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The Effects of Self-Disclosure Among U.S. Iraq War Veterans

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2016

Abstract

The Effects of Self-Disclosure on Marital Intimacy Among U.S. Iraq War Veterans

by

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MA, Midwestern Baptist Theological Seminary, 2004

BS, University of Kansas, 1980

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Counselor Education and Supervision

Walden University

May 2016

Abstract

Previous researchers have indicated that military deployments have challenged married couples and contributed to relational strain. It has also been found that veterans in marriages lacking intimacy are at risk of psychological problems and suicide. The purpose of this correlational study was to fill a gap in existing research by determining if attachment style, likelihood of disclosure, and demographic variables (age, length of marriage, education, race/ethnicity) predicted marital intimacy for heterosexual married male Iraq War veterans. Attachment theory provided a framework for the study, measuring anxiety and avoidance in veterans, which contributed to secure or insecure styles of relating in marriage. Data were collected using an online survey, compiled from the Experiences in Close Relationships-Relationships Structures, the Likelihood of Disclosure Scale, the Personal Assessment of Intimacy in Relationships, and individual demographic questions. Participants included 353 male heterosexual veterans belonging to military social media networking sites. Results of a stepwise multiple regression analysis demonstrated that self-disclosure and attachment style were the 2 statistically significant predictors of marital intimacy for Iraq veterans. Further, secure and preoccupied attachment style and high levels of self-disclosure explained 38% of the variance of marital intimacy. Demographic variables did not predict marital intimacy in the current study. Social change implications include identifying veterans at risk of low marital intimacy and providing protection through strengthening couples' intimacy before and after deployment. These changes may reduce veteran suicide.

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Dedication

I would like to dedicate this dissertation to all who have served, are serving, and will serve in the United States military. Thank you for the sacrifices you and your families have made and continue to make.

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Chapter 1: Introduction to the Study

Introduction

Intimate relationships are a main source of support for service members, offering protection against mental health disorders such as posttraumatic stress disorder (PTSD) (Balderrama-Durbin et al., 2013). When service members experienced a traumatic event from war, intimacy was diminished and caused relational impairment (Solomon, Dekel, & Zerach, 2008). Satcher, Tepper, Thrasher, and Rachel (2012) found that if intimate relationships were negatively impacted, recovery was impeded, which led to ongoing psychological problems and suicide.

Deficits in intimacy are damaging to relationships and are among the most challenging relationship problems to treat (Mitchell et al., 2008). According to Baptist et al. (2011), a lack of sharing of experiences and information from war in military marriages impaired a wife's ability to support her husband and was detrimental to intimacy. How a relationship functioned was found to be critical to mental health and well-being (Simon & Barrett, 2010; Whisman & Baucom, 2012). Additionally, Whisman and Baucom (2012) reported that ongoing marital strain was associated with a greater likelihood of experiencing mental health problems, specifically underlying psychiatric disorders. Further, Clark and Owens (2012) found that relationship distress and dysfunction contributed to greater PTSD symptom expression, which is of particular concern for the military population.

Foran, Wright, and Wood (2013b) found that marriages were negatively affected when active duty service members returned home from combat with mental health problems. Researchers also reported that Iraq and Afghanistan Veterans exposed to combat were at risk for mental health problems, including PTSD, and PTSD symptoms also led to relationship distress (Balderrama-Durbin et al., 2013). Additionally, veterans from the war in Iraq experienced the highest levels of mental health disorders compared to veterans from Afghanistan and those deployed to other areas (Marmar, 2009). Marmar (2009) found that approximately 19% of Iraq veterans, and 11% of veterans from Afghanistan experienced mental health disorders, compared to only 8.5% of veterans deployed to other areas. In addition, 35% of Iraq veterans sought out mental health care in the year following a deployment.

Zurbriggen, Gobin, and Kaehler (2012) provided support for studying intimate relationships and identified intimate relationships as important for mental health. Laurenceau, Barrett, and Rovine (2005) defined intimacy as a sense of closeness and connection through communication, which was based upon the needs of each member of a couple dyad (Dandurand & LaFontaine, 2013). In addition, Laurenceau et al. found that emotional disclosure affected intimacy; however, disclosure of factual information did not.

Manne et al. (2004) defined emotional disclosure as the sharing of thoughts and feelings. Additionally, Mitchell et al. (2008) found that emotional disclosures revealed personal information about the discloser. Researchers also found that self-disclosure was

beneficial for veterans diagnosed with PTSD, and avoiding communication damaged intimacy (Balderrama-Durbin et al., 2013). Laurenceau et al. (2005) further studied the acquisition of knowledge on how to form and maintain intimate relationships. Hoyt et al. (2010) also found that disclosures of emotions, rather than facts, were most effective when facilitating therapy groups for veterans with PTSD.

According to Balderrama-Durbin et al. (2013), disclosures of difficult deployment experiences were beneficial in intimate relationships when conducted in a safe environment that included an empathic response. Simon and Barrett (2010) found that young men were more likely to be harmed from ongoing romantic relational strain than young women, which indicated that relational strain appears to be more of a concern for men's mental health than women's. In addition, Reis and Franks (1994) reported that men's needs for intimacy were met in their primary heterosexual relationships, and women had more intimate relationships outside of their primary relationship. Therefore, due to the detrimental effects found for males experiencing relational strain (Simon & Barrett, 2010), the current research was conducted to better understand male veterans' marital intimacy.

In addition to examining likelihood of self-disclosure and marital intimacy in the current study, attachment theory was used to understand the relationships between the variables. According to Reis (2012), there were three prominent theories to examine personal relationships: attachment theory, interdependence theory, and evolutionary approach. Using adult attachment theory allowed for increased insight into relationship

studies and the effect of relationships on people's health and well-being (Fraley, Roisman, Booth-LaForce, Owen, & Holland, 2013; Mikulincer & Shaver, 2007). Zurbriggen et al. (2012) examined attachments in intimate relationships where there was exposure to trauma and found that healthy relationships required secure attachments. Zurbriggen et al. provided further support for utilizing attachment theory to study marriage relationships. Attachment theory is further addressed in Chapter 1 and definitions of the four attachment styles are provided.

The purpose of this quantitative correlational study was to understand the relationship between attachment style, likelihood of self-disclosure, and demographic variables (age, length of marriage, education race/ethnicity), and to determine if these variables predicted marital intimacy among heterosexual married male Iraq War veterans. To date no research has been found in the literature that examined the relationship among these variables as they pertain to marital intimacy of veterans. Therefore, conducting the current study filled a gap in the existing research literature, added to the knowledge base, and provided a better understanding of marital intimacy predictions based on likelihood of self-disclosure, attachment style, and demographics (age, length of marriage, education, and race/ethnicity).

Greater knowledge of the research variables that contributed to marital intimacy will assist counselors in identifying veterans who are at risk of low marital intimacy, which negatively affects soldiers' relationships and reintegration following a deployment. The current research provides counselors with knowledge to develop evidence-based

evaluations and treatment interventions to identify and treat at-risk veterans, with the potential to contribute to more stable marriages, more successful reintegration programs, greater resilience in service members, and a reduction in veteran suicide.

Intimate relationships were found to protect service members from mental health problems, including PTSD (Balderram-Durbin et al., 2013). Therefore, potential benefits of the current study included identifying veterans at risk for low marital intimacy through understanding likelihood of self-disclosure, attachment style, and demographics.

Additional benefits of the current study included the potential to facilitate reintegration in veterans' marriages following a deployment through building intimate marriages based upon a greater understanding of attachment style and likelihood of self-disclosure.

Greater understanding on how attachment style and self-disclosure play a role in marital intimacy contributes to evidence-based knowledge leading to better treatment outcomes and a better understanding of how intimacy offers protection to individuals in close relationships (Skopp et al., 2011). In addition, the current research is beneficial to better advocate for veterans through educating policy-makers and professional caregivers, leading to positive social change.

Adding to the knowledge base and understanding of marital intimacy has the potential to lead to interventions designed to strengthen veterans' marriages thereby decreasing marital dissolution and divorce. The current research is also important because a lack of intimacy has been found to negatively affect veterans' reintegration and marital stability, and contributed to an increase in suicidal ideations, and PTSD symptom severity

(Nelson Goff, Crow, Reisbig, & Hamilton, 2007). Ultimately, the current study can promote positive social change by enhancing an understanding of and support for the relational and individual functioning of married male veterans.

Chapter 1 provides a background of the problem, followed by a presentation of the problem statement and an expanded discussion of the purpose of the research. From here the research questions, hypotheses, and conceptual framework are discussed. Chapter 1 also includes discussions on key definitions, assumptions, delimitations, and the nature of the study.

Background of the Problem

The 2003 to 2011 wars Iraq and Afghanistan have burdened U.S. military families with repeated deployments (Allen, Rhoades, Stanley, & Markman, 2010; Lowe, Adams, Browne, & Hinkle, 2012; Monson et al., 2011; Paley, Lester, & Mogil, 2013). According to the U.S. Department of Veterans Affairs (2014), nearly 2.7 million troops have experienced a deployment to the wars OIF and OEF since the conflicts began in 2001. In addition, Danish and Antonides (2013) reported nearly 800,000 have served more than two tours.

Troops have survived the physical injuries from these wars at rates far higher than in previous U.S. wars fought (Jones, Young, & Leppma, 2010); however, the mental health injuries sustained are great and include the reported signature injury of traumatic brain injury (TBI) as well as PTSD (Church & Palmer-Hoffman, 2014; Jones et al., 2010; Ryan, Lee-Wilk, Lok, & Wilk, 2011). Multiple deployments have increased the risk of

acquiring these injuries (Satcher et al., 2012) and Albright and Thyer (2009) reported nearly 60,000 U.S. soldiers deployed since 2001 have received a probable diagnosis of PTSD.

The physical and psychological effects of war are reported to significantly impair intimacy, according to Satcher et al. (2012). Many U.S. married service members' relationships are affected by war because more than half of service members are married, according to U.S. Department of Defense reports in 2007 (Balderrama-Durbin et al., 2013). In addition, Riviere, Merrill, Thomas, Wilk, and Bliese (2012) found that deployments to war were related to an increase in marital strain and an actual decline in marital functioning. Marital status was also important to examine because of the associated benefits of being married (Braithwaite, Delevi, & Fincham, 2010). Braithwaite et al. (2010) found that being married predicted greater emotional well-being than being single, without consideration of relationship satisfaction.

Posttraumatic stress disorder has been found to be more prevalent in separated and divorced service members than in married personnel who served in Iraq (Iversen et al., 2008), and marriages of veterans who have experienced trauma were found to be at risk, due to difficulties trusting and sharing, which compromised marriage relationships (Baptist et al., 2011; Solomon et al., 2008). In addition, Riggs (2014) found that the experience of combat trauma was disruptive to relational intimacy in U.S. veterans from the war in Vietnam and veterans from the wars in the Middle East.

Nelson Goff et al. (2007) demonstrated the seriousness of marital strain and reported that marital dissatisfaction contributed to more severe PTSD symptomology. Zerach, Anat, Solomon, and Heruti (2010) also reported that traumatized veterans had difficulties in marital intimacy and communication and reported dissatisfaction in marriage. In addition, soldiers' fears of losing an intimate relationship contributed to suicidal ideations (Mills & Turnbull, 2011). Further, soldiers with a diagnosis of PTSD were also at risk of greater marital strain, as they were found to be more likely to self-medicate, using substances such as drugs and alcohol to numb the symptoms of PTSD (Leeies, Pagura, Sareen, & Bolton, 2010). Whisman and Baucom (2012) also found a relationship between relational discord and the onset of psychological problems and substance abuse. Further, Lazar (2014) found that male veterans experienced twice the risk of dying from an attempted suicide than civilian peers, which provided further support for studying marital intimacy in male veterans.

Soldiers who have returned from combat have suffered from extreme stressors that have been found to negatively affect intimacy (Solomon et al., 2008). Because intimacy was found to contribute to positive mental health and a sense of well-being (Solomon et al., 2008), it was beneficial to examine in the current study. According to Zurbriggen et al. (2012), trauma impacts intimate relationships. Riviere et al. (2012) reported when the quality of a soldier's marriage was poor, it created vulnerability that negatively influenced well-being, including both physical and psychological morbidity. In addition, Simon and Barrett (2010) and Gordon, Heimberg, Montesi, and Fauber

(2012) found that intimate relationships contributed to emotional well-being and better psychological functioning. Research provided evidence that attachment relationships also contributed to greater psychological and emotional well-being (Caron, Larontaine, Bureau, Levesque, & Johnson, 2012).

According to Buchanan, Kemppainen, Smith, MacKain, and Cox (2011), and Monson et al. (2011), a spouse can be supportive in a veteran's recovery. In addition, Monk and Nelson Goff (2014) found that soldiers who did not disclose traumas experienced more psychological stressors. Research indicated that emotional support is encouraged through constructive self-disclosure and the creation of a new trauma narrative (Tedeschi & McNally, 2011), and self-disclosure of trauma contributed to an increase in intimacy and relationship functioning (Monson et al., 2011). Self-disclosure also contributed to strengthening familial relationships and soldier camaraderie (Tedeschi & McNally, 2011), yet there is a lack of research on spousal self-disclosure by a veteran and its impact on marital intimacy.

According to Schaefer and Olson (1981), the foundational building blocks of intimacy are trust and disclosure. Zurbriggen et al. (2012) reported that trust was a necessary component in intimate relationships and that marriages suffered because of trauma. Veterans' numbing of emotions resulted in a reduction in self-disclosure, which negatively affected intimacy (Solomon et al., 2008) and sexual functioning, according to Nunnink, Goldwaser, Afari, Nievergelt, and Baker (2010).

In addition, Mills and Turnbull (2001) concluded PTSD damaged intimacy through restricted affect, detachment, and withdrawal from activities. In the current study, veterans under treatment for PTSD are not being surveyed; however, PTSD can have delayed onset, developing years after a traumatic event (American Psychiatric Association, 2013), and the effects of PTSD are important to understand due to its negative effect on intimacy (Mills & Turnbull, 2001).

Gerlock, Grimsey, and Sayre (2014) reported that the military culture of secrecy and belief systems that civilians cannot understand, have contributed to military experiences that have isolated veterans and their partners from one another and supportive community resources. In addition, poor communication between spouses and partners was exacerbated by PTSDs symptoms of avoidance and numbing. Gerlock et al. and Buchanan et al. (2011) argued that there was success when a spouse was included in the treatment of PTSD, and according to Bowen, Shelley, Helmes, and Landman (2010), safe disclosure in lieu of indiscriminant sharing led to positive treatment outcomes, which provided support for studying disclosure in the current study.

Riviere et al. (2012) found when marital functioning was poor there were psychological risks, and Mitchell et al. (2008) found that intimacy deficits left untreated damaged relationships. Intimacy was found to be important for marital functioning (Boden, Fischer, & Niehuis, 2010; Mitchell et al., 2008), and untreated deficits in intimacy damaged relationships (Mitchell et al., 2008). Additionally, veterans experienced a three times greater likelihood of committing suicide than civilian peers

who had never served in the military (Clever & Segal, 2013), and the most frequent reason cited for suicidal attempts in those who have served in the U.S. military was a fear of losing an intimate relationship (Satcher et al., 2012). In addition, Hyman, Ireland, Frost, and Cotrell (2012) conducted a study with all U.S. Military service members who served from 2005 to 2007 and found that a mental health diagnosis, divorce, and separation were associated with suicide.

Attachment relationships represent both intimate and nonintimate relationships, and are believed to originate in early parent-child bonding dyads (Ravitz, Maunder, Hunter, Sthankiva, & Lancee, 2010). Attachment theory provided a framework for researchers to understand the role of attachment relationships, emotional regulation, and seeking support when under stress (Currier, Holland, & Allen, 2012a). The marriage relationship is considered to be an attachment relationship (Fraley, Heffernan, Vicary, & Brumbaugh, 2011a) where partners turn to one another when distressed. Further, Solomon et al. (2008) found that intimacy was impaired when a member of a romantic relationship experienced the traumas of war. Veterans who have deployed to Iraq and returned home have experienced the stressors of war and reintegration (Sautter, Armelie, Glynn, & Wielt, 2011). Therefore, understanding a married veteran's attachment style and the relationship with marital intimacy was important for the current study and provided a rationale for the use of attachment theory.

Problem Statement

Marital intimacy is of particular importance in veteran's relationships, according to Sautter et al. (2011). Sautter et al. reported that 75% of veterans who returned from a deployment experienced relationship difficulties within the first three years of their return, and 35% separated or divorced during the same timeframe. Monson et al. (2011) found that self-disclosure of traumatic events increased intimacy in veterans' relationships. Gerlock et al. (2014) studied veterans and their wives and found that reporting intimate connections was avoided due to fears of rejection and survivor guilt, and veterans subsequently choose isolation instead of intimate connections as a source of security.

Researchers found that attachment relationships also contributed to greater psychological and emotional well-being (Caron, Larontaine, Bureau, Levesque, & Johnson, 2012), but there remains a lack of awareness among researchers on the effects of attachment style on the relationship between self-disclosure and marital intimacy. In addition, there was no available research addressing the relationship between emotional self-disclosure, attachment style, and the effects of demographics on marital intimacy among veterans. The specific problem identified for the current study was that researchers were unaware of the effects of attachment style and demographics for increasing marital intimacy when there was an increase in emotional self-disclosure. Studying the effects of attachment style, likelihood of self-disclosure, and demographics (age, length of marriage, education, race/ethnicity) on marital intimacy for heterosexual

married male Iraq veterans was therefore beneficial for understanding marital intimacy predictions.

Purpose of the Study

The current quantitative study was conducted to understand if the independent variables attachment style (secure, preoccupied, fearful-avoidant, dismissing) and likelihood of self-disclosure of an emotional experience from war predicted marital intimacy (dependent variable) in heterosexual married male Iraq War veterans. Additionally, demographics (age, length of marriage, education, race/ethnicity) were included as predictors in the analyses to determine if these variables contributed to predictions in marital intimacy in heterosexual married male Iraq War veterans. Desired outcomes for conducting the current study included the opportunity for mental health care providers to utilize the research findings to assess and predict marital intimacy in veterans, leading to interventions to then strengthen couples' marital intimacy levels. Because a person's attachment bond is related to a sense of comfort, security, and well-being (Butler, Harper, & Seedall, 2009; Greenman & Johnson, 2012), the study could provide benefit for practitioners and close the gap in the research by providing understanding of the relationship between marital intimacy, attachment style, likelihood of self-disclosure, and demographics. A further purpose included identifying veterans who were at risk for marital problems because of their attachment styles, levels of self-disclosure, demographics, and levels of intimacy in marriage.

Research Question and Hypothesis

Research Question 1: Do attachment style as measured by the Experiences in Close Relationships-Relationship Structures questionnaire (Fraley et al., 2011a), and self-disclosure as measured by the Likelihood of Disclosure Scale (Hoyt et al., 2010) and demographic variables (age, length of marriage, education, race/ethnicity) predict levels of intimacy as measured by the Personal Assessment of Intimacy in Relationships instrument (Schaefer & Olson, 1981) in Iraq War veterans' marriages?

H_01 : Attachment style, likelihood of self-disclosure, and demographics do not predict intimacy in Iraq War veterans' marriages and all beta values are equal to zero.

H_a1 : Attachment style, likelihood of self-disclosure, and demographics predict intimacy in Iraq War veterans' marriages and at least one beta value is significantly different from zero.

Design of the Study

The current research utilized a quantitative methodology with a correlational design to gain knowledge about the relationships between the variables attachment style, likelihood of self-disclosure, and demographics (age, length of marriage, education, race/ethnicity) and to understand if they predicted marital intimacy among heterosexual married male veterans from the war in Iraq. A multiple regression analysis was conducted to understand which independent variables best predict marital intimacy (Field, 2013). In addition, a stepwise regression was conducted and determined the best combination of the variables that predict marital intimacy (Field, 2013).

The following instruments provided a quantitative representation of these variables. The Experiences in Close Relationships-Relationship Structures (ECR-RS; Fraley et al., 2011a) questionnaire measured adult attachment in romantic relationships on two subscales, avoidance and anxiety. The Likelihood of Disclosure Scale (Hoyt et al., 2010) measured a veteran's likelihood of self-disclosure of an emotional experience from deployment on a 7-point Likert-type scale. Marital intimacy measured emotional and sexual intimacy using the Personal Assessment of Intimacy in Relationships (PAIR; Schaefer & Olson, 1981) instrument on a 5-point Likert-type scale.

Theoretical Framework

In 1988, Bowlby developed attachment theory and established a framework for understanding how people functioned under certain stressful conditions (Currier et al., 2012a; Greenman & Johnson, 2012). Attachment theory is based upon the relationship between a caregiver's responsiveness to an infant or child, and the subsequent shaping of beliefs and expectations that are formed within the child related to others' availability and willingness to provide support when distressed (Fraley et al., 2013). An internal working model developed in the child, and expectations about others' availability and trustworthiness to provide support were established (Fraley et al., 2013; Fraley, Vicary, Brumbaugh, & Roisman, 2011b). Attachment theory provided a model to understand veterans' beliefs about the self and others for the current study.

According to Mikulincer, Solomon, Shaver, and Ein-Dor (2014), a person's attachment system functioning affects mental health and relationship adjustments. Those

with insecure attachments were found to be at risk for psychological problems, and those with secure attachments experienced greater protection during stressful situations (Mikulincer et al., 2014). Attachments also affected a person's response to trauma, which undermined a person's view of self and others, additionally offering greater protection from emotional problems when a secure base was utilized when needed (Mikulincer et al., 2014).

Attachment theory was further developed by Ainsworth (1969, 1982), whose work substantiated attachment theory as a well-supported theory for socioemotional and personality development (Bowlby, 1988). Currier et al. (2012a) reported that traumas experienced in the deployment to a warzone activated the attachment systems of service members, and attachment styles could affect readjustment. In addition, Ein-Dor, Doron, Solomon, Mikulincer, and Shaver (2010) supported attachment theory as a framework to study self-disclosure and marital intimacy in military couples where one member of the dyad had a diagnosis of PTSD. Greenman and Johnson (2012) also utilized attachment theory as a foundation for emotionally focused therapy (EFT) when counseling couples where a partner had PTSD. Greenman and Johnson provided support for using attachment theory in the current study of veterans who experienced a deployment to war.

Scarfe and Bartholomew (1994) stated attachment style was consistent throughout an individual's life and Bosmans, Braet and Vlierberghe (2010) found the associated schemas of the different attachment styles explained secure and insecure ways of relating to significant others. Contrary to these researchers, Currier et al. (2012a) reported that

attachment styles were not stable and could change based upon life experiences that disrupted belief systems. Seppala, Rossomando, and Doty (2013) found reparations of insecure attachment styles were possible in adulthood through loving relationships.

According to Fraley et al. (2011), attachment theory is a leading working model to understand behavior in close relationships. Additionally, attachment theory is beneficial to explain human behavior in close relationships when persons are distressed (Currier et al., 2012a), and distress is experienced during war, deployment, and reintegration (Sautter et al., 2011). Attachment theory was chosen as the theoretical framework for the current study to analyze relationship behaviors among married veterans, and the literature supported attachment theory as a framework to study relationships (Bartholomew & Shaver, 1998; Bretherton, 1992; Fraley et al., 2011b). In addition, attachment theory was utilized in the current study to better understand the attachment styles of veterans who have undergone a deployment and returned home, providing a framework for examining how attachment style and likelihood of self-disclosure affected marital intimacy.

Attachment theory may provide a way to identify veterans at-risk of low marital intimacy and the problems that are associated with a lack of marital intimacy, which includes psychological and physical problems (Riviere et al., 2012). In addition, attachment theory provided a framework to conceptualize veterans' styles of relating, their likelihood of self-disclosure, and intimacy in marriage. Results from the current study may lead to future research that strengthens marriages of veterans, facilitating

reintegration, and leading to a reduction in PTSD symptoms. Attachment theory offered a way to research and conceptualize veterans' styles of relating and their likelihood of self-disclosure and intimacy in marriage. Chapter 2 provides further analysis of attachment theory and how it relates to the current study.

Nature of the Study

A correlational design was utilized in the current study to examine the relationship between attachment style (secure, preoccupied, fearful-avoidant, dismissing), likelihood of self-disclosure, and demographics (age, length of marriage, education, race/ethnicity) in predicting marital intimacy among heterosexual married male U.S. veterans from the war in Iraq. The variables likelihood of self-disclosure, attachment style, and demographics (age, length of marriage, education, race/ethnicity) of veterans from the war in Iraq were quantitatively represented by participants' responses to the ECR-RS (Fraley et al., 2011a), the Likelihood of Disclosure Scale (Hoyt et al., 2010), and a demographic survey. Marital intimacy was represented quantitatively by participants' results on the PAIR instrument (Schaefer & Olson, 1981).

The ECR-RS (Fraley et al., 2011a) presented nine questions providing scores on two subscales, which measured avoidance and anxiety in romantic relationships. The four dimensions of attachment were secure, preoccupied, fearful-avoidant, and dismissing (Bartholomew & Horowitz, 1991). The Likelihood of Disclosure Scale (Hoyt et al., 2010) was composed of 10 questions on a 5-point Likert-type scale. Veterans' responded based upon the following: how likely would you be to discuss situations from deployment when

experiencing different emotions, both positive and negative. The PAIR (Schaefer & Olson, 1981) included 12 questions on a 5-point Likert-type scale and veterans responded based upon how they currently felt about their marriages concerning emotional and sexual intimacy.

Participants included a convenience sample of married male Iraq War veterans who were recruited from a variety of listservs and organizations that supported veterans. Specifically, these included LinkedIn listservs and sites where veterans had membership and access. The Iraq and Afghanistan Veterans of America's (IAVA) LinkedIn listserv, the Institute for Veterans and Military Families at Syracuse University listserv, Colorado Technical University (CTU) LinkedIn listserv, the University of Utah Veterans Support Center listserv, and the Iraq War Veterans LinkedIn site. Veterans were also recruited from the Called to Serve Ministry listserv. All were veteran's organizations and veteran's networking sites.

A multiple regression analysis was the statistical model chosen for the current study as it provided information on the nature and strength of relationships when making predictions between the independent and dependent variables (Field, 2013). A multiple regression analysis was utilized to analyze data collected from the survey instrument with marital intimacy as the dependent variable and attachment style, likelihood of self-disclosure, and demographics as independent variables to determine if these independent variables predicted marital intimacy.

Definition of Terms

The following terms used in this current study were operationally defined for clarification and to avoid misinterpretation:

Attachment style: Attachment styles are formed in childhood within early caretaker relationships and are believed to be a template for all future relationships and are most evident when individuals are stressed (Armour, Elkit, & Shevlin, 2011; Greenman & Johnson, 2012; Hazan, Bur-Yaish, & Campa, 2004; Scarfe & Bartholomew, 1994). For the purposes of the current study attachment style is assumed to be changeable, and insecure attachments may become more secure through changes in belief systems (Currier et al., 2012a) and through positive experiences in loving relationships (Seppala et al., 2013). Attachment styles were defined in the current study as either secure or insecure represented by either low or high levels of attachment-related anxiety and low or high levels of attachment-related avoidance (Ein-Dor et al., 2010; Griffin & Bartholomew, 1994). The three insecure styles in the current study were preoccupied, fearful-avoidant, and dismissing (Bartholomew & Shaver, 1998).

For the current study, veterans' attachment styles were measured as avoidant and anxious and were represented by placement in quadrants representing secure, preoccupied, fearful-avoidant, and dismissing based upon reported levels of anxiety and avoidance. An adaptation of Bartholomew and Shaver's (1998) model of attachment style is provided in Figure 1.

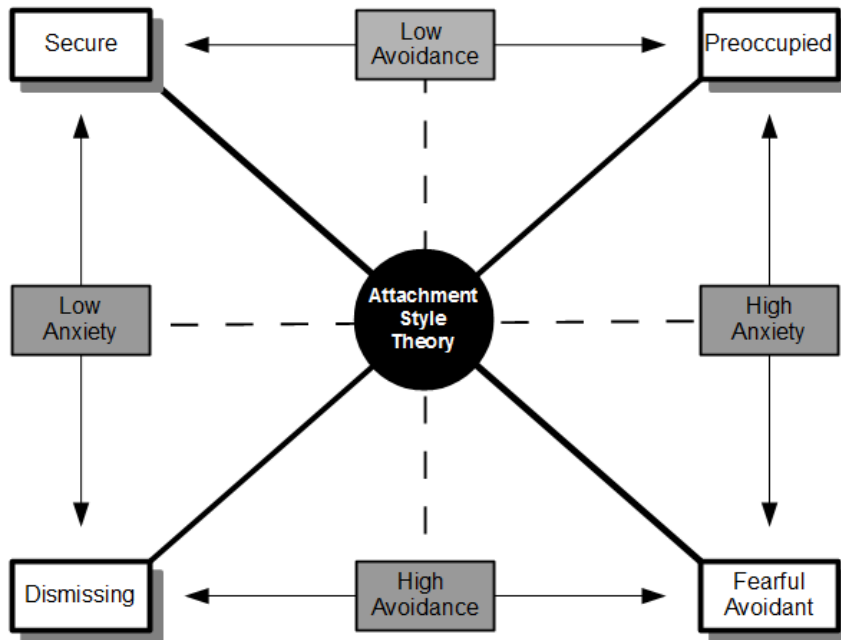


Figure 1. A model showing adult attachment style. Adapted from “Methods of Assessing Adult Attachment” by K. Bartholomew, & P. R. Shaver, 1998, In J. A. Simpson & W. S. Rholes (Eds.), *Attachment theory and close relationships* (pp. 25-45). New York, NY, Guilford Press.

Attachment theory: Defined the intimate relational styles of adults wherein one seeks proximity when distressed and one’s partner offers protection, care, and a sense of security, monitoring any threats to relational security (Etcheverry, Le, Wu, & Wei, 2012). In the current study, attachment style was defined as a relationship style formed in childhood, resulting in templates for future close relationships (Ainsworth, 1985; Bowlby, 1969, 1988).

Dismissing attachment: A relationship style in which a person exhibited low reliance on others with high self-reliance, self-regulation of emotions, avoidance of

distressing emotions, and little self-disclosure in relationships (Bartholomew & Shaver, 1998; Welch & Houser, 2010). In addition, individuals with a dismissing attachment were avoidant, and maintained a favorable view of self while holding a negative view of others (Bartholomew & Horowitz, 1991). A dismissing attachment style was representative of a deactivation of the attachment system when a person was distressed or threatened (Bosmans, Braet, Vlierberghe, 2010; Pietromonaco, Uchino, Dunkel, & Schetter, 2013). People with a dismissing attachment were comfortable being independent, not depending on others, and preferred not to have emotionally close relationships (Bartholomew & Horowitz, 1991; Currier et al., 2012a; Garrison, Kahn, Sauer, & Florczak, 2012).

Emotional intimacy: An individual's ability to feel close to his or her spouse (Greeff & Malherbe, 2001) with shared thoughts and feelings, both positive and negative (Bagarozzi, 1997; Ruvolo & Fabin, 1999). Emotional needs are expressed, affection is communicated, and there is empathy between partners (Mills & Turnbull, 2001). Trust and affection are communicated and partners demonstrated a healthy interdependence upon one another when expressing their emotions, finding safety in the relationship when stressed (Brock & Lawrence, 2014).

Empathy: A person's ability to understand the thoughts and emotions of another person (Kimmes, Edwards, Wetchler, & Bercik, 2014). For the current study, empathy was defined as a spouse's perceived ability to provide understanding and support for a partner's thoughts, feelings, and experiences in a self-disclosure from deployment

experiences (Capuzzi & Gross, 2011). Neukrug, Bayne, Dean-Nganga, and Pusateri (2014) described basic empathy skills as the ability to demonstrate to another that their thoughts, feelings, and words were understood. According to Neukrug et al. (2014), a basic empathic response in a clinical environment was related to more positive client outcomes demonstrating the importance of empathy.

Fearful-avoidant attachment style: Expressed a fearful or anxious attachment style, representative of hyperactivation of the attachment system when a person is distressed or threatened (Pietromonaco et al., 2013). Fearful persons desired close relationships, yet trusting and depending upon others was challenging. A person with a fearful attachment viewed his or herself negatively and others positively, with a preoccupation of the individual's own concerns (Ein-Dor et al., 2010). Fearful-avoidant attached individuals distance themselves from their close attachment relationships to regulate emotions instead of pursuing closeness (Bartholomew & Horowitz, 1991; Currier et al., 2012a).

Intimacy: Found to be important for a person's relational well-being, according to Birnie-Porter & Lyndon (2013). In addition, it was also a necessary part of a successful marriage relationship (Boden, Fischer, & Hiehuis, 2010). In the current study, intimacy was defined as the close emotional interaction between a husband and wife that is shared in marriage and is based upon the needs of the husband and the wife (Dandurand & LaFontaine, 2013). Intimacy is based upon two constructs: intrapsychic intimacy and interpersonal intimacy. Intrapsychic intimacy begins with an individual's knowing and

accepting himself and thereby having the capacity to share with another. Interpersonal intimacy transpires when two persons interact through meaningful sharing. Intimacy is understood in the current study as being understood, cared for, and affirmed by an individual's partner (Mills & Turnbull, 2011; Reis & Shaver, 1998; Schaeffer & Olson, 1981). Zerach et al. (2010) defined intimacy as having many dimensions including trust, sharing thoughts and emotions, and a relationship established in friendship with sexual activity.

Likelihood of self-disclosure: How likely a veteran is to disclose emotional information and experiences from deployment with his spouse. Self-disclosure has been previously defined as the sharing of an individual's internal life including memories, thoughts, and feelings (Manne et al., 2004). In the current study, self-disclosure included the sharing of emotional experiences, not a sharing of descriptive facts (Hackenbracht & Gasper, 2013; Hoyt et al., 2010; Waring, Schaefer, & Fry, 1994). According to Mitchell et al. (2008), emotional disclosures revealed more personal information about the discloser.

Posttraumatic stress disorder (PTSD): PTSD is defined in the *Diagnostic and Statistical Manual of Mental Disorders* and categorized as an anxiety disorder and a trauma and stress-related disorder (5th ed.; *DSM-5*; American Psychiatric Association, 2013). The eight criteria for diagnosis include exposure to death, injury, or serious threat; experiencing intrusive symptoms; avoidance; changes in thinking; changes in arousal; persistence in symptoms for over a month following the trauma; significant subsequent

impairment; and the inability to attribute symptoms to an illness, substance, or medication (American Psychiatric Association, 2013).

Preoccupied attachment: Expressed by a person desiring complete emotional intimacy in close relationships even when others are not as willing to be close. Preoccupied individuals are uncomfortable without relationships and are fearful that those who are in the closest relationships with them do not value their relationship as much as they do (Hazan & Shaver, 1987). In addition, preoccupied people utilize their secure base, are more emotionally expressive, and are more likely to engage in indiscriminant disclosures (Bartholomew & Horowitz, 1991).

Reintegration: Represented the successful return home from a deployment subjectively measured by a veterans' productive participation in work or school, family, and community (Crocker, Powell-Cope, Brown, & Besterman-Dahan, 2014). Problems reintegrating into civilian life included difficulties transitioning to changes in roles, responsibilities, and relationships (Ostovary & Dapprich, 2011).

Secure attachment: Represented the attachment of adults who exhibited low anxiety and low avoidance behaviors when distressed. A person with a secure attachment does not worry about being abandoned by a spouse and is able and willing to open up in the marriage relationship. Adults with a secure attachment were also better at coping under stressful conditions (Fraley et al., 2013). An adult with a secure attachment seeks the proximity of a partner, experiences comfort with closeness, and believes in a partner's responsiveness to needs (Pietromonaco et al., 2013). In addition, Dinero et al. (2011)

found that positive interchanges between romantic partners promoted secure attachments and negative interactions promoted insecure attachments.

Sexual intimacy: Represents married couples sharing affection for one another that includes physical closeness, touching, and sexual closeness. In addition, touch, both sexual and nonsexual, is safe. There is communication about sex, and there is compatibility and mutual interest (Mills & Turnbull, 2001; Schaefer & Olson, 1981). Sexual intimacy is not used interchangeably with sexual activity (Birnie-Porter & Lyndon, 2013); however, it implies a consensual connection between two married adults.

Veterans: Described by Blevins, Roca, and Spencer (2011) as having served in at least one deployment to either Iraq or Afghanistan as a member of the U.S. military. According to Moulta-Ali (2014), to be eligible for VA benefits, a veteran is defined as having served in active duty status in the U.S. military (Army, Navy, or Air service) for the entire activation period and released without a dishonorable discharge. The veteran status criteria are also applicable to National Guard and Reserve service members. In the current study, veterans are defined as having served in the war in Iraq from 2003 to 2011 as a part of the U.S. military. Veteran participants were heterosexual males, and were currently married. In addition, veterans in this study were not under current treatment for PTSD.

