month and year the veteran last returned from warfare. This provided the researcher with an idea of the length in time for recall purposes. As for minimizing external validity, the researcher asked the participants to answer a question as to why they volunteered to participate in the research study. Secondly, external validity was reduced by the researcher running additional analyses for variables that were already collected within the survey.

Ethical Procedures

Prior to recruitment and data collection, Walden University's IRB approved the research procedures that met all ethical requirements. This procedure was undertaken to ensure that the study was conducted ethically and that the safety and protection of the participants were addressed. The IRB reviewed the framework and methodology of the study to ensure the researcher followed the ethical procedures outlined by the university.

Once the IRB approved this study, participants were provided with information regarding the focus of the study. The participants were provided with the consent form with the information on their rights, contact information of the researcher or Walden representative, referral information for mental health services, as well as the right to refuse participation. Participants were informed of the option to withdraw from the study at any time throughout the study. In addition, anonymity was maintained throughout the process because no personal identifiers were collected during the survey. If they agreed to the consent form, the participant would then move on to the first screening question.

Once the number of participants was reached, the researcher migrated that data from SurveyMonkey to SPSS, both of which were secure. According to SurveyMonkey (2018), information and technical infrastructure housed in a world-class SOC-2 accredited data center with extensive monitoring, which included cameras, visitor logs, entry requirements, and dedicated cages for hardware. Further, SurveyMonkey's access control and security policies stated that immediately after employee termination, access was immediately revoked, and all employees required regular training in HIPPA compliance (SurveyMonkey, 2018). The data was encrypted using TLS cryptographic protocols (SurveyMonkey, 2018), password protected and kept on an external drive for a minimum of five years. All data would be deleted and destroyed after the five-year period had lapsed.

There was potential for this topic to cause some level of stress during or after completing this study. To reduce any issues related to this stress, the information for mental health services was posted within the consent form and was also included at the

end of the survey. The contact information for this researcher, as well as the Walden representative, was made available again at the end of the survey in case any questions arose.

Summary

The purpose of this quantitative, non-experimental, cross-sectional correlation research study was to determine if the factors of age, social support, passion, and intimacy, predicted commitment among military couples that included a combat veteran suffering from symptoms of PTSD. The focus of this study correlated with the selected research design in that the researcher attempted to examine the degree of the relationship among variables at one point in time. Due to the existence of multiple predictor variables and one dependent variable, a multiple regression analysis was conducted to determine relationships.

This chapter addressed the methodology and research design used in the study. The recruitment, participants, and data collection were also defined as well as the instrumentation used. The research questions and the implications of responses to questions were also discussed. The data analysis provided by the study was also presented. Chapter 4 presents the data collection process, along with the time frame. A detailed description of statistical analysis and findings appears. In addition, tables present the findings in graphical form.

Chapter 4: Results

The purpose of this quantitative study was to examine the factors affecting commitment in military couples. In Chapter 4, the purpose of the study and research question and hypotheses are restated. In addition, the data collection methods are summarized, and the descriptive statistics are presented, followed by the result and a summary of the chapter.

Research Question and Hypotheses

The study was guided by the following research question: Do the factors of age, intimacy, passion, and social support predict commitment among military couples who include a combat veteran suffering from symptoms of PTSD?

H₀: The factors of age, intimacy, passion, and social support are not statistically significant in predicting commitment among military couples who include a veteran suffering from symptoms of PTSD.

H₁: The factors of age, intimacy, passion, and social support are statistically significant in predicting commitment among military couples who include a veteran suffering from symptoms of PTSD.

Data Collection

Demographics

One hundred twenty eight participants who lived in the United States and were partnered with a military service member suffering from symptoms of PTSD attempted to complete the survey. The survey located on SurveyMonkey consisted of demographic questions and two self-report questionnaires: Sternberg's Triangular Love Scale and the

MPSSS. Data were collected over a 9-day period from February 19, 2020 to February 28, 2020. Although 128 people attempted the online survey, 12 were removed due to noncompletion, and 116 were used for data analysis. Of the participants, most were White females, and the average age was 39.3 years. Additionally, the Army was the most common branch of military affiliation represented with 66 participants (57%). Participant demographics are shown in Table 1.

