

BACK ON THE HOME FRONT: DEMAND/WITHDRAW COMMUNICATION  
AND RELATIONSHIP ADJUSTMENT AMONG STUDENT VETERANS

Kellye Diane Schiffner Carver, M.S.

Dissertation Prepared for the Degree of  
DOCTOR OF PHILOSOPHY

UNIVERSITY OF NORTH TEXAS

August 2015

APPROVED:

Shelley A. Riggs, Major Professor  
Joshua N. Hook, Committee Member  
Vicki L. Campbell, Committee Member and  
Chair of the Department of Psychology  
Costas Tsatsoulis, Interim Dean of the Toulouse  
Graduate School

Carver, Kellye Diane Schiffner. *Back on the Home Front: Demand/Withdraw Communication and Relationship Adjustment among Student Veterans*. Doctor of Philosophy (Counseling Psychology), August 2015, 100 pp., 2 tables, references, 111 titles.

Today's military encompasses a wide variety of families who are affected by deployments in multiple and complex ways. Following deployments, families must reconnect in their relationships and reestablish their way of life. Appropriate and effective communication during this time is critical, yet many military couples struggle with this process. Moreover, student service members/veterans and their families are in a unique position. In addition to coping with changes in their marital relationship, student veterans may feel isolated or unsupported on college campuses, often experiencing anxiety, depression, posttraumatic stress, or suicidality. The current study seeks to bridge the gap between the military family literature and the student service member/veteran literature by examining how deployment experiences, mental health issues, and communication patterns influence post-deployment relationship adjustment among student veterans. Analyses tested whether communication style and/or current mental health concerns mediate associations between combat experiences and couples' relationship adjustment, as well as between experiences in the aftermath of battle and relationship adjustment. Results suggest that although posttraumatic stress is significantly related to deployment experiences among student veterans, participants report no significant negative effects of deployment on relationship adjustment. Communication style, however, was significantly associated with relationship adjustment, and a lack of positive communication was found to correlate with PTSD diagnosis. Research and clinical implications are discussed.

Copyright 2015

by

Kellye Diane Schiffner Carver

## TABLE OF CONTENTS

### BACK ON THE HOME FRONT: DEMAND/WITHDRAW COMMUNICATION AND RELATIONSHIP

ADJUSTMENT AMONG STUDENT VETERANS.....	1
Introduction .....	1
Methods.....	10
Results.....	15
Discussion.....	17
References .....	26
APPENDIX A EXTENDED LITERATURE REVIEW .....	35
APPENDIX B HYPOTHESES.....	76
APPENDIX C EXTENDED METHODOLOGY .....	80
APPENDIX D NONSIGNIFICANT PROPOSED ANALYSES .....	83
COMPREHENSIVE REFERENCE LIST .....	86

# BACK ON THE HOME FRONT: DEMAND/WITHDRAW COMMUNICATION AND RELATIONSHIP ADJUSTMENT AMONG STUDENT VETERANS

## Introduction

The United States military's campaigns in Iraq and Afghanistan—Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF), respectively—represent our military's most extensive combat involvement overseas since Vietnam (Hoge, Auchterlonie, & Milliken, 2006; Hoge et al., 2004) and longest running operations since World War II (Sheppard, Malatras, & Israel, 2010). The United States also boasts an all-volunteer force (Gottman, Gottman, & Atkins, 2011) and frequently calls on military personnel and their families to endure multiple or extended deployments, all of which are significant changes from past conflicts (Davis, Ward, & Storm, 2011; Sheppard et al., 2010).

Following deployment and separation from the military, many service members decide to attend college. While balancing the demands of higher education, however, service members may experience “culture shock” on campus (Glasser, Powers, & Zywiak, 2009, p. 33) as they reintegrate into civilian life and develop a new identity (Ackerman, DiRamio, & Mitchell, 2009; Rumann, Rivera, & Hernandez, 2011). In the college setting, service members often feel unwelcomed, misunderstood, or ignored (Persky & Oliver, 2010; Rumann & Hamrick, 2010) and may be hesitant to reach out for help in the midst of personal adjustment difficulties or deployment-related mental health issues (Rudd, Goulding, & Bryan, 2011).

In the context of two major life transitions (i.e., postdeployment reintegration and college enrollment), a military couple's communication becomes increasingly important. Communication is strongly tied to marital satisfaction and marital health, particularly

interaction patterns emerging during conflict resolution (Driver, Tabares, Shapiro, Nahm, & Gottman, 2003; Eldridge & Christensen, 2002; Gottman, 1993a, 1993b). Military couples often experience difficulty communicating while a spouse is deployed (Greene, Buckman, Dandeker, & Greenberg, 2010; Gottman et al., 2011). Even when this is not the case, the stress of reintegration may contribute to or exacerbate communication problems following the service member's return (Houston, Pfefferbaum, Sherman, Melson, & Brand, 2013).