Assumptions, Limitations, and Delimitations

Assumptions

The current study was based on the assumption that research participants were heterosexual married male veteran, and experienced at least one deployment to Iraq and a return home. Participants were recruited electronically where veterans already had membership and access. In addition, the assumption of participants' truthful in survey responses was made. Mitigation for truthfulness was assured by anonymity and confidentiality in taking the survey, and the ability of participants to leave the survey at any time. Participants were recruited from online sites with membership spread across the United States; therefore, the assumption was made that participants were accessed from across the entire United States.

The assumption was also made that veterans had physical access to a computer to take the online survey and had competency to take the survey. Veterans' membership in networking organizations and participation in the Internet demonstrated access and competency. Utilizing a large sample size mitigated these assumptions as determined by G*Power calculations.

Limitations

Existing limitations included accessing the survey electronically; however, without contact information for participants, online tools were advantageous, as Phillips (2015) found when conducting a research survey. Recruiting participants was a potential

limitation, but participants were already members of online communities for veterans prior to accessing the survey, thereby enabling online access to the research population.

The lack of generalizability of the findings to female veterans was a limitation, because all participants were male veterans. Wright et al. (2014b) conducted a survey and were unable to generalize the findings to females, as the majority of participants were males from combat units. An additional limitation was that spouses were not included in the current study, which was also a limitation in generalizing the findings in Wright et al.'s study. Limitations also included utilizing a convenience sample, therefore, results can only be suggested, not generalized to the larger veteran population, which includes heterosexual, homosexual, married and single, males and females.

There were the limitations of self-reporting in the survey, carrying the assumption of truthfulness of respondents; however, survey data provided promising results when the response rate, survey instrument, and sample frame were correct (Kriauciunas, Parmigiani, & Rivera-Santos, 2011). To account for the stated limitations, recruiting an adequate sample size provided benefit for increasing response rates, thereby resolving the existing limitations. Achieving access to the sample size to complete the study was an additional limitation. To mitigate for an adequate sample size, individuals were invited from numerous sites such as LinkedIn networking sites for veterans, University veteran networking sites, private university listservs of military veterans, and military support organizations.

Further limitations included the effects of experiencing more than one deployment to Iraq and potential effects of deployments to other wars in veterans who have experienced multiple deployments. When veterans have experienced multiple deployments, it is not possible to determine the specific effects of each deployment experience without administering a survey before and after each deployment, which was beyond the scope of the current study.

Delimitations

The current study included observing currently married heterosexual male veterans from the 2003 through 2011 Iraq War. Participants were servicemen from any branch of the U.S. military. Although participants were veterans who have served in Iraq, those who have experienced additional deployments to other wars and conflicts around the world were not excluded. Veterans currently under mental health treatment for PTSD were not included in the study and those with suicidal or homicidal ideations were also not included to protect this vulnerable population. Although marital intimacy has many facets (Zerach et al., 2010), only emotional and sexual intimacies were included as studying all types of intimacy was too large of a scope for the current study.

Scope of the Study

The scope of the current study did not include single male or female veterans, married female veterans, married homosexual veterans, or veterans who have not been deployed to the Operation Iraqi Freedom war. In addition, U.S. veterans currently being treated for PTSD and veterans with suicidal and homicidal ideations were also not

included in the scope of this study. Additionally, spiritual intimacy, social or recreational intimacy, psychological intimacy, intellectual intimacy, and temporal intimacy were not included (Bargarozzi, 1990).

Researchers have indicated that a lack of intimacy could negatively affect veterans' reintegration and marital stability, contributing to an increase in suicidal ideations and PTSD symptom severity (Nelson Goff et al., 2007). The seriousness of a deficit in a veterans' marital intimacy provided a rationale for studying marital intimacy in the current study. According to Tan, Overall, and Taylor (2011), people with insecure attachments have destructive responses when they experience threat, becoming increasingly distressed and hostile, or withdrawing, depending upon having either an anxious or an avoidant attachment style that is held. Hoyt and Renshaw (2014) found that disclosures to spouses, not fellow service members led to less avoidance and increases in intimacy. Therefore, studying veterans' attachment styles and intimacy was beneficial to understand potential supports for veterans' marriage relationships.

Tan et al. (2011) found relationship disclosures in daily relationship maintenance communications led to greater intimacy in couples in New Zealand; however, those with attachment avoidance disclosed less and experienced less intimacy. Those who were anxious initiated relational connections more frequently and made more relationship disclosures, with greater relationship satisfaction (Tan et al., 2011). According to Renshaw, Allen, Rhoades, Blais, Markman, and Stanley (2011), veterans suffering from PTSD and the symptoms of avoidance, disclosed less to spouses and experienced lower

levels of marital intimacy. These findings provided support for studying attachment, self-disclosure, and the effect on marital intimacy in the veteran population.

Clark and Owens (2012) discovered that combat experiences contributed to psychological problems in some soldiers and relationship challenges. Since attachment style is related to PTSD symptom severity, knowledge about veterans' attachment styles, likelihood of self-disclosure, and intimacy could provide information to facilitate soldiers' reintegration through building intimate marriages leading to greater understanding of the roles of attachment style and emotional self-disclosure in marital intimacy.

Pasipanodya et al. (2012) researched disclosure in couples where one partner had a diagnosis of breast cancer. Pasipanodya et al.'s research from the field of medicine, provided evidence of what transpired when there were constraints on disclosures in close relationships. Constraints were found to contribute to withdrawal or disinterest in couples with a partner facing early-stage breast cancer (Pasipanodya et al., 2012). According to Bowling and Sherman (2008), service members and spouses can strengthen emotional attachment, trust, and intimacy by releasing instead of repressing emotions.

Dandourand and Lafontaine (2013) researched emotional and sexual intimacy in nonmilitary couples and found that emotional closeness with self-disclosure led to greater feelings of connection and relational satisfaction than sexual intimacy alone.

Balderrama-Durbin et al. (2013) researched military couples and also found when partners were perceived to be more supportive service members were more willing to

disclose their combat traumas to their intimate partners. Slavin-Spenny, Cohen, Oberleitner, and Lumley (2010) found that even one disclosure session with traumatic content was beneficial and led to growth. Although improvements in well-being were limited, decreases in stress were a benefit of disclosure (Slavin-Spenny et al., 2010).

According to Solomon et al. (2008), military couples have faced relationship challenges that contributed to relational impairment and a potential breakdown of intimacy. Sipos et al. (2014) found that transitioning home after a combat deployment presented cognitive, emotional, social, and physical challenges. Self-disclosure of emotional experience was found to lead to greater health and well-being with military couples when disclosing traumas, and research also provided evidence that there were benefits for veterans who disclosed to a health care provider (Monk & Nelson Goff, 2014). Additionally, Monk and Nelson Goff (2014) discovered, when first responders did not disclose, more mental suffering resulted. Through the current research, the development of evidence-based knowledge has the potential to contribute to an increased understanding of how intimate relationships are protective (Skopp et al., 2012).

The current research study has the potential to provide information to better understand marital intimacy to more effectively advocate for veterans through educating policy-makers and professional caregivers. Potential contributions to the counseling profession include developing tools to better develop and evaluate future treatment interventions for veterans. Since healthy marriages among service members have been found to contribute to retention rates and improved military functioning (Riviere et al.,

2012), the results of the current study have the potential to contribute to understanding how to build resiliency in service members, making contributions to greater well-being when individuals are serving in the military and when their service is finished. The current study contributed to the knowledge base with information for practitioners to potentially help to close the gap in the literature by identifying veterans who could be at risk for marital problems because of their attachment styles, likelihood of self-disclosure, and marital intimacy.

The current study is also among the first to research the extent of relationships among and between veterans' attachment styles, likelihood of self-disclosure, demographics, and intimacy in marriage. A study similar to the current study is a qualitative study conducted by Tan et al. (2011) that focused on attachment style, a relationship-focused self-disclosure, and relationship quality. Tan et al. presented findings on attachment anxiety and avoidance and how this influenced everyday communication. A second study by Dandurand and Lafontaine (2013), examined civilian heterosexual couples' intimacy, including emotional and sexual intimacy, and couples' satisfaction through the lens of attachment theory. Monk and Nelson Goff (2014) also studied trauma disclosure and couples' relationship quality; however, Monk and Goff's research did not include attachment style or marital intimacy.

A large number of veterans have experienced a combat deployment to Operation Iraqi Freedom and the challenges of reintegration upon returning home. An adequate sample size determined by G*Power calculations provided the opportunity to generalize

the results of the current study to those who are members of the larger population of heterosexual married male veterans who have experienced at least one deployment to the war in Iraq between 2003 and 2011.

Summary and Transition

In 2006, the Army reported suicide rates had risen to the highest in 26 years (Mendenhall, 2009) and according to Alexander, Reger, Smolenski, and Fullerton (2014), the rate continued to rise, doubling “between 2005 and 2008” (p. 1062). In addition, fears about loss of a significant relationship are attributed to suicidal ideations and completed suicides in the U.S. military (Allen et al., 2010; Mendenhall, 2009). Veterans have returned from war in Iraq and are struggling with reintegration on an intimate level in their marriages (Baptist et al., 2011), and soldiers whose marriages are poor and lack intimacy are at risk of psychological problems (Riviere et al., 2012). Therefore, the current study was merited as it contributed to greater understanding of intimate marital satisfaction and closeness for heterosexual male veterans.

According to Ghafoori, Hierholzer, Howespian, and Boardman (2008), an individual’s attachment style was a greater predictor of developing PTSD than was the severity of the trauma. The analysis suggested that a secure attachment could offer protection from developing PTSD. Escolas et al. (2012) reported that military service members with secure attachments experienced less stress due to healthier coping abilities. In addition, Escolas et al. questioned if building secure attachments in military personnel could strengthen the military forces.

Attachment theory (Bowlby, 1969, 1973) has expanded its application beyond the initial infant-caregiver bond to study attachment in adult romantic relationships (Mikulincer & Shaver, 2007). Additionally, attachment theory has been useful as a framework to study trauma in veterans from the war in Iraq (Currier et al., 2012a). Solomon et al. (2008) found that intimate relationships break down from the traumatic experiences of war, which led to psychological problems and even suicide in veterans. The purpose of the current research was to better understand the relationship between attachment style, likelihood of emotional self-disclosure, and demographics in predicting marital intimacy among married male veterans of the Iraq War.

Intimacy was recognized as a critical component in marital relationships and provided support for mental health and well-being (Balderrama-Durbin et al., 2013). In their research on military couples, Monk and Nelson Goff (2014) found self-disclosure of emotional experiences contributed to greater physical health and well-being. Self-disclosure has been found to increase intimacy; however, this independent variable has not yet been researched with attachment style to determine if these together affect marital intimacy. According to Solomon et al. (2008), low self-disclosure could negatively affect intimacy, which requires open communication. Further, Boden et al. (2010) reported self-disclosure in married couples was positively related to couples' satisfaction with the marriage relationship.

A survey of the literature related to attachment style, self-disclosure, and marital intimacy is included in Chapter 2. The literature search strategy and the theoretical

foundation, explaining attachment theory and rationale, as well as its origins and an expansion that includes adult romantic relationships are also provided in Chapter 2. Further, an explanation of attachment as a model of self and other is provided (Bartholomew & Horowitz, 1991).

Additional topics include discussions on intimacy, including emotional and sexual intimacy, and discussions of self-disclosure, including likelihood of self-disclosure by veterans. The benefits of self-disclosure are discussed in Chapter 2 and include well-being, partner support, the listener, belonging, and types of disclosures. In addition, three types of intimacy are discussed: emotional, sexual, and spiritual intimacy. Intimacy is also described within the context of military service members, and when there is PTSD and shame. Additionally, demographic variables are also described and supported by the literature as an additional independent variable in the current study.

Chapter 2: Review of the Literature

Introduction

The current study was designed to examine male veterans' attachment style, likelihood of self-disclosure of an emotional experience from deployment, and the potential effect on marital intimacy. The purpose for conducting the research was to understand any associations between the variables, and to determine if attachment style, likelihood of self-disclosure, and demographics (age, length of marriage, education, race/ethnicity) predicted marital intimacy in Iraq War veterans. The focus of self-disclosure in the current study was based on the likelihood of Iraq veterans to make an emotional disclosure from a deployment experience to a spouse. The disclosures included the sharing of both positive and negative content on a 5-point Likert-type scale with a spouse. Participants in the current study were heterosexual married male veterans who experienced at least one deployment and return home from the war in Iraq.

Franz et al. (2013) found that nearly 50% of those who served in the OIF mission reported fears of losing their lives when deployed. Repeated deployments to the wars in Iraq and Afghanistan have also burdened military couples with lengthy separations, parenting struggles, a lack of time to prepare for a loved one's departure, and subsequent fears for a deployed family member's safety (Allen et al., 2010; Paley et al., 2013). Challenges have also included financial and employment struggles (Elbogen, Johnson, Wagner, Newton, & Beckham, 2012; Kelley & Jouriles, 2011) and difficulties reintegrating into families that have experienced family system changes resulting from

deployment (Carrola & Corbin-Burdick, 2015; Laser & Stephens, 2011). Further, veterans returning from the wars in the Middle East have faced continuing battles on the home front that include adjustments to life at home after having lived in a combat zone and potential mental health and psychological problems (Sipos et al., 2013; Strong et al., 2014).

Wartime stressors affect entire families, not just those who serve (Lester et al., 2013). Researchers reported children experienced behavioral problems when a parent was deployed and returned home (Carrola et al., 2015; Laser & Stephens, 2011), and some have experienced psychiatric problems (Trenton & Countryman, 2012). According to Esposito-Smythers et al. (2011), over 2 million children have experienced a parent's deployment during OIF and OEF, and over half of all deployed service members have responsibilities for spouses and children. Deployments to Iraq also included a risk of danger to service members and spouses' increased risk for psychological problems (Lester et al., 2013). Laser and Stephens (2011) reported that multiple deployments were responsible for increases in divorce rates among military service members. In addition, soldiers' fears of losing an intimate relationship have contributed to the highest suicide rates in the military in over two decades (Allen et al., 2010; Mendenhall, 2009).

According to the Westat (2010), approximately 67% of all veterans are married. A large number of military service members, therefore, have experienced deployments and reintegration struggles as members of couples and families. This is of particular concern

for male service members, as they comprise approximately 86% of the U.S. military (Department of Defense, 2011; as cited by Alfred, Hammer, & Good, 2014).

Paley et al. (2013) reported military deployments caused marital strain and challenged married couples with negative stressors when a partner deployed to a combat zone. Relationship problems and mental health problems were some of the challenges faced following a deployment to Iraq (Currier, Lisman, Harris, Tait, & Erbes, 2012b). Adjustments in reintegration have affected veterans and their partners (Collinge, Kahn, & Soltysik, 2012), and some couples experienced challenges over relationship infidelities (Sayers, 2011).

In addition, deployments with less than a 9 to 12 months reprieve before another deployment negatively affected spouses and families (Paley et al., 2013). In addition to contributing to marital strain, deployments contributed to marital dissatisfaction and the added risk of psychological problems (Erbes, Polusy, MacDermid, & Compton, 2008; Kiecolt-Glaser, 2001; Riviere et al., 2012). Riviere et al. (2012) reported these stressors and a subsequent decline in functioning, put soldiers at risk for psychological problems. In addition, over 60% of suicides in the U.S. Army were attributed to marital failure, according to Schindler (as cited in Mouristen & Rastogi, 2013).

In addition to relationship challenges, Sipos et al. (2013) reported between 20 and 30% of U.S. soldiers have reported mental health problems upon return from combat. Balderrama-Durbin et al. (2013) reported Iraq War combat veterans are at risk for developing psychological problems including PTSD. Researchers reported veterans with

PTSD and other mental health problems often do not receive the mental health care needed due to the stigma of having a mental health diagnosis (Blevins et al., 2011; Danish & Antonides, 2013). Further, when a military service member develops PTSD, a spouse may subsequently also experience psychological distress (Renshaw et al., 2011). Riggs (2014) found that trauma negatively affected marriage; however, marriage was also beneficial in alleviating the symptoms of trauma, providing support for the inclusion of spouses in the treatment of PTSD. According to Laser and Stephens (2011), classifying PTSD as a “psychological injury of war” not as a disorder is more accurate (p. 35).

In addition to mental health concerns, veterans reported marital stressors and problems in personal relationships postdeployment (Blevins et al., 2011). Blevins et al. (2011) conducted a workshop for veterans from the wars in Iraq and Afghanistan to determine if an Acceptance and Commitment Therapy (ACT) intervention would increase intimate relationship satisfaction in veterans, fostering reintegration. The researchers found that ACT was beneficial and contributed to increases in relationship satisfaction, and the participants reported it was “worthwhile” (Blevins et al., 2011, p. 37), yet participants who experienced symptoms postdeployment did not initially desire to seek out treatment for depression and anxiety disorders. The researchers provided support for including spouses in treatment of trauma, which facilitated veterans receiving treatment, and provided the added benefits of spousal support in the treatment of trauma (Riggs, 2014).

According to Hatch et al. (2013), reintegration into civilian life following a deployment was considered a major life transition. Reintegration struggles included service members returning home to stressed and traumatized families as well as marriages that were strained (Bowling & Sherman, 2008). Hinojosa and Hinojosa (2011) conducted research on reintegrating male veterans from OEF and OIF into civilian life. Hinojosa and Hinojosa reported when reintegration was not successful there were increases in family dysfunction, child abuse, intimate partner violence, marital dissolution, divorce, and ultimately homelessness for veterans. Nelson Goff et al. (2007) found that marital strain led to more severe PTSD symptomology, and alternatively, researchers reported that marital intimacy supported the mental health and well-being of veterans (Balderrama-Durbin et al., 2013; Solomon et al., 2008). According to Bowling and Sherman (2008), a successful reintegration plan included rebuilding relational intimacy among couples.

Balderrama-Durbin et al. (2013) reported that relationships were a source of support and added protection against PTSD, and disclosing positive emotions offered protection against the symptoms of PTSD (Hoyt & Renshaw, 2014). Monson et al. (2011) reported that self-disclosure decreased PTSD symptomology and increased relational functioning in couples. Hoyt and Renshaw (2014) also found that disclosures, specifically to someone without similar combat experiences, contributed to a reduction in PTSD symptoms. Additionally, Hanley, Leifker, Blandon, and Marshall (2013) reported that PTSD interfered with self-disclosure in relationships. These findings provided support for

researching a war veteran's self-disclosure and marital intimacy. The current study was conducted to examine veterans' likelihood of self-disclosure and marital intimacy through the lens of attachment theory.

Attachment theory, developed by Bowlby in 1969, provided a theoretical framework for the current study with the goal of understanding relationships stressed by a deployment cycle to Iraq (Bowlby, 1988). According to the theory of attachment, an infant seeks proximity to a caregiver when distressed (Bowlby, 1988). Scarfe and Bartholomew (1994) found that the pattern of seeking out a close relationship when distressed, whether the base was secure or not, formed a relational template within the first few years of life. Further, the relationship template was either secure or insecure and can be enduring throughout close relationships in life (Scarfe & Bartholomew, 1994). In addition, attachment relationships shape beliefs about self and others based on early attachment relationships (Bartholomew & Horowitz, 1991).

Individuals have secure or insecure attachment styles, with low or high avoidance and anxiety, shaping proximity seeking behaviors in close relationships (Bartholomew & Horowitz, 1991). Individuals have a positive or negative view of self and others, with others being a safe haven when distressed and oneself is worthy of care and attention, or the self is unworthy and others are unsafe when distressed, thereby avoiding closeness (Griffin & Bartholomew, 1994). Ainsworth (1989) provided support for studying attachment relationships within the context of romantic relationships, and expanded the application of attachment behaviors from infants and children to adults. The current study

utilized attachment theory for the purposes of examining the marital relationships of heterosexual male veterans married to women.

According to Mikulincer et al. (2014), a secure attachment contributed to positive mental health and resilience in stressful situations and Stevens (2014) found that an insecure attachment was associated with poor mental health. The three insecure attachment styles examined in the current study were fearful, preoccupied, and dismissing. A person with a fearful attachment style held a negative view of self and others, and had high anxiety and high avoidance (Griffin & Bartholomew, 1994). A person with a dismissing attachment style had a positive view of self and a negative view of others with low anxiety and high avoidance (Griffin & Bartholomew, 1994). A preoccupied person had a negative view of self and a positive view of others with high anxiety and low avoidance (Griffin & Bartholomew, 1994). A representation of Griffin and Bartholomew's (1994) secure and insecure attachment behaviors is provided in Table 1.

Table 1

A Summary of Attachment Style

	Low Avoidance	High Avoidance
Low Anxiety	<i>Secure Attachment</i> - Positive view of self & others	<i>Dismissing Attachment</i> – Positive view of self & negative view of others
High Anxiety	<i>Preoccupied Attachment</i> – Negative view of self & positive view of others	<i>Fearful Avoidant Attachment</i> – Negative view of self & others

The current study was conducted to examine the relationship between attachment style, likelihood of self-disclosure, and demographic variables (age, education, length of marriage, race/ethnicity) to understand if these variables predicted marital intimacy in Iraq War veterans' marriages. According to Mitchell et al. (2008), intimacy requires open communication. Following a deployment to war, Monk and Nelson Goff (2014) found that couples emotionally withdrew and communication was limited. Withdrawal and avoidance were experienced as a result of separation due to a deployment, and withdrawal and avoidance were also experienced when a veteran returned home suffering from PTSD.

Veterans who experienced the symptoms of PTSD also demonstrate avoidance and numbing, which are both characteristics of the disorder (American Psychiatric Association, 2013). Although numbing was found to be necessary for survival when a person was under intense psychological distress, according to Keenan et al. (2014), these behaviors did not build intimacy, which included closeness and support (Brock & Lawrence, 2013). Hoyt and Renshaw (2014) found that disclosures of positive emotions protected veterans from the symptoms of PTSD, which lent credence for examining self-disclosure in the current study.

A person's attachment style characterizes whether a person will seek the proximity of an intimate partner when distressed (Bowlby, 1988). Additionally, researchers supported the need for evaluating self-disclosure as a contributor to marital intimacy because self-disclosure contributed to relationship functioning (Monson et al.,

2011). With Satcher et al.'s (2012) report that fears of failure of an intimate relationship contributed to the high levels of suicide during OIF and OIF missions, the findings provided support for researching self-disclosure and attachment style as contributors to marital intimacy in Iraq War veterans.

Chapter Overview

Within Chapter 2, a comprehensive attachment framework was provided to examine the potential relationship between attachment style, likelihood of self-disclosure, demographics, and marital intimacy in married male veterans who served in the Iraq War. Following a presentation of the attachment framework, a review of attachment styles and how these constructs have developed since the 1950s were examined. Chapter 2 also includes discussions examining self-disclosure from various relational perspectives both outside of and including marital relationships.

A discussion of marital intimacy was provided from multiple perspectives: physical, social, psychological, emotional, operational, and spiritual (Kusner et al., 2014; Mills & Turnbull, 2001, p. 301). The perspectives provided a rationale for the two types of intimacy selected for the study: emotional and sexual intimacy. The chapter includes a brief introduction of the testing instruments used for the current study. Finally, Chapter 2 includes discussions on self-disclosure, intimacy, attachment styles, and demographic variables (age, length of marriage, education, race/ethnicity) related to marital experiences of the unique military population.

Literature Search Strategy

Key search terms for the independent and dependent variables proposed in the current study included the following: attachment, attachment theory, attachment style, self-disclosure, disclosure, intimacy, marital intimacy and relationship satisfaction, and emotion-focused therapy. In addition, search terms specific to male veterans from the war in Iraq include military service members, veterans, soldiers, combat, combat trauma, posttraumatic stress disorder, support, and reintegration. Additional search terms included divorce, marital dissolution, and marriage. The Walden University Library was useful in building a foundation for this research. Databases searched included PsychINFO, PsychArticle, Science Direct, Google Scholar, Military and Government Collection, and Academic Search Complete.

In addition to searching through databases by subject terms, the subject term thesaurus was utilized. An indexed search describing the oldest to the most current information was beneficial in providing a historical perspective to attachment theory as well as contributing to obtaining the most relevant and timely information. Additional helpful resources included Galileo's (2015) research starter database for understanding the gap in the research and Worldcat (2015) to access resources in local libraries. Additional online resources included the Department of Defense and the Office of Veterans Affairs websites. The theoretical developmental framework for attachment theory spans over 50 years and two continents; therefore, seminal work was included in this broad referenced timeframe.

There were no studies found researching attachment style, likelihood of self-disclosure, demographics, and the effects on marital intimacy with Iraq veterans. Tan et al. (2011) researched attachment avoidance and anxiety, relationship disclosures, and relationship quality in heterosexual couples, but did not utilize a military population or a disclosure from an emotional event from deployment. In the current study, disclosure was defined as sharing emotional experiences, not factual information (Hackenbracht & Gasper, 2013; Hoyt et al., 2010; Waring, Schaefer, & Fry, 1994). Information found in searches pertaining to the variables, attachment style, self-disclosure, and marital intimacy, were utilized, making connections where possible between the research and the current study.

Theoretical Foundation

Attachment theory is the theoretical foundation for the current study and is based upon Bowlby's original work with mothers and infants (Bowlby, 1988). Bowlby (1988) found an attachment relationship between an infant and a caretaker was necessary for an infant's survival. According to Bowlby (1988), a securely attached infant seeks proximity to his mother when afraid, stressed, or tired, finding security and a sense of safety. In addition, Bowlby (1988) believed children developed expectations of a caregiver's responsiveness and availability when distressed (Hazan & Shaver, 1994a), and formed "internal working models" (Hazan & Shaver 1994a, p. 5), which shaped beliefs about the self and others. Children learn they are loveable and worthy or not, and that others will be available when they are distressed, or not.

Ainsworth, an attachment researcher from the child clinical psychology and child developmental psychology disciplines, was a colleague of Bowlby's (Bartholomew & Shaver, 1998) and collaborated in the development of attachment theory. Ainsworth developed the idea of a *secure base*, which occurs when individuals' seek proximity when distressed (Bowlby, 1988). Ainsworth and other attachment researchers furthered the development of attachment theory by studying relationships between parents and children.

The first relational experience in life is between a caregiver and an infant and is defined as an attachment relationship (Bowlby, 1988; as cited by Karen, 1994). An early attachment figure's responsiveness or lack of responsiveness contributes to an individual's internal working model of the self and others, affecting present day beliefs of one's current attachment figure's availability (Hazan & Shaver, 1994a). One tenet of attachment theory is that people make assumptions about self and others based upon these early life attachment relationships (Hazan & Shaver, 1994a).

Fromm-Reichmann (as cited in Seppala et al., 2013) believed that a longing for intimacy begins in infancy and continues throughout one's life. Developmental psychologists also recognized the significance of social connections throughout the life span (Seppala et al., 2013). Seppala et al. (2013) defined social connection as an individual's experience of having close relationships with others.

Bowlby (1988) characterized children's attachment styles as secure, anxious, and avoidant. Those who were secure manifested less anxiety and less avoidance in their

exchanges and had caregivers who were more consistent and responsive to their needs. Infants whose mothers were both overprotecting and withdrawing developed anxious attachment styles. When infants' caregivers were not responsive to needs, children developed an avoidant attachment style. Children form an idea of the self as either worthy or unworthy, loveable or unlovable, and the belief that others will be responsive to their needs and available or not, based upon the responsiveness of their attachment figures (Bowlby, 1988). Another tenet of attachment theory is that parents provide a secure base, from which children can explore the world around them (Bowlby, 1988).

Attachment theory progressed under Ainsworth's guidance to move beyond infancy into early childhood. According to Saypo and Farber (2010), children with secure attachments were better able than insecurely attached children to emotionally regulate when distressed, seeking out a responsive caregiver for comfort. Securely attached children also had a more positive image of self and an internal assurance that others would care for and support them. In the 1970s, attachment theory was applied to adult relationships and marriage studying grief, loss, and marital separations (Bretherton, 1992). Later, attachment theory was utilized to study marriage relationships (Bretherton, 1992). Attachment theory progressed and researchers examined attachments to parents in adulthood and sexual pair bonds (Ainsworth, 1989). According to Ainsworth (1989), in sexual bonds there are three biological systems activated: the attachment system, the reproductive system, and the caregiving system (p. 712-713).

According to Peloquin, Brassard, Delisle, & Bedard (2013), these three systems were distinct and they were all necessary for healthy romantic relationships. The attachment system involved proximity seeking to one's attachment figure for regulating emotions (Peloquin et al., 2013). The caregiving system included offering closeness to a partner who is distressed, sensitivity to a partner's distress and needs, balancing the amount of control a partner takes for the other's problems, or compulsive caregiving with a partner who is over-involved and intrusive. The sexual system is important to romantic couples and when optimally functioning includes mutual concern about sexual behaviors and interactions (Peloquin et al., 2013). According to Peloquin et al. (2013), a secure relationship is inclusive of sexual gratification. In addition, the sexual system operates simultaneously with the caregiving and attachment systems. According to Ainsworth (1989), a sexual attraction may initiate a relationship; however, if attraction is all that is present, the relationship will not last.

Peloquin, Brassard, Lafontaine, and Shaver (2014) were the first to study Ainsworth's three biological systems and found that couples' sexual functioning is an integral part of marital functioning and health. They also found that following the attraction phase, sexual attraction contributed to a couple's relational bond and relationship quality (Peloquin et al., 2014). Concerns for the other as well as for self are an integral part of a gratifying sexual relationship (Peloquin et al., 2014). In addition, to experience "optimal sexuality" couples must experience relational security, caring, and sexual satisfaction (Peloquin et al., 2014, p. 563).

The attachment framework has been used for the last 20 years to study relationships, personality development, and the regulation of emotions (Fraley et al., 2011a). Early attachment relationships form before language develops, shaping views of self and others (Ruvolo & Fabin, 1999). Bowlby (1988) believed these relationship styles were relatively consistent throughout life; however, other researchers have reported that attachment style is more similar to a personality shaped by one's caregiver (Sherry, Lyddon, & Henson, 2007) and manifested differently in different types of relationships (Fraley et al., 2011a).

According to Fraley, Fazzari, Bonanno, and Dekel (as cited in Mikulincer et al., 2014), the ability to recall and envision a secure attachment relationship when distressed was beneficial and inhibited trauma symptoms in survivors from the World Trade Center attack in 2001. Survivors with attachment insecurities experienced more severe PTSD symptoms than those with a secure attachment (Mikulincer et al., 2014). Ainsworth (1989) reported that attachments were formed with battle buddies, and included both caregiving and attachment behaviors in these relationships. Specific to Iraq War veterans, Clark and Owens (2012) found a relationship existed between Iraq veterans' attachment styles, personalities, and levels of severity of PTSD symptoms, which provided support for utilizing attachment theory in the current study.

Expansion of Adult Attachment

Attachment behavior is observed in infants, children, and their caregivers, and according to Bowlby (as cited in Chopik, Edelstein, & Fraley, 2012), the attachment

system is active “from the cradle to the grave” (p. 171). In the current study, adult attachment provided a framework for evaluating likelihood of self-disclosure and marital intimacy in heterosexual married male Iraq veterans. Attachment theory originated as a theory to explain how infants and children emotionally attach to caregivers (Hazan & Shaver, 1987).

As attachment theory developed, two areas of research arose (Bartholomew & Shaver, 1998). Main examined adult attachment researching adults’ own parent-child relationships as children, hoping to understand if these relationships influenced parenting and their own children’s attachment styles (Bartholomew & Shaver, 1998). Hazan and Shaver (1997) examined attachment theory and developed a self-report questionnaire to study loneliness, romantic relationships, and attachment in adults (Bartholomew & Shaver, 1998) expanding the study of adult attachment.

In 1982, Main, a student of Ainsworth, developed the Adult Attachment Interview (AAI) and examined adult states of mind, placing adults in the same three categories as infants’ attachment patterns: secure, anxious, and avoidant (Bartholomew & Shaver, 1988). Main later discovered a fourth attachment pattern: disorganized (as cited in Bartholomew & Shaver, 1988). Main’s purpose for developing the AAI was to provide greater understanding of children’s attachment categorization by examining their parent’s attachment styles (Flaherty & Sadler, 2012). For example, adult attachment theory has been used in child custody cases to determine a child’s sense of security with parent figures (Main, Hesse, & Hesse, 2011). Further, Main et al. (2011) reported the AAI was

useful in predicting social development and sensitive parental responding to infants (Main et al., 2011).

Hazan and Shaver (1994b), from the field of social psychology, also studied adult attachment examining marriage, friendship, and dating relationships (Bartholomew & Shaver, 1998). Hazan and Shaver's work utilized Ainsworth's original three classification patterns of attachment: secure, anxious-resistant, and avoidant examining adult attachment. In addition, attachment patterns were based upon individuals' underlying perceptions of another's responsiveness (Bartholomew & Horowitz, 1991; Hazan & Shaver, 1994b). Other researchers also developed models that conceptualized adult attachment (Hazan & Shaver, 1994b).

Main's research conceptualized attachment relationships based on defensiveness patterns in face-to-face interactions and parent-child interactions (Hazan & Shaver, 1994b). Bartholomew studied differences in adult attachment patterns based upon an individual's view of self and other (Hazan & Shaver, 1994b). Through a review of existing attachment research, Bartholomew found two patterns for avoidant attachment: dismissing and fearful (Bartholomew & Shaver, 1998). Bartholomew discovered that avoidant individuals differed in their levels of distress and fear of closeness to others (Bartholomew & Shaver, 1998). Bartholomew labeled those who were dismissing of needs for others and self-sufficient as dismissive-avoidant, and those who were consciously fearful of rejection by others as fearful-avoidant (Bartholomew & Shaver, 1998).

Bartholomew's (1990) conceptualization of attachment included the following four patterns: secure, preoccupied, fearful-avoidant, and dismissing-avoidant (Bartholomew & Shaver, 1998). Bartholomew examined attachments representing internal working models of self and other (Bartholomew & Shaver, 1998). Bartholomew expanded adult attachment by including two types of avoidant behaviors and assessing adult attachment using the AAI, and a self-report of experiences in close relationships (Bartholomew & Shaver, 1998). The current research utilized Bartholomew's four-category model of adult attachment style, and two-dimensional internal working model of self and others (Bartholomew & Shaver, 1998).

According to Bartholomew and Horowitz (1991), a person either has a positive or negative self-image and a positive or negative view of others. A positive working model perceives the self as "worthy of love and support" and others as "trustworthy and available" (Bartholomew & Horowitz, 1991, p. 227). A negative working model perceives the self as not worthy of love and support and views others as not trustworthy or available (Bartholomew & Horowitz, 1991, p. 227). According to Etcheverry et al. (2012), the model of self and other is characterized by high and low levels of avoidance and anxiety. Individuals with high avoidance participate in deactivation strategies of the attachment system, which includes avoiding close relationships and depending on self instead of others (Etcheverry et al., 2012).

Individuals with high anxiety have an overactive attachment system, with a deep desire for intimacy, demonstrating hypervigilance toward attachment relationships,

usually due to inconsistencies experienced in attachment based needs in earlier relationships (Etcheverry et al., 2012). Those with low anxiety and low avoidance have a secure attachment style (Bartholomew & Shaver, 1998). Those who are low on avoidance and high on anxiety are preoccupied, those who are high on anxiety and high on avoidance are fearful-avoidant, and those who are low on anxiety and high on avoidance are dismissive-avoidant (Bartholomew & Shaver, 1998).

According to Bartholomew and Horowitz (1991), secure individuals are confident in their own lovability and worthiness and expect others to be trustworthy and dependable. Those who are preoccupied have a positive view of others and a negative view of themselves, having a sense of unworthiness and being unlovable (Bartholomew & Horowitz, 1991). Those who are fearful-avoidant do not believe they are lovable or worthy and expect others to be untrustworthy and rejecting (Bartholomew & Horowitz, 1991). Those who are dismissive-avoidant have a positive view of self and a negative view of others, believing in their own self as worthy of love, yet believing others will not love them and will disappoint (Bartholomew & Horowitz, 1991).

Individuals with a dismissive-avoidant attachment are independent, and likely to be loners, who avoid close relationships to protect against disappointment (Bartholomew & Horowitz, 1991). Since perceptions of self and other are formed in response to an early caregiver's responsiveness or lack of responsiveness to attachment based needs, the beliefs of the self as worthy and loveable or not and another's responsiveness to needs are

formed before language is acquired. There is, therefore, an unconscious quality to an individual's assessment of others in the attachment model (Ruvolo & Fabin, 1999, p. 59).