Table 1

Summary of Demographics (N=116)

	<i>n</i>	Percent	Mean	<i>SD</i>	Min	Max
Age	116	100.0	39.3	12.9	20	85
Household income	116	100.0	86,561.40		20,000	450,000
Total # children living in home while deployed			1.2		0	5
<u>Gender</u>						
Male	9	7.8				
Female	105	90.5				
PNA	2	1.7				
<u>Marital status</u>						
Single	5	4.3				
Married	94	81.0				
Divorced	10	8.6				
Partnered	6	5.1				
Widowed	1	0.9				
<u>Ethnicity</u>						
American Indian /Alaskan Native	1	0.9				
Asian/Pacific Islander	5	4.3				
African American	13	11.2				
White	54	46.5				
Hispanic/Latino	39	33.6				
Other	4	3.5				
<u>Military branch</u>						
Airforce	14	12.0				
Army	66	56.9				
Coast Guard	2	1.7				
Marines	27	23.8				
Navy	8	6.9				

Table 2

Descriptive Statistics for Study Indices

	Mean	Std. deviation	Minimum	Maximum
Intimacy index	7.0769	1.82422	1.27	9.00
Passion index	6.3449	1.95647	1.00	9.00
Social support index	5.4383	1.07549	1.67	7.00

Time frame and recruitment. To comply with Walden University's guidelines related to research, I began the process to obtain permission to conduct this study from the IRB on January 9, 2020. The application included a letter for recruitment, informed consent, demographics questionnaire, and three self-inventories. After multiple revisions to the application, approval was granted on February 19, 2020. The IRB approval number was 02-19-20-0610165, with the expected expiration date of February 18, 2021.

Recruitment took place via Facebook in various groups to reach the target population of military spouses. Group administrators were allowed to review the IRB information and consent form before granting permission to solicit participants from individual groups. Groups consisted of various military spousal (MilSpouse) groups, mother groups, and students of higher education groups. Participants were encouraged to share the survey with anyone they felt met the criteria.

Response rate. A priori power analysis was conducted to determine the minimum number of participants required. A sample of 89 was determined to be the minimum number of participants required. Once the data were collected, they were processed

through SPSS. There was a total of 128 respondents, and 12 incomplete responses were removed. The number of completed surveys ($N = 116$) indicated a completion rate of 90%.

Descriptive Statistics

Prior to conducting the hierarchical multiple regression, I made sure the assumptions of this statistical analysis were satisfied. First, a sample size of 116 was determined to be adequate given the four independent variables included in the analysis (see Tabachnick & Fidell, 2001). The assumption of singularity was also met as the independent variables (age, intimacy, passion, and social support) were not highly correlated with each other. The statistical analysis revealed that only the variables of passion and satisfaction were highly correlated. However, the variance inflation factor were within acceptable limits, and the assumption of multicollinearity was deemed to have been met. Further, no outliers were considered, and no adjustments were needed. Residual and scatterplots were consistent with the assumptions of normality, linearity, and homoscedasticity.

A two-step hierarchical multiple regression was conducted with commitment as the dependent variable. Relationship status, years served, and number of children were entered at Step 1 of the regression to control for the variance accounted for by the sample demographics. In Step 2 of the regression, I examined the independent variables of age, intimacy, passion, and social support due to the primary effects I was interested in. The regression statistics are provided in Table 2.

Study Variables

The independent variables used to predict commitment were intimacy, passion, social support, and age. Intimacy and passion were measured using Sternberg's (1988) Triangular Love Scale. Each variable was represented by 15 items in which the participant had to select the degree to which they viewed experiences with their partner on a scale of 1 (not at all) to 9 (extremely), with 5 (moderately) representing the median response. Social support was measured using the MSPSS. This is a 12-item scale in which participants are asked to assess their perceptions related to social support from significant others, family members, and friends (Zimet et al., 1998; Zimet et al., 1990). The scale for the MSPSS is based on a scale of 1 (very strongly disagree) to 7 (very strongly agree), with 5 as a neutral response. Age was measured in a demographic question. Scores on Sternberg's Triangular Love Scale and the MSPSS, including age, were calculated using an average of items related to each subscale before being entered into SPSS. The summary of the hierarchical regression analysis is presented in Table 3.