Despite extensive research documenting significant changes in the post-deployment marital relationship (Baptist et al., 2011; Lapp et al., 2010; Laser & Stephens, 2011), no existing research addresses relationship adjustment for military personnel who are managing reintegration stress and simultaneously enroll in college following deployment. The purpose of this study was to extend the literature by examining relationship adjustment and communication among service members who enroll in school following military deployment.

Relationship communication and interaction. Communication within the marital relationship influences relationship satisfaction and stability (Eldridge & Christensen, 2002). However, the handling or resolution of conflict seems to be a more significant predictor of marital health than conflict itself (Driver et al., 2003; Gottman, 1993a, 1993b). Although couples engage in conflict in different ways, Gottman (1993a, 1993b) suggested that couples exhibiting at least five times as many positive as negative interactions are generally successful in reaching resolutions. Unhappy couples, however, show a ratio of 1:0.8 of negative to positive interactions (Gottman, 1993a, 1993b).

*The demand/withdraw interaction pattern.* The demand/withdraw pattern is a well-known negative interaction pattern common among unhappy couples (Gottman & Levenson,

2000). The pattern often emerges when one partner desires changes for a happier relationship (Christensen & Heavey, 1990; Heavey, Layne, & Christensen, 1993). In order to induce change, the unsatisfied spouse may begin by asking or discussing, but then escalate to criticizing, nagging, pressuring, or complaining, while his or her partner withdraws or avoids the interaction, usually with either defensiveness or passivity (Caughlin & Vangelisti, 2000; Eldridge & Christensen, 2002). The pattern may also grow in intensity as partners find that initial demands or withdrawal result in minimal or no changes in the relationship (Christensen, Eldridge, Catta-Preta, Lim, & Santagata, 2006; Eldridge, Sevier, Jones, Atkins, & Christensen, 2007).

Although both partners can and do fill both the demand and withdraw roles (Caughlin & Vangelisti, 1999; Eldridge et al., 2007), women are more likely to demand, while men are more likely to withdraw (Christensen & Heavey, 1990; Heavey et al., 1993). However, research also suggests that a partner's role relates to their position in the conflict (Caughlin & Vangelisti, 1999). Partners may demand when raising an issue and withdraw when confronted with an issue by their partner, regardless of gender (Vogel & Karney, 2002).

*Factors contributing to demand/withdraw interactions.* Research suggests that the presence of the demand/withdraw pattern may relate to numerous individual characteristics or desires, such as spouses who are highly argumentative or autonomous or desire increased closeness (Caughlin & Vangelisti, 2000; Christensen & Shenk, 1991). The demand/withdraw pattern may also be influenced by the length of the relationship. Couples may become increasingly entrenched and polarized in their respective demand/withdraw roles over time, exacerbating power differences (Eldridge et al., 2007; Vogel & Karney, 2002). However, when

used only occasionally or in a flexible way, the pattern may bring about positive results (Eldridge et al., 2007).

Research shows that besides being a common observation in the United States and Western cultures, the demand/withdraw pattern is prevalent in Eastern, developing, patriarchal, non-Christian, and collectivistic cultures around the world (Christensen et al., 2006). Across cultures, women are more likely to demand and desire more change in relationships, perhaps because of increased attunement with the relationship or differences in power (Christensen et al., 2006). Even cross-culturally, demand/withdraw patterns related to each partner's desire for closeness or independence in the relationship (Christensen et al., 2006).

The military deployment cycle: The family's experience. Military families are at higher risk for stress and conflict than ever due to increased isolation, high levels of inexperience in a younger military force, and a cumulative stress effect over multiple deployments (Gottman et al., 2011). Spouses describe deployment as an "emotional roller coaster" with intense experiences of fear, loss, and powerlessness (Davis et al., 2011, p. 51). During deployments, spouses struggle with numerous issues, including pregnancy, loneliness, house/car repairs, running a household, organizing finances, dealing with health issues, and finding a new work/family balance (Warner, Appenzeller, Warner, & Grieger, 2009). For all practical purposes, many spouses become single parents during deployments, leaving very little time for self-care (Lapp et al., 2010; Warner et al., 2009; Wheeler & Torres Stone, 2010). However, children are greatly affected by the loss of an attachment figure and depend on the remaining parent's ability to cope (Riggs & Riggs, 2011).



When a service member returns from deployment, spouses note the need to get reacquainted, reconnect emotionally, and reestablish a sexual relationship with their partner (Lapp et al., 2010; Pincus et al., 2001). Some relationships may confront issues of trust, commitment, or infidelity (Baptist et al., 2011; Knobloch & Theiss, 2012). Returned service members must also rebuild relationships with children and reestablish parental authority (Mmari et al., 2009; Pincus et al., 2001).