According to Ruvolo and Fabin (1999), individuals who were emotionally intimate and secure in their romantic relationships were more likely to believe their partners were similar to them, and were less likely to project their attachment relational styles onto their partners. Those who were insecure in their attachments enacted early relational schemas either expecting a positive or a negative response from others when in need. If a person is avoidant, the attachment system deactivates when an attachment based need surfaces. An avoidant person will isolate and demonstrate self-sufficiency, even rejecting one's own needs (Bosmas et al., 2012). A more secure person reaches out for comfort from close relationships when distressed (Bosmas et al., 2012).

Previous research on veteran attachment style indicated that 40% of U.S. military service members have a secure attachment style (Escolas et al., 2012). The remaining 60% have insecure attachment styles, including dismissing, preoccupied, or fearful (Escolas et al., 2012). According to Mikulincer et al. (2014), secure attachment relationships contributed to resilience in stressful times (p. 207). The traumas of war disrupted individuals' views of themselves and others (Mikulincer et al., 2014). Married veterans experienced these disruptions through the experiences of war, affecting marriages by the fears, stressors, and separations associated with a deployment to war and subsequent reintegration. The review of the literature provided evidence for attachment theory and emotional intimacy as constructs in researching Iraq veterans.

Intimacy

According to Bagarozzi (1997), intimacy is foundational to marital and committed relationships and is necessary for survival, based upon Bowlby's (1969) attachment theory. Intimacy has been studied across broad relationship categories to explain close connections in peoples' lives: friendships, marriage, romantic partnerships, family relationships, and work relationships (Papp, Goeke-Morey, & Cummings, 2013). Papp et al. (2013) studied marital conflicts surrounding sexual relations, affection, and closeness. According to Cassidy (2001), attachment theorists have not focused their research on intimacy or its development, lending credence to studying predictors of marital intimacy. Pap et al. found when couples have problems intimacy was a 50-75% contributor to marital concerns. When intimacy was functioning well, the contribution was 15 to 20% (Pap et al., 2013).

Greeff and Malherbe (2001) found that intimacy was an expectation in marriage and people marry for intimacy; however, adults in intimate relationships may have similar or different needs for closeness (Bagarozzi, 1997). Dandurand and Lafontaine (2013) conducted research on couples and utilized the PAIR (Schaeffer & Olson, 1981) measuring emotional and sexual intimacy. Dandurand and Lafontaine found that individuals with an avoidant attachment desired less intimacy in romantic relationships.

In the current study, marital intimacy was measured using the PAIR instrument designed by Schaeffer and Olson (1981). According to Schaefer and Olson (2000), the PAIR measures "the experience of sharing and feeling close" in particular areas (p. 8).

Schaefer and Olson's (2000) definition of sexual intimacy is "The experience of receiving and sharing affection, touching, physical closeness, and/or sexual activity" (p. 8). The PAIR (Schaeffer & Olson, 1981) measured the following five types of intimacy: sexual, emotional, social, recreational, and intellectual. The PAIR was utilized by Bagarozzi (1997) to develop the Marital Intimacy Needs Questionnaire, which targeted the following types of intimacy: "emotional, psychological, intellectual, sexual, spiritual, aesthetic, social or recreational, physical, and temporal" (p. 288), measuring the amount of time couples wanted to spend together.

Bagarozzi (1997) found participants were unaware that marital intimacy had many facets and that sexual intimacy was just one type of intimacy. Other types of intimacy, however, contributed to sexual interest, satisfaction, and fulfillment (Bagarozzi, 1990, p. 289). Satcher et al. (2012) reported that the VA Chaplains Best Practice Marriage Enrichment Program also utilized the PAIR to develop interventions for couples where one partner was a combat veteran, which supported intimate relationships. In the current study, emotional and sexual intimacy were measured.

Amidon, Kuman, and Treadwell (1983) studied intimacy attitudes and found that self-disclosure, an independent variable in the current study, was also an important part of intimacy. The Intimacy Attitude Revised-Scale was used to examine closeness and trust, as well as intimacy (Amidon et al., 1983). In 1983, the Waring Intimacy Questionnaire was also developed to empirically assess intimacy. According to Wood, Barnes, and Waring (1988), the previous 10 years had seen a rise in research on

distressed marriages due to an increase in divorce rates and the belief that people in unsatisfying marriages were more likely to experience mental health problems.

Divorce rates have increased in the U.S. military due to repeated deployments to Iraq and Afghanistan (Laser & Stephens, 2011) and Satcher et al. (2012) reported increases of 50% since September 2011. Deployments have also contributed to marital strain (Allen et al., 2010) and, according to researchers, soldiers in poor, strained marriages were also at risk of developing psychological problems (Riviere et al., 2012).

Foran et al. (2013) found military couples experienced higher levels of marital distress than civilian couples. In addition, following a deployment to Iraq, soldiers struggled with marital intimacy (Baptist et al., 2011). Foran et al (2013) found there is a lack of research on risk for divorce after a military deployment. Research is conflicting with reports of the impact of combat trauma on marriages since some couples reported that their marriages were stronger postdeployment, while others reported an increase in problems, experiencing lasting marital strain (Foran et al., 2013).

Veterans from the Iraq War who have PTSD reported experiencing marital discord (Monson et al., 2011). Mouristen and Rastogi (2013) reported failed marriages contributed to over 60% of suicides in the Army. In addition, the U.S. Department of the Army (as cited in Satcher et al., 2012) reported in 2003 that as many as 75% of suicides of military service members and veterans were due to failures of intimate relationships. According to Blosnich, Gordon, and Bossarte (2014), 20% of completed suicides in the U.S. were veterans, and military service increased the odds of suicidal ideation by 82%

for veterans between the ages of 40 and 64 (Blosnich et al., 2014). There is evidence of an association between poor relational intimacy functioning and mental health problems. Additionally, these military statistics provided support for better understanding contributing factors that strengthen intimacy in veterans' marriages.

Researchers reported that people who experienced difficulties in relationships were more likely to suffer from mental problems and a broad range of disorders (Whisman & Baucom, 2011). Additionally, researchers found that healing of relationship discord contributed to improvements in mental health problems (Whisman & Baucom, 2011). In addition, interventions with couples were found to be beneficial in the treatment of depression and substance abuse (Whisman & Baucom, 2011). According to Buchanan et al. (2011), the inclusion of intimate partners and family members in the treatment of PTSD led to improvements in PTSD symptoms and a decrease in stress. Additionally, Doss et al. (2012) found that veterans who participated in couple's therapy reported greater relationship satisfaction.

Veterans' problems, which included high rates of PTSD and accompanying marital stress, lent credence to studying marital intimacy in the current study. Intimacy is a component of different types of relationships, including marriage. Because adult romantic relationships are attachment relationships (Fraley et al., 2011a), and intimacy impairment is found in veterans' marriages when one member experiences a traumatic event from war (Solomon et al., 2008), studying marital intimacy with the lens of attachment theory contributed to an understanding of marital intimacy in Iraq War

veterans. The following is a discussion on the types of intimacy used for the current study.

Intrapsychic and Interpersonal Intimacy

Mills and Turnbull (2001) emphasized two main categories of intimacy: intrapsychic and interpersonal. Intrapsychic intimacy, or self-knowledge, forms the foundation for developing intimacy with others contributing to resiliency (Mills & Turnbull, 2001). Interpersonal intimacy takes place between individuals when sharing something meaningful (Mills & Turnbull, 2001). The experience of PTSD and trauma impairs interpersonal intimacy and damages trust (Mills & Turnbull, 2001). Monson et al. (2011) found Iraq War veterans with PTSD experienced problems in intimate relationships.

When a marriage partner suffered from PTSD, marital intimacy was compromised due to the symptoms of hyperarousal and avoidance that characterize the disorder (American Psychiatric Association, 2013). In addition to Mills and Turnbull's (2001) two main categories of intimacy, additional subtypes of intimacy also included psychological; physical, sexual and nonsexual; operational, defined as sharing responsibilities and decision-making; social intimacy; and spiritual intimacy (p. 301).

Emotional, Sexual, and Spiritual Intimacy

Intimacy is essential for mental health and well-being as well as contributing to adjustment (Doi & Thelen, 1993; Sinclair & Dowdy, 2005). Mills and Turnbull (2004) reported that individuals who have experienced trauma have had difficulties relating to

intimate partners, family members, and others. Survivors of trauma have experienced shame, guilt, and self-doubt, which have led to depression and suicidal ideations (Mills & Turnbull, 2004). Marital intimacy was important to study because, according to Mouristen and Rastogi (2013), over 60% of suicides in the U.S. Army are attributed to marital failure. According to Riviere et al. (2012), when a soldier's marriage quality is poor, both physical and psychological morbidity is affected.

Intimacy was also found to support couples facing adjustments to health problems (Belcher et al., 2014). Doi and Thelen (1993) studied middle-aged men and women employees at a state psychiatric hospital and found that a minimal fear of intimacy aligned with healthy social adjustment, and those with a high fear of intimacy were found to disclose less. Doi and Thelen (1993) provided an attachment framework to describe fear of intimacy as being associated with a fear of the exchange of emotions. For those who were avoidant, there was a withdrawing before intimacy to avoid rejection, and for those who were anxious, withdrawal was due to fear of abandonment (Doi & Thelen, 1993).

In addition to marital relationships, nonmarital intimate relationships were also found to contribute to mental health and well-being. Simon and Barrett (2010) conducted research with over 1000 young men and women in Florida between the ages of 18 and 23. The researchers provided evidence that young men received more support from intimate relationships and that the damage was greater for men than for women when there was ongoing relational strain in intimate relationships (Simon & Barrett, 2010).

Simon and Barrett found this response was due to the impact on a young man's sense of identity when there was relational strain. Intimacy is defined as feeling cared for, understood, and experiencing empathic support when a disclosure is made to the individual's partner (Debrot et al., 2012). Debrot et al. (2012) found that responsiveness contributed to an increased experience of mutual relational intimacy and suggested intentional acts of responsiveness to build intimacy.

Emotional intimacy. Campbell and Renshaw (2013) studied emotional disclosures from deployment made by combat veterans to a romantic partner. The researchers found that an emotional disclosure, when met with a positive response, was associated with a positive outcome for the veteran, including relationship satisfaction (Campbell & Renshaw, 2013). Emotional exchanges in relationships were important because researchers found that individuals who did not have close emotional relationships were three to five times more likely to experience premature death from diseases (Sinclair & Dowdy, 2005).

Researchers also reported that married college students experienced lower mortality rates than single college students (Braithwaite et al., 2010). Baptist et al. (2011) provided evidence for conducting emotional exchanges between couples. According to Baptist et al., when service members' returned home and did not share stories, distance was created that continued between couples. When couples did not work through strong, hurtful emotions, both physical and emotional intimacy were blocked, and there was an increase in stress (Baptist et al., 2011). The lack of sharing between spouses also takes

place through a service member's numbing and avoidance due to PTSD symptomology (Solomon et al., 2008). There was also a reduction of intimacy found when service members lashed out at spouses when irritated and angry due to the symptoms of hyperarousal from PTSD (Solomon et al. 2008).

A primary reason for couples seeking marital therapy was an absence of emotional intimacy (Doss, Simpson, & Christensen, 2004). Emotional intimacy was found to provide couples with an experience of mutual warmth, trust, closeness, love, and affection (Brock & Lawrence, 2014). When emotional intimacy was present, there was a bond formed, and couples were found to turn to one another when stressed (Brock & Lawrence, 2014). Emotional intimacy was found to contribute to mental health and well-being (Sinclair & Dowdy, 2005). Boden et al. (2010) reported that men were more challenged in communicating their emotions than women, and were more likely to express intimacy through initiation of sexual relations and sharing activities with their partners (Boden, et al., 2010). These findings supported the need for researching contributing factors to intimacy in married male veterans.

Sexual intimacy. Zerach et al. (2010) reported that sexual relations in romantic relationships were an important part of marriage and were reported to be important for both physical and emotional health. According to Ridley (1993) and reported by Boden et al. (2010), men expressed intimacy through action-oriented behaviors that included initiating sexual activity, offering help, and through mutual activities. Gordon et al. (2012) also found that marital relationships provided physical and sexual intimacy for

couples, which contributed to greater psychological well-being. In addition, researchers reported that sexual intimacy suffered in marriages when one partner experienced a traumatic event due to the characteristic symptoms of avoidance in PTSD (Zerach et al., 2010).

Zerach et al. (2010) examined marital intimacy in former prisoners of war (POWs) from the Yom Kippur War and found that PTSD had an adverse effect on sexual satisfaction. Breyer et al. (2013) reported that many veterans who have returned from Iraq and Afghanistan have also experienced sexual dysfunction. In addition, veterans diagnosed with PTSD were found to have a greater risk of receiving a diagnosis of sexual dysfunction (Breyer et al., 2013).

Soldiers from the war in Iraq have also experienced sexual problems that contributed to relationship problems, as reported by Zerach et al. (2010). According to Baptist et al. (2011), deployment separations have led couples to cut off their sexual feelings, which created obstacles in reconnecting upon reintegration. In addition, veterans with a diagnosis of PTSD also experienced problems with sexual intimacy (Baptist et al., 2011).

Breyer et al. (2013) studied male veterans from Iraq and Afghanistan and found many returned from combat with sexual dysfunction, which contributed to a decrease in sexual intimacy. Breyer et al. reported Iraq veterans with PTSD were at risk for sexual dysfunction, and suggested a link between mental health problems and sexual dysfunction. Nunnink et al., (2010) studied sexual problems and PTSD in veterans from

the OIF and OEF wars and found a predictor of sexual problems was emotional numbing, and reported that veterans with PTSD were more at risk for sexual problems.

Baptist et al. (2011) found that some couples experienced reduced sexual desire during a deployment. In addition, Baptist et al. reported some couples experienced problems with trust, a lack of desire, as well as PTSD symptoms. However, not all couples reported a decrease in sexual intimacy, which was due to their commitment to communicate and connect with one another (Baptist et al., 2011). Zerach et al (2010) found that building a couple's intimacy could help rebuild trust that was devastated through a POWs captivity.

Additional sexual challenges in traumatized couples may include turning to sexual practices outside of their usual relational practices, such as pornography, in response to both physical and emotional sexual difficulties (Mills & Turnbull, 2004). Although many emotions couples share may have contributed to emotional intimacy, sexual intimacy may not have improved through this process (Baptist et al., 2011). There is scant research that examines sexual problems in marriages of veterans with PTSD who have seen combat (Zerach et al., 2010), and there was little information found in the literature on sexual problems of veterans from the Iraq War. However, former POWs holding a PTSD diagnosis were found to report less marital satisfaction than those not diagnosed with PTSD, and the distress associated with PTSD has been found to be detrimental to sexual relationships (Zerach et al., 2010). Nunnink et al. (2010) also studied Iraq and Afghanistan veterans and focused on those with a diagnosis of PTSD, emotional

numbing, and intimacy. The research provided support for studying sexual intimacy in married Iraq War veterans.

Spiritual intimacy. Spiritual intimacy is another type of intimacy found in marriages (Mills & Turnbull, 2001), and it was initially included in the PAIR Inventory, which was used to measure marital intimacy in the current study. Schaefer and Olson (1981) dropped spiritual intimacy from the PAIR Inventory because it was difficult to measure with the PAIR instrument. Kusner et al. (2014) found that spirituality supported marital unions; however, prior research depended upon religious involvement to study intimate relationships. Spiritual intimacy is useful in assessing marital intimacy; however, spiritual intimacy is reported to be an area for further research because of the challenges of isolating religiosity as a covariate in a relationship (Hatch et al., 1986). For the purposes of this research, spiritual intimacy is not measured.

Intimacy and Marital Satisfaction

According to Osgarby and Halford (2013), intimate communication was found to be an essential relational component in couples that are satisfied in their marriages. Greeff and Malherbe (2001) conducted research and examined the differences in marital satisfaction between men and women. The researchers found men placed a higher value on sexual intimacy than women, using sex for increasing emotional intimacy. Women desired emotional closeness before participating in sexual intimacy (Greeff & Malherbe, 2001). According to Greeff and Malherbe, intimacy positively affected marital

satisfaction, which provided support for the examination of intimacy in couples stressed by the effects of war.

Other types of intimacy also contributed to marital intimacy. Schaefer and Olson (1981) defined social intimacy as couples having friends in common and shared social networks. Mills and Turnbull (2001) described couples with social intimacy as experiencing shared hobbies, interests, vacations, mutual friendships, and being engaged in their communities as a couple. In addition, Schaefer and Olson (1981) described recreational intimacy as couples sharing activities and enjoying free time together. Intellectual intimacy is another type of intimacy and it was not utilized in the current study; however, intellectual intimacy contributed to couples' mutual respect for one another. When couples have intellectual intimacy, there is communication about their work and life outside of the marriage. In addition, the relationship is honest and open, and there is loyalty and an intellectual equivalence (Mills & Turnbull, 2001).

Emotional intimacy and sexual intimacy were the two intimacy constructs proposed in the current study. These two types of intimacy were chosen for the current study because of the different meanings of sexual and emotional intimacy for men and women. According to researchers, men used sexual activity to gain emotional intimacy, and women required emotional intimacy before being sexually intimate (Greeff & Malherbe, 2001). In addition, emotional intimacy was selected for the current study because when struggling couples seek counseling, a primary reason cited is problems with emotional intimacy (Doss et al., 2004). Additionally, emotional intimacy was

important because it contributed to mental health and well-being (Sinclair & Dowdy, 2005).

Sexual intimacy was also important because it is a part of one of the three systems for optimal functioning of couples' relationships. In addition, the sexual system is an important part of healthy marital functioning (Peloquin et al., 2014). Sexual intimacy is also a subtype of intimacy according to Mills and Turnbull (2001). In addition, Zerach et al. (2010) found that sexual intimacy suffered when a partner experiences a traumatic event. Veterans from the Iraq War were found to experience sexual problems (Breyer et al., 2013), which negatively affected sexual intimacy (Nunnink et al., 2010); therefore, emotional and sexual intimacy were two important constructs examined in the current study with Iraq veterans.

Intimacy and Service Members, PTSD, and Reintegration

Suicide rates were the highest reported in 2006, according to reports from the U.S. Army (Mendenhall, 2009). Contributing to suicidal behaviors and completed suicides are service members' fears of losing an intimate relationship, with 75% of U.S. Army suicides being attributed to an intimate relationship failure, according to the U.S. Department of the Army (Satcher et al., 2012, p. 8). Due to the high rates of suicide related to fears of losing an intimate relationship, the research supported studying intimacy in married veterans to better understand and provide supports to improve veterans' psychological health and well-being.

According to a recent study by Allen et al. (2010) conducted with military husbands and civilian wives, PTSD in husbands had a negative impact on all measured areas of marital functioning. Areas of marital functioning surveyed by Allen et al. included dedication to the marriage, confidence that the marriage would succeed, and happiness with sacrifices made. PTSD negatively affected both a husband and wife's belief that their marriage would survive. Couples may desire a successful marriage; however, PTSD heightened the risk of divorce (Allen et al., 2010). In addition, Renshaw et al. (2011) found PTSD caused psychological distress in spouses, specifically increased stress, depression, and anxiety. These negative responses were in part due to increased responsibilities placed on a partner due to spouses' struggles and decreased intimacy and self-disclosure from a spouses' PTSD symptomology (Renshaw et al., 2011).

Kusner et al. (2013) discovered negative communication patterns in couples over time increased a couple's risk of divorce. Clark and Owens (2012) reported veterans from combat experienced a higher risk of relationship problems, and those with PTSD experienced more severe marital problems and a higher rate of divorce. There are some couples whose marriages were strengthened through the struggles of deployment; however, for many the experience of war created lasting marital strain (Allen et al., 2010).

Researchers studied male married veterans deployed to Iraq and found that marital strain increased with repeated deployments and infidelities increased over time as well (Riviere et al., 2012). According to Riviere et al. (2012), it was unknown if these

outcomes led to greater dissolution of marriages. Research from Riviere et al. and Allen et al. (2010) provided evidence for attending to service members' marriages. Those who served in the military with secure attachments also had fewer mental health problems and experienced lower levels of stress (Escolas et al., 2012). Marital functioning is also important because strong marriages contributed to rates of retention in the military, better performance, and improvements in the functioning of the U.S. military itself (Riviere et al., 2012).

Renshaw, Rodrigues, and Jones (2008) researched marriages of veterans from the war in Iraq. According to Renshaw et al., marital satisfaction and psychological symptom were related to a spouse's perceptions of a veteran's exposure to trauma. When spouses thought exposure to combat was high, allowances were more likely to be made for the veteran, which led to less distress and greater marital satisfaction. Further, when combat exposure was believed to be low, more marital discord and more significant psychological distress was experienced (Renshaw et al., 2008). This research provided a rationale for researching self-disclosures in married veterans.

Intimacy and PTSD

The research examining couples' separations due to a deployment to war indicated that deployment contributed to decreases in intimacy (Allen et al., 2010). Intimacy was also affected when a military service member suffered from PTSD, negatively affecting both the service member and the service member's relationships (Allen et al., 2010). Marital relationships, when strained from war, can either be a source

of support or stress for service members and veterans (Balderrama-Durbin et al., 2013). Balderrama-Durbin et al. (2013) pioneered research and discovered a link between disclosure of combat trauma, social support, and improvements in PTSD symptomology. Although the current study did not research veterans with a diagnosis of PTSD due to the vulnerable status of this population, the link between disclosure and PTSD symptom improvement provided support for studying self-disclosure and intimacy in war veterans in the current study. Further, studying intimacy was important because intimate relationships may provide a buffer against PTSD for those who serve in combat (Skopp et al., 2011).

Researchers found that understanding risk factors for intimate relationship problems was important in order to better assist veterans from the wars in the Middle East, working towards protection from PTSD and chronic marital problems (Meis, Erbes, Plousny, & Compton, 2010). Balderrama-Durbin et al. (2013) recommended future research be undertaken to assist couples in constructive discussions surrounding deployment to better understand the effects of a combat disclosure on a partner's functioning and to understand what kinds of disclosures were beneficial for relational support and treatment interventions.

Intimacy and Reintegration

The recent wars in the Middle East have placed high demands on military service members and their families. Multiple, lengthy deployments have stressed marriages, interfered with intimacy, and led to the development of PTSD (Allen et al., 2010).

Veterans who return from combat have faced the challenging task of reintegration back home, which includes facing adjustments in marital and familial relationships (Sautter et al., 2011). Part of successful reintegration may include letting go of conformity of the military's male masculine norms, that are found to contribute to a reduction in well-being, while preserving and valuing the veteran's experience in the military (Alfred et al., 2014).

Service in combat is stressful due to the exposure to trauma and lengthy separations from spouses and families (Balderramma-Durbin et al., 2013; Paley et al., 2013; Sipos et al., 2013). Young families and families without social supports experienced the greatest distress and are at risk for mental health and relationship problems as reported by Bowling and Sherman (2008). Out of 894 soldiers who served in Iraq, the following stressors were experienced: 95% surveyed reported seeing a dead body or body parts, 89% reported receiving fire, and 48% reported killing enemy combatants (Bowling & Sherman, 2008). According to the Veterans Affairs (VA), over 35,000 veterans affiliated with the Global War on Terror (GWOT) have been treated for PTSD since 2006. Military service members' problems upon return from war include difficulty sleeping, difficulty connecting with family members, difficulties managing affect, and often a newly diagnosed mental disorder to cope with in life (Bowling & Sherman).

According to Bowling and Sherman (2008), treatment for a veteran who is traumatized is important for families as well because PTSD symptoms can be transmitted

to spouses and children. Bowling and Sherman provided evidence that there is a reason to engage families when treating veterans with PTSD and stress disorders. Additionally, Lewis, Samson, and Leseuer (2012) reported that families serve as a protective factor for military service members and are essential to a service member's reintegration. The U.S. Military and the VA have also supported intimate relationships through the development of programs that assisted couples and families through deployment and reintegration experiences (Satcher et al., 2012).

Danish and Antonides (2013) reported that the majority of service members have returned from war without psychological or physical injuries; however, all return home changed. Redeployments have made reintegration challenging and created walls between partners that are hard to bring down (Bowling & Sherman, 2008). According to Gallaway, Millikan, and Bell (2011), veterans who attributed meaning and a positive appraisal of combat experiences reported growth experiences following combat, and soldiers who reported the highest levels of combat, reported the highest levels of posttraumatic growth.

Married veterans have faced the challenges of deployment and reintegration individually and as a couple. According to Vincenzes, Haddock, and Hickman (2014), wives who experienced lengthy separations due to their husband's military deployments may experience feelings similar to secure and insecurely attached infants when separated from their mothers. Feelings of anxiety and sadness, grief, despair, helplessness, and detachment led to challenges when attempting to reconnect during a husband's return

from war (Vincenzen et al., 2014). Wives with secure attachments coped better with separations during deployments; however, deployments lasting over a year were challenging for wives with both secure and insecure attachment styles (Vincenzen et al., 2014). Danish and Antonides' (2013) analysis of data of service members seeking support for psychological problems postcombat provided evidence that families are critical to a service members' successful reintegration. Further, Lewis et al. (2012) recommended a holistic assessment and treatment model for veterans to include spouses in treatment.

Self-Disclosure

In the current research, the focus of self-disclosure was based on likely emotional disclosures from a deployment experience by Iraq veterans, sharing both positive and negative content on a 5-point Likert-type scale. Self-disclosure was voluntary, included a personal experience that was significant and relevant within the context of the disclosure, and was controlled by the discloser. Prior research has found self-disclosure to be important for intimate relationships (Antaki, Barnes, & Leuder, 2004). Jourard and Lakasow (1958) introduced self-disclosure as a process of "making the self known to others" (Antaki et al., 2004, p. 181). Further, Antaki et al. (2004) described self-disclosure as a healthier alternative to suppressing one's feelings.

Over 50 years ago, Jourard and Lasakow (1958) discovered that self-disclosure could be measured (Antaki et al., 2004) and developed a questionnaire to determine how individuals made themselves known to others (Antaki et al., 2004). According to Antaki

et al. (2004), the concept of how individuals made themselves known to others was greater than sharing one piece of information; it was part of an exchange with another person that was found to lead to the recipient's disclosure (Antaki et al., 2004).

Antaki et al. (2004) found that self-disclosure was important in relationships; however, it did not determine if couples stayed together, nor did this single construct of disclosure predict the quality of relationships. Emotional disclosure in subsequent research provided further understanding of disclosure as it was found to contribute to a reduction in distressing emotions, improved beliefs about help-seeking behaviors, and contributed to greater physical and emotional well-being (Kahn, Hucke, Bradley, Glinski, & Malak, 2012).

Researchers have studied self-disclosure in relation to different variables including the perceptions of the responsiveness of one's partner (Forest & Wood, 2011); the high or low self-esteem of the discloser (Cameron, Holmes, & Vorauer, 2008); and disclosing when the content contained traumatic information (Balderrama et al., 2013; Bowen et al., 2010; Currier et al., 2012b). Researchers also studied self-disclosure in the context of a terminal illness (Manne et al., 2010; Porter, Baucom, Keefe, & Patterson, 2012). Disclosures have taken place within therapeutic environments (Jeffrey, Leibowitz, Finley & Arar, 2010) and through indiscriminate sharing resulting from a build-up of stress and anxiety, or through disclosures after sexual relations (Denes, 2012).

Self-disclosure has also been studied through an examination of the relationship between mood, disclosure, and marital intimacy (Forgas, 2011), through disclosures of

factual information and emotional content (Hoyt et al., 2010; Manne et al., 2004), and through value based disclosures, defined as what the discloser values and cares about (Pronin, Fleming, & Stefel, 2008). Value based disclosures were not perceived by the listener to be self-revealing and were not found to build intimacy (Pronin et al., 2008). Researchers have studied self-disclosure in relationship to reintegration (Hoyt & Renshaw, 2013), disclosures in relationship to love, relationship satisfaction, and stability (Sprecher & Hendrick, 2004). Additionally, research has examined the implications of disclosure and reported intimacy in close relationships (Butler et al., 2009; Currier et al., 2012b).

Butler et al. (2009) researched attachment intimacy within the context of keeping an infidelity a secret from one's spouse. When there was not honest self-disclosure between couples where one partner was unfaithful, the partner who kept the secret disconnected from his or her true self, and the unwillingness to be open and known by one's partner contributed to the presentation of a false self (Butler et al., 2009). An outcome of the current study is to understand if not disclosing to one's partner about deployment contributed to an obstruction in intimacy.

Moral injury is a combination of shame and guilt experienced when a person transgresses deeply held beliefs and values when at war (Currier et al., 2014; Keenan et al., 2014). The experience of war has contributed to moral injury and the deep wounding of many service members and veterans (Currier et al., 2014; Keenan et al., 2014). Dewey

(as cited in Keenan et al., 2014) reported that those who served in war found recovery through telling combat stories to safe individuals.

According to Butler et al. (2009), authentic self-disclosure is risky, and shame from moral injury leads to isolation (Currier et al., 2014). Tick (as cited in Keenan et al., 2014) categorized PTSD as an identity disorder resulting from these transgressions in combat. Veterans suffering from PTSD also experienced numbing, and arousal, which damaged intimacy (Mills & Turnbull, 2001). Although disclosure was risky, emotional disclosure of a trauma from deployment rather than a disclosure without emotion contributed to a reduction in symptoms of PTSD and marital satisfaction (Hoyt & Renshaw, 2014).

Balderrama-Durbin et al. (2013) researched disclosure in U.S. airmen following a one-year deployment to Iraq. When airmen disclosed to an intimate partner, there was greater partner support, and lower levels of PTSD reported. Partner support contributed to the disclosure of combat experiences; however, it was unknown whether disclosure increased intimacy in veterans and their wives (Balderrama-Durbin et al., 2013). This research provided support for examining veterans' self-disclosures of an emotional experience from a deployment and relationship to marital intimacy.

Benefits of Self-Disclosure

Kahn et al. (2012) reported self-disclosure was beneficial to the discloser. Researchers studying self-disclosure of traumatic events with male veterans with a diagnosis of PTSD in a group setting, found discussions of traumatic feelings from a

traumatic experience improved psychological and physiological health (Bowen et al., 2010; Frattaroli, 2006). Although disclosure initially contributed to high levels of dissociation in veterans, over time disclosure contributed to a reduction in PTSD symptoms, which resulted in improved treatment outcomes (Bowen et al., 2010). Despite these findings by Bowen et al. (2010), it is still unknown if these same benefits apply to veterans making emotional disclosures to a spouse, and it is not known if the disclosure leads to marital intimacy.

Researchers have also found that self-disclosure has contributed to improvements in physical and emotional health (Bowen et al., 2010; Frattaroli, 2006), and self-disclosure provided opportunities for healing, acceptance, and hope in relationships experiencing strain (Butler et al., 2010). Slavin-Spenny et al. (2010) researched persons who had experienced a traumatic event, studying the effects of disclosing in the following different ways (a) through a facilitated disclosure to an active responding therapist; (b) to an empathic passive listening therapist; (c) a disclosure conducted privately into a tape recorder; and (d) making a disclosure in the form of a written private journal. The researchers concluded that a single session of disclosure about a traumatic experience led to posttraumatic growth regardless of the method; however, to generate greater change intensive work was found to be necessary.

Butler et al. (2010) studied disclosure of infidelity in couple dyads based upon attachment theory. Before the disclosure, the negative consequences of hiding parts of self and disconnecting from oneself in an intimate relationship led to distancing and a

lack of openness (Butler et al., 2010). Secrets led to a decrease of emotional intimacy in sexual relations, expressions of irritability, and rejection of a partner's bids for closeness, as well as an increase in conflict (Butler et al., 2010).

Although Butler et al. (2010) found facilitating couples in disclosure of an infidelity secret to be difficult and challenging, disclosure paved the way for relational healing. There was no research found on couples' self-disclosures of other divisive relational issues that have the potential to lead to increases in marital intimacy; however, researchers reported that sharing positive information was a major contributing factor to intimate relationships and well-being (Reis et al., 2010). Researchers also found that individuals will seek the help of others to lessen their distress, which supported their coping mechanisms (Reis et al., 2010). The purpose of conducting the current research was to understand any relationship between a veterans' likelihood of self-disclosure of an emotional event from deployment and marital intimacy.

Self-disclosure and well-being. According to researchers, individuals who are more expressive reported greater physical and emotional well-being (Forest & Wood, 2011; Gross & John, 2003; Sprecher & Hendrick, 2004). Kahn et al. (2012) found that conducting emotional disclosures through verbal or nonverbal means led to improvements in well-being and a reduction in distress led to improvements in immune system function. Self-disclosure also benefitted dating persons, according to Cameron et al. (2008). Self-disclosure contributed to intimacy and building trust; however, it is important to note that intimacy was only an outcome of self-disclosure when the discloser

had high self-esteem, and the disclosure was met with acceptance from one's partner (Cameron et al., 2008).

Specific to the veteran population, positive outcomes were reported following disclosures of war trauma to a health care professional (Jeffreys, Leibowitz, Finley, & Arar, 2010). Following disclosure, veterans reported feeling more connected to others. An empathic response contributed to veterans feeling supported, and researchers found that one of the first steps to heal from traumatic distress was disclosure of trauma (Jeffreys et al., 2010).

Self-Disclosure and Partner Support

Researchers have provided evidence that a partner's responsiveness to a disclosure and the actual disclosures are important for the development of intimacy. In addition, Forest and Wood (2011) reported an accepting and safe environment facilitated disclosure and found it was also important to accurately consider a partner's response when self-disclosing to develop relational intimacy. Additionally, Reis and Shaver (as cited in Forest & Wood, 2011) reported that people were more likely to self-disclose when a partner was responsive.

Forrest and Wood (2011) tested Reis and Shaver's (1988) intimacy model of self-disclosure and partner responsiveness in two studies of female undergraduates. The research included disclosing and differing responses. A causal relationship was found for some individuals between expectations of a partner's responsiveness and self-disclosure (Forrest & Wood, 2011). Those with low self-esteem opened up when certain their

partner would be supportive, and those with high self-esteem were more expressive when fearing rejection from a partner (Forrest & Wood, 2011).

Cameron et al. (2010) reported that persons with low self-esteem expected rejection, and those with high self-esteem expected acceptance. In addition, the outcomes of experiences with others and expectations were related (Cameron et al., 2010). Forest and Wood (2011) reported that feelings of emotional safety in a romantic relationship contributed to greater expressivity and positive relational outcomes. Additionally, researchers found responses could also negatively affect marriages, such as when spouses perceived advice-giving responses to a disclosure as unsupportive (Cutrona, Shaffer, Wesner, & Gardner, 2007).

Self-disclosure takes place in the context of a relationship, whether the disclosure is to a stranger, a friend, a family member, or an intimate partner. According to Hackenbracht and Gasper's (2013) research findings, people listened to self-disclosures of a friend because of a desire for social connection and a sense of belonging. Researchers reported that only disclosures of emotional content contributed to a sense of belonging; disclosures of general information did not (Hackenbracht & Gasper, 2013). The research provided an indication that marital partners of veterans, who desired a sense of belonging with their spouses were more likely to desire to listen to the emotional disclosures of spouses; however, veterans may not want to make emotional disclosures, especially when holding a diagnosis of PTSD due to symptoms of avoidance (American Psychiatric Association, 2013). Prior research reported self-disclosure was an essential

quality in intimate relationships (Prager & Buhrmester, 1998); however, self-disclosure was not found to predict whether or not couples continued or terminated their relationships (Sprecher & Hendrick, 2004).

Researchers also found when veterans suffered from PTSD the symptoms of avoidance contributed to emotional numbing, which negatively affected intimacy (Solomon et al., 2008). According to Campbell & Renshaw (2013), the ability to safely disclose and communicate with romantic partners contributed to building veterans' social support networks. Safe disclosure also provided a foundational skill-set for veterans to strengthen their relationships (Campbell & Renshaw, 2013). In addition, safe disclosure and social support networks provided veterans protection for future stressors (Campbell & Renshaw, 2013).

Emotional, Factual, and Value Based Self-Disclosure

There are many types of self-disclosure, which result from many different contexts. Disclosures can include factual or personal information, with or without emotional content, and information that is positive or negative. Disclosures of factual information reveal little of a person's self and are less related to intimacy; however, when communication concerns hurt feelings, the factual disclosure may include intimate feelings (Mitchell et al., 2008). An additional type of disclosure is spiritual self-disclosure. Spiritual disclosures share information about faith, spiritual needs, and struggles (Brelsford & Mahoney, 2008); however, this type of intimacy is not included in this study.

Emotional self-disclosure. Emotional disclosure includes sharing information about an emotional experience and relates to a person's ability to self-regulate (Kahn et al., 2012). Bowen et al. (2010) found that male veterans with PTSD who discussed a traumatic experience in a group setting initially experienced high levels of dissociation; however, over time, sharing contributed to a reduction in PTSD symptoms. Bowen et al.'s findings provided support for disclosure in the long-term reduction of PTSD symptoms and improved treatment outcomes and for self-disclosure as a pathway for relational healing.