Table 3

Summary of Hierarchical Regression Analysis for Variables Predicting Commitment

Variable	β	t	sr^2	R	R^2	ΔR^2
<u>Step 2</u>				.930	.866	.752
Age	.000	.041	.002			
Intimacy	.629	8.690	.334			
Passion	.366	5.642	.317			
Social support	-.060	-.782	.030			

Results**Statistical Model Assumptions**

For this study, the assumptions for multiple linear regression were evaluated. All observations were independent. The responses of each respondent did not influence another respondent's responses. Second, the independent and dependent variables were the appropriate level of measurement. Commitment, the dependent variable, was a continuous variable. Age, intimacy, passion, and social support were the independent variables, and they were also continuous variables. Next, the independent variables needed to have a linear relationship with commitment, the dependent variable. Pearson's correlation matrix was used to determine whether this assumption was met. According to Table 4, each of the three indices had a moderate to strong linear association with commitment ($r > .4, p < .05$). Age had the weakest correlation that was not statistically

significant ($r(102) = -.079, p = .212$). However, age was not determined to have a disqualifying linear relationship.

Table 4

Correlations

	Commitment index	Age	Intimacy index	Passion index	Social support index
Commitment index	1.000	-.079	.862	.854	.405
Age	-.079	1.000	-.093	-.159	-.080
Intimacy index	.862	-.093	1.000	.780	.460
Passion index	.854	-.159	.780	1.000	.439
Social support index	.405	-.080	.460	.439	1.000

The assumption of no multicollinearity between the independent variables was also analyzed. The variance inflation factor (VIF) factors for each of the four independent variables were less than 5, so this assumption was met. Homoscedasticity was also tested. A scatterplot of the standardized residuals against the standardized predicted values (Figure 1) showed a random pattern consistent with the data having equality of variances.

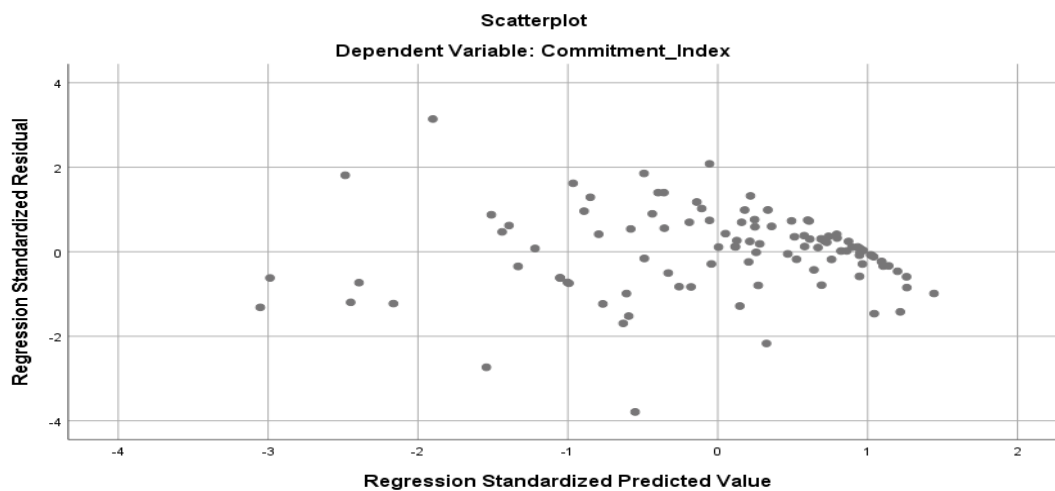


Figure 1. Scatterplot of the standardized residuals against the standardized predicted values.

Regression Model Results

A hierarchical multiple regression model analysis was used to determine the best fit model to predict Commitment. Results are included in Table 2. Age ($t(103) = .98, p = .329$) and social support ($t(103) = -.75, p = .455$) were not significant predictors of commitment.