As a result of changes in finances, household management, and everyday routines (Knobloch & Theiss, 2012), service members may wish for the family to go back to the way it was before the deployment (Pincus et al., 2001). Both military personnel and their families may feel isolated, misunderstood, abandoned, frustrated, unappreciated, or pressured (Baptist et al., 2011; Mmari et al., 2009; Pincus et al., 2001). Spouses may also have difficulty returning to pre-deployment routines when facing the possibility of another deployment (Baptist et al., 2011).

Although many military families demonstrate resilience (Laser & Stephens, 2011; Riggs & Riggs, 2011; Wheeler & Torres Stone, 2010) and positive changes (Park, 2011), combat trauma may result in relationship or employment problems for male service members (Prigerson, Maciejewski, & Rosenheck, 2002). A significant majority of veterans clinically referred for VA behavioral health evaluations experience distressing family problems, such as fear expressed by a child or partner, feeling uncomfortable at home, or physical altercations with a partner (Sayers, Farrow, Ross, & Oslin, 2009).

PTSD symptoms may lead to increased relationship dissatisfaction, aggression, abuse, depression, substance abuse, and divorce (for a review, see Monson et al., 2009). Emotional

numbing and avoidance, both features of PTSD, may create distance and detachment in the family, whereas hyperarousal may lead to inappropriate or explosive reactions from the service member in stressful family situations (Gewirtz, Polusny, DeGarmo, Khaylis, & Erbes, 2010). Severe posttraumatic stress may further introduce numerous maladaptive behavioral patterns into the family through modeling or differential reinforcement (Sheppard et al., 2010). Soldiers' difficulties may also remind spouses of their own trauma histories, leading both partners to feel disconnected, unsafe, or reactive (Hamilton, Nelson Goff, Crow, & Reisbig, 2009).

Family communication during deployment improves a service member's health, well-being, and productivity while overseas (for a review, see Greene et al., 2010) and plays a key role in a spouse's adjustment on the home front (Baptist et al., 2011; Davis et al., 2011). However, the deployed service member may feel torn between two very different worlds, with stark differences in each partner's reality (Gottman et al., 2011). Both partners report wanting to protect their spouse from either harsh realities of war or negative events at home, and technological difficulties or a lack of privacy can make contacts stressful (Davis et al., 2011; Lapp et al., 2010). In fact, a stressful and emotional relationship issue is the most common cause of suicidal or homicidal ideation among deployed personnel (Gottman et al., 2011).

Even during the dating phase of the relationship, there appear to be differences in communication between non-military and military couples. Research suggests that dating military couples find ordinary conversations more important than non-military couples, perhaps because military couples are able to spend less time together (Frisby, Byrnes, Mansson, Booth-Butterfield, & Birmingham, 2011). Dating military couples were also more likely to discuss the future than non-military couples (Frisby et al., 2011). However, with regard to deployment, a

couple's communication problems often continue after a service member returns and may actually decline even further (Houston et al., 2013). Service members and spouses may struggle with increased conflict, difficulty understanding their partner's experience, or knowing how much to share from their time apart (Knobloch & Theiss, 2012).

Service members returning to school. The most recent GI bill, enacted in 2009, enables many veterans of the current generation to obtain a college degree (Glasser et al., 2009; Rumann et al., 2011). College campuses have seen significant increases in student service members/veterans in recent years, some of whom may be students, veterans, and service members simultaneously (Rumann & Hamrick, 2010), and this growth is expected to continue (Ackerman et al., 2009).

Veterans bring important strengths to the college environment, including distinctive experiences, strong leadership skills, maturity, self-discipline, focus, time management skills, perspective, and motivation (Ackerman et al., 2009; Glasser et al., 2009; Rumann et al., 2011). Many service members/veterans also return with a new appreciation for life, increased awareness of and respect for other cultures, fresh priorities, and pride in their accomplishments and life experiences (Rumann & Hamrick, 2010). Veterans returning from OIF/OEF may also be more inclined to share their experiences in the classroom than veterans of other generations, which may help to increase understanding between veterans and traditional students (Hawn, 2011).

However, veterans' identity sets them apart from the typical college student (Fauman & Hopkinson, 2010; Rumann et al., 2011), and many experience "culture shock" (Glasser et al., 2009, p. 33). The routines, structure, and camaraderie of the military are gone, replaced with

freedom, unpredictability, and a new style of leadership and hierarchy within the university system (Glasser et al., 2009; Rumann & Hamrick, 2010). Many veterans are first-generation college students or have not been in the education system for years and may have minimal, if any, cohort or support systems or be of a different age, background, or socioeconomic status than other college students (Fauman & Hopkinson, 2010). Perhaps because of such factors, many veterans tend to be more goal-oriented than other students (Fauman & Hopkinson, 2010). Student service members/veterans may also differ in personal values or lifestyle choices, causing potential conflicts when faced with insensitivity or criticism from classmates or liberal faculty (Ackerman et al., 2009; Persky & Oliver, 2010).