Mitchell et al. (2008) discovered that men's self-disclosure behaviors predicted beliefs about intimate relationships, but self-disclosures did not determine women's perceptions. Instead, the determinant of a woman's perception of relational intimacy was whether a male partner responded empathically to a self-disclosure. Campbell and Renshaw (2013) also studied disclosure, and examined emotional disclosures from deployment made by combat veterans to a romantic partner. The researchers found that an emotional disclosure, when met with a positive response, was associated with a positive outcome for the veteran, and included relationship satisfaction (Campbell & Renshaw, 2013). The collective findings supported researching self-disclosure in veterans in the current study.

Self-disclosure of negative or positive emotions. Researchers reported that intimacy contributed to less severe PTSD symptomology (Balderrama-Durbin et al., 2013) and improved functioning in the military (Riviere et al., 2012), which provided

benefit for examining the types of disclosures that contributed to intimacy in veterans' marriages. Since the goal of the current study was to examine veterans' attachment styles, likelihood of self-disclosure, demographics, and any effect on marital intimacy, examining types of self-disclosures was beneficial. Waring et al. (1994) studied closeness in couple's relationships through therapeutic mutual self-disclosures and found that encouraging disclosure of negative and hostile emotions did not contribute to intimacy. The sharing of positive news; however, was associated with greater well-being (Reis et al., 2010).

Denes (2012) found that indiscriminate and spontaneous self-disclosures, made in an explosion of anger negatively affected marital relationships (Denes, 2012). Further, Denes (2012) reported that stress led to disclosure through the build-up of anxiety, which subsequently led to the indiscriminate release of information. Forgas (2011) discovered that mood and self-disclosure are related. Those who were sad disclosed more negative, personal information, and those who were happy disclosed more positive information (Forgas, 2011). In addition, those with a negative mood were better at managing and monitoring self-disclosures, and those with a positive mood made more risky disclosures, which led to greater intimacy (Forgas, 2011).

Those with chronic negative affective states, as found in clinical anxiety or depression, were not better at managing and monitoring self-disclosures (Forgas, 2011). Negative mood contributed to more cautious, protective disclosures and a decrease in intimacy (Forgas, 2011). Since disclosures had both positive and negative effects on

marital intimacy, specifically with indiscriminate disclosures negatively affecting marriages, it was beneficial to conduct the current study to better understand the relationships between self-disclosure and marital intimacy, accounting for attachment styles of veterans.

Value-based disclosures. Pronin, Fleming, and Stefel (2008) conducted a study on value-based self-disclosure with a group of Princeton University undergraduate students. Pronin et al. defined values as what one values and cares about. According to Pronin et al., those who disclosed their values to others believed these disclosures to be self-revealing and contributing to intimacy with the listener; however, listeners did not perceive these disclosures to be self-revealing.

Veterans in the current study provided responses indicating likelihood of discussing the following feelings with one's spouse: times when you felt depressed, happy, excited, anxious, angry, satisfied, apathetic, afraid, proud, and relieved. Although the likelihood of self-disclosure of emotions from deployment may have been based upon a veteran's values, value-based disclosures were not utilized in the current study because they were not found to build intimacy.

Self-Disclosure and Reintegration

Researchers have examined the value of disclosure in military service members and veterans to better understand reintegration and potential healing from the traumas of war. Disclosing experiences from combat were found to be challenging, and some veterans did not disclose because of the potential to cause distress in a partner (Monk &

Nelson Goff, 2014). Bowen et al. (2010) conducted a study on disclosure of traumatic events in a group setting with male veterans diagnosed with PTSD. Researchers discovered improvements in veterans' psychological and physiological health when they discussed their feelings about a traumatic experience in a group setting (Bowen et al., 2010; Frattaroli, 2006). Bowen et al. found disclosure could initially cause high levels of dissociation; however, over time disclosure contributed to a reduction in PTSD symptoms. Additionally, Hoyt and Renshaw (2014) found veterans' emotional disclosures following combat were beneficial, leading to resiliency and in the long term, reduction of PTSD symptoms, which provided protection from developing PTSD, and improved treatment outcomes (Bowen et al., 2010).

Despite these findings, there remains a need to know if likelihood of self-disclosure of feelings from deployment to a spouse affected marital intimacy based upon belonging to an attachment style category. The current study was conducted to understand the relationship between a veteran's attachment style and the likelihood of self-disclosure of an emotional event from deployment to a spouse to add to the knowledge base. According to Forgas (2011), the effective use of self-disclosure is a life skill that contributed to satisfaction in marriage, positive relationships, mental health, and all postcombat adjustment challenges (Wright, Cabrera, Adler, & Bliese, 2014a). The research supported studying self-disclosure in veterans who have returned from war.

Self-Disclosure in Veterans

Research indicated that married military service members' adjustment postdeployment may benefit from self-disclosure to a spouse (Balderrama-Durbin et al., 2013). Researchers who studied veterans from Veterans Health Administration (VHA) centers and outpatient clinics reported when veterans self-disclosed traumas, the disclosure in the short term increased PTSD symptomology; however, disclosure led to an eventual decrease in distress (Jeffreys et al., 2010). Campbell and Renshaw (2012) found that the lack of disclosure of traumas contributed to poor health outcomes, and that disclosures of trauma benefitted veterans. Although veterans were more likely to disclose to other veterans sharing similar traumatic experiences, veterans disclosing traumatic experiences with one another led to an increase in PTSD symptoms (Hoyt & Renshaw, 2014). Those who disclosed to someone who did not share a traumatic event resulted in the disclosure being a protective factor against PTSD symptoms, and when they disclosed to a spouse, participants reported greater intimacy, as well as a decrease in avoidance (Hoyt & Renshaw, 2014). The research findings indicated that married military service members' adjustment postdeployment may benefit from self-disclosure to a spouse.

Marital intimacy is of particular importance in veteran's relationships, according to Sautter et al. (2011). Sautter et al. reported that 75% of veterans who returned from a deployment were found to experience relationship difficulties within the first three years of their return, and 35% were found to separate or divorce in this same timeframe. In addition, Monson et al. (2011) found that self-disclosure of traumatic events increased

intimacy in veterans' relationships. Self-disclosure is also beneficial to study because researchers have found when there is greater perceived partner support there is a greater likelihood of disclosing combat trauma (Balderrama-Durbin et al., 2013).

Balderrama-Durbin et al. (2013) studied service members from the Air Force Security and found when there was greater perceived partner support, there was a greater likelihood of disclosing traumas; however, when there were high levels of distress in a relationship, lower levels of the trauma disclosure are predicted. While disclosure as an intervention to address trauma was supported, it is not known what kinds of traumas are beneficial to disclose and what the impact is on partners (Balderrama-Durbin et al., 2013). It is also unknown if disclosures resulted in increases in intimacy between partners or if disclosure of feelings to a spouse benefitted veterans (Bowen et al., 2010).

Currier et al. (2012b) also studied veterans' attitudes about disclosure following their return from combat in Iraq and Afghanistan. The researchers found that those who had negative beliefs about disclosing trauma were more likely to suffer from PTSD symptoms, and those that indicated a desire to disclose experienced posttraumatic growth (PTG) (Currier et al., 2012b). Attitudes about disclosure are diverse as supported by the research. Campbell and Renshaw's (2012) research was one of the few studies that examined couples' communication about spouses' deployment and levels of the civilian partners' distress; however, it did not address attachment styles of veterans or marital intimacy. Findings from the literature provided evidence for and against disclosure based

upon the veterans' levels of PTSD symptomology and suggested examining strategies to create intimacy in veterans and spouses (Campbell & Renshaw, 2012).

Self-Disclosure and Attachment Style

In the current study, self-disclosure was the disclosure of an emotional event from a deployment by an Iraq veteran made to a spouse (Hoyt et al., 2010). Prenn (2011) conducted a review of the literature and concluded self-disclosure facilitated the creation of attachment experiences in therapy. Prenn suggested that self-disclosure was beneficial when used as an attachment intervention in therapy. In addition, Prenn contended that a way to strengthen attachment bonds in a therapeutic relationship was to be attuned to a client's experience and nonverbals. Prenn asserted that self-disclosure was necessary for a secure attachment in therapy. If there has been a lack of attunement in a couple's marriage, where neither felt heard and understood by the other, the findings indicated a self-disclosure process fostering relational healing may strengthen the couples' attachment (Prenn, 2011). Garrison et al. (2012) conducted a quantitative study also examining attachment style within the context of emotional disclosures. Garrison et al. positioned attachment theory as the use of others to regulate emotions and as a lens to view emotional disclosures of distressing events.

Attachment style has been used to predict self-disclosure patterns in counseling groups, with those who are securely attached disclosing more in initial group disclosures (Schechtman & Rybko, 2004). Researchers discovered significant differences in disclosure between securely and insecurely attached persons, as well as differences

between insecure attachment styles (Schechtman & Rybko, 2004). Disclosures made without any feeling content were considered low levels of disclosure and disclosures made with emotional content and disclosures of meaningful life experiences were considered to be high-level disclosures (Schechtman & Rybko, 2004). Stroebe et al. (2006) found evidence that attachment theory was beneficial to study disclosure since individuals' attachments are formed through the expression and reception of emotions in relationship with one's caregiver.

Tan et al. (2011) reported that attachment styles characterized the types of disclosures made. Couples that had avoidant attachment styles self-disclosed less, resisted intimacy, and experienced lower levels of relationship-focused disclosures, which contributed to a reduction in relationship quality over time (Tan et al., 2011). Garrison et al. (2012) also found attachment theory to be useful in examining emotional intimacy. Garrison et al. reported that individuals who had avoidant attachment styles disclosed less, and anxiously attached individuals ruminated in their disclosures, which is also a characteristic of depressed individuals' disclosures.

Attachment Style

Tan et al. (2011) researched couples' disclosures about recent events. They found that avoidant individuals disclosed less than those who were anxious. Further it was found that the relationship deteriorated over time because avoidant individuals were not focused on their intimate relationships and spent less time maintaining the relationship. The greater the attachment avoidance the more the relationship deteriorated for both

partners. Tan et al.'s research provided evidence that relationship-focused disclosures were important to maintain relationship quality and that avoidance was likely to interfere with the development of intimacy. The researchers in Tan et al.'s study also found that those who were highly anxious made more frequent relationship disclosures, which contributed to an improved relationship.

Zurbriggen et al. (2012) also studied intimate relationships, attachment, and disclosure, and reported on findings from a study of female rape survivors who disclosed their traumas to intimate partners, family, and friends. When a relationship was close before the trauma and the disclosure, the discloser perceived greater support and discounted any negative reactions. Zurbriggen et al. found that relational closeness before a traumatic disclosure resulted in greater support, but similar results were not found for a relationship disclosure.

Relationship quality also influenced interpretations of responses to a traumatic disclosure (Zurbriggen et al., 2012). According to Zurbriggen et al. (2012), when a relationship was perceived to be close before a traumatic disclosure, the response anticipated was also positive. Traumatic experiences were found to affect relationships and relationship quality was found to affect disclosures and interpretations of disclosures (Zurbriggen et al., 2012). Further, researchers reported that a secure attachment supported healthy relationships (Zurbriggen et al., 2012) and attachment style influenced disclosures (Tan et al., 2011). Attachment theory is beneficial for the current study

because of its application to combat veterans' intimate relationships and self-disclosure of trauma (Tan et al., 2011; Zurbriggen et al., 2012).

Attachment and Sexual Intimacy

Sexual relationships are a part of marriage, and according to Zerach et al. (2010), contributed to both physical and emotional health. In addition, there was a positive relationship between satisfactory sexual relationships and satisfaction in marriage (Zerach et al., 2010). According to Johnson and Zuccarini (2010), "sexual functioning is placed in the context of love as an attachment bond" (p. 431). Securely attached couples' sexual relationships were characterized by emotional safety, had greater stability, and were happier (Johnson & Zuccarini, 2010); however, insecurely attached couples have learned that others are not available to meet their needs (Etcheverry et al., 2012). Those who were anxiously attached experienced less intimacy and arousal, and those who were avoidantly attached strived to manage distressing feelings through suppression, cutting off access to an emotional life, needs, and partners (Etcheverry et al. 2012). These behaviors had an effect on couples' sexual relationships. For example, couples that were in distress tended to struggle in sexual relationships and acted out attachment styles and attachment based needs through the sexual relationship (Johnson & Zucarrini, 2010).

Throughout the life of a marital relationship, there are three systems activated: seeking one's partner when distressed, looking to one's partner as a safe haven, and providing caregiving and sex (Johnson & Zuccarini, 2010). Johnson and Zuccarini (2010) found that avoidant men not only cut off their emotional lives and partners, shutting

down their attachment system, they engaged in less sexual intercourse with their partners and instead masturbated more frequently (Johnson & Zuccarini, 2010). Avoidant men were also self-focused on pleasure and did not emotionally connect with their partners during sexual relations (Johnson & Zuccarini, 2010). Anxious men relied more on sex to meet their attachment-based needs and were sensitive to any signs of rejection, which they interpreted as abandonment (Johnson & Zuccarini, 2010). Some men, who were insecurely attached, demanded a sexual response from their wives, becoming demanding and even using coercion to get their needs met (Johnson & Zuccarini, 2010).

People with insecure attachment styles manifested different sexual behaviors when in a marriage or couple relationship (Corley & Kort, 2006). Those with an anxious (preoccupied) attachment style felt unworthy, untrusting of their partner's love, and were more likely to desire affection than genital sexual behaviors; however, due to insecurities, were more likely to become involved in unsafe sex practices (Corley & Kort, 2006; Davis et al., 2006). In addition, those with a preoccupied attachment style were more likely to engage in extramarital behaviors to elevate feelings of self-worth (Fish, Pavkov, Wetchler, & Bercik, 2012). In addition, those with an anxious attachment style utilized the sexual relationship as an indicator of relational closeness, and monitored their partners' support and emotional availability (Davis et al., 2006).

People with avoidant (avoidant-dismissing) attachment styles expected rejection and, therefore, denied their need for a partner's love, especially in times of duress (Corley & Kort, 2006). In addition, people with avoidant attachment styles maintained a sense of

self-reliance and independence when coupled (Fish et al., 2012). Self-reliance learned in childhood discouraged reaching out for one's partner for comfort (Corley & Kort, 2006). When in a marriage relationship and stressed, people with avoidant attachment styles were more likely to overperform outside the relationship, minimizing and avoiding any relationship problems. In addition, sexual behaviors of avoidantly attached people were more focused on orgasm and less focused on nonsexual intimate touch.

People with avoidant-fearful attachment styles displayed both avoidant-dismissing and anxious (preoccupied) characteristics. Avoidant-fearful individuals desired closeness, yet avoided closeness for fear of rejection (Corley & Kort, 2006). In addition, according to Fish et al. (2012), those characterized as having high anxiety and high avoidance, which is a fearful-avoidant attachment style, were more likely to engage in infidelity seeking independence and validation of self-worth outside the marriage. According to Davis et al. (2006), insecure attachments formed due to inconsistent responses to needs. Further, Davis et al. reported attachment theory as promising for research in sex and sexual relationships.

Dewitte (2012) studied attachment and sex within the context of motivation for sexual relationships, sex as a function of attachment, sex as emotional regulation, and sex as a behavioral outcome of attachment style. Dewitte examined sex and attachment citing the sexual relationship as a necessary component of romantic partnerships, and in addition, reported that the attachment relationship had the capacity to explain sexual relationships and behaviors. Dewitte reported attachment theory was applicable for

understanding consensual and nonconsensual practices, motives, and sexual fantasies; however, according to Dewitte, a theory describing interpersonal sexuality is lacking.

Dewitte (2012) suggested the link between sex and attachment was through emotion regulation and motivation and included sexual arousal patterns. According to Holland, Fraley, and Roisman (2011), attachment style predicted relational functioning over time when controlling for a person's previous attachment functioning. Those who were secure developed higher quality romantic relationships than insecure couples (Holland et al., 2011).

Attachment and Emotional Disclosure

According to Stroebe, Schut, & Stroebe (2006), attachment relationships develop through the expression of emotions in close relationships, originating with one's caregiver. Garrison et al. (2012) utilized attachment theory as a lens to study attachment styles, depressive symptoms, and emotional disclosure, specifically examining an individual's emotional disclosures of distressing events. Garrison et al. were the first to study emotional disclosures and attachment styles in adults within the parameters of a daily framework. Garrison et al. reported that past research found a link between depressive symptoms and emotional disclosure; those who were depressed disclosed less.

According to Garrison et al. (2012), an attachment framework was beneficial when researching emotional self-disclosures. Individuals with an avoidant attachment style were less likely to disclose, and those who were anxious were more likely to ruminate and to depend upon others to regulate emotions (Garrison et al., 2012). There

were no studies found that researched the potential effects of ruminating disclosures of traumatic material and the effect on intimacy in married male veterans from the war in Iraq. Participants in Garrison et al.'s research were primarily female college students, not veterans; however, in the current study, the sample included veterans who were students. Attachment theory was beneficial to understand veterans in intimate relationships who may have difficulties making an emotional disclosure from a deployment experience.

Attachment styles are relatively consistent throughout life and provide individuals with mental working models of the self and others in close relationships, specifically shaping expectations of another person's willingness to meet needs when experiencing distress (Monti & Rudolph, 2014). Attachment theory was beneficial for the current study because of its application as a theory to study romantic relationships (Eastwick & Finkel, 2008; Johnson & Zuccarini, 2010), relationships under stress, and as a framework to study trauma adjustment (Currier et al., 2012a).

According to Ein-Dor et al. (2010), an insecure attachment style challenged a person's self-regulation when exposed to a traumatic event. The biologically based survival system of attachment was activated when a person was stressed, and if no secure base was found, people were likely to self-soothe, engage in an anxious pattern of activation of one's attachment system, or deactivate the attachment system, which is an avoidant strategy (Dinero, Conger, Shaver, Widaman, & Larsen-Rife, 2011). Additionally, researchers reported attachment insecurities contributed to the development of PTSD (Ein-Dor et al., 2010).

Attachment relationships were also found in nonromantic military friendships. According to Ainsworth (1989), soldiers were found to experience attachment bonds with their military battle buddies. In addition, Escolás et al. (2012) reported that most military relationships were attachment relationships due to attachment theory's principle of proximity affecting safety. Close military relationships based on survival, caretaking, and a sense of security with proximity, provided further support for the use of attachment theory in the current study.

Clark and Owens (2012) conducted research with veterans from Iraq and Afghanistan and found that veterans with an avoidant attachment style reported more severe PTSD symptoms. Their research indicated that low levels of avoidance could offer psychological protection in veterans. Following a deployment, veterans with an insecure attachment style were found to be at risk of psychological problems including posttraumatic stress symptoms (PTSS), according to Currier et al. (2012a). Further, Ein-Dor et al. (2010) further discovered that veterans with anxious attachment styles were more likely to report severe PTSD symptoms, and anxiously attached wives were also more likely to report a diagnosis of PTSD and secondary traumatic stress (STS). Avoidant veterans were less likely to develop PTSD unless there was severe trauma, such as being a prisoner of war (Ein-Dor et al., 2010). Researchers also found that avoidant veterans were less likely to seek the support of their wives, and the wives subsequently experienced less secondary trauma (Ein-Dor et al., 2010).

Ein-Dor et al. (2010) suggested that avoidant veterans avoided sharing their traumatic experiences out of a desire to shelter and protect wives from the traumas experienced in war. However, according to Monk and Nelson Goff (2014), a distressed partner transmits secondary trauma to a spouse even without having disclosed a traumatic experience. Combat trauma has also damaged interpersonal relationships, which leads to secondary traumatic stress in some partners (Monk & Nelson Goff, 2014).

Clark and Owens (2012) provided support for studying attachment relationships to help military persons who have experienced combat, with evidence that healthy relationships and greater relationship security led to less PTSD symptom severity. According to the research, a veteran's attachment style, whether secure or insecure, contributed to the risk of psychological problems following deployment (Clark & Owens, 2012; Currier et al., 2012a; Ein-Dor et al., 2010). Although the research provides information on self-disclosure and intimacy and attachment style and intimacy, there were no studies found examining any relationships between attachment styles of veterans, likelihood of self-disclosure, demographics, and marital intimacy combined. Attachment theory provided a theoretical foundation for the current study and contributed to the understanding of a veteran's attachment style and likelihood of self-disclosure, and effect on marital intimacy.

Demographics

Age

Boden, Fischer, and Niehuis (2010) studied emotional intimacy and marital adjustment to determine if emotional intimacy in young adulthood predicted later marital adjustment (p. 121). Boden et al. utilized Erickson's developmental explanation of intimacy, and reported that intimacy was a task to achieve in early adulthood. Boden et al. conducted longitudinal study across five periods of time with an initial random sample of 422 recent college graduates. The sample was half male and half female and more participants were married than not. The participants were sampled 25 years later had been married for an average of 23 years with an average of 48.45 years of age. Researchers found that intimacy was a skill that needed to be learned in early adulthood and it related to marital adjustments later in life (Bode et al., 2010). In Boden et al.'s study early measures of intimacy predicted intimacy in later life.

Length of marriage

Finkbeiner, Epstein, and Falconier (2012) conducted a quantitative study with 82 heterosexual couples from a university counseling clinic to understand if intimacy mediated depression and relationship satisfaction. Finkbeiner et al. found that neither age nor education was associated with a partner's intimate behavior or pleasure from a partner's intimate behavior, but the length of a relationship was found to affect intimacy. The results of Finkbeiner et al. provided evidence for utilizing length of marriage as a demographics variable for the current study. Laurenceau et al. (2005) conducted

nonexperimental research with 96 couples and assessed marital intimacy with the PAIR (Schaefer & Olson, 1981). Laurenceau et al. also utilized length of marriage and education level as demographic variables; however, all participants were well-educated and from the same geographic area so findings may not generalize to the larger U.S. population.

Education

Heller and Wood (1998) conducted a study with 50 couples, half interfaith Jewish couples, and half marrying someone from a different ethnic and religious background. In addition, 52% of the men and 62% of the women had advanced degrees, and only three participants did not complete education beyond high school. Heller and Wood utilized the PAIR to study intimacy in men and women and utilized education levels of participants as a demographic variable. In addition, Strong et al. (2014) conducted a study through the New Jersey VA Health Care System and studied mostly male OIF and OEF veterans who had experienced a deployment. Strong et al. also utilized years of education as a demographic as well as marital status, race, and age, and gender. The research provided a rationale for studying intimacy, education, and ethnic differences between couples with evidence for using education and ethnicity as demographic variables for the current study.

Race/Ethnicity

The U.S. military is a proponent and leader in providing opportunities to a diverse population (Bowling & Sherman, 2008). According to a 2008 study by Bowling and

Sherman, which took place during the peak surge of troops to the Iraq War (Belasco, 2014), over 30% of the U.S. military were members of a minority group. In order to make appropriate generalizations to the sample frame, it was important to understand the race/ethnicity of research participants. Hanley, Leifker, Blandon, and Marshall (2013) conducted research with 64 married and cohabitating heterosexual civilian couples from a rural area who reported they had experienced a stressful event in life.

Only participants with a probable PTSD diagnosis were included. Hanley et al. (2013) reported intimacy was not explained by marital satisfaction, gender, or PTSD which provided a rationale for studying intimacy in couples, especially those affected by PTSD. Hanley et al. conducted the study with a sample of couples who were mostly white, and additional racial groups were African American (6.3%) and multiracial (3.9%) justifying race and ethnicity as a demographic for the current study. Riggs (2014) conducted a correlational study with 50 Vietnam veterans and their female partners and examined intimacy in the context of PTSD. Riggs utilized education, race, religion, and age as demographic variables; however, most participants were similar in demographic characteristics.

Summary and Transition

The current study examined the relationship between attachment style, likelihood of self-disclosure of an event from deployment, demographics (age, education, length of marriage, race/ethnicity), and the effect on marital intimacy in male Iraq War veterans. In addition, attachment style, self-disclosure, and demographic variables were examined to

understand if they predicted marital intimacy in veterans' marriages. The research provided evidence that deployments led to a decrease in marital quality (Riviere et al., 2012), increased rates of infidelity, decreases in sexual intimacy, as well as obstacles in reconnecting upon reintegration (Baptist et al., 2011).

Over 2 million U.S. service members have experienced a deployment to the OIF and OEF missions with approximately 800,000 that have experienced a repeat deployment (Danish & Antonides, 2013). Additionally, 20 to 30% of service members have struggled with mental health problems upon return (Sipos et al., 2013). Suicide rates are the highest reported in 26 years, and fears of losing an intimate relationship have contributed to suicide (Allen et al., 2010).

Clark and Owens (2012) provided support for studying attachment relationships to help veterans who have experienced combat, and reported that healthy relationships and greater relationship security led to less PTSD symptom severity. Riviere et al. (2012) reported that PTSD symptoms caused marital strain, and a strained marriage was a risk factor for a veteran experiencing psychological problems. Additionally, veterans in strained marriages experienced more severe PTSD symptomology (Nelson Goff et al., 2007).

One of the most damaging effects of PTSD is the loss of intimacy in close relationships (Mills & Turnbull, 2001). Self-disclosure of trauma in couple's work was found to contribute to an increase in intimacy and a decrease in symptoms of PTSD (Monson et al., 2011), but Balderrama-Durbin et al. (2013) identified a need for future

research to better understand types of disclosures made by service members that are supportive for couples. The research provided support for examining factors that enhance intimate communications surrounding disclosures about deployment.

Baptist et al. (2011) recommended conducting future research to examine couples from an attachment framework to help partners reconnect following a deployment. The current study provided a rationale for examining the factors that enhance intimacy, contributing to a clearer understanding of self-disclosure from deployment and attachment style. The current study was conducted to fill a gap in the literature and to contribute to the understanding of the relationship between a veteran's attachment style, likelihood of self-disclosure, demographics, and the effect on marital intimacy.

A discussion of the research design and methodology selected to answer the research questions is in Chapter 3. Details are included explaining the research population, sampling method and procedures, as well as the sample design and the sample frame. The sampling procedure, methods for data collection, and analysis procedure are highlighted. An explanation of the mitigation of assumptions and limitations of the current study are included, as well as the operationalization of the constructs. Discussions of the measures utilized to create the survey instrument are included. In addition, the statistical tests conducted to test hypotheses and to provide descriptions is provided. A brief discussion of ethical procedures and a final summary is also provided in Chapter 3.

Chapter 3: Data Analysis

Introduction

The purpose of conducting this quantitative study was to examine the relationship between the independent variables, likelihood of self-disclosure of an emotional experience from war and attachment style (secure, preoccupied, fearful-avoidant, dismissing), and the dependent variable, marital intimacy, for heterosexual married male Operation Iraqi Freedom (OIF) war veterans. Demographics (age, length of marriage, education, race/ethnicity) were included to better understand how they affected marital intimacy in veterans.

An explanation of the research design and rationale is included in Chapter 3, describing the appropriateness of the design to answer the research question and hypothesis in the current study. The general overview section includes justifications and the benefits of using a correlational design when trying to understand relationships among variables. In addition, the discussion section includes justifications for using statistical models to analyze relationships among the variables.

The methodology section defined the target population, sampling procedures, and justification of statistical power. It also includes details of data collection, instrumentation, and the data analysis plan. Additionally, the discussion section provided information on threats to validity, as well as reliability, and ethical considerations required to conduct the current study. Finally, the conclusion of the chapter includes a summary of the method of inquiry utilized for the current study.

Research Design and Rationale

In the present quantitative study, the researcher utilized a correlational design to examine relationships among variables using a statistical model, a multiple linear regression. The following independent variables were utilized in the multiple linear regression analysis to determine the best combination of variables that predicted marital intimacy (dependent variable): likelihood of self-disclosure, attachment style, and demographics (age, length of marriage, education, race/ethnicity). Demographic variables were included as additional predictors of marital intimacy beyond attachment style and self-disclosure. The Experiences in Close Relationships-Relationship Structures questionnaire (ECR-RS; Fraley et al., 2011a) was used to measure attachment style, the Likelihood of Disclosure Scale (Hoyt et al., 2010) was used to measure a veteran's self-disclosure to a spouse, and the PAIR instrument (Schaefer & Olson, 1981) was used to measure marital intimacy.

A quantitative methodology was used to statistically analyze and numerically describe and categorize data (Babbie, 2013). Quantitative research utilizes a large sample size, numerically describing the research phenomena represented by the independent and dependent variables (Babbie, 2013). In quantitative research, there is the potential to generalize the results to the larger population (Babbie, 2013). Conducting the present study required utilizing a correlational design to assess a cross-section of veterans from the OIF mission.

Researchers such as Escolás et al. (2012) indicated that a correlational design was useful for predicting relationships and explaining causal relationships among variables from a cross-section of a population. A goal for conducting the current study was to evaluate the relationship between a veteran's likelihood of self-disclosure and attachment style, and the effect on marital intimacy to understand if these variables and demographics predicted marital intimacy.

In a 2012 study, Clark and Owens demonstrated the benefits of using a correlational design when they studied a cross-section of Iraq War veterans. The researchers examined the relationship between a veteran's emotional attachment, personality, and the severity of PTSD symptoms. The study results provided evidence of an association between emotional attachment, personality, and the severity of PTSD symptoms variables. Further, in a meta-analytic review Li and Chan (2012) used a correlational analysis to understand the relationship between adult attachment style and quality of relationship indicators. The researchers found that anxiety and avoidance negatively influenced romantic relationships.

Additionally, Clark and Owens (2012) provided evidence that using a correlational design benefitted studies about U.S. veterans from the Iraq War. The researchers examined whether a relationship existed between personality characteristics, attachment style, and PTSD symptoms for Iraq and Afghanistan veterans (Clark & Owens, 2012). The research results indicated that a veteran's personality and attachment contributed to PTSD symptomology. Similar to the previous studies, utilizing a cross-

section of the veteran population in the present study provided the ability to study relationships among the variables.

Past researchers have utilized a correlational design studying Iraq War veterans and attachment and relationship quality. Utilizing a correlational design for the current study provided an opportunity for exploring if there were any relationships between the likelihood of self-disclosure, attachment style, and demographics on marital intimacy from a cross-section of Iraq War veterans. The results of the present study advanced the knowledge base on marital intimacy in Iraq War veterans.

Methodology

A quantitative methodology was utilized to conduct the current study, and was beneficial as specific research hypotheses were generated and data was collected utilizing a closed-ended survey instrument. The use of a quantitative methodology enabled the current researcher to collect large amounts of data from a large sample size and provided a numerical representation of the results, which facilitated statistical analysis of the responses with the potential ability to generalize findings to the larger theoretical population (Trochim, 2006).

According to Alleyne (2012), quantitative data is useful to collect when observing participants from a large population. Since the current study population represented a large population of married male Iraq veterans, accessing Iraq War veterans through the sample frame and collecting data through a survey instrument provided results that generalized to the sample frame. The sample frame for the current study included

heterosexual married male U.S. Iraq War veterans who have experienced at least one deployment to the OIF mission between 2003 and 2011.

Utilizing the quantitative methodology provided the ability to draw conclusions through statistical analysis from responses to a completed survey instrument that examined a representative sample from the population. Quantitative methodology has advantages and disadvantages. Advantages of using the quantitative methodology included the ability to control the inquiry, to operationalize the definitions in the study, to replicate the study, and the ability to test hypotheses (Burns & Burns, 2012). Additional benefits included the ability to study a larger number of participants utilizing statistical models. The ability to study attachment style, likelihood of self-disclosure, demographics (age, length of marriage, education, race/ethnicity), and marital intimacy in heterosexual male married veterans who experienced a deployment to the OIF conflict contributed to understanding marital intimacy in the larger population of Iraq War veterans. With the highest rates of military suicides reported in over 26 years reportedly based on fears of losing an intimate relationship (Allen et al. 2010; Mendenhall, 2009), the ability to generalize the research findings on intimacy to all male married OIF veterans was beneficial. Utilizing a quantitative methodology through statistical data analysis contributed to the generalizability of the findings and allowed for the application of inferences to the larger population (Babbie, 2013).

Quantitative analysis is less subjective than qualitative analysis, contributing to less bias in the results when properly defining and when measuring variables (Babbie,

2013). Utilizing quantitative methodology is beneficial when collecting primary data to test theories, formulate hypotheses and research questions, and to make inferences about a population for the research sample. Black, Curan, and Dyer (2013) utilized quantitative research studying shame, the therapeutic alliance, and intimacy and thereby contributing understanding to the theoretical implications and risk factors in the therapeutic relationship. Black et al. found quantitative research to be beneficial in the study of intimacy within the therapeutic relationship, which provided evidence for utilizing quantitative methodology in the study of intimacy and relationships for the current study.

The current study utilized a closed-ended survey instrument studying statistical relationships among variables; therefore, a qualitative methodology was not suitable because it utilizes an open-ended questioning process. An open-ended questionnaire is beneficial for studies in qualitative research such as narrative case study, ethnography, or grounded theory, but was not beneficial for quantitative observations (Creswell, 2009). Although qualitative research also provides in-depth descriptions through a narrative, it is a subjective process, not free from bias (Babbie, 2013). Additionally, qualitative research is used to study a small number of participants and the results will not generalize to the larger population (Creswell, 2009).

Erbes, Polusny, MacDermid, and Compton (2008) utilized a qualitative methodology with an open assessment and dialogue, in a case study design to adopt a model of behavioral couples' therapy to the military population. Utilizing the qualitative model in this research was beneficial for Erbes et al. because in couples' therapy, the

researcher gathered information in a subjective process with the design unfolding as the research progressed. When conducting qualitative studies, researchers collaborate with the participants, utilizing personal knowledge as part of the study. Erbes et al. found the qualitative methodology beneficial through direct contact with research participants; however, for the current study, utilizing a quantitative survey and accessing a larger number of participants was beneficial to generalize findings to the research sample frame.

The mixed-methodology research, which utilizes the qualitative and quantitative approaches, was also not suitable for conducting the present study because the methodology required qualitative analysis as a part of the strategy of inquiry. In addition, there are limited resources in conducting the current study, and there was no guarantee that there was opportunity for follow-up with all veterans from a cross-sectional sample by survey research.

Population

The target population for the present study included heterosexual married male U.S. veterans who have experienced a deployment to the Iraq War as a part of the 2003 to 2011 Operation Iraqi Freedom (OIF) mission. According to Belasco (2009), 2.7 million U.S. service members experienced a deployment to OIF and OEF. The U.S. Census Bureau report in 2014 indicated that 83% of veterans from the wars in Iraq and Afghanistan were males. Males were the chosen gender sample for the current study, as they represented the majority of veterans from the OIF mission, and research findings

will generalize to the greatest number of veterans. Additionally, Balderrama-Durbin et al. (2013) reported over half of U.S. service members were married.

Sampling and Sampling Procedures

Sampling

Participants chosen for the current study represented the population of U.S. military servicemen who have experienced the effects of war with at least one deployment supporting OIF. In order to include a cross-section of the U.S. military for analysis, discussions of an appropriate sampling method for selecting a sample from the population was necessary (Trochim, 2006).

Probability and nonprobability sampling. Osborne (2013) suggested that utilizing a probability sampling is the most common and preferred use of sampling due to random sampling, where each unit has the same chance of being included in the sample. Probability sampling includes a large sample representation of a population, is efficient, and enables researchers to study all levels of the phenomenon from the population (Babbie, 2013). Nonprobability sampling procedures is a process of selecting members from a population for examination that does not utilize a random sampling method. Purposive and convenience sampling are two types of nonprobability sampling.

Convenience sampling. Convenience sampling is a type of nonprobability sampling method utilizing an available sample selection instead of selecting participants through random sampling. Convenience sampling was an appropriate sampling strategy for the current study because probability sampling was not available as there was no list

available of married male Iraq veterans. Utilizing a convenience sampling method was reliant on a participant's availability to utilize the Internet and willingness to participate in the study. Convenience sampling provided advantages for observing U.S. heterosexual married male veterans from OIF in the current study that included voluntary participation of veterans through accessible online organizations, which rendered access to the Internet and the survey instrument.

Clark and Owens (2012) utilized a convenience sample, and recruited veterans through veterans' online organizations such as IAVA through an announcement that connected to a hypertext link. Clark and Owens studied Iraq veterans with an attachment lens and discovered combat experiences contributed to relationship challenges and distress, which contributed to greater PTSD symptom severity. The convenience sampling method does not provide the researchers with control over who responds to invitations to participate in the survey; however, it was a viable form of research for the current study because of the large sample size through G*Power analysis.