However, intimacy ($t(103) = 7.47, p < .001$) and passion ($t(103) = 7.09, p < .001$) were significant predictors of commitment while controlling for age and social support. A fifth model was run to determine the best model fit for commitment. This was the best model to predict commitment ($F(2, 101) = 240.63, p < .001, R^2 = .827$).

The hierarchical multiple regression revealed that at Step one, relationship status, years served, and the number of children contributed significantly to the regression model, $F(4, 90) = 3.04, p < .05$) and accounted for the 11.3% of the variation in commitment. Adding age, intimacy, passion and social support in step two added a

statistically significant amount to the model. $F(8,91) = 73.26$, $p < .05$) and accounted for 86.6% of the variation in commitment and increase of 72.26%.

Table 5

Hierarchical Regression Analysis for Commitment Index

Model		Unstandardized Coefficients			Sig.
		B	Std. Error	t	
1	(Constant)	7.755	.592	13.091	.000
	Age	-.011	.014	-.803	.424
2	(Constant)	.976	.501	1.948	.054
	Age	.000	.007	.022	.982
	Intimacy Index	.893	.053	16.994	.000
3	(Constant)	.521	.416	1.253	.213
	Age	.006	.006	1.001	.319
	Intimacy Index	.515	.069	7.491	.000
	Passion Index	.457	.065	7.066	.000
4	(Constant)	.743	.511	1.454	.149
	Age	.006	.006	.982	.329
	Intimacy Index	.526	.070	7.467	.000
	Passion Index	.464	.065	7.086	.000
	Social Support Index	-.062	.083	-.750	.455
5	(Constant)	.794	.315	2.520	.013
	Intimacy Index	.518	.069	7.550	.000
	Passion Index	.448	.064	6.994	.000

Table 6

Summary Table for Multiple Linear Regression for Intimacy & Passion

	B	SE (B)	β	t	p	F	p	R ²
Overall Model						240.63	<.001	.83
Intimacy Index	.518	.069	.500	7.55	.000			
Passion Index	.448	.064	.463	6.99	.000			
(Constant)	.794	.315		2.52	.013			

The regression model in Table 6 was significant ($F(2,115)=240.63, p<.001, R^2=.83$).

Intimacy and passion explain 83% of the variation in the commitment index. Both intimacy and passion are significant predictors of commitment.

Summary

The purpose of this quantitative study was to examine factors affecting commitment in military couples, where the service member has shown signs of PTSD. Results of the analyses showed that there is no significant effect on all factors combined (age, intimacy, passion, social support), however, intimacy and passion alone were found to have a significant effect, as shown in the Model 5 summary in Table 5. Chapter 5 will consist of the interpretations of the findings, limitations, recommendations for future research, and implications for social change.

Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of this quantitative study was to examine whether age, intimacy, passion, and social support predict relationship commitment among military couples who include a combat veteran suffering from PTSD. Although there had been extensive research on PTSD and effects on the service member, there was limited research on the effect PTSD has on the spouse. In this study, I sought to examine these variables using self-report measures, including the Triangular Love Scale (Sternberg, 1986) and the MSPSS (Zimet et al., 1988). Hierarchical multiple regression was used to analyze the independent variables of age, intimacy, passion, and social support as predictors of commitment, the dependent variable. Combined, the independent variables were not found to produce a significant effect. However, intimacy and passion were found to have an impact on commitment. This chapter includes further discussion of the study's results, implications, limitations, recommendations for further research, and implications for social change.

Summary of Current Study

The purpose of this study was to assess predictive factors affecting commitment in military couples who include at least one service member with symptoms of PTSD. The independent variables were age, intimacy, passion, and social support, while the dependent variable was commitment. Quantitative methodology with a cross-sectional design was applied. The data were collected using an online survey consisting of questions pertaining to demographics and two self-report scales: the Triangular Love Scale (Sternberg, 1989) and the MSPSS (Zimet et al., 1988). Although 128 participants

accessed the online survey through SurveyMonkey, only 116 individuals completed the survey, which indicated a 90% completion rate. Participants were mostly female. The average age was 39.3 years, and the average number of children in the household was 1.2.