Purposive sampling. Purposive sampling, also called judgmental sampling, requires intentional selection of participants for a purpose based upon a particular known characteristic of a population. In addition, the characteristics of the sample do not need to represent the entire population. Additionally, purposive sampling examines a small population and results do not generalize to the larger population. Types of purposive sampling includes: examining homogenous samples, outliers, experts in a field, as well as various smaller sub-sets of a population, and collecting enough data for a study (Babbie,

2013). Because purposive sampling requires the researcher's judgment, it is prone to bias and the results are not generalizable to the larger population (Babbie, 2013).

Sampling Procedures

In the current study, it was necessary to gain access to organizations where Iraq veterans held membership and participation in order to represent veterans who have experienced the phenomenon of a deployment to the war in Iraq and marriage (Currier et al., 2012a). The veterans in the current study were members of one of the following: the IAVA LinkedIn site, the Institute for Veterans and Military Families at Syracuse University listserv, Colorado Technical University (CTU) LinkedIn site, the University of Utah Veteran's Support Center listserv, the Iraq War Veterans LinkedIn site, or Called to Serve, an online military support organization.

A letter of invitation was sent to university organizations where veterans had membership to ask for permission to post a link, accessing veterans who were members of the online sites. A copy of the letter is in Appendix A. Other requests and permissions to access veterans are held in separate appendices. The researcher had a professional LinkedIn page, which was used to post the survey to access veterans who had access to each site. Each site provided access and where written permission was required, the appendix where they are held is indicated: IAVA LinkedIn site, Institute for Veterans and Military Families at Syracuse University listserv (Appendix B), the Colorado Technical University (CTU) LinkedIn site, the University of Utah Veteran's Support Center (Appendix C), the Iraq War Veterans LinkedIn site, and Called to Serve online military

support organization (Appendix D). The invitation for veterans to participate is in Appendix E and included a link, which introduced the study and provided a brief description. Screening of all veterans took place on the introduction page and qualified participants as members of the research population and also served to protect participants.

Screening items included being male, married, a veteran of OIF, not currently under mental health care treatment for PTSD, and not currently suicidal or homicidal. Veterans who were suicidal or homicidal could become more distressed when answering the survey questions about emotions related to a deployment, therefore, they were not included in the study. When participants indicated they did not qualify for participation, a page thanking contributors with an explanation of limitations and delimitations for participation was sent, and a link to the Veterans Crisis line was provided.

Veterans who responded and qualified for participation were forwarded to the survey (Appendix F), which provided instructions for completion. Participants were also informed that no identifying information was collected upon participation. Those veterans who responded to the invitation to participate through the sample frame and completed the survey were the research sample.

Sample Frame and Sample Size

Sample Frame

For the current study, the sample included heterosexual married male U.S. veterans who have experienced a deployment to the OIF mission from 2003 through 2011. Heterosexual married male veterans were the focus of the current study to control

for gender and sexual orientation, both potential confounding variables. According to Babbie (2013), the sample frame is the portion of the population where a researcher draws a sample, such as a list or members of an organization.

The following sample for the current study included Iraq War veterans who belonged to multiple online veterans' organizations including: the IAVA LinkedIn site, the Institute for Veterans and Military Families at Syracuse University listserv, Colorado Technical University (CTU) LinkedIn site, the University of Utah Veteran's Support Center, the Iraq War Veterans LinkedIn site, and veteran members of Called to Serve, an online military support organization or others.

Inclusion criteria included being male, heterosexual, and married. Additional criteria included experiencing a deployment to OIF, and being a U.S. Iraq War veteran. Exclusions to the study included female veterans and unmarried veterans. In addition, veterans who were currently being treated for PTSD or who had suicidal or homicidal ideations were also excluded to protect participants from potentially distressing emotions from completing the survey. The sample provided opportunity to survey participating U.S. veterans of OIF to study the research phenomenon.

Sample Size

Currier et al. (2012a) stated that choosing an appropriate sample size was necessary for ensuring that the results of a study accurately represented the research phenomenon and that the findings of the research generalized to the study population. A minimum sample size required to represent heterosexual married male veterans from the

war in Iraq was calculated utilizing the G*Power application. MacDonald, Monson, Doron-Lamarca, Resick, and Palfi (2011) also utilized G*Power to conduct a power analysis in a study that examined the effectiveness of cognitive processing therapy in veterans diagnosed with PTSD, which provided support for utilizing G*Power in the current study.

Calculating sample size was necessary to adequately understand the research phenomenon and the true nature of attachment style, self-disclosure, and demographics on marital intimacy in the current study (Trochim, 2006). According Field (2009), the sample size was calculated by considering effect size, a power level of .80 or higher, and an alpha level of .05 with 9 predictors that indicated a sample size of ($N = 114$). Based on G*power calculation, when conducting a multiple regression statistical test, a sample of $N = 114$ provided results that were reliable and the sample size was sufficient.

The sample size provided opportunity to survey participating U.S. veterans of OIF to study the research phenomenon. The goal was to make invitations available to approximately 50,000 veterans to participate in the study and to capture a minimum of $N = 114$ observations. Calculating a response rate was impractical as the data sampling process was through convenience sampling, and not random sampling. The Iraq War Veterans LinkedIn site alone has a membership of approximately 28,000 members.

Following an analysis of the method of sample selection, the sample design was determined (Trochim, 2006). Chopik, Edelstein, and Fraley (2013) researched adult attachment across the life span, examining nearly 87,000 adults through a web-based

study. Chopik et al. found anxiety to decrease over the life span and avoidance to be relatively stable. According to Chopik et al., a large sample size provided benefit in detecting small effects.

Findings pointed to the benefit of providing early support for treating trauma, additionally reporting veterans' changes were rapid and sustained. MacDonald et al. (2011) found those who experienced a trauma got worse if they did not receive treatment, which provided evidence for early treatment for trauma. The present study provided a greater understanding of marital intimacy in veterans who have experienced a deployment to war. Utilizing the appropriate sample size calculated by G*Power provided generalizability of the research findings. By utilizing a sample size with a minimum power of .80, a medium effect size, and an alpha level of .05, the stated sample size was adequate for rejecting the null hypothesis when the null hypothesis was false (Creswell, 2009), which is a Type II error (Field, 2009).

Procedure for Recruitment

Participants were recruited through posting an invitation on the following Internet sites established for veterans: IAVA LinkedIn site, the Institute for Veterans and Military Families at Syracuse University listserv, Colorado Technical University's (CTU) LinkedIn site, the University of Utah Veterans Support Center, the Iraq War Veterans LinkedIn site, as well as Called to Serve. A description of the study and delimiters were included in the introduction to the study. Online invitations were sent to the different associations' administrators to acquire permissions when necessary. When membership

to the site was the only permission required, invitations posted directly on listserv sites, enabling veterans to access the current study survey online.

The IAVA LinkedIn site has over 14,000 members, providing networking and discussions for veterans and supporters of veterans. The Institute for Veterans and Military Families at Syracuse University's Veterans Resource Center (2015) supports student veterans at the university and has supported veterans pursuing advanced education since World War II. At the time of the current study, Syracuse University was ranked in the top 20% of military friendly schools, and it was also ranked fourth in the U.S. among top veterans' colleges (Syracuse University, 2015). Colorado Technical University (CTU) LinkedIn (2015) provides professional networking for veterans who are students and graduates accessing over 2,000 members.

The University of Utah Veterans Support Center provides support to veterans and acts as a liaison between the veteran and the university contributing to student success (University of Utah Veterans Support Center, 2015). In addition, the student support center for veterans is helpful in the reintegration process when transitioning between combat and academic life; however, it is not a part of the VA or the DoD (University of Utah Veterans Support Center, 2015).

The Iraq War Veterans LinkedIn (2015) site provides access to over 28,000 members and access to post the invitation letter and link to the survey was granted by the site manager to access supportive networking. Called to Serve (2015) is an organization providing support to veteran and military service members and their families including;

support during deployments and transitions; marriage resources, including professional marriage and life coaching resources; and transition assistance to the civilian workforce.

Procedure for Participation

Survey research has grown in popularity and usefulness in the past 10 years because of the general population's ability to access the Internet (Alessi & Martin, 2010). Additional reasons for utilizing the survey method included minimal costs to conduct the study and ready access to the Internet, which was available to the researcher and potential participants. The ability to access the survey in the current study was for veterans holding membership in the selected organizations, accessed through an invitation sent through SurveyGizmo, a web-based survey site (www.surveygizmo.com). A link to access the IWVS survey through SurveyGizmo presented following consent and agreement to participate in the current study. SurveyGizmo is an anonymous website and no names or identifying information collected was kept (SurveyGizmo, 2015).

Following completion of the survey, and after the survey closed, a five-dollar donation for each participant who completed the survey was made to the Iraq and Afghanistan Veterans of America (IAVA), a nonprofit organization for post September 2011 veterans (IAVA, 2015). According to Rubinson (2010), survey participants experienced greater motivation through a social contract than they did when they received money for participation. There was a rationale for making a five-dollar donation for each participant instead of giving a personal financial incentive for taking the survey. The rationale was that each participant had the opportunity to contribute to IAVA, an

organization that empowers veterans who have served in the U.S. military conflicts that began September 11, 2011 (IAVA, 2015). In addition, the social contract, based upon the idea that “Giving my opinion is the right thing to do” with the ability to assist veterans, provided participants a superior survey-taking condition that was found to lead to a more conscientious response (Rubinson, 2010, p. 116).

Veterans holding membership in the selected online networking communities were required to respond to screening questions and to provide informed consent before starting the survey. Veterans were heterosexual married male veterans who had experienced at least one deployment to OIF. Any veterans who indicated they were under mental health care treatment for PTSD were not included in the study. In addition, as an additional screening question, any veterans with suicidal or homicidal ideations were not included.

If participants chose not to provide informed consent by clicking no at the end of the consent form, a thank you for participating page presented and ended any further involvement in the study. Included on this page was a phone number and a link to access assistance through the Veterans Crisis Line. The Veteran’s Crisis Line provides free, confidential care to veterans in need, 7 days a week, 24-hours a day (Veterans Crisis Line, 2015).

Participants who agreed to participate were allowed to skip any question for any reason without penalty. Additionally, participants were free to end participation at any time by closing the web browser. When participants reached the end of the survey, a

thank you for participating page indicated the end of the study. Data collected through SurveyGizmo was downloaded into an Excel spreadsheet following completion of the survey. A number was assigned to each participant, and all information and data was secure and confidential. To ensure confidentiality no Internet Protocol (IP) addresses were collected. This meant veterans were not able to return to an incomplete survey because submissions did not retain identifying Internet addresses.

A primary reason for selecting SurveyGizmo was the site's compliance with the Health Insurance Portability and Accountability Act (HIPAA) (SurveyGizmo, 2015). In addition, researchers such as Alleyne (2012) used the site successfully when collecting data for research. One of the benefits of using SurveyGizmo was the ability to download collected data in various formats including Excel and SPSS (SurveyGizmo, 2015). Information collected from the survey was entered into an Excel spreadsheet and downloaded in SPSS for statistical analysis. The expected time to complete the 35-question survey was 10 to 15 minutes. The goal was to collect surveys until participation reached the required minimum sample size of $N = 114$. The survey closed after reaching minimum sample size, as time permitted.

Informed Consent

To participate in the current study, participants were required to have the ability to provide informed consent, which is a voluntary agreement to participate in research. According to Alessi and Martin (2010), participants of anonymous surveys provide implied consent when accessing survey instruments. Potential risks involved in

participating were clearly written, and agreement was indicated by clicking on the link to the survey on the consent form, which indicated agreement. Information to access the Veterans Crisis Line was also provided. In addition, guidelines were provided and included the participant's ability to terminate participation in the study at any time (Tsan, Nguyen, & Brooks, 2013).

The first page of the IWVS instrument provided information on consent to participate in the study and potential risks. Anonymity and confidentiality were presented in writing, as well as an information on researcher qualifications to conduct the study, which included completion of the National Institutes of Health (NIH) training course titled Protecting Human Research Participants. The researcher's NIH certificate of completion of training to work with research participants is in Appendix G. Participants were able to read the form and provide informed consent by clicking the link to access the survey. When participants clicked on the link to access the survey, the first page of the survey was available, and participants were able to read the directions for answering the survey questions.

Procedure for Data Collection

A correlational design was used to collect data through an Internet survey to measure and analyze variables. The Internet was an available resource to collect data as nearly 80% of the U.S. population has Internet access (Curry, Li, Nguyen, & Matzkin, 2014). Providing access to the survey through the Internet provided the researcher the opportunity to gather specific information from veterans about the independent and

dependent variables to examine any relationships. A correlational study examines relationships and associations between the variables without manipulating them. The correlational design using an Internet survey was beneficial to access veterans and to study specific, measurable variables for the present study.

Included in the invitation to the survey was the explanation of the donation to be made to IAVA on behalf of each participant. In addition, the conditions for participation and the veteran's agreement to participate in the study were agreed upon through the consent document. Data was collected through veterans' networking sites such as LinkedIn, educational institutions offering veteran support services, and online sites providing support and networking to veterans. Veterans responded to the survey by accessing a link to the survey on SurveyGizmo.

Participants answered questions on the IWVS with provision for participants to skip any questions if desired for any reason before proceeding to the next question. The IWVS Instrument for the current study included 35 questions, and is located in Appendix F. If participation numbers did not reach the minimum sample size within the first week of opening the survey, the strategy was to post a reminder to participate on each listserv weekly for up to 12 weeks.

According to Evans-Cowley and Hollander (2010), people use social networking sites to communicate information and to engage in online processes. Citizens networking sites comprise the majority of online sites; however, the U.S. government also initiates social networking sites (Evans-Cowley & Hollander, 2010). Participation in online

communities and discussions are also more common in today's society (Evans-Cowley & Hollander, 2010). According to a survey conducted by Westat (2010) submitted to the U.S. Department of Veterans Affairs, 93% of veterans who served in the U.S. military following September 2001 reported a willingness to use the Internet for research purposes. Therefore, the evidence indicated utilizing an online survey to collect data from veterans was beneficial in the current study.

Follow-Up Procedures

Involvement in the study ended when participants completed the survey or left the study before completing the survey. The intent of the study was not to cause discomfort; therefore, if any participants experienced discomfort or distress and needed additional support when responding to the survey, participants had access to the Veterans Crisis Line. Online information and the 800 phone number for the Veterans Crisis line was provided on the invitation to participate, the consent form, the reminder posting, and on each page of the survey.

There were no follow-up procedures required in the present study; however, the results of the study will be outlined in an article, and additional appreciation was expressed in writing posted to online sites to the veterans for their participation. The study results will be accessible through accessing a link to the article posted on each site where the invitation to participate and the survey were initially posted. This will be done within two weeks after submitting the approved dissertation for publication in ProQuest. Participants also have the option to email the researcher for results, which was stated in

the letter of consent. Additionally, David H. Olson, Ph.D., granted permission to use the PAIR, in exchange for the results of the findings through publication.

Instrumentation and Operationalization of Constructs

The Iraq War Veterans Survey

Utilizing valid measures from other researches was necessary to observe the attachment styles of Iraq War Veterans, their likelihood of self-disclosure, and marital intimacy (Bartholomew & Horowitz, 1991; Hoyt et al., 2010; Schaefer & Olson, 1981). The current study used the Iraq War Veterans Survey (IWVS) (Appendix F), which was compiled for the study through the use of reliable and valid testing instruments. Instruments included the ECR-RS (Fraley et al., 2011a), the Likelihood of Disclosure Scale (Hoyt et al., 2010), and the PAIR (Schaefer & Olson, 1981).

The IWVS consisted of six dimensions; four dimensions of attachment styles; a single dimension of veterans' likelihood of self-disclosure of an emotional event from deployment; and a composite measure from two subdomains for marital intimacy. In addition, the IWVS instrument was useful for observing veterans' demographic information that included current age, marital length to current spouse in years, highest educational level achieved, and race/ethnicity. Demographics were also included in the survey instrument in Appendix F.

Attachment style measures. Attachment style is how a person behaves in a primary intimate relationship (Bartholomew & Horowitz, 1991), and the styles described in the current study were secure, preoccupied, fearful-avoidant, or dismissing. The ECR-

RS is an attachment questionnaire designed to measure attachment in close relationships, including romantic relationships (Fraley et al., 2011a). In the current study, the ECR-RS (Fraley et al., 2011a) was used to measure heterosexual married male veterans' attachment styles based on the marriage relationship.

Permission to use the ECR-RS (Fraley et al., 2011a) is in Appendix H. The ECR-RS was designed for participants to respond based upon four different relationships; relationship with mother, father, romantic partner, or best friend (Fraley et al., 2011a). For the purposes of the current study, participants were only required to respond based upon a relationship with a romantic partner (spouse), and accordingly, the instrument was useful for assessing attachment style for specific relationships (Fraley et al., 2011a).

Bartholomew and Horowitz (1991) categorized a person's attachment style in four categories: secure, preoccupied, fearful, and dismissing. Fraley et al. (2000) and Bartholomew and Hazan (1991) presented the four attachment styles as representative of two dimensions of attachment style. The styles relate to an individual's view of self and others, which manifests in interpersonal experiences of low or high anxiety, and low or high avoidance in close relationships. Griffin and Bartholomew (1994) later provided a model, particularly for intimate relationships, based on the four-dimensional framework, expanding its application by categorizing a person's beliefs about self and others. Griffin and Bartholomew's research validated a two dimensional anxious and avoidant model of attachment. Individuals are high or low on attachment anxiety or avoidance and

categorized as secure, preoccupied, fearful, and dismissing (Griffin & Bartholomew, 1994).

Individuals who were secure had low levels of attachment anxiety and avoidance and had a positive view of self and others (Griffin & Bartholomew, 1994). Insecure individuals were either preoccupied, with a positive view of others and negative view of self, having low avoidance and high anxiety; fearful, with a negative view of self and others, experiencing high avoidance and high anxiety; or dismissing, holding a positive view of self and a negative view of others, experiencing high avoidance and low anxiety (Fraley et al., 2000; Griffin & Bartholomew, 1994).

Attachment style was the theoretical lens and an independent variable in the current study. An attachment relationship is a relationship a person seeks out when distressed (Hazan, Bur-Yaish, & Campa, 2004). In the current study, the two dimensions of attachment, secure and insecure, were useful to examine the attachment styles of veterans. The dimensions provided criteria to rate attachment styles of marital relationships as either secure or insecure (Fraley et al., 2011b).

Fraley et al. (2013) conducted a longitudinal study and administered the ECR-R to evaluate the nature of attachments in romantic relationships of participants. Scoring reflected attachment anxiety and avoidance; and scale reliability of .94 for both features of insecure attachments (Fraley et al., 2013). Fraley et al. (2011a) examined attachment using the ECR-RS, which had fewer questions than previous attachment style measures, such as the ECR by Bosmans, Braet, and Vlierberghe (2010) and the ECR-R, which

evaluated two dimensions of attachment. Reliability scores using the ECR-RS were comparable to outcomes from the longer instruments (Fraley et al., 2011a). According to Fraley et al. (2011a), the reliability for the romantic partner's subscale in the ECR-RS is .83 for anxiety and .81 for avoidance.

Participants in the current study provided responses to 9 questions on a 7-point Likert-type scale. The 9 questions were about a veteran's marriage partner, indicating level of agreement or disagreement with each item. Two examples of questions on the ECR-RS are: I usually discuss my problems and concerns with my spouse, and I prefer not to show my spouse how I feel deep down. Because the ECR-RS provided flexibility in its design with the ability to assess one of four attachment relationships, the instrument was useful to assess the attachment style of a veteran's marriage relationship (Fraley et al., 2011a).

Self-disclosure measures. The definition of likelihood of disclosure in the current study is the likelihood of a veteran sharing emotional experiences from deployment, not descriptive facts, to a spouse (Hackenbracht & Gasper, 2013). Participants responded to 10 questions on the Likelihood of Disclosure Scale borrowed from Hoyt et al. (2010). Each question asked for a response on a 5-point Likert-type scale ranging from not at all to definitely likely to disclose, and indicated the level of emotional information disclosed to a spouse (Hoyt et al., 2010). Veterans disclosed about times when they felt depressed and about times when they felt proud, as well as other types of emotional disclosures.

The Likelihood of Disclosure Scale is available for “non-commercial research and educational purposes without seeking written permission” (Hoyt et al., 2010, p. 1) and documentation of its use is in Appendix I. Research conducted by Hoyt and Renshaw (2013) using the Likelihood of Disclosure Scale reported reliability of $\alpha = .86$ to $.93$ in a study with veterans and veteran’s spouses. Campbell and Renshaw (2012) utilized the Likelihood of Disclosure Scale with a reliability of $\alpha = .97$ using a sample of married or cohabiting military couples ($N = 224$) that were deployed to Iraq or Afghanistan. Utilizing the Likelihood of Disclosure Scale is well documented and proven beneficial for use with veterans (Hoyt et al., 2010). Therefore, the Likelihood of Disclosure Scale was also beneficial for use with veterans in the current study.

Intimacy measures. Marital intimacy in the current study is the closeness between a husband and a wife that includes mutual sharing, trust, and friendship, in a physically intimate and sexual, committed marriage relationship (Birnie-Porter & Lyndon, 2013; Dandurand & LaFontaine, 2013; Mills & Turnbull, 2001; Schaefer & Olson, 1981). The two intimacy dimensions in the current research, emotional and sexual intimacy, provided definitions, and measurements of responses to six questions about emotional and sexual intimacy. Responses ranged from strongly disagree to strongly agree, and were ranked on a 5-point Likert-type scale (Schaeffer & Olson, 1981). Marital intimacy in the current study, perceived through the lens of attachment theory, was a form of support seeking when a veteran reached out to a wife (Escolas et al., 2012).

According to Escolás et al. (2012), marital intimacy played an important role in veterans' overall functioning and a families' functioning.

The PAIR, developed by Schaefer and Olson (1981), measured ideal and actual levels of intimacy in relationships. Permission for use of the PAIR instrument is in Appendix J. Measuring actual levels of intimacy was a goal for conducting the current study. The PAIR (Schaefer & Olson, 1981) measured veteran's perceptions of marital intimacy and preferences of marital intimacy levels. Additionally, the complete PAIR instrument measured intimacy in the following dimensions: emotion, social, sexual, intellectual, and recreational (Schaefer & Olson, 1981, para. 1). Schaefer and Olson (1981); however, removed spiritual intimacy, which was a part of the original PAIR instrument because there was insufficient data to support its inclusion.

The PAIR instrument provided utility when studying many types of couple's relationships such as dating, friendship, marital, cohabitating, and friendships (Schaefer & Olson, 1981). For the purposes of the current research, studying emotional and sexual intimacy was beneficial (Nunnink et al., 2010). Schaeffer and Olson (1981) reported reliability of the entire instrument with ranges from $\alpha = .70$ to $.77$ from past research. In addition, the two Cronbach alpha's subdomains of the PAIR for emotional intimacy ($\alpha = .75$) and sexual intimacy ($\alpha = .77$) (Greeff & Malherbe, 2001) were adequate alpha levels for the current study.

Emotional intimacy. In the current study, emotional intimacy defined couples that experienced closeness, trust, love, warmth, and affection from intimate partners.

Couples shared emotional needs and feelings, and supported one another without defensive responses when they were emotionally intimate (Brock & Lawrence, 2014). In addition, when couples have had emotional intimacy there was a healthy interdependence and empathy that existed between partners (Mills & Turnbull, 2011). An example of an emotional intimacy question is: My partner listens to me when I need someone to talk to (Schaefer & Olson, 1981). Mitchell et al. (2008) utilized the subdomain, emotional intimacy in research with strong reliability for men ($\alpha = .82$). Dandurand and LaFontaine (2013) researched emotional intimacy and scale reliability remained high ($\alpha = .83$).

Sexual intimacy. In the current study, sexual intimacy defined husbands and wives with shared affection for one another that included physical closeness, touching, and sexual closeness (Schaefer & Olson, 1981). When couples have sexual intimacy, communication about sex is open, with compatibility and mutual interest (Mills & Turnbull, 2011). An example of a sexual intimacy question is: I am able to tell my partner when I want sexual intimacy (Schaefer & Olson, 1981). Greeff and Malherbe (2001) researched marital intimacy utilizing the PAIRs sexual intimacy subdomain with a strong reliability ($\alpha = .77$).

Demographic measures. Wright, Cabrera, Adler, and Bliese (2014a) conducted research with U.S. Army Iraq veterans using a survey instrument inclusive of demographics. Klanecky, Cadigan, Martens, and Rogers (2014) studied OIF and OEF veterans and collected demographic information including branch of military service and deployment history, as well as gender and marital status. Demographics measures in the

current study included veterans' current age, length of marriage to current spouse, level of education, and race/ethnicity as a part of the survey instrument (Appendix F).

Participants reported current age through self-report and by whole number. The highest level of education achieved was selected from the following categories: less than high school, high school graduate, associate's degree, bachelor's degree master's degree, or doctorate degree, and each was provided a number that represented education level. Participants reported the length of marriage to current spouse by whole number in years.

Educational demographics were included in the present study to contribute to an understanding of level of education and if it affected marital intimacy in veterans. Riggs (2014) also measured education level and length of intimate partnership in male service members, which provided support for its inclusion in the current study with U.S. veterans.

Race/ethnicity questions utilized categories from the Congressional Research Service and included: American Indian/Alaskan Native, Asian, Black or African American, Hispanic or Spanish, Native Hawaiian or other Pacific Islander, White, or Multiple Races (Fischer, 2014). Race/ethnicity was included in the present study to comprehend the effects of culture and race on marital intimacy when veterans were exposed to similar military conditions, such as war and reintegration postdeployment. In addition, the military categorizes members according to race/ethnicity (Belasco, 2014), providing support for its inclusion in the current study with U.S. veterans.

Demographics were included with attachment style and likelihood of self-disclosure as additional independent variables in the multiple regression analysis to predict the best combination of variables given the highest predictive power for marital intimacy, or variance explained. The ability to make predictions on combination of variables that predicted marital intimacy provided benefit to identify veterans who were at risk of low marital intimacy, and veterans who might benefit from couples' counseling to increase marital intimacy, which supports veterans' mental health and well-being (Balderrama-Durbin et al., 2013; Solomon et al., 2008).

Prior research provided support for the inclusion of demographics in the current study. Boden et al. (2010) found that early emotional intimacy predicted later marital adjustment, and Finkbeiner et al. (2012) reported that length of marriage affected intimacy. Strong et al. (2014) utilized education as a demographic variable when studying male veterans, and Hanley et al. (2013) studied intimacy in heterosexual couples where one member experienced PTSD with race/ethnicity as a demographic variable included in the sampling procedure. In addition, Clever and Segal (2013) reported that among civilian White and Black males, Black males were more likely to divorce; however, within active duty military marriages, that difference did not exist, which provided an additional rationale for race/ethnicity for the current study.

Data Analysis

The Statistical Package for the Social Sciences (SPSS) application version 22 was used to understand the relationships among study variables. Buchanan, Kemppainen,

Smith, MacKain, and Wilson Cox (2011) utilized SPSS to prepare and analyze data when they conducted research on PTSD in veterans. The SPSS software provided complex analytical capabilities to complete the statistical tests necessary to analyze research questions and to respond to research hypotheses in the current study. Conducting an analysis through the SPSS computer software program facilitated an understanding of the relationships between attachment style, likelihood of self-disclosure, demographics, and marital intimacy. Escolas et al. (2012) also utilized SPSS when conducting data analysis to examine the relationship between attachment style and PTSD. In aggregate, the SPSS application was an appropriate tool to analyze research observation data for the current study.

Data Cleaning and Screening

In the current study, an alphanumeric coding procedure helped to organize the data. Letters were assigned to independent and dependent variables to create an acronym for identifying the variables for the data analysis process. In addition, in the quantitative analysis, a number was assigned to each of the veterans' responses. SPSS facilitated the data cleaning, removing invalid data from the results. Data cleaning included a search for missing data, extreme scores called outliers, and utilized assumptions to check for normality, which are all key elements of data cleaning (Osborne, 2013). Osborne reported that cleaning and screening data was best practice for researchers and a part of ethical research.

Accounting for participants who did not complete the survey is a part of ethical research. According to Riggs (2014), in order to account for participants who did not answer every question on the survey, an imputed mean response was provided for participants missing less than 15% of the responses as part of the data cleaning and screening process. Fish et al. (2012) imputed the mean to adjust for participants answering less than 75% of questions in a study that utilized the ECR-R (Fraley et al., 2000). In a convenience sample study on veterans and attachment, Currier et al. (2012a) also imputed the mean for 13.3% of missing responses on testing instruments.

Data organization included the developing a codebook through labeling, describing, and converting variables to numerical codes (Babbie, 2013). The codebook is a useful resource for outside researchers when evaluating the current study, as suggested by Trochim (2006). Categories of veterans' attachment styles (VAS) in the current study coded as follows: secure (S), preoccupied (P), fearful-avoidant (F), or dismissive-avoidant (D) (Bartholomew & Horowitz, 1991). Veterans' responses were comprised of two scores; one for attachment related anxiety and one for attachment related avoidance in the marriage relationship on a 7-point Likert-type scale. Plotting both scores on a graph placed participants in one of four categories (secure, preoccupied, fearful-avoidant, or dismissing-avoidant). Veterans with two scores in the secure quadrant were categorized as secure; and placement in the other three quadrants were for insecure attachment styles.

A veteran who had a secure attachment style in relation to the marriage relationship would code low on attachment anxiety and low on attachment avoidance represented by VAS/S with two scores, one for anxiety (AX) and one for avoidance (AV). A veteran with a score of 1 for AX and a score of 1.5 for AV would code: VAS/S/AX1/AV1.5. An example of a veteran with the highest possible scores for anxiety and avoidance would code: VAS/F/AX7/AV7 and placement would be in the fearful quadrant for attachment.

Likelihood of self-disclosure was coded as a veteran's likelihood of self-disclosing an emotional event from deployment to Iraq, through responses to 10 survey questions on the IWVS. The acronym SD represents a veteran's likelihood of self-disclosure. Veterans' responses are on a 5-point Likert-type scale: (1) not at all likely to self-disclose, (2) somewhat likely to self-disclose, (3) moderately likely to self-disclose, (4) quite a bit likely to self-disclose, and (5) definitely likely to self-disclose. A veteran who responds as definitely likely to self-disclose to question number 10 codes as: SD/5/10. A veteran who responds as not at all likely to self-disclose to question 10 receives the code SD/1/10.

Marital intimacy was coded as the veteran's current perception of intimacy, and represented by coding in two subdomains: emotional and sexual intimacy. Responses used a 5-point Likert-type scale. Marital intimacy coded as follows: perceived emotional marital intimacy (PEMI) and perceived sexual marital intimacy (PSMI). There were six questions to respond to for both emotional and sexual intimacy. Responses ranged from

(1) strongly disagree, (2) somewhat disagree, (3) neutral, (4) somewhat agree, and (5) strongly agree. An example of a coding response: question (3) I am satisfied with the level of affection in our marriage. A veteran who answered 5, which was strongly agree, coded as follows: PSMI/5/3. A veteran who responded to a question on emotional intimacy coded as PEMI with the Likert-type response and the question number following. An example: question (4) I often feel distant from my wife. A veteran who strongly disagreed would code: PEMI/1/5.

Demographics were represented by a question number from the survey instrument and alphanumeric codes. Demographic questions included the following: A veteran's age in years coded as Y and represented a raw score. A 42-year-old veteran coded as Y/42. Marriage was also reported by number of years with the code YM. A veteran married for 25 years coded as YM/25. Veterans indicated the highest level of education achieved. Less than high school graduate (1), high school graduate (2), associate's degree (3), bachelor's degree (4), a master's degree (5,) and a doctorate degree (6). Race/ethnicity also coded alpha numerically represented by RE and a number for the race/ethnic identification of the participant. American Indian/Alaskan Native (1), Asian (2), Black or African American (3), Hispanic or Spanish (4), Native Hawaiian or Other Pacific Islander (5), White (6), and multiple races (7). A native Hawaiian veteran was coded as RE/5. An African American veteran was coded as RE/3.

Restatement of research questions. The current study assessed Iraq War veteran's marital intimacy levels based upon likelihood of self-disclosure, attachment

style, and demographic variables. The research questions and hypotheses that examined Iraq War veteran's marital intimacy were as follows:

Research Question 1: Do attachment style as measured by the Experiences in Close Relationships-Relationship Structures questionnaire (Fraley et al., 2011a), and self-disclosure as measured by the Likelihood of Disclosure Scale (Hoyt et al. 2010) and demographic variables (age, length of marriage, education, race/ethnicity) predict levels of intimacy as measured by the Personal Assessment of Intimacy in Relationships instrument (Schaefer & Olson, 1981) in Iraq War veterans' marriages?

H_01 : Attachment style, likelihood of self-disclosure, and demographics do not predict intimacy in Iraq War veterans' marriages and all beta values are equal to zero.

H_a1 Attachment style, likelihood of self-disclosure, and demographics predict intimacy in Iraq War veterans' marriages and at least one beta value is significantly different from zero.

Multiple linear regression. A linear regression was conducted and was helpful to determine attachment style dimension, self-disclosure, and demographic variables predicted levels of intimacy in veterans' marriages. Sipos et al. (2014) conducted a multiple linear regression analysis and investigated the relationship between military service members who had experienced redeployment, PTSD symptoms, risky behaviors, and the dependent variable, satisfaction in marriage. Vincenzes et al. (2014) utilized a linear regression to predict wives' levels of distress in relation to husbands' length of

deployments and found that length of a husband's deployment predicted the wife's level of distress; the longer the deployment, the more distress wives experienced.

Conducting a regression analysis was beneficial to understand the variables that predicted marital intimacy. Associated beta values were useful for formulating an equation that best predicted the slope when utilizing point prediction. Each standardized beta value determined the level of contribution to the total variance explained when assessing the variables that best predicted marital intimacy among veterans' marriages. A regression analysis determined the strength of any relationship, the direction of any relationship, and a p value then determined if any of the relationships were significant.

The possibility remained that no relationship existed amongst the variables, indicating that self-disclosure and attachment style correlations were not significantly different from zero. When significant relationships existed, the variables were entered in a regression model to determine the contribution of each variable when predicting marital intimacy. In a multiple linear regression analysis, the independent variables in the current study (attachment style, likelihood of self-disclosure, demographics) were examined to determine if they predicted marital intimacy, the dependent variable.

Threats to Validity

Validity indicates the ability of an instrument to adequately measure and reflect the true nature of a phenomenon (Creswell, 2009). According to Creswell, threats to validity come from external and internal sources. The current study utilized a convenience sample, collecting data through a nonprobability sampling procedure.

For the current study, seeking out heterosexual married male veterans from the Iraq War to complete the IWVS research survey instrument was necessary. The IWVS was compiled using three testing instruments, the ECR-RS (Fraley et al., 2011a), the Likelihood of Disclosure Scale (Hoyt et al., 2010), and the PAIR (Schaeffer & Olson, 1981) and all are valid and reliable instruments contributing to face validity by measuring the concepts each instrument purported to measure.

Participants in the current study were heterosexual married male veterans from the Iraq War who experienced at least one deployment cycle as a part of the OIF mission. Threats to validity in the current study included short-term effects, as the survey only took 10 to 15 minutes to complete. Participants may have experienced fatigue, boredom, inattention, or changes of mood contributing to non-completion. There may also have been bias in the sample as those who chose to respond may not have been representative of the larger population. Threats were mitigated by utilizing multiple sites for veterans, accessing educational institutions, professional networking sites, veterans' support sites. Additionally, threats to internal validity include veterans not understanding directions to the survey or having problems with Internet access.

According to Riviere et al. (2012), deployment and reintegration experiences are stressful on all relationships including the marital relationships of veterans. Although the design and intent of survey questions was not to cause stress, those who felt any discomfort discussing emotions from combat, or discussing a marriage that was potentially troubled may have decided to leave the survey, accessing the Veterans Crisis

Line if necessary. Threats to validity also included participation by people who were not veterans or veterans not meeting the stated qualifications of the study. Utilizing a large sample size negated the effects of the wrong individuals completing the survey and any short-term effects that led to non-completion.

The sample frame included veterans who belonged to online organizations for veterans including LinkedIn sites, educational institution sites, and sites that support veterans; however, no complete list of available participants was available. Truthfulness of responses on the survey was an assumption for the current study as was the veteran's truthfulness in meeting the requirements for participation. Again, utilizing a large enough sample size as determined by G*Power analysis negated the effects of the wrong individuals completing the survey.

External Validity

Threats to external validity in the current study determined whether the study is replicable in different settings with different veterans' online organizations and institutions. Drawing participants from educational institutions and online networking groups for veterans brought diverse veterans to the survey and contributed to external validity. External validity contributes to the ability to generalize findings to the larger population, according to Trochim (2006). Membership in specific online organizations in the current study will change over time; however, the specific demographics and online organizations where veterans held membership are replicable in future studies.

Threats to external validity reflects results that are invalid due to participation in the survey by the following individuals: non-veterans, single veterans, female veterans, and veterans from other conflicts who have not been deployed to Iraq. The current study's sample of veterans from all branches of U.S. Military service provided the ability to generalize the research findings to all heterosexual married male veterans from the Iraq War. The interviewer effect was not present in the current study as there was no direct contact with an online survey instrument. Additionally, veterans' truthfulness was an assumption for the current study.

Internal Validity

According to Guyker et al. (2014), internal validity is a relevant and necessary component for research findings to expand the research knowledge base. Guyker et al. conducted research examining the Combat Experiences Scale (CES), which added to an understanding of the experience of combat and contributed to efficacious treatment models for service members' recovery. Internal validity was also important for the current study because the researcher was testing for an effectual relationship between attachment style and self-disclosure, and marital intimacy, which is a marker for marital health (Laurenceau et al., 2005). Internal validity provided evidence that the research conducted aligned with the intent of the research, examining the variables that were set forth to study. The intent of the current study was not to find a causal relationship between the independent and dependent variables, but to examine the variables for a correlation. In addition, there was no intervention or treatment in the current research

study. The instruments utilized had face validity and were tested and reported to be valid and reliable: the ECR-RS (Fraley et al., 2011a), the Likelihood of Disclosure Scale (Hoyt et al., 2010), and the PAIR (Schaefer & Olson, 1981).

Construct Validity

Construct validity ensures that the testing instruments measure the construct they intend to measure providing the ability to make inferences and generalize the research findings (Trochim, 2006). In addition, the three testing instruments utilized in compiling the IWVS in the current study had criterion validity through the utilization of well-established instruments. The ECR-RS (Fraley et al., 2011a), which measured attachment, the theoretical framework for the study, has been previously utilized to study marital intimacy. Dandurand and Lafontaine (2013) utilized the ECR (Brennan et al., 1998), which Fraley et al. (2011a) reported to be comparable to the ECR-RS, which contributed to construct validity. Dandurand and Lafontaine (2013) also examined attachment in romantic relationships and emotional and sexual intimacy in heterosexual couples and utilized the PAIR (Schaefer & Olson, 1981).

The Likelihood of Disclosure Scale (Hoyt et al., 2010) had criterion validity as it was developed for use with populations at risk for PTSD including veterans who had experienced a deployment, in addition to first responders. Cook, Riggs, Thompson, Coyne, and Sheikh (2004) utilized the PAIR with a military population and studied former American POWs from World War II with and without PTSD. They examined intimacy and marital and relationship stability and found therapy benefitted ex-POWs

who learned to label and communicate feelings (Cook et al.). Greenman and Johnson (2013) also utilized the PAIR (Schaeffer & Olson, 1981) and the ECR scale (Brennan et al., 1998) with an attachment framework, and studied emotionally focused therapy (EFT) and adult love in couples.

The survey was limited to 35 questions to avoid threats to validity through non-completion of the survey. Completion of the survey took place online by self-report, which reduced any potential interviewer effect; however, self-report may have contributed to bias. Again, a large sample size mitigated for bias in self-reporting.

Ethical Procedures

A detailed explanation of ethical procedures to conduct the study is provided. The supervising university's Institutional Review Board (IRB) provided approval before data was collected and the IRB review process identified any challenges or concerns to minimize risk to human subjects. Walden University's approval number for this study is 07-22-15-0281994, with an expiration date of July 22, 2016. In order to protect human subjects and to conduct ethical research, participants were provided informed consent before participating in the study, which is a requirement for ethical research (Tsan et al., 2013). Tsan et al. (2013) also reported that researchers are required training to conduct ethical research. The researcher for the current study has completed human subjects training and certification through the National Institutes of Health (NIH), and a copy of the certification is in Appendix G..

Prescreening Process

In an attempt to ensure ethical oversight in the research process, potential participants went through an initial pre-screening process. Potential participants were required to agree they were heterosexual married male veterans with at least one deployment to OIF. In addition, participants were asked to refrain from participation if they were under current treatment for PTSD or if they were experiencing suicidal or homicidal ideations. Participants were also required to have access to the Internet and privacy to take the survey.

According to Alessi and Martin (2010), implied consent is not always sufficient to protect research participants, therefore, participants were required to provide informed consent, which is a voluntary agreement to participate in the research. In the current study, a written description of consent was on the presenting page, and consent was required before participants could access the survey. The introduction to the survey also included a statement of potential risk involved to take the survey. Risks included discomfort thinking about emotions from combat or one's marriage relationship. In addition to guidelines and directions for taking the survey, notification of the participant's ability to terminate participation in the study at any time was included, which Tsan et al. (2013) recommended.

Veterans are a potentially vulnerable population due to experiences in combat with approximately 60,000 out of 1 million U.S. soldiers from the wars in Iraq and Afghanistan receiving a diagnosis of PTSD (Albright & Thyer, 2009). In addition,

statistics indicated that close to 16% of veterans from these wars may have received a diagnosis of PTSD. Therefore, it was important to provide guidelines and screening for participation in the current study to limit unnecessary risk to veterans who were under treatment for PTSD or who had suicidal or homicidal ideations at the time of study. Some veterans currently experience family and marital stressors (Riviere et al., 2012); therefore, resources were provided for support both before taking the survey, during, and at the close of the survey.

Veterans have access to VA services (U.S. Department of Veterans Affairs, 2015), and information was provided to access these mental health resources in the invitation, in the reminder to participate, the consent form, and at the close of the survey.. Participants were informed of any risk in taking the survey that went beyond risks found in daily life, as well as how privacy was maintained. In addition, disclosures to participants included permissions and approval by Walden University's Institutional Review board (IRB) to conduct the current study.

Support Services and Referrals

All research participants were veterans, meeting the VA definition required to access benefits, and therefore had access to the VA and the Veterans Crisis Line (2015). Supportive resources were shared at the beginning of the study and on each page of the survey, which provided VA resources available to research participants. A link provided access to the Veterans Crisis Line for participants who may have been distressed at any point when completing the survey. Alessi and Martin (2010) conducted research and

placed the assistance link at the end of their survey; however, for those participants who did not complete the survey, support referrals were lacking. Alessi and Martin suggested providing a link to support services on every page of the survey.

Since participants had access to the Internet, veterans also had access to the crisis line through the website or by telephone. The telephone number (1-800-273-8255 press 1) and Internet website for the Veterans Crisis Line (2015) were provided at the invitation to the survey, the beginning of the survey, on each page of the survey, and at the end of the survey.

The Veterans Crisis Line provides expertise in responding to veterans' needs has handled over 1.25 million calls since 2007 (U.S. Department of Veterans Affairs, 2015). Professionals handling calls have the necessary training and experience to meet the needs of veterans, providing support around the clock (U.S. Department of Veterans Affairs, 2015). The U.S. Department of Veterans Affairs (2015) is also equipped to provide the necessary referral resources to assist any participant who may have experienced distress from participation in the survey.

The VA provides resources for suicide prevention, outreach programs, connections to outreach centers for psychological help, Military OneSource to help families, the Veterans Crisis Line operated by the U.S. Department of Veterans Affairs, and a National Resource Directory to help wounded warriors (U.S. Department of Veterans Affairs, 2015). A written statement at the introduction of the survey, on each page of the survey, and at the close of the survey described how to access the VA's

resources if the participant was in need of help. When participants completed the survey they were directed to the last page where a thank you for participation message and resources for support services were provided. Veterans currently in treatment for PTSD were not included in the survey, which provided protection for this vulnerable population.

Confidentiality

Confidentiality of participant's data occurred by not collecting any names, email addresses, or phone numbers. In the event that a system had revealed the personal information of participants, the goal was to keep the information private, maintaining confidentiality, as instructed through training from the National Institutes of Health (NIH) and upholding the supervising university's ethical code of conduct.

To ensure confidentiality of participants, researchers Alessi and Martin (2010) disabled cookies using SurveyMonkey in their survey instrument because the research questions asked of participants were of a sensitive nature. When cookies are disabled, participants cannot leave the study and return to complete it. The current research study utilized SurveyGizmo (2015) to administer the IWVS, and did not collect Internet Protocol addresses of participants, which strengthened the confidentiality of the survey instrument.

Anonymity

Data received from the surveys were anonymous. Anonymity occurred by not collecting any names; email addresses, Internet protocol (IP) addresses, or phone

numbers from participants. In the event such information might have become available, there was no association of the information to the responses of participants.

Data Protection

Following data collection and processing through SPSS, all information was downloaded utilizing encryption and storage on a password-protected flash-drive, which protected the information from being accessed for use other than analysis in the current study. The supervising institution's Internal Review Board (IRB) requires data retention for 5 years. The flash-drive will be destroyed after the 5-year retention period is over.

There are currently no follow-up procedures to the study. After the study is completed, within two weeks after submission to ProQuest for publication, veterans who participated will have the opportunity to read about the results in an article, which will be accessible by a link posted to each Internet site utilized for the research. Additionally, participants may contact the researcher by email for the results.

Summary of Design and Methodology

A quantitative methodology was useful in applying attachment theory to understand the effects among the variables in the current study. Chapter 3 included discussions on the independent and dependent variables, the research population, the sample frame and sample size, and procedures for conducting the current research study. Discussions provided support for the selected research design, methodology, and threats to validity. A gap in the literature existed, as there were no available studies on the relationship between a veteran's attachment style, likelihood of self-disclosure,

demographics, and marital intimacy. The current study addressed the gap in the knowledge and examined relationships among variables utilizing a correlational design. A correlational design supported the use of a multiple linear regression with a stepwise regression. In addition, utilizing a quantitative methodology supported an online self-report survey and the statistical analysis.

Chapter 4 includes a summary of the results of the study, a review of the purpose of the study, the problem statement, and the research question and hypotheses addressed in the research. In addition, Chapter 4 includes details of the data collection process and an evaluation of the statistical analysis conducted utilizing the SPSS application, as well as a summary of the research questions in the current study.

Chapter 4: Results

Introduction to the Results

The traumatic experiences from war have impaired intimate relationships between spouses (Solomon et al., 2008). Zubriggen et al. (2012) and Doi and Thelen (1993) found that intimacy is essential for mental health and well-being. Balderrama-Durbin et al. (2013) found a lack of intimacy impeded a service member's recovery and contributed to psychological problems and suicide (Satcher et al., 2012). Additionally, Mills and Turnbull (2011) reported fears of losing an intimate relationship led to suicidal ideations.

The purpose of this quantitative study with a correlational design was to understand if the following independent variables: attachment style, and likelihood of self-disclosure of emotional experiences from war, predicted marital intimacy, the dependent variable, in married male Iraq War veterans. Four demographic variables (current age in years, length of marriage to current spouse in years, highest level of education achieved, and race/ethnicity) were also included in the analysis to determine if they contributed to marital intimacy. The U.S. military categorizes its members according to race and ethnicity (Belasco, 2014). In the current study, I categorized the demographic independent variables, race/ethnicity as: American Indian, Indian/Alaskan Native, Hispanic or Spanish, Native Hawaiian or other Pacific Islander, White, Black/African American, or multiple races.

An additional goal for conducting the current study included understanding the relationship between marital intimacy, attachment style, and self-disclosure, which added

to the knowledge base and filled a gap in the literature. Additional knowledge will assist mental health care providers in identifying veterans at risk of marital instability, increases in suicidal ideations, and PTSD symptoms severity (Nelson Goff et al., 2007)

Research Question 1: Do attachment style as measured by the Experiences in Close Relationships-Relationship Structures questionnaire (Fraley et al., 2011a), and self-disclosure as measured by the Likelihood of Disclosure Scale (Hoyt et al. 2010) and demographic variables (age, length of marriage, education, race/ethnicity) predict levels of intimacy as measured by the Personal Assessment of Intimacy in Relationships instrument (Schaefer & Olson, 1981) in Iraq War veterans' marriages?

H_0 1: Attachment style, likelihood of self-disclosure, and demographics do not predict intimacy in Iraq War veterans' marriages and all beta values are equal to zero.

H_a 1 Attachment style, likelihood of self-disclosure, and demographics predict intimacy in Iraq War veterans' marriages and at least one beta value is significantly different from zero.

Chapter 4 includes descriptions of the data collection process with the timeline, response rates, recruitment procedures, and changes in data collection procedures from the plan presented. Chapter 4 also provides characteristics of the sample population and the results of the statistical analyses, illustrated by tables and figures. In addition, a Chapter 4 contains a summary of the findings in relation to the research question and hypotheses.

Conducting pilot study was not necessary for the present study because researchers already validated study scales in previous studies. Greeff and Malherbe (2001) validated the PAIR with an alpha level of .75 for the emotional intimacy subdomain and .77 for the sexual intimacy subdomain that made up the overall marital intimacy scale. Campbell and Renshaw (2012) validated the Likelihood of Disclosure Scale with an alpha level of .97 when studying married or cohabitating veterans and their spouses. Fraley et al. (2011a) validated the ECR-RS with alpha levels of .83 for anxiety and .81 for avoidance when studying romantic partners. The ECR-R demonstrated a .95 alpha level for anxiety and a .93 alpha level for avoidance in a veteran population (Currier et al., 2012a). Fraley et al. (2011a) reported that reliability scores using the ECR-RS had comparable outcomes from the longer instruments measuring attachment, such as the ECR-R, which supported its use in the current study.

Data Collection

Iraq War veterans in this study responded to an invitation to participate in the online survey by accessing an anonymous link to SurveyGizmo. Iraq War veterans who participated in the current study provided agreement in the IWVS consent form before accessing the survey that they were heterosexual married males who experienced at least one deployment to the OIF mission between 2003 and 2011.

The survey was accessible by an online hyperlink for approximately 3 months during the data collection period. I placed the invitation letter on the data collection sites inviting veterans to participate in the survey by accessing a hyperlink. In addition, I

posted weekly reminders for 12 weeks to increase participation. The original data collection sites were military LinkedIn sites, university veterans support organizations, and online sites that support veterans and their families. Due to a slow response to the survey, I requested and received permission by the IRB to add additional data collection sites such as Facebook pages related to veterans, professional networks, and an online university participation pool (Appendix K). During the data collection process veteran participation increased and the survey closed with 448 responses in total and 353 completed responses. The survey remained open after reaching the minimum sample size due to time spent networking with an organization to add as a potential data collection site. The timeframe for adding the organization as a site for the current study was not feasible; however, the site remains a contact for future research. In addition, the current study did not exceed the original time allowed to conduct research.

Twenty percent of the responses were not included as veterans consented to participate in the study but responded to less than 85% of the survey with some participants completing zero percent of the survey. Upon closing the survey, data was downloaded from SurveyGizmo into Excel format, and cleaned and screened for the analysis. Data cleaning and screening included the organization of survey questions into variables, removal of incomplete responses, and screening for integrity of responses. Following data cleaning and screening, entering the final data set into the SPSS application version 22 for the data analysis was the next step.

Veterans in the current study self-identified as heterosexual married male veterans of the Iraq War. Demographic variables included in the analysis were age, length of marriage, level of education, and race/ethnicity. The current study included heterosexual married males because 83% of veterans who served in the wars in Iraq were males (U.S. Census Bureau, 2014) and according to Balderrama-Durbin et al. (2013), more than 50% of the U.S. military was married. Additionally, veterans were to refrain from participating if they were currently under treatment for PTSD and/or experiencing any suicidal or homicidal ideations, which protected a potentially vulnerable population due to the online format of the research.

Variables studied included attachment style (secure, preoccupied, fearful-avoidant, dismissive,) as measured by the ECR-RS (Fraley et al., 2011a); likelihood of self-disclosure, as measured by the Likelihood of Disclosure Scale (Hoyt et al., 2010); demographics (age, length of marriage, education, race/ethnicity); and overall marital intimacy, as measured by the PAIR (Schaefer & Olson, 1981). Creating the overall intimacy scores required combining the mean scores of emotional and sexual intimacy subdomains. The attachment scale included ratings from anxious and avoidant attachments, which encompassed four attachment dimension levels (secure, preoccupied, fearful-avoidant, dismissive). The following section contains the descriptive analysis results of the study.

Descriptive Analysis

The study results included veterans of the Iraq War that met the screening qualification ($N = 353$) for the study. Participants rated their marriages based on current perceptions of emotional and sexual intimacy. A Likert-type scale used for measuring intimacy had a rating from 1 to 7. Ratings of 1 indicated strongly disagree, and ratings of 7 indicated strongly agree for sexual and emotional intimacy subdomains. The responses to questions for each subdomain contained both positive and negative ratings. Summing positive scores formed the first total. The negative questions were reversed scored, summed, subtracted from 12 and then multiplied by four to form the second total (Schaefer & Olson, 1981). A combination of both totals formed each scale score for each participant. The overall intimacy scale was created calculating the mean scores of each intimacy subdomain to form a single overall score. Overall scores ranged from 0 to 96 after completing the calculations.

Participants indicated an average emotional intimacy rating ($M = 48.16$, $SD = 24.59$), which was approximately half of the maximum rating for emotional intimacy of 96. Sexual intimacy indicated the same range of 0 to 96 and the average score ($M = 45.58$, $SD = 24.77$) was 5% less than for emotional intimacy. The difference was ($M = 2.58$, $SD = 19.09$). The results indicated that this group of veterans of the Iraq War experienced slightly higher levels of emotional intimacy than sexual intimacy.

Intimacy

The results of the emotional intimacy scale showed that there was little difference between the mean and median scores. A median score of 48 indicated that approximately 50% of veterans of the Iraq War showed emotional intimacy of less than 48. The results also indicated no outliers. For the sexual intimacy rating, a median score of 44 showed that approximately 50% of veterans of the Iraq War experienced sexual intimacy that was less than half of full desirability. The results were approximately 10% less than the median score for emotional intimacy. Although veterans of the Iraq War showed a higher level of emotional intimacy compared to sexual intimacy, the mode results showed the opposite response. The most frequently reported score for current emotional intimacy was 36, but a score of 48 for sexual intimacy indicated a 25% higher rating than emotional intimacy. The graphs found in Figure 2 show the distribution of both emotional and sexual intimacy.

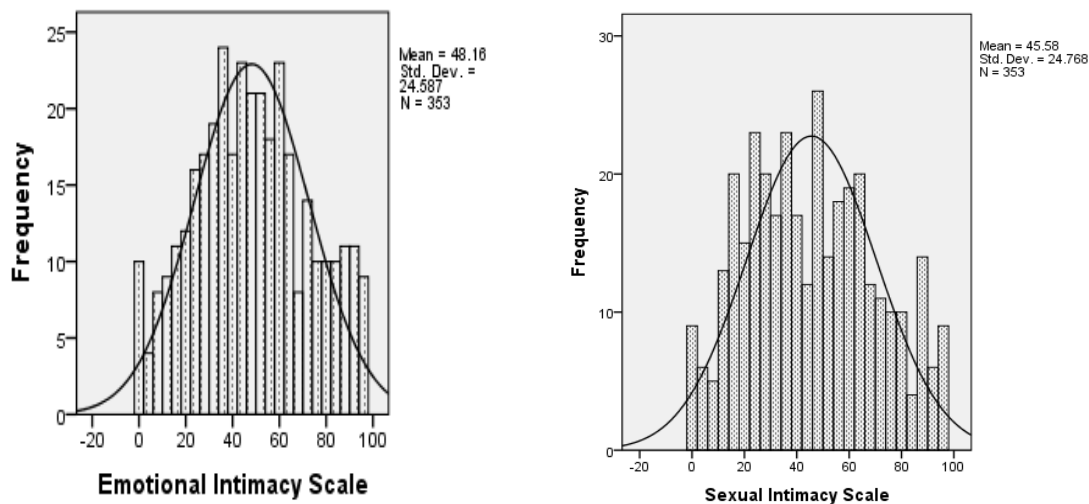


Figure 2. Histograms showing the distribution of emotional and sexual intimacy.

I created the overall intimacy scale by averaging the scores between emotional intimacy and sexual intimacy subdomains. Averaging scores was possible because emotional and sexual intimacy utilized the same scale when measuring intimacy among veterans of the Iraq War. I assessed the difference in the subdomain scores and the results showed a small difference ($M = 2.58$, $SD = 19.09$) between emotional and sexual intimacy. The largest difference was 72 and the smallest was -60. An assessment of skewness (.21) showed a z score of 1.59 indicating normal distribution among differences; therefore, there was no abnormality when combining scores. The histogram located in Figure 3 displays the normal distribution of the average difference between emotional intimacy and sexual intimacy. Table 2 contains results of the overall distribution of the intimacy rating.

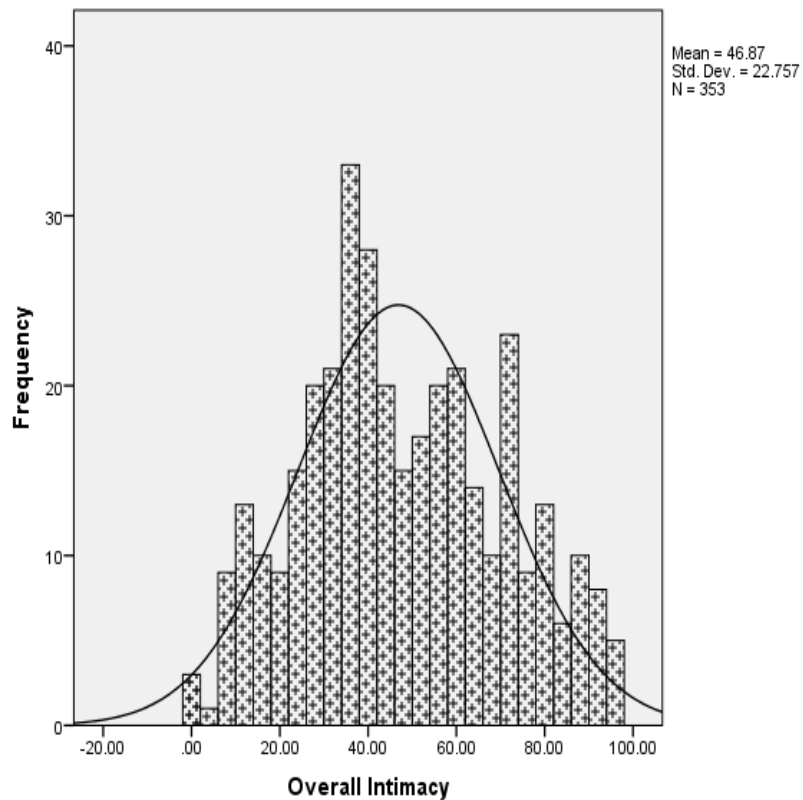


Figure 5. A histogram of overall intimacy rating among veterans of the Iraq War.

Table 2

Descriptive Results of Overall Intimacy Rating

<i>N</i>	353
Mean	46.87
<i>S.E.</i>	01.21
Median	44.00
Mode	36.00
<i>SD</i>	22.76
Skewness	00.19
<i>S.E. Skewness</i>	00.13
Range	96.00
Minimum	00.00
Maximum	96.00

Age

Participant age in the study ($M = 42.70$, $SD = 8.87$) ranged from 25 years to 67 years. Approximately 50% of the sample was younger than 42 years old. The age of 34 years was modal and approximately 68% of all veterans of the Iraq War were from 33.83 to 51.57 years old. The youngest 10% was approximately between 25 and 32 years and the oldest were between 54 and 67 years old. A histogram located in Figure 4 displays the distribution of the age of veterans of the Iraq War. A scatterplot in Figure 5 showed no real relationship between the age of veterans of the Iraq War and their level of marital intimacy in their current marriages. The graph suggests that there is no significant relationship between age and intimacy, and participants of all ages experience the same level of overall intimacy in their marriages.

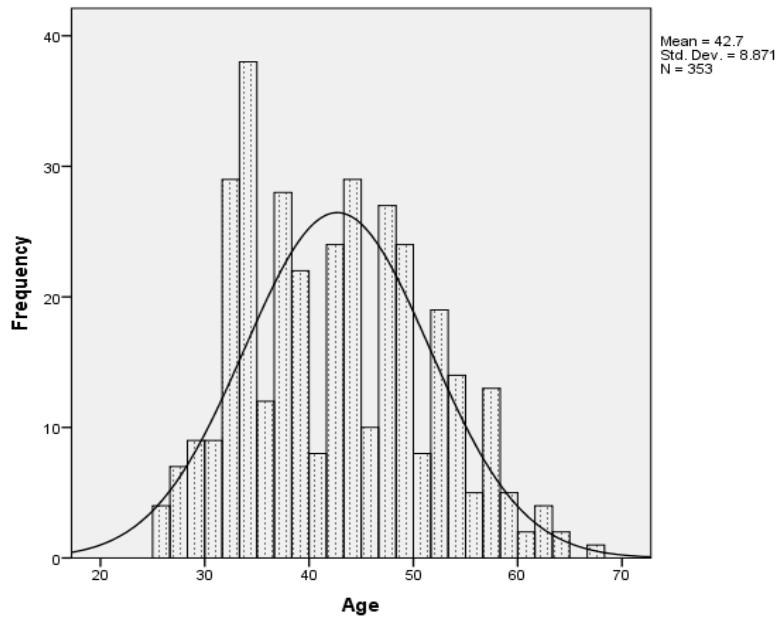


Figure 4. A histogram showing the distribution of the age of veterans of the Iraq War.

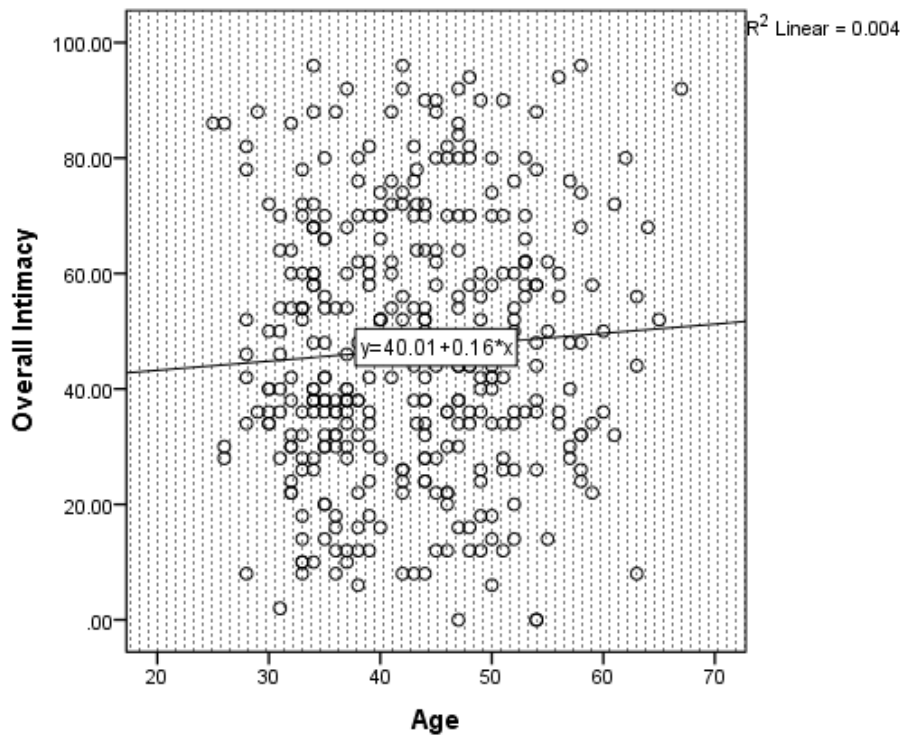


Figure 5. A scatterplot between age and overall intimacy among veterans of the Iraq War.

Length of Marriage

An assessment of participants' length of marriage ($M = 14$, $SD = 8.99$) showed that veterans of the Iraq War were married for a minimum of 1 year and a maximum of 44 years. While the range of years of marriage was 43, 50% were married more than 13 years. Approximately 68% of veterans of the Iraq War were married between 5 and 22 years. Marriages of 6 years were modal with minor skewness of .77 years. A distribution of the years of marriage is in a histogram found in Figure 6. Utilizing a scatterplot was beneficial for assessing the relationship between years of marriage and intimacy.

Approximately 40% of veterans of the Iraq War were married between 1 and 10 years. The longest 10% of marriages were between 26 and 44 years. An analysis of a scatterplot showed no real relationship between participant's years of current marriage and overall intimacy. The results indicated marital intimacy has not increased or decreased over time among Iraq War veterans. The scatterplot is located in Figure 7.

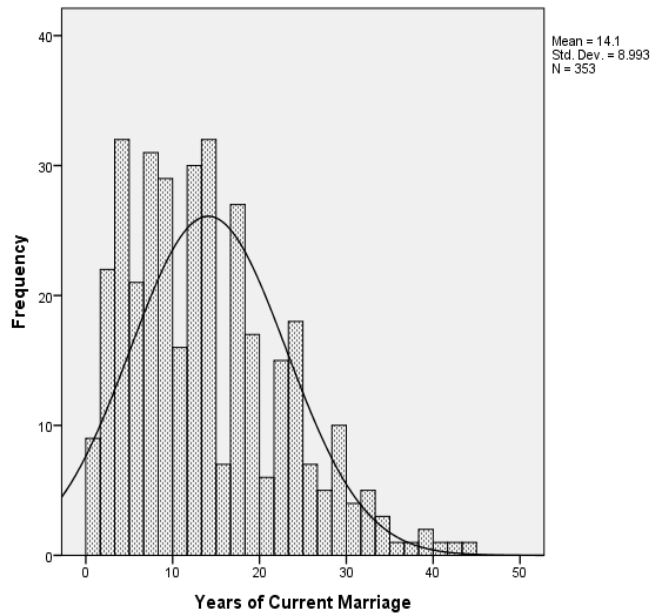


Figure 6. A histogram showing the distribution of participant's years of marriage.

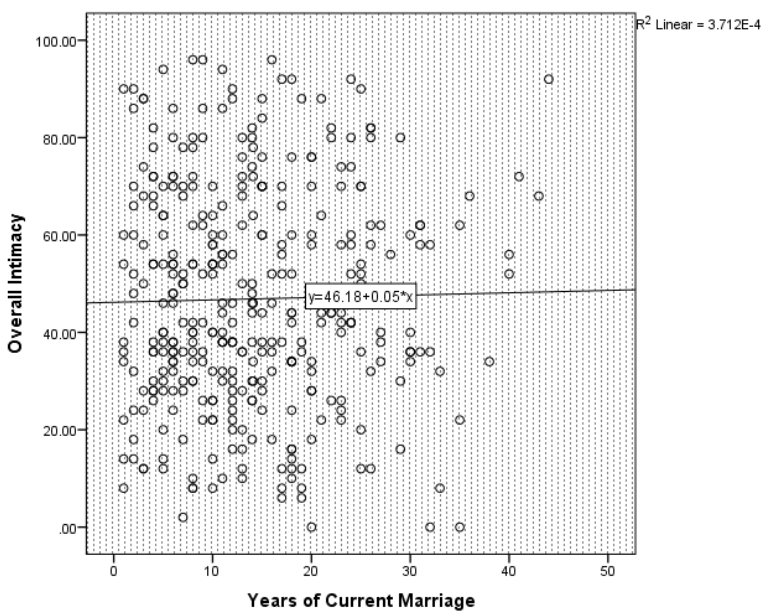


Figure 7. A scatterplot showing no relationship between length of marriage and intimacy.

Education

An analysis of the education level of veterans showed that most veterans were formally educated and approximately 85% earned an associate's degree or higher. Approximately 38% of participants earned a master's degree ($n = 134$) and 5% earned a doctoral degree ($n = 19$). Less than 10% earned a high school diploma or less ($n = 34$). A bar graph found in Figure 8 shows the frequency distribution of education among the veteran participants for this study. An assessment of education level and overall intimacy rating using a boxplot (found in Figure 9) shows that veterans' intimacy rating based on education were similar, indicating no real relationship between education and intimacy. A summary of intimacy rating scores based on education are in Table 3.

Table 3

A Summary of Participant's Overall Intimacy Rating Based on Education

	<i>N</i>	<i>M</i>	<i>SD</i>	Minimum	Maximum
Less than HS	1	58.00	0.00	58.00	58.00
High School	32	44.06	22.34	.00	92.00
Graduate					
Associate Degree	53	46.15	23.25	6.00	92.00
Bachelor's Degree	114	45.09	22.02	8.00	96.00
Master's Degree	134	49.15	22.41	.00	96.00
Doctorate Degree	19	47.58	29.50	.00	96.00

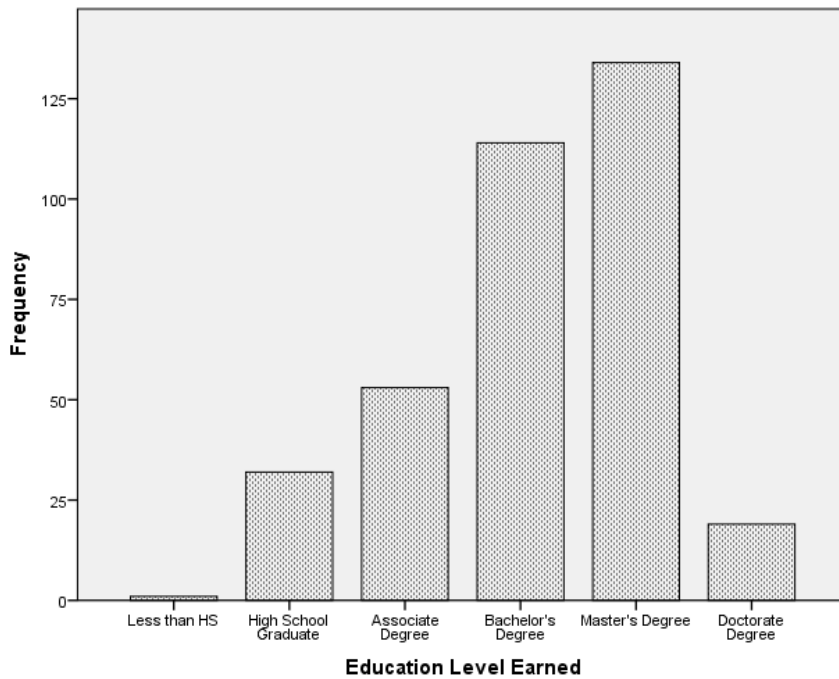


Figure 8. A bar graph showing the educational level of veterans.

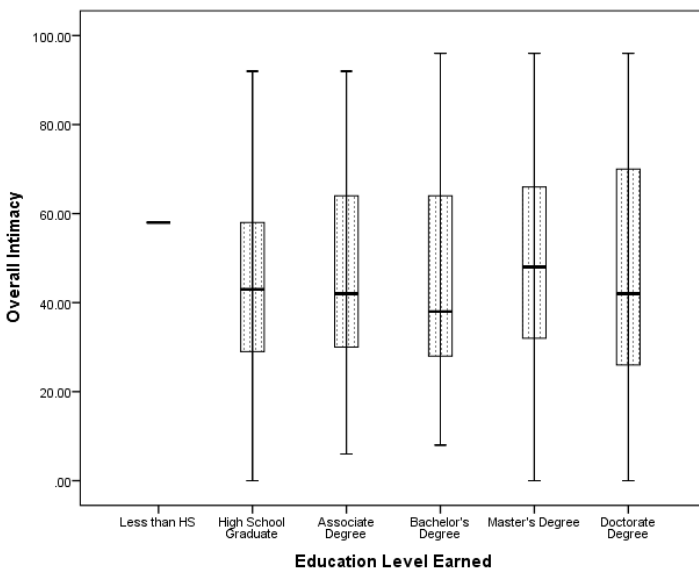


Figure 9. A boxplot showing the intimacy rating based on education level for veterans.

Race/Ethnicity

An assessment of participants based on race showed that Whites comprised 84% of the sample that was modal ($n = 297$) and Blacks, Hispanics, Asians, and people of other races made up the remainder of the sample. A graphical assessment of intimacy rating based on race showed that participants of all races experienced similar levels of intimacy. Utilizing a boxplot was necessary for assessing the overall intimacy ratings among veterans' ethnicity/race, which indicated lowest ratings for mixed races ($M = 39.83$, $SD = 25.83$) and the highest ratings were for Asians ($M = 53.33$, $SD = 17.24$). All ethnicity/race ratings were similar to the overall intimacy ratings ($M = 46.87$, $SD = 22.76$), which suggested that intimacy was similar based on race. A summary of ratings is in Table 4. A boxplot in Figure 10 shows the intimacy ratings based on ethnicity.