Participants had to identify as an individual over the age of 18 who lived in the United States and was partnered with a military service member with PTSD or symptoms related to PTSD. Chapter 2 focused on previous research related to PTSD and veterans, marital problems and PTSD, military spouses and reintegration, and secondary traumatization. Survey data were analyzed using a hierarchical multiple regression model to determine the best fit model to predict commitment.

Interpretation of Findings

This study provided information on factors contributing to the commitment level of military couples in which one was a combat veteran who had PTSD. Based on the findings reported in Chapter 4 and research reported in Chapter 2, it was not surprising to find intimacy and passion as determinants of commitment (see Erber & Erber, 2017; Lemieux & Hale, 2002). However, it was notable to find social support and age as nonsignificant predictors of commitment.

In contrast to the current study findings, research by M. Weinberg et al. (2016) and Ozbay et al. (2007) suggested that social support was one of the more influential aspects of coping with PTSD in couples. M. Weinberg et al. further described social support as a person's perception of help through emotional, physical, tangible, or informative means of support. Although social support would be expected to be

influential, the current study indicated that intimacy and passion, not social support, are significant predictors. This contradicted results from previous research suggesting that social support positively influenced relationship factors (Dekel et al., 2005; LaMotte et al., 2015). Dekel et al. (2005), Lehav et al. (2017), and M. Weinberg et al. (2016) noted that combat veterans with PTSD claimed social support was a less helpful tool when dealing with PTSD. Additionally, social support may be contingent on context and definition. Current study results should be considered with caution.

Age was also assessed as a predictive factor for commitment. However, age was determined to be insignificant. Although some research exists on using age to support the level of commitment of someone experiencing PTSD after deployment, there was limited research on the age of the spouse. Schnittker (2019) addressed the importance of age in caring for a veteran with PTSD and their demand for continued support. However, there was limited research on age as a predictive factor for relationship commitment. This study produced new information related to age as a variable, specifically that age is not a predictive factor for heterosexual couples who include a combat veteran with PTSD.

Theoretical Foundation

Previous researchers found direct links between these variables (Aykutoğlu & Uysal, 2017; Marston, Hecht, Manke, McDaniel, & Reeder, 1998; Sternberg, 1986). Intimacy functions on factors associated with closeness and connectedness such as self-disclosure, communicating love, perceived partner responsiveness, as well as a positive attitude toward their partner (Aykutoğlu & Uysal, 2017; Sternberg, 1986). Passion functions on factors associated with romance, attraction, and sex (Sternberg, 1986).

Commitment is the decision to maintain a long-term relationship (Sternberg, 1986).

Although the current study findings did not indicate a combined relationship with the four factors, both intimacy and passion individually produced a statistically significant effect on commitment.

Sternberg's (1986) Triangular Theory of Love includes three components of love that supported the design for the current study. Although I analyzed other factors (age and social support), the variables intimacy and passion were determined to be influential for commitment. These components are essential for a successful relationship (e.g., marriage), as reported by Sternberg (1986). In addition, consummate love incorporates intimacy, passion, and commitment (Sternberg, 1986). Individuals who report a loving relationship are happier and more compatible and overcome more challenges due to the strong bond between partners (Erber & Erber, 2017; Sternberg, 1986). However, the Triangular Theory of Love initially lacked valid measures of these variables. Lemieux and Hale (2002) created measures that produced results that adequately differentiated the Triangular Theory of Love constructs. This was supported by research from Fernández-Carrasco et al. (2019) and Kobusingye et al. (2019).

Veterans Experiencing PTSD and Their Romantic Partners

Historically, military personnel have not been well supported with issues related to mental health and/or mental illness. Mental health concerns have often been observed as a weakness, deterring combat veterans from seeking the help they needed (Hoge et al., 2004; NVF, 2016). Researchers suggested that combat veterans experience challenges with reintegration into civilian life, particularly adjustments in home life (Gonzalez,

Novaco, Reger, & Gahm, 2016; Yambo et al., 2016). Approximately 20% of combat veterans returning home experience PTSD symptoms and/or depression (NVF, 2016). Between Operation Enduring Freedom and Operation Iraqi Freedom, nearly 2 million military personnel were deployed (Gonzalez et al., 2016), which suggests that more than 400,000 combat veterans and their romantic partners have experienced PTSD symptoms. According to Gonzalez et al. (2016), PTSD and depression were the two most prevalent psychiatric diagnoses from Operation Enduring Freedom and Operation Iraqi Freedom.

Although I did not assess for PTSD, findings may be relevant for combat veterans and their romantic partners. Previous research in this area focused on the combat veteran (Knobloch-Fedders et al., 2017; Miller et al., 2003; Wolf et al., 2012) while limited research focused on partners/spouses or immediate family members such as the children (M. Weinberg et al., 2016). M. Weinberg et al. (2016) also noted that social support assists combat veterans and their partners in overcoming symptoms of PTSD. Although these findings may be helpful, romantic partners are likely more influential when couples face these challenges (M. Weinberg et al., 2016). The current study suggested that it is not social support that keeps partners committed to their relationships to overcome obstacles such as PTSD; rather, factors such as intimacy and passion keep partners committed. This is valuable information for support services, such as counselors, to focus on the partnership and less on excess supports.

Implications

This study may reduce the gap in the literature on factors affecting commitment in military couples who are managing symptoms of PTSD. Although PTSD has been

researched, there has been a narrow focus on the service member. My study addressed factors influencing relationship commitment from the perspective of spouses/partners.

Based on the findings from the study, the strongest predictors of commitment in many military couples were intimacy and passion. This provides important information to mental health professionals who serve as marriage and family counselors, in which the primary therapeutic focus is improving the relationship rather than the individual. A narrowed focus on treatment goals includes building empathy and respect, enhancing conflict resolution skills, strengthening connections, and reducing power struggles. A tighter focus on goals helps to support the new dynamics of the relationship and minimize unproductive patterns of communication.

Findings should be viewed as early intervention strategies that may help military couples reduce their divorce rates. Spousal commitment has been shown to be an indicator of successful reintegration post-deployment (Gros et al.). A smoother reintegration process is expected with the support of mental health professionals.

The findings of this study may be referenced by individuals with interest in the challenges families face post-deployment of service members. The study focused on spousal commitment factors to expose the areas of the relationship that require consideration. The literature indicated that social support may or may not play a role in a smooth reintegration process, which then leads to greater commitment (Ozbay et al., 2007). Social support was found to be a means to manage PTSD symptoms (M. Weinberg et al., 2016). However, my findings indicated that social support was not a significant predictor of commitment when compared to intimacy and passion.

Limitations

This study had several limitations. First, participant recruitment took place on social media via Facebook groups and involved snowball sampling. Baltar and Brunet (2012) suggested that Facebook is one of the most successful means of snowball sampling. Although random sampling allows for more control through the data collection process, the anonymous nature of the collection of data was important.

Online recruitment poses further limitations. Participant selection criteria required that the combat veteran experienced symptoms related to PTSD. Due to the self-reported survey method and the inability to assess PTSD symptoms, I relied solely on the honesty of the participants. Self-report measures have limited reliability, and biases must also be considered. The possibility that participants did not answer the questions truthfully must also be considered. Further, there is the risk that a participant may have completed the questionnaires more than once.

Lastly, concerns with generalizability due to a small sample size should be acknowledged. A total of 116 spouses of military service members completed the survey. Although the sample size was sufficient based on the power analysis, results may not represent the perceptions of all military spouses.

Recommendations

To consider the limitations section in this chapter, it is important to view the significant findings as to the greatest predictors of commitment in many military couples as intimacy and passion. This provides meaningful knowledge to mental health professionals that serve as marriage and family counselors. In this case, the primary

therapeutic focus involves improving the general relationship rather than individual issues. A narrowed focus on treatment goals includes building empathy and respect, conflict resolution skills, strengthening connections, and reducing power struggles. A tighter focus on goals helps to support the new dynamics of the relationship and minimize unproductive patterns of communication.

It is important to note that the findings should also be viewed as early intervention strategies for military couples that may help to reduce the frequency of divorce rates. Spousal commitment has proven to be a considerable indicator for successful reintegration post-deployment. A smoother transition into the complexities of the reintegration process is expected with the support of mental health professionals.