Table 4

Descriptive Results for Overall Intimacy and Race/Ethnicity among Veterans

	<i>N</i>	<i>M</i>	<i>SD</i>	Minimum	Maximum
Black	21	50.95	27.88	8.00	96.00
White	297	47.16	22.28	.00	96.00
Hispanic	20	41.40	23.22	6.00	80.00
Asian	3	53.33	17.24	38.00	72.00
Mixed/Other Races	12	39.83	25.83	6.00	90.00
Total	353	46.87	22.76	.00	96.00

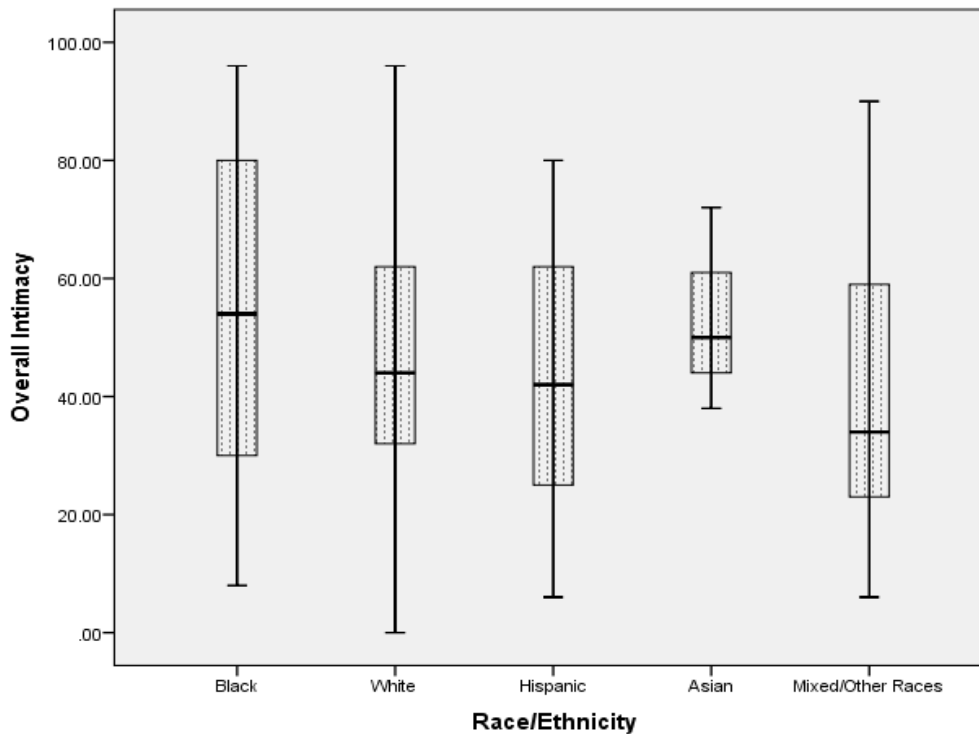


Figure 10. A boxplot showing intimacy ratings based on ethnicity among participants.

Disclosure

An assessment of the disclosure variable ($M = 2.96$, $SD = .66$) showed a moderate level of disclosure in the marriage relationship among veteran participants of the Iraq War. The scale used to measure the disclosure rating of veterans of the Iraq War ranged from 1 to 5 where 1 indicated strongly disagree and 5 strongly agree. A score of 2.5 or higher indicated a high level of disclosure and less than 2.5 indicated a low level of disclosure among veteran participants of the Iraq War. The highest level of disclosure was 5 and the lowest was 1, which provided for a range of 4. In addition, more veteran participants of the Iraq War indicated a 3.2 level of disclosure than any other level of disclosure.

Approximately 68% reported a 2.3 to 3.62 level of disclosure. The lowest 10% of disclosure was from approximately 1 to 2.2 and the highest 10% was from 3.7 to 5.0. The results showed that approximately 71% of veterans of the Iraq War reported a high level of disclosure. A histogram of the disclosure rating is in Figure 11. An analysis of the relationship between veteran disclosure intention and overall intimacy rating using a scatterplot (Figure 12) indicated a strong positive relationship between disclosure and intimacy so that when disclosure increased, intimacy also increased. A summary of descriptive results for age, years of marriage and disclosure rating are in Table 5.

Table 5

Descriptive Results for Age, Years of Marriage, and Disclosure (N = 353)

	Age	Years of Current Marriage	Disclosure Scale
<i>M</i>	42.70	14.10	02.96
<i>S.E.</i>	00.47	00.48	00.04
Median	42.00	13.00	02.90
Mode	34.00	06.00	03.20
<i>SD</i>	08.87	08.99	00.66
Skewness	00.32	00.77	00.23
<i>S.E. of Skewness</i>	00.13	00.13	00.13
Range	42.00	43.00	04.00
Minimum	25.00	01.00	01.00
Maximum	67.00	44.00	05.00

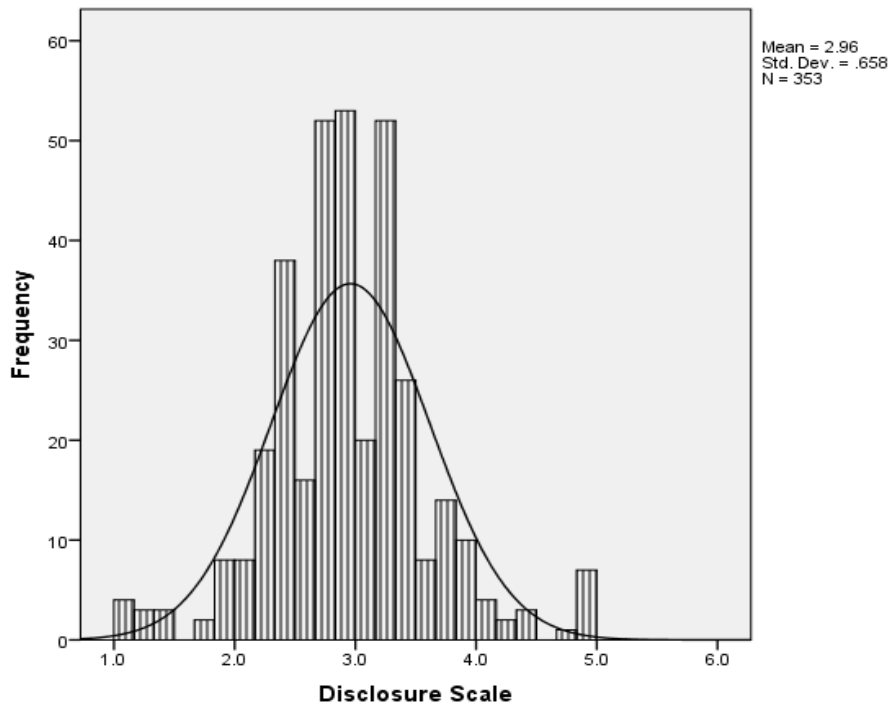


Figure 11. A histogram showing the distribution of disclosure rating among veterans.

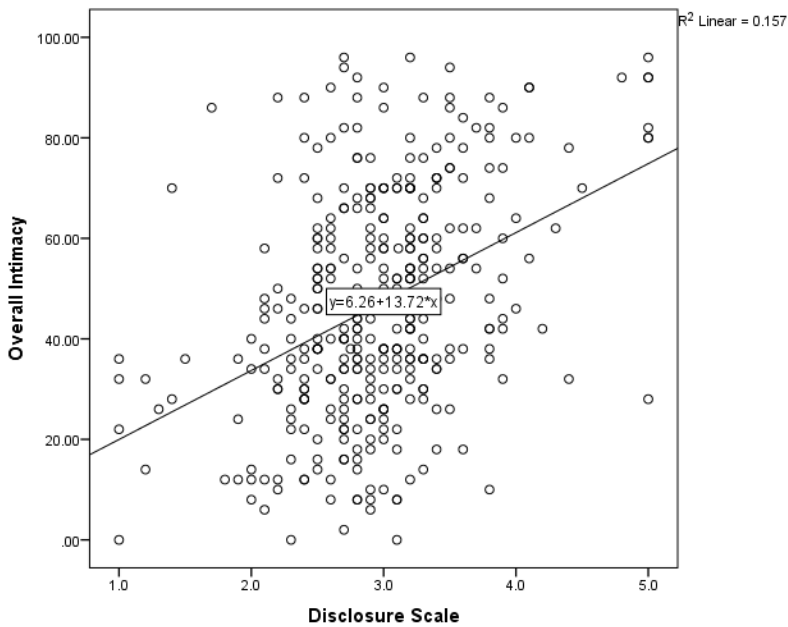


Figure 12. A scatterplot showing the relationship between disclosure and overall intimacy.

Attachment Style

An analysis of the attachment style variable indicated that most veteran participants (29%) had either a dismissive attachment style ($n = 101$), or a fearful-avoidant attachment (29%) ($n = 102$). Those with a preoccupied attachment style ($n = 69$) made up the smallest group and represented 20% of the sampling. Veterans who identified with a secure attachment style ($n = 81$) made up 23% of the sample. The results indicated that approximately 77% of veteran participants experienced an insecure attachment style and only 1 in 4 experienced a secure attachment style. The bar graph in Figure 13 shows the frequencies for attachment styles among veterans of the Iraq War.

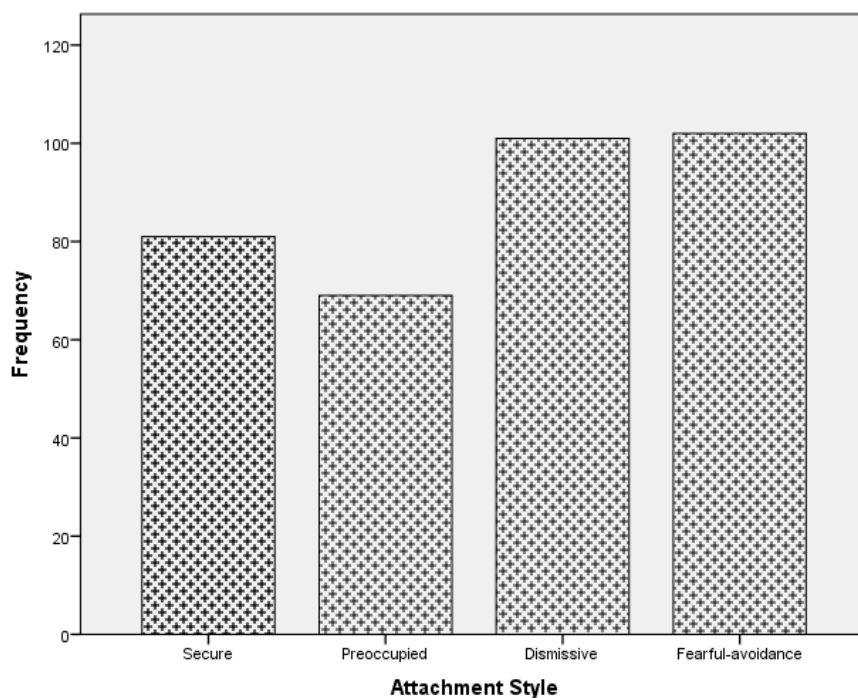


Figure 13. A bar graph showing the frequency of each attachment style among veterans.

Overall Intimacy

An assessment of overall intimacy scores based on attachment style showed a strong statistically significant difference. Participants who were fearful-avoidant ($M = 33.96$, $SD = 15.63$) had the lowest intimacy rating compared to veterans who had a secure attachment style ($M = 64.86$, $SD = 18.85$). Participants with a preoccupied attachment had a surprisingly high attachment score ($M = 60.37$, $SD = 21.21$), which suggested that not all levels of insecure attachment style experienced low levels of marital intimacy. The graph showed three outliers on the high rating and one outlier on the low rating among fearful-avoidant veterans. Removing these outliers did not affect the descriptive results because of the strong sample frequency overall; therefore, the outliers remained in place for the analysis. The boxplot showing overall intimacy ratings based on attachment style among veterans are in Figure 14. A summary of intimacy rating based on overall attachment style are in Table 6. A correlation matrix summary is in Table 7 showing the variables with a significant correlations relationship with overall intimacy, as notated by two asterisks after the correlations coefficient.

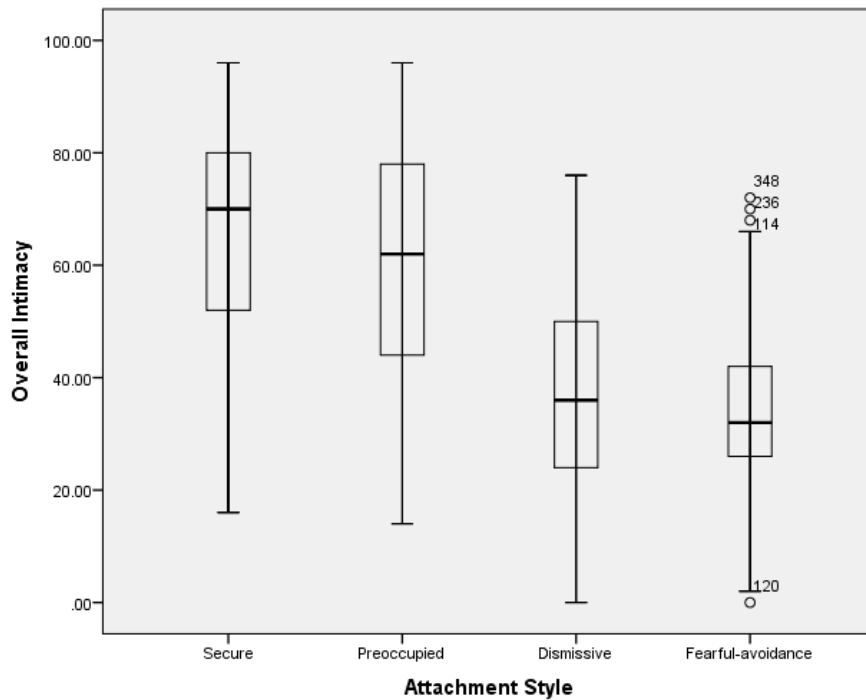


Figure 14. A graph showing boxplots of overall intimacy ratings based on attachment styles among veterans.

Table 6

Descriptive Summary of Overall Intimacy Ratings Based on Four Attachment Styles

	<i>N</i>	<i>M</i>	<i>SD</i>	Minimum	Maximum
Secure	81	64.86	18.85	16.00	96.00
Preoccupied	69	60.38	21.21	14.00	96.00
Dismissive	101	36.24	17.71	.00	76.00
Fearful-avoidance	102	33.96	15.63	.00	72.00
Total	353	46.87	22.76	.00	96.00

Table 7

Correlation Matrix of Independent Variables with Overall Intimacy

	Intimacy	2	3	4	5	6
2. Education Level Earned	<i>R</i> .06					
3. Race/Ethnicity	<i>R</i> -.08	-.04				
4. Attachment Style	<i>R</i> -.57**	-.12	.03			
5. Age	<i>R</i> .06	.27**	.09	-.13		
6. Years of Current Marriage	<i>R</i> .02	.15**	.03	-.11	.66**	
Disclosure Scale	<i>R</i> .40**	.04	-.10	-.31**	.02	.01

Correlation is significant at the 0.01 level (2-tailed) **

Research Question and Hypothesis

Research Question

The research question and hypotheses were as follows:

Research Question 1: Do attachment style as measured by the Experiences in Close Relationships-Relationship Structures questionnaire (Fraley et al., 2011a), and self-disclosure as measured by the Likelihood of Disclosure Scale (Hoyt et al. 2010) and demographic variables (age, length of marriage, education, race/ethnicity) predict levels of intimacy as measured by the Personal Assessment of Intimacy in Relationships instrument (Schaefer & Olson, 1981) in Iraq War veterans' marriages?

H_01 : Attachment style, likelihood of self-disclosure, and demographics do not predict intimacy in Iraq War veterans' marriages and all beta values are equal to zero.

H_{a1} Attachment style, likelihood of self-disclosure, and demographics predict intimacy in Iraq War veterans' marriages and at least one beta value is significantly different from zero.

Assumptions

The statistical assumptions required for conducting a multiple regression analysis is that the overall the intimacy variable was to show normal distribution for each level of attachment style. The results of a normality test showed that there was no violation of normality because normality scores for each level of the attachment style variable was between $z = -1.96$ to $z = 1.96$. A summary of the normality values is in Table 8.

Table 8

Descriptive Results for Normality Scores between Attachment Style and Disclosure with Overall Intimacy for Iraq War Veterans

Attachment Style	Skewness	S.E. of Skewness	Standardized Normality
Secure	-.40	.27	-1.48
Preoccupied	-.20	.29	-0.69
Dismissive	-.01	.24	-0.04
Fearful-avoidance	.25	.24	1.04
Disclosure	.19	.13	1.46

Overall, the population variances showed no difference for each level of the independent variables as demonstrated by the tight-fitting cumulative probability plot found in Figure 15. The plot shows that all values for both attachment style and for

disclosure showed similar distribution and no evidence of deviations, demonstrating no problem with skewness when conducting the intended multiple regression analysis.

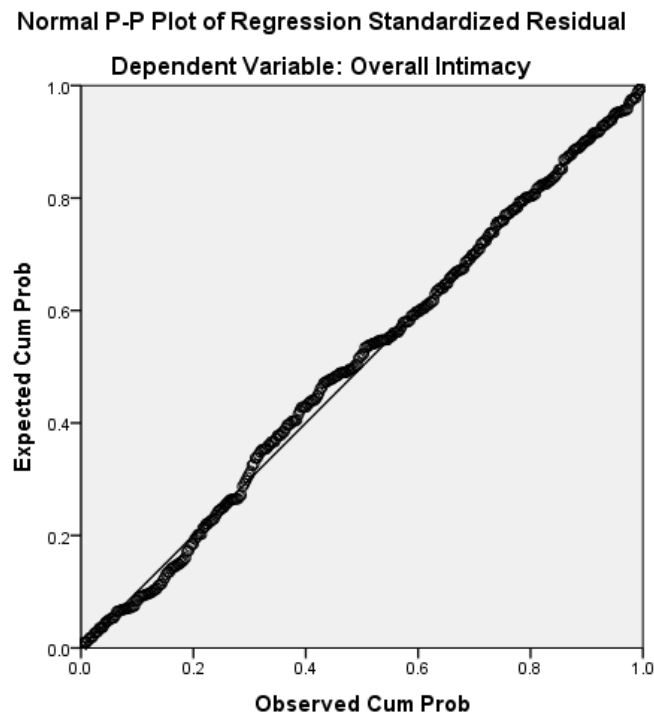


Figure 15. A normal cumulative probability plot showing no evidence of deviation from the normality required for sample distribution.

The histogram shown in Figure 16 and Figure 17 shows the normal distribution graph of the disclosure variable and the overall intimacy variable after standardization, further supporting the normality of distributed scores. Finally, all responses were representative of a random sample from the Iraq War veteran population and scores on all variables were collected independently. The results of an analysis of the statistical assumptions indicated no violation within the variables and therefore, the findings emanating from conducting the multiple regression analysis are trustworthy as presented.

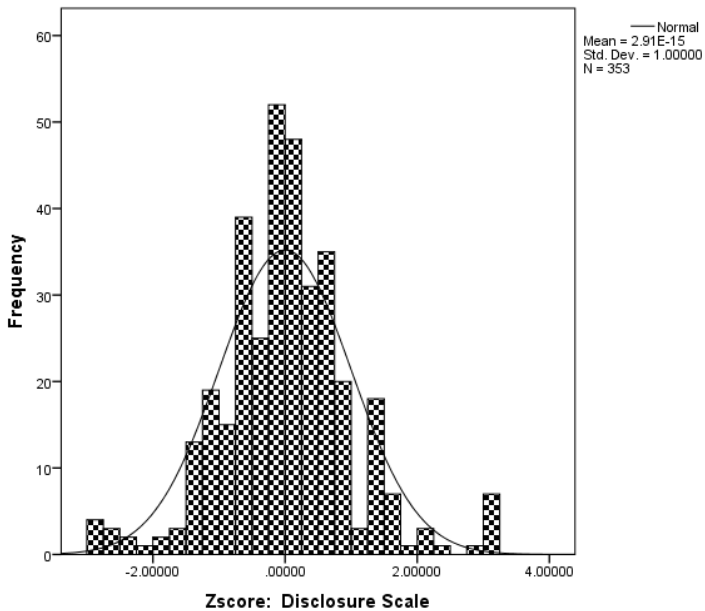


Figure 16. A histogram displaying the normal distribution of standardized scores for the disclosure variable among Iraq War veterans.

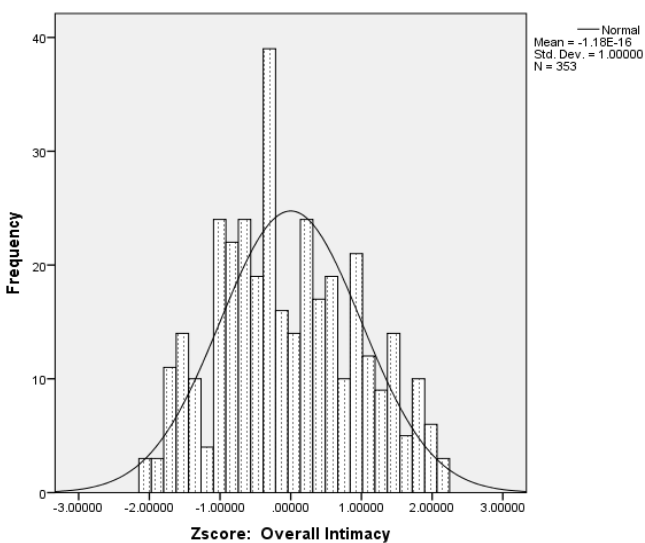


Figure 17. A histogram displaying the normal distribution of standardized scores for the overall intimacy variable among Iraq War veterans.

Results

Conducting a regression analysis was useful for predicting overall intimacy among veterans of the Iraq War who participated in this study. A stepwise multiple regression produced two models for predicting overall intimacy requiring attachment style, the likelihood of self-disclosure, and all demographic variables in the original model. The produced correlation matrix (see Table 7) showed that the only two statistically significant predictors of overall intimacy were likelihood of self-disclosure and attachment style.

The best fit model with the highest variance explained was significant $F(1, 350) = 30.67, p < .001, r = .62, r^2 = .38, \text{adj. } r^2 = .38$, which indicated that the null hypothesis was rejected. Further, the results provided evidence that attachment style and likelihood of self-disclosure predicted intimacy in Iraq War veterans' marriages and the associated beta value was significantly different from zero. Attachment style showed the strongest predictive value on standardized beta coefficient ($\beta = -.50$). I coded the four levels of attachment so that a secure attachment had the lowest value, and preoccupied attachment had the second lowest value. Dismissive attachment and fearful-avoidant attachment were the third and fourth highest values. The beta results showed low values of attachment styles predicted high levels of intimacy in veterans. The results mean that a secure attachment showed the strongest effect on increasing marital intimacy followed by a preoccupied attachment style.

The *t*-test produced a significant result $t(350) = -11.24, p < .001$, and indicated that the beta value was significantly different from zero, which supported rejecting the null hypothesis. The 95% confidence interval (*CI*) of -11.77 to -8.27 showed the range of beta expectancy in the veteran population. Because the *CI* did not include a zero value in the confidence range, there is further support for rejecting the null hypothesis and accepting the alternative hypothesis. The results determined that a zero beta is 95% less likely to occur on repeated samples of the population. The correlation ($r = -.57$) results demonstrated a medium effect between attachment style and overall intimacy among veterans (Creswell, 2009). The high value of .91 for the collinearity tolerance indicated no concern of multiple correlational relationships within the model with other predictors. The low variance inflation factor (*VIF*) supports the lack of multicollinearity, demonstrating stronger reliability of the results.

The beta for the disclosure variable ($\beta = .24$) indicated a positive relationship with overall intimacy so that as veterans increased disclosure of positive and negative experiences related to war, marital intimacy also increased. The *t*-test confirmed that beta values were significantly different from zero $t(350) = 5.54, p < .001$. The 95% *CI* of 5.46 to 11.47 showed that the sample beta was within the population beta value ranges, further supporting the rejection of the null hypothesis. No presence of a zero value was a strong indicator that repeated tests were more likely to produce values within the *CI* range of values for the population, further supporting the alternative hypothesis. The correlation ($r = .40$) in results demonstrated a small effect between self-disclosure and overall intimacy

among veterans (Creswell, 2009). The results were similar for the collinearity tolerance and the VIF to those for attachment style, again supporting the reliability of the model for predicting marital intimacy among Iraq War veterans.

Summary and Transition

The results of the current study demonstrated that veterans with a secure attachment and a preoccupied attachment style who practiced disclosure to a spouse of positive and negative experiences from war, experienced higher levels of marital intimacy compared to veterans who have dismissive and fearful-avoidant attachment styles. Further analysis is required for determining the extent of differences in marital intimacy based on attachment style. The results were decisive as the final model predicted 38% of the variance explained for marital intimacy among Iraq War veterans. The equation best describing the model was $Y_{(\text{marital intimacy})} = 48.22_{(\text{constant})} - 10.02_{(\text{attachment})} + 8.46_{(\text{disclosure})}$. The results indicated that 62% remains unexplained, requiring further study. A summary of the results of the multiple regression analysis is in Table 9. An additional summary of the results coefficients is in Table 10.

Table 9

Summary of Results for Regression Analysis Stepwise Model.

<i>SS</i>	<i>df</i>	<i>MS</i>	<i>F</i>	<i>P</i>	<i>R</i>	<i>R²</i>	<i>Adj.R²</i>	<i>S.E</i>	<i>F Chg.</i>
69436.80	2	34718.40	107.67	.000 ^c	.62 ^b	.38	.38	17.96	30.67
112853.95	350	322.44							
182290.74	352								

a. Dependent Variable: Overall Intimacy

c. Predictors: (Constant), Attachment Style, Disclosure Scale

Table 10

Summary of Model Coefficients for Predicting Overall Intimacy

Model	<i>B</i>	<i>S.E.</i>	β	<i>t</i>	<i>P</i>	95% <i>CI</i> for <i>B</i>		Collinearity Statistics		
						Lower	Upper	<i>R</i>	Tolerance	VIF
(Constant)	48.22	5.78		8.35	.00	36.86	59.58			
Attachment Style	-10.02	.89	-.50	-11.24	.00	-11.77	-8.27	-.57	.91	1.10
Disclosure Scale	8.46	1.53	.24	5.54	.00	5.46	11.47	.40	.91	1.10

Chapter 5 will include a summarization of key findings, an interpretation of the results in alignment with attachment theory, and a discussion of limitations of the current study. In addition, Chapter 5 includes an analysis of the implications for positive social change, the significance of the research, and recommendations for future research.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of conducting the present study was to examine the relationship between attachment style (secure, preoccupied, fearful-avoidant, dismissive), likelihood of self-disclosure, and demographics variables (age, length of marriage, education, race/ethnicity) to understand if these variables predicted marital intimacy in Iraq War veterans. Utilizing a quantitative methodology with a correlational design was beneficial for understanding the relationships between the study's independent variables and marital intimacy, which was the dependent variable.

Soldiers' fears of losing an intimate relationship have led to suicidal ideations (Mills & Turnbull, 2011) with these fears contributing to 75% of the suicides in U.S. service members and veterans in 2003 (Satcher et al., 2012). Marital intimacy was found to be beneficial for mental health and well-being (Satcher et al., 2012) and was important to study because nearly 2.7 million U.S. service members have experienced a deployment to the wars in Iraq and Afghanistan (U.S. Department of Veterans Affairs, 2014) and nearly 800,000 have experienced repeated deployments (Danish & Antonides, 2013).

Summary of Findings

The findings of the current research were robust. The study included 353 male veterans from the Iraq War that were in a heterosexual marriage. Attachment style and the likelihood of self-disclosure variables correlated significantly with marital intimacy, and were the only statistically significant predictors of overall marital intimacy for

veterans. There was no statistical correlation with age, length of marriage, education, and race/ethnicity with marital intimacy. Attachment style was the highest contributor to marital intimacy and self-disclosure was the second highest contributor. Attachment style and self-disclosure together had a medium effect on marital intimacy. Combined, these independent variables explained 38% of the variance for marital intimacy, leaving 62% of the variance unexplained for further study.

Attachment style was further broken down for analysis in order to determine which particular style of attachment had the greatest impact on marital intimacy. The analysis indicated that veteran participants with a preoccupied attachment reported a high level of marital intimacy that was not significantly different from veterans with a secure attachment style. Additionally, and of particular note was that 77% of participants in the study had an insecure attachment style despite the fact that 71% of participants reported high levels of self-disclosure. Studying marital intimacy was important because veterans in marriages that lacked intimacy were at risk of psychological problems such as suicidal ideations (Currier et al., 2012; Riviere et al., 2012; Satcher et al., 2012).

Interpretation of the Findings

Attachment

The attachment theory provided benefit when studying marital relationships of male veterans. Utilizing attachment theory for the present study filled a gap in the research on marital intimacy predictors within the U.S. military population. Evaluating veterans' responses was useful for placing veterans in attachment categories (secure,

preoccupied, fearful-avoidant, and dismissive (Bartholomew & Shaver, 1998).

Attachment theory provided a framework for understanding how a veteran's attachment style affected the relationship between self-disclosure and marital intimacy.

According to Bowlby (1988), attachment style is based upon learned beliefs from earlier life attachment relationships concerning one's own sense of worth and others availability when distressed. Perceptions of the self are based upon early life caregivers' responsiveness to needs, consistency, and availability as a secure base for comfort and later exploration (Bowlby, 1988). When caregivers are unreliable or rejecting, two self-protective strategies develop in addition to beliefs about the self as loveable and worthy or not. These early beliefs contribute to either a secure or an insecure attachment style. When a securely attached person experiences an attachment based need, such as support or comfort when experiencing stress, the person freely seeks their mate for support. Preoccupied individuals have high levels of anxiety and low levels of avoidance; therefore, they are more likely to seek continual reassurance from a partner when distressed. Insecure individuals when fearfully attached, fear rejection from their partners and are avoidant when stressed. Dismissive-avoidant individuals believe they are worthy of support, but hold a negative view of others as unreliable and rejecting and they avoid attachment relationships when stressed, deactivating anxiety, rejecting their own needs, and choosing isolation instead of closeness.

The results of the current study showed preoccupied veterans were the smallest attachment style group and were 20% of the sample, fearful-avoidant veterans were

approximately 29% of the sample, and veterans with a dismissive attachment style were also approximately 29% of the sample. Securely attached veterans comprised 23% of the sample. The results of the current study indicated that veteran participants with a secure attachment experienced the highest levels of marital intimacy and those with a preoccupied attachment experienced the second highest level of marital intimacy.

Securely attached people have better coping skills when stressed (Fraley et al., 2013) and are comfortable with closeness. Additionally, securely attached people do not worry about being abandoned by their partners and desire proximity to a partner they believe will be responsive to their needs (Pietromonaco et al., 2013), providing an explanation for higher levels of intimacy in participants with a secure attachment. People with a preoccupied attachment style desire complete emotional intimacy with their partners yet are uncomfortable and fearful that those close to them do not value their relationship as much as they do (Hazan & Shaver, 1987). Because preoccupied people utilize their secure base (Bartholomew & Horowitz, 1991), they are more likely to seek proximity to their partners when distressed, providing explanation for veteran participants' reports of higher levels of intimacy than other insecure veterans with fearful-avoidant and dismissive attachment styles, who both manifest high levels of avoidance in attachment relationships.

The results of the current study demonstrated that heterosexual married male Iraq War veterans who had a fearful-avoidant attachment and those with a dismissive attachment experienced lower levels of marital intimacy. Individuals with a fearful-

avoidant attachment style expect rejection from attachment figures (Bartholomew & Shaver, 1998). When stressed, the attachment hyperactivation creates high levels of anxiety (Pietromonaco et al., 2013) and subsequent avoidant behaviors; therefore, fearful-avoidant veterans do not seek closeness with their spouses when distressed, providing an explanation for low levels of marital intimacy.

When a veteran has a dismissive attachment and their attachment system becomes activated when stressed, they deactivate and shut down the attachment system, not relying on others when stressed, and are likely to resort to the dismissive avoidant strategy with a defensive self-sufficiency (Bartholomew & Shaver, 1998). Those who are dismissive are; self-reliant, avoiding close relationships; and, often loners (Bartholomew & Horowitz, 1991), which contributes to an understanding of why they experienced low marital intimacy in the current study. In addition, veteran participants with a dismissive attachment style would be likely to ignore their own needs for love from their partners, believing others will not be available for comfort and support, providing further explanation for lower levels of marital intimacy in dismissively attached participants than in securely attached participants.

Garrison et al. (2012) supported the use of attachment theory to understand disclosures of negative emotional experiences in a non-military, primarily female adult population; those who were avoidant disclosed less, and those who were anxious ruminated over disclosures. Dandurand and Lafontaine (2013) also utilized attachment theory to understand intimacy, and discovered that those who had a fearful-avoidant

attachment style desired less intimacy in their romantic relationships and had lower levels of marital intimacy. The previous research findings on the avoidance dimension in attachment style are similar to findings in the current study; those with high levels of avoidance disclosed less and experienced less intimacy. Participants in the current study with high levels of avoidance also reported lower levels of intimacy. When an attachment relationship from the past has been unreliable, inconsistent, or rejecting, current stressors recreate a similar expectancy of a lack of support as in previous experiences of rejection, which includes the unavailability of the present attachment figure. Therefore, veteran participants who were dismissive were not likely to disclose emotional experiences to a spouse, as they have developed self-sufficient strategies for coping when stressed that do not include the marriage partner, which is an attachment relationship.

In the current study, preoccupied veterans reported high levels of marital intimacy, nearly as high as securely attached veterans. Etcheverry et al. (2012) studied attachment and predictors to relationship satisfaction and commitment among adult and student couples in proximal and long-distance relationships. Etcheverry et al. found that non-military individuals who had an anxious attachment experienced less intimacy. The results of the current study are conflicting with previous findings in a non-military population, which demonstrated lower marital intimacy in anxious individuals. Although preoccupied veterans in the current study had high anxiety, their low avoidance may have contributed to their sense of intimacy as they sought proximity to spouses when distressed (Bowlby, 1998; Scarfe & Bartholomew, 1994).

Preoccupied individuals desire emotional closeness with a partner, seeking proximity when stressed. Since veteran participants have experienced deployment, which includes geographical distance from their partners and a potential for emotional distance as well, proximity seeking behaviors in a veteran population following return from deployment may increase due to the separation experience of deployment and war. Additionally, reintegration following deployment is challenging for military families, creating marital strain, which interferes with intimacy (Riviere et al., 2012). Preoccupied veteran participants facing reintegration challenges may seek frequent reassurance from a partner in this process.

Marital separations from deployment have contributed to marital strain and couples' fears of losing their relationships due to loss of life in combat (Allen et al., 2010; Paley et al., 2013). Separations from deployment have also resulted in reintegration difficulties that have challenged families (Carrola & Corbin-Burdick, 2015) and led to increases in the divorce rate for military service members (Laser & Stephens, 2011). Vincenzes et al. (2014) utilized attachment theory for understanding couples' deployment experiences. Vincenzes et al. studied wives of veterans and found securely attached wives coped better than insecurely attached wives; however, deployments that lasted a year or longer were challenging for insecure and secure wives; length of deployment predicted wives' distress.

For veterans who have a preoccupied attachment style, enduring any separation is difficult (Dekel, Solomon, Ginzburg, & Neria, 2004). A return home to one's spouse after

deployment, therefore, provides veterans the opportunity to increase proximity seeking behaviors towards a spouse when distressed. Veterans experience heightened levels of anxiety during a deployment and reintegration, which provides an explanation for greater marital intimacy in preoccupied veterans.

Secure individuals have the ability to be comfortable with closeness and separations, according to Dekel et al. (2004) who studied attachment in Israeli War veterans. In the current study, veterans with a secure attachment style would therefore have experienced a greater ability to endure the separations from deployment. Secure veterans' comfort with relational closeness would also have enhanced their ability to reconnect with a spouse upon return. Veterans with a secure attachment would therefore experience greater marital intimacy following a deployment, which the current study's findings supported; secure veterans have the highest overall marital intimacy levels. As a result of the current study, counselors, therefore, have more knowledge to assess married veterans and their spouses' attachment styles, and marital intimacy, which is relevant because marital intimacy is important for psychological health and well-being (Solomon et al., 2008). Further, when there has been exposure to trauma, a healthy relationship requires a secure attachment (Zurbriggen et al., 2012).

Marital Intimacy

Cassidy (2001) reported that attachment theorists have not studied the development of intimacy, thereby, providing benefit to understand if attachment style, self-disclosure, and demographics predicted marital intimacy in the current study. The

two intimacy constructs for the current study were emotional and sexual intimacy.

Participants responded to questions about their emotional and sexual intimacy with their spouses. Combining responses from both subdomains was beneficial to create the overall marital intimacy variable. Although results of the current study showed no statistical difference between the marital intimacy scores, emotional intimacy scores were slightly higher than sexual intimacy scores. Baptist et al. (2011) found that although couples may have shared many emotions that contributed to emotional intimacy, sexual intimacy may not have improved, which the findings from the current study confirmed. Additionally, sexual problems compounded relational problems in Iraq War veterans (Zerach et al., 2010) providing benefit for understanding emotional and sexual intimacy in veterans.