Recommendations for future research would include exploring how symptoms of PTSD affect children of the service member. Dekel and Goldblatt (2008) discuss the transmission of PTSD to sons, therefore, providing interest in the effects on all children. Furthermore, as the commitment was the factor being predicted, adding further measures on relationship quality would help to identify the positive or negative feelings about the relationship. Relationship quality could affect an individual's self-esteem and health, which could result in lower commitment.

As mentioned in Chapter 2, individuals within the familial and social circles of a combat veteran experiencing PTSD may become cognitively and emotionally impacted by secondary trauma. While this was not the focus of the current study, it is likely an influential factor within the relationship between the combat veteran and their partner. It may be helpful for the couple to seek therapeutic assistance in recognizing not only the

impact of PTSD on the combat veteran but also the partner. Therapists, social workers, and other professionals that offer direct care to combat veterans and their partners should utilize tools and/or seek training to target PTSD and secondary relational trauma simultaneously (Fredman et al., 2011). As supported by Weinberg et al. (2016), combat veteran survivors and their partners will benefit when addressed as a marital unit. Some interventions may include psychoeducation, mindfulness techniques from programs such as Coaching into Care (U.S. Department of Veteran Affairs, n.d.). These tools may help reestablish passion, intimacy and therefore influence longevity and commitment within the partnership. According to Calhoun and Tedeschi (2006), survivors of trauma who access such services and utilize these and similar interventions are more emotionally expressive, access social supports more often, and are more motivated to improve relationships with partners and other close individuals within their social circles.

Social Change

I hoped to expand the current body of knowledge by including the military spouse as an essential element in the service member's well-being. Due to military culture, the servicemember may not always provide the most accurate picture of their current level of functioning. This study was able to explore and produce new information that results in a more prescriptive method of treatment services while promoting healthier avenues of communication within the relationship. Furthermore, better communication will aid in highlighting the military spouse a facet with the least change, resulting in increased relationship resiliency. As changes in duty station and deployments are viewed as

unpredictable, the spouse remains the constant in the relationship. This should be thought of as comforting, providing spousal support.

Conclusion

Commitment among military couples is tested on multiple levels. Difficulties in the reintegration process have proven to be a challenge for the service member, but also carry over to the spouse and family members. In conclusion, this study aimed to predict factors affecting commitment in military couples. It was determined that passion and intimacy are more significant predictors of commitment when compared to age and perceived social support. The results from this study verify the need for programs that provide additional support for spouses and family members facing challenges related to family integration. Psychoeducation in the areas of communication and coping strategies assist in reducing associations of shame with mental illness, such as PTSD.

Committed relationships provide a more positive impact on couples and families. The connections made between military spouses and appropriate mental health services will also assist in reducing divorce rate frequency and increase reenlistment rates. PTSD is better managed as a family unit than by oneself.

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Appendix A: Study Consent Form

CONSENT FORM

You are invited to take part in a research study about factors affecting commitment in military couples. The researcher is inviting participants, 18 years or older, living in the United States or on American territory and be in a romantic relationship with a combat veteran experiencing symptoms of post-traumatic stress disorder (PTSD). This form is part of a process called “informed consent” to allow you to understand this study before deciding whether to take part.

This study is being conducted by a researcher named Laura Villalobos Garza, a doctoral student at Walden University.

Background Information:

The purpose of this study is to determine if the factors age, social support, passion, and intimacy predict commitment among military couples that include a veteran suffering from the symptoms of PTSD.

Procedures:

If you agree to be in this study, you will be asked to complete a one-time online survey that begins on the next screen. This survey should require no more than 20-30 minutes of your time.

Here are some sample questions that require the participant to rate on a scale from 1 (Not at all) to 9 (Extremely). Fill in the blank spaces with the name of your spouse:

- “I am actively supportive of _____’s well-being”
- “I share deeply personal information about myself with _____”
- “I view my commitment to _____ as permanent”

Voluntary Nature of Study:

This study is voluntary. You are free to accept or turn down the invitation now or at any time throughout the study. There is no penalty to discontinue participation.

Risks and Benefits of Being in the Study:

Being in this study involves some risk of the minor discomforts that can be encountered in daily life, such as becoming upset. However, being in this study would not pose risk to your safety or wellbeing. Should you feel upset at any point during or after completion of the survey and feel the need to talk to someone in confidentiality you can call the National Suicide Prevention Lifeline at 1-800-273-8255. Additionally, The National Alliance of Mental Illness (NAMI) can be reached at 1-800-950-6264 so that you can be connected with your local state NAMI for support services.

By participating in this study, there may not be any direct benefit to you, however, you will provide valuable information regarding factors affecting commitment in military couples.

Payment:

No compensation will be provided for participation in this study.

Privacy:

Any information you provide will be kept confidential. However, to maintain confidentiality, it is strongly suggested that you, the participant, complete the survey in a private setting as a further safeguard. The only personal information collected in the study is your email address which will not be used for any purposes outside of this research study. Data will be kept in a secured and password protected media storage. Only the researcher, Laura Villalobos Garza, and the survey developers will have access to the records. The report will not have identifying information. Data will be kept for a period of at least 5 years, as required by the university.

Contacts and Questions:

You may ask questions you have now. Or if you have questions later, you may contact the researcher via email. If you want to talk privately about your rights as a participant, you can contact the Research Participation Advocate at Walden University or by email. Walden University's approval number for this study is 02-19-20-0610165 and it expires on February 18, 2021.

Please print or save this consent form for your records.

Obtaining Your Consent

If you feel you understand the study well enough to make a decision about it, please indicate your consent by completing the survey.

Appendix B: Demographic Questionnaire

Please select the most appropriate answer for each question below:

1. What is your age? _____
2. Gender?
 - Male
 - Female
 - Prefer not to answer
3. What is your relationship status?
 - Single
 - Married
 - Divorced
 - Partnered
 - Widowed
4. What is your ethnicity?
 - American Indian/Alaskan Native
 - Asian/Pacific Islander
 - African American
 - Caucasian/White
 - Hispanic/Latino
 - Other (Please specify _____)
5. In what state do you reside in? _____
6. What branch of military did your spouse serve? (Check all that apply)
 - Airforce
 - Army
 - Coast Guard
 - Marines
 - Navy
7. Which wartime conflict did your spouse serve? (Check all that apply)
 - World War II
 - Korean Conflict
 - Vietnam War
 - Gulf War
 - Operation Iraq Freedom

Other

8. How many years did your spouse serve in the military? _____
9. How many deployments has your spouse served? _____
10. How many months was your spouse's longest deployment? _____
11. Do you have any biological children?
- Yes
 - No
12. Do you have step, foster or adopted children that resided with you at the time of your spouse's deployment?
- Yes
 - No
13. How many children resided with you at the time of your spouse's deployment?
- _____
14. When you employed at the time of your spouse's deployment?
- Yes, part-time (20 hours per week)
 - Yes, full-time (40 hours a week or more)
 - No, I was not employed at the time of my spouse's deployment
15. What was your level of satisfaction with your relationship prior to your partner deploying?
- Extremely unhappy
 - Fairly unhappy
 - A little unhappy
 - Happy
 - Very happy
 - Extremely happy
16. What is the highest level of education you have completed?
- High school or GED
 - Bachelor's Degree
 - Master's Degree
 - Professional or Doctoral Degree

17. What is your yearly household income? _____

18. Does your spouse have a diagnosis of PTSD?

Yes (skip to question #23)

No

19. What is the approximate month and year the veteran last returned from warfare?

Appendix C: Triangular Love Scale Permission

Robert Sternberg
Mon 5/13/2019 3:27 PM

Laura Villalobos Garza

☒

Yes, for sure. B

On Mon, May 13, 2019, 12:27 PM Squarespace wrote:

Name: Laura Villalobos Garza

Subject: Permission to use Triangular Theory of Love measure

Message: Good morning Dr. Sternberg,

I am a Ph.D. student at Walden University working on the dissertation proposal. I found the Triangular Theory of Love Scale and found it to be the best fit for my topic. May I have permission to use this scale in my study?

I appreciate your consideration.

Respectfully,

Laura Villalobos Garza
(Sent via *Robert J. Sternberg*)