Allen et al. (2010) found that deployments contributed to decreases in intimacy in married couples and repeated deployments to Iraq led to increases in the divorce rate (Laser & Stephens, 2011). According to Pap et al. (2013), when married couples experienced problems, intimacy problems contributed 50 to 75%. In addition, Allen et al. found fears of losing an intimate relationship contributed to suicidal ideations and completed suicides in the U.S. Military. Breyer et al. (2013) found that many male OIF and OEF veterans returned from combat and experienced a reduction in sexual intimacy; however, not all veterans reported decreases in sexual intimacy following deployment. The current study results indicated that 55% of veterans experienced low levels of marital intimacy, which included sexual intimacy, confirming Breyer et al.'s (2013) research findings. There is little research available on sexual the problems of Iraq War veterans

and veterans who have experienced combat (Zerach et al., 2010). The lack of information suggests counselors may benefit the military population from knowledge gained by the current study to assess veterans' emotional and sexual intimacy levels and additional intimacy predictors.

The results of the current study demonstrated that a veteran's age, length of marriage, level of education, and race/ethnicity did not predict marital intimacy; however the attachment style of the veteran and likelihood of self-disclosure contributed significantly to overall marital intimacy levels. In addition, the median score for overall intimacy was 44 on a 0 to 96 scale with the halfway point at 48, thereby, indicating that at least half of veterans experienced lower overall intimacy than desired. In fact, 55% of all veterans in the current study experienced a low level of marital intimacy. Zerach et al. (2010) reported that sexual intimacy suffers when a partner experiences trauma, therefore, male veterans from the Iraq War may have lower levels of marital intimacy than desired because of their experience with trauma. The current research substantiated this finding; veteran participants experienced lower intimacy than desired. Since attachment style and self-disclosure explained 38% of the variance for marital intimacy, there is a need for future research to understand contributing factors to the remaining 62% of the variance.

Disclosure

A positive relationship exists between disclosures of positive and negative emotions from deployment and marital intimacy in Iraq War veterans. In the current

research, the disclosure variable indicated how likely Iraq War veteran participants would be to disclose emotional experiences from war to a spouse. The results of the current study identified disclosure as a positive predictor of marital intimacy. Campbell and Renshaw (2013) utilized the Likelihood of Disclosure Scale with married and cohabiting military couples deployed to Iraq or Afghanistan. These researchers found when combat veterans made emotional disclosures to a romantic partner and their partner received their disclosures with a positive response, they experienced relationship satisfaction. The results of the current study extended the knowledge base examining the relationship between disclosures of veterans to their spouses and marital intimacy; participants that disclosed emotional experiences from war had higher marital intimacy.

Counselors have the opportunity to explore contributing variables that increase marital intimacy in the veteran and military population. Contributors to marital intimacy include self-disclosure and attachment style as discovered in the current study. Additionally, the findings of the current study can inform counselors' efforts when developing assessment tools to evaluate relational health in the military population. Researchers Hoyt and Renshaw (2014) found veterans' disclosures to a spouse instead of service members contributed to increases in intimacy and a decrease in avoidance. In addition, Hoyt and Renshaw found that disclosures to a spouse with emotional content contributed to marital satisfaction and Monson et al. (2011) reported that self-disclosure of traumatic events led to increases in intimacy and relationship functioning in Iraq and Afghanistan veterans.

In the current study, 71% of Iraq War veteran participants reported high levels of disclosure. Additionally, there was a positive relationship found between disclosure and intimacy; when disclosure increased, intimacy increased. The current research extended the findings of Hoyt and Renshaw (2014) and Monson et al. (2011) on disclosing to a spouse, demonstrating that veterans who were more likely to disclose emotional experiences from war were more likely to experience higher levels of marital intimacy, compared to veterans who were not likely to self-disclose. Further research is required to understand veterans' perceptions of disclosure as there are other variables that need to be studied to understand the remaining 62% of the variance for marital intimacy to better inform counselors' efforts in working with military couples.

Married couples experience strain and stress during deployment to a war zone negatively affecting marital intimacy (Riviere et al., 2012). In the current study, veterans who reported they were likely to self-disclose and share their thoughts and feelings from deployment experiences with their spouses had higher marital intimacy. Research from Balderrama-Durbin et al. (2013) demonstrated that avoiding communication damaged couples' intimacy. Further, Tedeschi and McNally (2011) reported that constructive disclosures of traumas from war through creating new trauma narratives were healing in relationships and led to increased intimacy (Monson et al., 2011). When veterans' did not share their stories from war with a spouse, the distance between partners grew and reduced intimacy (Baptist et al., 2011). The findings from the current research attributed self-disclosure of emotional experiences from deployment to increases in marital

intimacy, creating opportunities for counselors to explore and better understand contributing factors to a military couples' intimacy. The findings from the current study confirmed these researchers' findings; a positive relationship exists between disclosures of positive and negative emotions from deployment and marital intimacy in Iraq War veterans.

A veterans' likelihood of disclosing of emotions and experiences from war increased marital intimacy ratings in the current sample. The study sample was representative of the male veteran population, allowing an inference of the results to the U.S. military population. In the current study, a veteran participant's attachment style (secure and preoccupied), and likelihood of disclosure contributed 38% of the variance for marital intimacy. These findings offer counselors the opportunity to explore ways to increase marital intimacy through veterans' self-disclosures of experiences from war to a spouse, and further, exploring positive relational connections when stressed that lead to a more secure attachment style in veterans. Currier et al. (2012a) and Seppala et al. (2013) provided support for changing insecure attachment styles to a more secure attachment style through positive experiences in loving relationships and changes in beliefs about the self.

Demographics

Age. The results indicated no significant relationship between age and marital intimacy as measured in the current study. The current study confirmed Finkbeiner et al.'s (2012) research findings conducted with university couples that age is not associated

with intimacy. In addition, researching a spouses' age as well as the difference in ages between spouses was beyond the scope of the current study.

Length of marriage. In the current study with married male veteran participants' length of marriage did not predict marital intimacy, which was different than Finkbeiner et al.'s (2012) findings studying university couples. Finkbeiner et al. found that the length of a relationship does affect relational intimacy when studying couples. Alternatively, Boden et al. (2010) conducted a 25-year longitudinal study with college graduates, married for an average of 23 years and found that intimacy was a skill learned in early adulthood, and it predicted future satisfactory intimacy. Findings from Boden et al. contradicted findings from the current study, which found no relationship between length of marriage and marital intimacy.

Length of marriage did not explain marital intimacy levels in veterans in the current study. It is plausible that those who were married longer would have more intimacy; however, Riviere et al. (2012) found that many service members have remained in dysfunctional marriages, which have negatively affected veterans' mental health and well-being. The current research extended these findings; length of marriage did not explain marital intimacy levels in veterans in the current study; however, disclosure and attachment style contribute to an explanation of marital intimacy. The ability to self-disclose and attachment style are not based upon age or length of marriage. Self-disclosure is skill to learn, and attachment style, which develops in early childhood, can change through safe disclosures (Currier et al., 2012; Seppala et al., 2013). Counselors

have the opportunity to explore interventions contributing to greater self-disclosure and attachment interventions that lead to more secure relationships for veterans of all ages and years married.

Since 62% of the variance for marital intimacy remains unexplained in the current study, there are additional variables to study to better understand marital intimacy predictors. The findings from the current study provide counselors knowledge to help veterans in both short and long-term marriages to discover their marital intimacy levels. Additional knowledge from the current study provides education for counselors for who might be at risk of low marital intimacy in military couples of all ages. In addition, a disclosure intervention is also an intervention that strengthens attachment (Prenn, 2011), providing support for counselors facilitating disclosures and attachment interventions to increase marital intimacy, which contributes to veterans' mental health and well-being.

In the current study, there was no examination of differences in marital intimacy based upon a veteran's length of marriage. Further study is required to understand the differences in intimacy in relationship to length of marriage. The results of the current study provided an extension of the knowledge base, as there were no studies found examining veterans' length of marriage and marital intimacy.

Education. Participants in the current study were formally educated with 85% holding an associate's degree or higher. In addition, 43% of degrees held were advanced degrees (master's and higher), which are higher than the education levels reported for all U.S. veterans. The findings of the current study demonstrated higher levels of education

for veteran participants, which contradicted rates of education for veterans according to Westat (2010). Westat reported only 11.6% of all veterans held advanced degrees.

According to the U.S. Census Bureau, as cited by the National Center for Veterans Analysis and Statistics (2015), 48.3% of post-9/11 male veterans had some college, 17.0% had bachelor's degrees, and 10.4% held an advanced degree. Routon (2014) found 60% of all veterans attempted college, 10% had an associate's degree, and 12% had a bachelor's degree. In addition, according to Routon, only 1.2% of all veterans attempted graduate school. The results of the current study; however, indicated there was no relationship between education and intimacy.

The high education levels of veterans who responded to the survey reflected data collection from professional networking sites for veterans and educational institutions offering support to veterans. The availability of education benefits through the GI Bill and convenience of online education may have contributed to the high education levels of participating veterans. According to Westat (2010), the post-9/11 GI Bill provides a 100% reimbursement for tuition, a housing allowance, and money for books; however only 37% of veterans utilized military education benefits in 2010. Although there was a high level of education among the sample, similar to Finkbeiner et al.'s (2012) findings, there was no association found between education and intimacy.

Race/ethnicity. The majority of participants were White (84%) and the remaining 16% who responded were Black, Hispanic, Asian, and other races. In the current literature, there were no findings on the relationship between race and marital intimacy.

Although researchers such as Hanley et al. (2013) conducted studies with a military population on intimacy and race/ethnicity, there were no results found on demographics and marital intimacy. The results of the current study filled a gap in the literature. Marital intimacy was similar for all races. The race/ethnicity of veterans' spouses were unknown, therefore, further research examining racial differences between couples and marital intimacy helps to fill a gap in the literature.

According to Rosenthal and Starks (2015), couples in interracial relationships experienced stigma. Researchers Holoiu, Bergsieker, Shelton, and Alegre (2015) studied race and perceived intimacy in racially mixed roommates where one was White and one was a minority and found that perceptions of intimacy were sometimes problematic among different races. Future research is required to understand veterans' and spouses' race/ethnicity differences and the effect on marital intimacy.

Demographics selected for the current study provided an understanding of age, length of marriage, education level, and race/ethnicity and marital intimacy predictions for Iraq War veterans; none of the demographic variables had a significant effect on marital intimacy. Future research is required to better understand any interaction effects between demographics and the effect on marital intimacy. Although there were significant effects between the selected demographics, there was no significant effect between any of the variables on marital intimacy. The ability to self-disclose and one's attachment style is not based upon age, length of marriage, level of education, or race/ethnicity. Self-disclosure is a skill that is learned, and attachment style can change

through healthy loving interactions (Seppala et al., 2013). Therefore, counselors have the opportunity to work with people from all races, ethnicities, and ages to explore ways to assess marital intimacy levels and to increase marital intimacy in military couples.

Limitations of the Study

Utilizing a convenience sample was a limitation of the current study, which provided an opportunity for selection bias. A limitation of the convenience sampling method was the high level of education of veterans who participated in the current study. The data collection sites were professional sites with members having high levels of training and education. Participating veterans were highly educated, which was not representative of the education level for all of the U.S. military population.

The availability of education benefits through the GI Bill, inclusive of 100% tuition reimbursement and additional benefits (Westat, 2010), and convenience of online education may have contributed to the high education levels of participating veterans. Participants in the current study were more highly educated than the general population of veterans and the results; therefore, did not equally represent veterans with low levels of education.

Recommendations

Future Study

The results of the present study provided evidence that attachment style and likelihood of disclosure of an emotional experience from deployment predicted marital intimacy in married male Iraq War veteran participants. In the present study, disclosing

positive and negative experiences from deployment predicted higher levels of marital intimacy in Iraq War veterans. Future research would benefit from the inclusion of wives of veterans in the study, thereby providing a more comprehensive understanding of a couples' marital intimacy. In addition, conducting research with both partners would provide beneficial information on responses to disclosures and both partners' perceptions of marital intimacy.

Additional recommendations for future research include studying veterans' attachment styles, disclosure levels, deployment history, branch of military service, and military rank to understand any existing differences in marital intimacy levels for Iraq veterans. Gerlock et al. (2014) studied service members that had deployed to Iraq and Afghanistan, and service members' intimate relationships, and included branch of military service in the demographic findings. Popper, Amit, Gal, Mishkal-Sinai, and Lisak (2004) found that leaders had higher levels of secure attachment than non-leaders, providing benefit for examining military rank and attachment in veterans' intimate relationships. Escolás et al. (2012) found that peer-to-peer and subordinate to leader relationships were attachment relationships, lending credence for studying military rank, attachment, and intimacy in veterans.

Recommendations include researching attachment style, self-disclosure, and marital intimacy to address the balance between beneficial disclosures for recovery following a deployment to avoid indiscriminate disclosures. Indiscriminate disclosures take place due to a build-up of anxiety and stress and are not beneficial (Denes, 2012).

The scope of this study; however, did not include examining the accompanying disruptions from disclosures and how to facilitate disclosures of emotional experiences that contribute to marital intimacy. Future studies can analyze these factors to better understand marital intimacy.

In addition, research examining the effects of disclosure interventions before, during, and after a deployment in married military couples was not included in the present study. Cigrang et al. (2014) found couples' communications during a deployment reflected established patterns of communication that were in place before a deployment. Further, improvements in couples' relationships can occur during a deployment (Cigrang et al., 2014). Future researchers can examine the effects of disclosures at various times during a deployment cycle, contributing to a more comprehensive understanding of disclosure and marital intimacy.

Future research examining the attachment styles of service members before and after a deployment would be beneficial to understand if attachment style changes due to the experiences of war and a deployment. According to Bowlby (1988), attachment style is consistent throughout life; however, Currier et al. (2014) found that attachment styles are not stable and do change based upon life experiences. The disruptive experiences of war often include exposure to trauma and the transgression of deeply held beliefs and values, which leads to moral injury (Currier et al., 2014; Keenan et al., 2014). Since insecure attachments contribute to the development of PTSD (Ein-Dor et al., 2012), there is benefit to understand if attachment style changes from the experience of war and if

relational interventions, specifically self-disclosures from war can lead to more secure attachments in veterans. Seppala et al. (2013) found that reparations of insecure attachment styles in adulthood were possible through loving relationships, providing support for a greater understanding of attachment styles before and after deployment.

The current study did not actively pursue veterans currently receiving treatment for PTSD, or veterans with suicidal ideations. In addition, there was no screening of veterans for a mental health diagnosis or for substance use. Since one of the symptoms of PTSD is avoidance (Cook, Dinnen, Simiola, Thompson, & Schnurr, 2014), studying the effect of PTSD on attachment, disclosure, and intimacy is beneficial. Future studies can include these factors when studying veterans.

The two subdomains of marital intimacy considered in the present study were emotional and sexual intimacy. Future studies can include additional subdomains such as spiritual, social, intellectual, and recreational intimacy as found in the PAIR (Schaefer & Olson, 1981). Baptist et al. (2011) found that spiritual faith contributed to keeping marriages together during deployments and post deployment; however, spiritual intimacy was beyond the scope of the current study.

Additionally, recommendations for future research include researching the effects of self-disclosure on marital intimacy, accounting for the effects of attachment style, to understand if there is an interaction between the two variables on intimacy. The relationship between veterans' length of time spent separated from a spouse due to a deployment and the effect on marital intimacy is unknown, indicating a need for further

study. Further research to understand ways to provide corrective experiences for veterans to increase secure attachment in the marriage relationship is also beneficial. The following includes discussions of recommendations for mental health care professionals.

Recommendations for Professionals

Researchers can utilize information from the current study to identify marriages at risk of low marital intimacy. Developing successful reintegration plans for married veterans should include helping couples rebuild relational intimacy. Assisting veterans in identifying their attachment styles and facilitating self-disclosures of emotional experiences from war to a spouse increases marital intimacy (Monson et al., 2011).

In addition, counselors can work with couples to increase intimacy in military marriages through constructive disclosures before and following a deployment. The findings from the current study provide evidence for utilizing disclosure to predict marital intimacy. In addition, disclosure interventions are attachment-building interventions (Prenn, 2011) and a secure attachment predicts higher marital intimacy in veterans. Strengthening attachments through disclosure interventions will help veterans repair insecure attachments, leading to greater marital intimacy.

Future research is necessary to better understand mental health's influence on attachment style, disclosure, and marital intimacy, in addition to identifying those who might be at risk for intimate relationship problems. Mental health care providers should partner with existing military and civilian organizations in the support of service

members, veterans, and their families. The results could contribute greater understanding of attachment style, disclosure, and marital intimacy to the existing knowledge base.

Implications

Counselors have a unique opportunity to contribute to positive social change by providing supportive counseling services to veterans, their spouses, and families leading to greater well-being for couples. Whether service members were deployed or not, veterans' and service members' physical and mental health were affected by their relationships with their spouses. In addition, research shows that those who were contented in their marriage relationships also had fewer health problems (Lewis et al., 2012).

Iraq War veterans continue to be at risk of developing psychological problems, including PTSD. Carrola and Corbin-Burdick (2015) encouraged ethical care and treatment of military veterans and sensitivity to the experiences of war veterans. The risk of holding a pathological view of veterans is to stereotype veterans as having a mental health diagnosis, such as PTSD, when in fact, research has shown that many veterans have served and do not have mental health problems (Danish & Antonides, 2013). Counselors and mental health care providers could benefit from partnerships with community organizations to support veterans who are recovering and struggling to reintegrate into their communities (Spelman et al., 2012).

Mental health care professionals have the opportunity to provide preventive services to better understand couples' marital intimacy and risk factors for low marital

intimacy with the knowledge gained from the current study. Married veterans who return home following a deployment to Iraq are at risk of marital strain (Allen et al., 2010), separation, and divorce (Laser & Stephens, 2011) with the added risk of developing psychological problems (Currier et al., 2012a; Riviere et al., 2012). Counselors and mental health care professionals' knowledge about marital intimacy predictors provide benefits when conducting marriage counseling with a military population. Counselors should utilize a positive framework that includes building upon military couples' strengths in marriage both before and after a deployment. Acknowledging military culture is beneficial when providing a more holistic approach while working with service members and their families (Carrola & Corbin-Burdick, 2015).

Results of the current study demonstrated a significant relationship between attachment style and likelihood of self-disclosure and the marital intimacy of a couple. As disclosure increased, marital intimacy increased, and veterans with secure and preoccupied attachment styles experienced greater marital intimacy. Counselors must assist couples in making disclosures to contribute to greater attachment and high levels of intimacy among couples (Theiss & Knobloch, 2013). In addition, counselors must facilitate disclosures to develop corrective experiences to strengthen attachment between couples (Prenn, 2011). Listening to emotional disclosures builds a sense of connection, closeness, and intimacy (Hackenbracht & Gasper, 2013); therefore, counselors must initiate new ways for couples to communicate, exploring ways to build intimacy.

Counselors must encourage couples to build upon strengths, thwarted during deployment, to help strengthen relationships.

Conclusion

A deployment alters the marriage relationship because the service member returns home a changed person (Danish & Antonides, 2013). Many veterans have served and returned home without mental health problems; however, there are changes that have transpired during deployment that affect marriages and families (Collinge et al., 2012; Currier et al., 2012a). The purpose of the current study was to understand if attachment style (secure, preoccupied, fearful, dismissing) and likelihood of self-disclosure of an emotional experience from war, and demographics (age, length or marriage, education level, and race/ethnicity) predicted marital intimacy in heterosexual married male Iraq War veterans.

In the current study, age, length of marriage, education level, and race/ethnicity did not affect veterans participants' marital intimacy; however, veterans with secure and preoccupied attachment styles experienced high levels of marital intimacy. Identifying veterans at risk for low marital intimacy is important, since Satcher et al. (2012) found that fears of failure of an intimate relationship contributed to high levels of suicide during the OIF and OEF missions. Mental health care providers have the opportunity to identify veterans' and their spouses' attachment styles, providing education for couples on the types of behavioral responses of each style and how the attachment system, when activated, affects intimate relationships that are stressed. In addition, mental health care

providers must work with veterans, service members, and their spouses to identify and develop constructive disclosure skills for couples.

Increasing positive disclosure skills in military couples will help to prepare couples for deployments in future wars, provide understanding of what is safe for disclosure during a deployment, and types of beneficial disclosures upon a service member's return to maintain and increase marital intimacy. Veterans from past wars can also find assistance in disclosing to their spouses from their deployment experiences, facing difficult emotions as a couple, decreasing stress, and contributing to greater marital intimacy and reintegration in marriages and families. According to Keenan et al. (2014), sharing one's combat story with a safe individual supported a veteran's recovery and sharing with a spouse without the same experience led to increases in intimacy (Hoyt & Renshaw, 2013) providing further support for disclosing to a spouse.

Previous research is conflicting on whether or not attachment style is stable throughout life (Scarfe & Bartholomew, 1994) or if attachment styles changes (Currier et al., 2012a). According to Currier et al. (2012a), insecure attachments may change to a more secure attachment style through changes in belief systems and positive experiences in loving relationships (Seppala et al., 2013). Facilitating veterans' constructive disclosures therefore contributes to increases in marital intimacy, leading to positive experiences within an intimate relationship. Further, since attachment style becomes more secure because of positive experiences in loving relationships, a veteran's insecure attachment style may become more secure through these positive disclosure experiences.

The results from the current study suggest that mental health care providers explore veterans' attachment styles and likelihood of disclosure to identify veterans who may be at risk because of low marital intimacy, which negatively affects service members' relationships and reintegration following deployment. Knowledge from the current study can also inform counselors' efforts in developing evidence-based evaluations and treatment interventions to identify at-risk veterans, contributing to more stable marriages, more successful reintegration programs, greater resilience in service members, and a potential reduction in veteran suicide.

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Appendix A: Invitation/Request to use Listserv

Dear _____,

My name is Cheryl Mark. I am a licensed professional counselor and a doctoral student at Walden University. I am conducting research to study marital intimacy in U.S. Iraq War Veterans. I need to reach 114 veterans to participate in my quantitative study, and am seeking your permission to post an anonymous web link on your organization's listserv.

A reason cited for the recent high suicide rates in the military is fear of losing an intimate relationship. I hope the outcome of this study will contribute a better understanding of marital intimacy and the development of tools to support intimate relationships, hopefully reducing veteran suicide. I also hope to contribute to the knowledge base to develop evidence-based treatment models to identify at risk veterans and to strengthen military marriages before, during, and after deployment.

The survey contains 35 questions, including demographics, and will take 10 to 15 minutes to complete. It is also anonymous and confidential, and no IP addresses will be collected. I plan to publish the results of this study in academic journals so that the results are available to mental health professionals who work with veterans and the military population.

I hope that the knowledge gained from this study will make a positive contribution in the lives of veterans, their families, and the mental health community who provide service to those who have served our nation.

I will need to secure permission from my university's institutional review board (IRB) before I am allowed to send you the link for veterans to access my survey. If you could reply to this email with your response that you are willing to allow me to access your veterans by posting this link upon IRB approval, I would greatly appreciate it.

If you have any questions, please feel free to email or call me.

Thank you for support,

Cheryl Mark, LPC, NCC, DCC
Walden University
Doctoral Student (Expected graduation Fall 2015)
Cheryl.Mark@waldenu.edu
(816) 810-8015

Appendix B: Syracuse University LinkedIn listserv Permission

Subject: RE: Research proposa

Date: Wed, 17 Sep 2014 17:40:25 +0000

Hi Cheryl,

Thanks for calling and for sending along your proposal. This is clearly important work you're doing, but unfortunately we don't solicit external research directly to our students and alumni. However, we'd still be happy to promote and pass along a link to your study via our social media, but we would need verification of IRB approval through Walden.

All the best,

Nick

Nicholas J. Armstrong, Ph.D.

Senior Director of Research and Policy [Institute for Veterans and Military](#)

[Families](#) | [Syracuse University](#)

700 University Avenue | Suite 303 | Syracuse, NY | 13244

p [315.443.2033](tel:315.443.2033) | f [315.443.0312](tel:315.443.0312) | e narmstro@syr.edu | w vets.syr.edu

Connect with the IVMF

[Facebook](#) | [Twitter](#) | [Google+](#) | [VetNet](#)

Appendix C: University of Utah Veteran's Site Permission

[Roger P](#)erkins <RPerkins@sa.utah.edu>

10/27/14

to me

OK. Contact me when you're ready.

Roger

Roger L. **Perkins** | Director

University of Utah | Veterans Support Center

200 South Central Campus Dr, Rm 418 | Salt Lake City, Utah 84112

P: 801-587-7722 | www.veteranscenter.utah.edu

[Logo 2](#)

From: Cheryl **Mark** [<mailto:cheryl.mark@waldenu.edu>]

Sent: [Mon](#)day, **October 27, 2014 3:17 PM**

To: Roger Perkins

Subject: News**letter** - Veterans Survey

Cheryl Mark <cheryl.mark@waldenu.edu>

10/28/14

to Roger

Thank you Roger. I will.

Cheryl

Appendix D: Permission to access Called to Serve Online Site

Date: Thu, 30 Oct 2014 11:51:46 -0500

To whom it may concern,

Cheryl Mark has my permission and support to post a survey for veterans on my Facebook webpage , Called to Serve: Strength for military families and those who support them <https://www.facebook.com/pages/Called-to-Serve-Strength-for-Military-Families-and-Those-Who-Support-Them/141722225891243?ref=hl> and my personal website, <http://calledtoserveministry.com/>

Sincerely,

Penny Monetti

Appendix E: Invitation to Participate in the Study

Attention OIF Veterans

Dear Veterans of the Operation Iraqi Freedom Mission,

You are invited to participate in an important survey that will take 10 to 15 minutes of your time. My name is Cheryl Mark, and I am a licensed professional counselor. I am conducting research on marital intimacy and am asking for married male veterans from the 2003-2011 Iraq War to participate. To thank you for the gift of your time, a \$5 donation to the Iraq and Afghanistan Veterans of America will be made for each completed survey, not to exceed \$2000.

I am hoping that knowledge gained from this research will lead to developing supportive interventions for mental health care providers to strengthen military marriages and families, leading to a reduction in suicides and greater resiliency in veterans.

No IP addresses or identifying information will be collected. The survey is anonymous and confidential and you will not be contacted as a result of completing the survey. In addition, I have no formal affiliation with the U.S. Military.

This research is being conducted to complete my PhD in Counselor Education and Supervision at Walden University. If you have any questions, please feel free to contact me by email: cheryl.mark@waldenu.edu or call (816-810-8015) or contact a Walden Research Participation Advocate by calling 1-612-312-1210 or emailing at IRB@waldenu.edu.

To volunteer to be a part of this study, please click on the link below and it will take you to the first page of the survey, which is an informed consent page.

Any veteran needing assistance may call the Veterans Crisis Line (1-800-273-8255, Press 1) or access assistance online (www.veteranscrisisline.net).

Thank you,

Cheryl Mark, LPC, NCC

(Survey link placeholder)

Appendix F: Iraq War Veterans Survey Instrument (IWVS)

Thank you for participating in this important survey.
Remember that your responses are confidential and will remain anonymous.
Your honest responses are appreciated.

Section 1

The statements below are about how you feel in your relationship with your wife.

This is how you generally experience your current relationship.

Please respond to each statement by clicking the Radio Button under the number that indicates how much you agree or disagree with each statement.

Please provide one answer for each question on the 7-Point Scale.

1 =- Strongly Disagree, and 7 - Strongly Agree.

The more you agree with a statement, the higher the number you will select, and the less you agree with it the lower.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

I usually discuss my problems and concerns with my wife.

I talk things over with my wife.

It helps to turn to my wife in times of need.

I find it easy to depend on my wife.

I prefer not to show my wife how I feel deep down.

I don't feel comfortable opening up to my wife.

I am afraid my wife may abandon me.

I worry that my wife won't care about me as much as I care about her.

I often worry that my wife doesn't really care about me.

Section 2

How likely would you be to discuss the following situations from deployment with your spouse?

Please provide one answer for each question on the 5-Point Scale

1 - Not at all 2 - Somewhat 3 - Moderately 4 - Quite a Bit 5 - Definitely

Times when you felt depressed.

Times when you felt happy.

Times when you felt excited.

Times when you felt anxious.

Times when you felt angry.

Times when you felt satisfied.

Times when you felt apathetic.

Times when you felt afraid.

Times when you felt proud.

Times when you felt relieved.

Section 3

Answer in the way you feel about your marriage relationship in the present.

1 - Strongly Disagree, 2 - Somewhat Disagree, 3 - Neutral, 4 - Somewhat Agree, 5 - Strongly Agree

Please choose one response on the 5-Point Likert Scale

My wife listens to me when I need someone to talk to.
 I can state my feelings without her getting defensive.
 I often feel distant from my wife.
 My wife can really understand my hurts and joys.
 I feel neglected at times by my wife.
 I sometimes feel lonely when we're together.
 I am satisfied with the level of affection in our relationship.
 I feel our level of affection is just routine.
 I am able to tell my wife when I want sexual intimacy.
 Because of my wife's lack of caring, I "hold back" my sexual interest.
 Sexual expression is an essential part of our relationship.
 My wife seems disinterested in sex.

Demographics: Please select one response that is the most accurate.

What is the highest level of education you completed?

Less than High School Graduate
 High School Graduate
 Associate's Degree
 Bachelor's Degree
 Master's Degree
 Doctorate Degree

What is your age please in years?

How long have you been married to your current spouse (in years)?

What is your race/ethnicity?

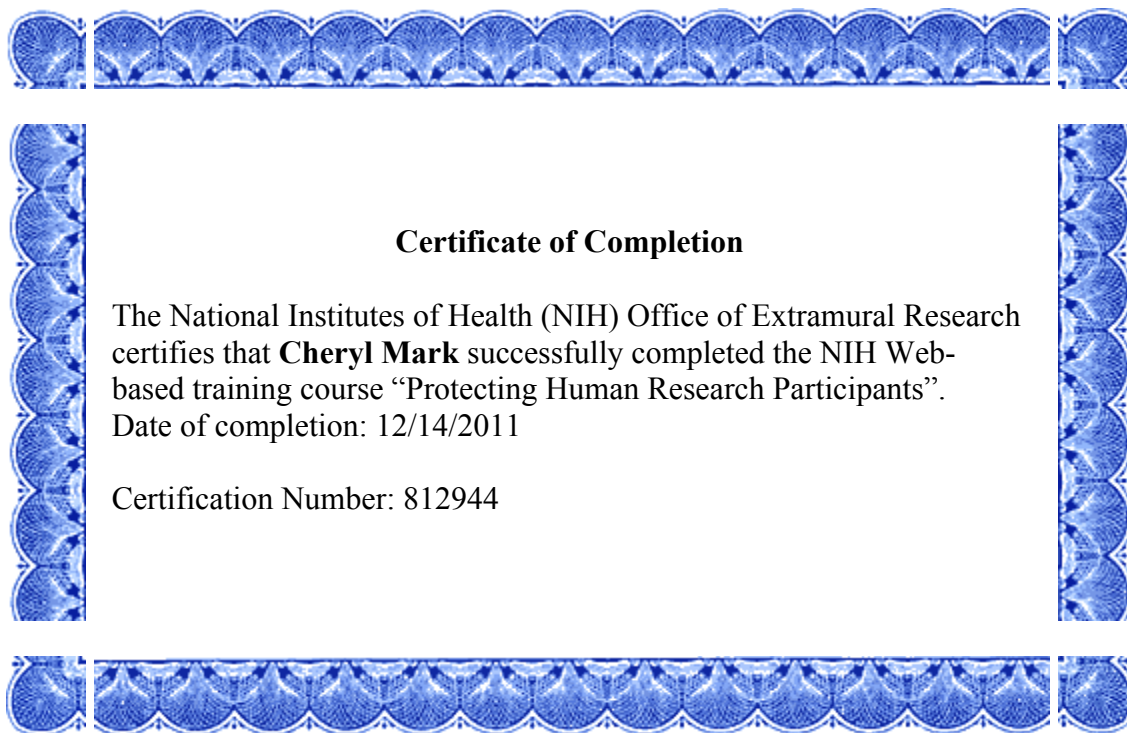
American Indian, Indian/Alaskan Native
 Asian
 Black or African American
 Hispanic or Spanish
 Native Hawaiian or other Pacific Islander
 White
 Multiple Races

Thank you for your participation in this survey.

Please contact the Veterans Crisis Line if you are in need of assistance (1-800-273-8255 and Press 1) or access assistance online: www.VeteransCrisisLine.net

The results of this study will be provided via a link posted to the organization that provided you access to the survey

Appendix G: The National Institutes of Health (NIH) Certification



Appendix H: Permission to use ECR-RS

R. Chris Fraley <rcfraley@gmail.com>

May 5 (7 days ago)

to me

Please feel free to use it for non-commercial purposes.

Best wishes,

Chris

R. Chris Fraley

University of Illinois at Urbana-Champaign

Department of Psychology

603 East Daniel Street

Champaign, IL 61820

Internet: <http://www.psych.uiuc.edu/~rcfraley/>

==

On Tue, May 5, 2015 at 4:30 AM, Cheryl Mark <cheryl.mark@waldenu.edu> wrote:

Hello Dr. Fraley,

I wanted to know if your instrument the ECR-RS is in the public domain and free to use for non-commercial purposes?

I saw that others were, but could not find a statement of public domain for this instrument.

Thank you,

Cheryl Mark

Appendix I: Permission to use the Likelihood of Disclosure Scale

Likelihood of Disclosure Scale

Record Type:

Master Test Record

Test Year:

2010

Test Child Records:

[Likelihood of Disclosure Scale \[Test Development\]](#)

Disclosure of emotional events in groups at risk for posttraumatic stress disorder. (AN: 2010-02418-006 from PsycINFO) Feb, 2010.

Authors: Hoyt, Tim; Pasupathi, Monisha; Smith, Bruce W.; Yeater, Elizabeth A.; Kay, Virginia S.; Tooley, Erin;

Source: International Journal of Stress Management. 17(1), Educational Publishing Foundation, US.

Population: Human; Male; Female; Location: United States; Sample: Soldiers; Police Officers; Firefighters; Emergency Medical Personnel

Source:

[PsycTESTS](#), 2010.

Language:

[English](#)

Construct:

[Likelihood of Disclosing Emotional Events](#)

Purpose:

The purpose of the **Likelihood of Disclosure** Scale is to measure the rate of **disclosure** of emotional events to five different target groups.

Format:

The measure consists of a series of 10-item questionnaires referring to five **disclosure** targets. Participants rated **likelihood of disclosure** of each item on a 5-point Likert scale ranging from 'not at all' to 'definitely' likely to discuss this emotional event with the **disclosure** target. Separate pages were presented for each target, with 10 emotion items on each page.

Instrument Type:

Rating Scale

Administration Method:

[Electronic](#)

PsycTESTS Classification:

Military Personnel, Adjustment, and Training (6800)

Commercial Availability:

No

Permissions:

May use for Research/Teaching

Fee: [No](#)

Release Date: 0111010

Appendix J: Permission to use the PAIR

Cheryl Mark
May 12, 2015

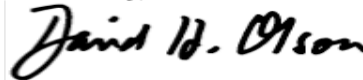
Permission to Use PAIR

I am pleased to give you **permission to use PAIR** in your research project, teaching, or clinical work with couples and families. You can either duplicate the materials directly or have them retyped for use in a new format. If they are retyped, acknowledgement should be given regarding the name of the instrument, the developers' names, the University of Minnesota and Life Innovations, Inc.

In exchange for providing this permission, we would appreciate a copy of any papers, thesis, or reports that you complete using these inventories. This will help us in staying abreast of the most recent development and research with these scales. Thank you for your cooperation.

In closing, I hope you find **PAIR** of value in your work with couples and families. I would appreciate hearing from you as you make use of this inventory.

Sincerely,

A handwritten signature in black ink that reads "David H. Olson". The signature is written in a cursive style with a large, prominent "D" and "O".

David H. Olson, Ph.D.

Appendix K: Permission for Online University Research Participation Pool

Participant Pool

2:39 PM (19 hours ago)

to me □

Dear Ms. Mark,

The Executive Director, Office of Institutional Research and Assessment has determined that your study is eligible for placement on the participant pool. The next step is to get IRB approval (following the proposal approval). Thus, when you submit your IRB application to XXXXXXXXXXXX please include that you have received approval to use the participant pool in item #14 of the application.

Please also keep in mind that you are not to list XXXXXX by name in your dissertation or any additional writings or publications. As is standard for any description of community research partners or participants, be sure to only use general descriptions so that neither the school nor any participants can be exclusively identified.

Sincerely,

XXXXXXXXXXXXXXXX