After dealing with the horrors of war, the deaths of comrades, and personal injury, student veterans likely carry memories or experience reminders of these traumas on campus, making adjustment even more difficult (Ackerman et al., 2009; Hawn, 2011). Depression, posttraumatic stress, and other mental health issues may lead to attention difficulties, stress, sleep issues, hypervigilance, and substance abuse among student service members/veterans, all of which can negatively impact academic performance and social relationships (Fauman & Hopkinson, 2010; Hawn, 2011; Rumann & Hamrick, 2010). Women in the military note dealing with distinct challenges because of their gender and minority status, including discrimination, harassment, sexual assault, and mental health issues (Baechtold & De Sawal, 2009).

However, Rudd, Goulding and Bryan (2011) state that because veterans may be unlikely to disclose their experiences to college peers, potential mental health issues may go unnoticed, and educational institutions may be unprepared. Rudd et al. (2011) found clinical levels of depression, anxiety, suicidality, PTSD, and combat exposure among student veterans

nationwide at incidence rates often higher than those seen among normal college populations or veterans obtaining services at VA hospitals (Rudd et al., 2011). Veterans may be less able to identify mental health issues or obtain services, either because services are inappropriate, unavailable, or not publicized (Fauman & Hopkinson, 2010).

Despite these differences from traditional college students, research consistently shows that colleges and universities often fall short in welcoming veterans and easing the transition from service member to student (Rumann et al., 2011). Resources for student service members/veterans at both the federal and university levels appear to be inconsistent, limited, uninformed, or generally unsupportive in many cases (Rumann & Hamrick, 2010; Rumann et al., 2011). Promised financial aid may also be slow, unavailable, or difficult to obtain (Ackerman et al., 2009; Glasser et al., 2009). Veterans often find comfort and stability in joining student veterans organizations or meeting others with similar military experiences (Baechtold & De Sawal, 2009; Rumann et al., 2011), although such opportunities are not always available (Persky & Oliver, 2010; Rumann & Hamrick, 2010).

The current study. Today's military encompasses a wide variety of families (Laser & Stephens, 2011; Park, 2011) who are affected by deployments in multiple and complex ways (Sheppard et al., 2010). Following deployments, families must reconnect in their relationships and reestablish their way of life (Lapp et al., 2010; Laser & Stephens, 2011; Mmari et al., 2009; Pincus et al., 2001). Moreover, in addition to coping with changes in their marital relationship, student veterans may feel isolated or unsupported on college campuses, often experiencing anxiety, depression, posttraumatic stress, or suicidality (Ackerman et al., 2009; Fauman & Hopkinson, 2010; Glasser et al., 2009; Hawn, 2011; Rudd, Goulding, & Bryan, 2011).

The current study sought to bridge the gap between the military family literature and the student service member/veteran literature by examining how deployment experiences, mental health issues, and communication patterns were associated with post-deployment relationship adjustment among student veterans.

The author hypothesized that veterans reporting higher levels of demand/withdraw communication in their relationship would show lower relationship adjustment, while veterans reporting high levels of positive communication would show better adjustment. The researcher also predicted that more severe deployment experiences and increased exposure to the aftermath of battle would be associated with poorer relationship adjustment. The author further hypothesized that these associations would be mediated by communication style or posttraumatic stress.

## Methods

**Participants.** Participants in this study ( $N = 99$ ) were drawn from a larger project including over 160 service members/veterans who had enrolled in college. Eligible participants for the current study were in a committed relationship (lasting at least six months), cohabiting, or married. Of these 99 individuals, 78 were male (79%), 20 were female (20%), and one did not identify his or her gender. Eighty of the participants were married (80%), and 59 had children (59%). Relationships ranged in duration from seven months to 27 years, with an average of 6 years.

Participants ranged in age from 20 to 53 ( $M = 32.43$ ). In terms of race/ethnicity, 76% identified as Caucasian, 8% as Hispanic, 5% as bi- or multi-racial, 4% as African-American, and 4% as Asian/Pacific Islander. Almost 20% were employed full-time, 25% were employed part-

time, 18% were unemployed, and 37% indicated student status only. Students had been enrolled at their college or university between one month and 6.25 years with an average of 82 credit hours earned. Just over half the sample had some college experience, while 8% had earned a graduate degree, 19% had earned a college degree, 17% had earned a technical or two-year degree, and 3% had earned a high school degree.

Approximately 40% of the sample served in the Army, 14% in the Air Force, and 23% and 21% had served with the Marines and Navy, respectively. Just over 20% had been activated with the Reserves, while 7% had been activated with the National Guard. The majority (73%) reported E3 or E4 (enlisted) status, with three participants identifying as O4 (officer status). Three-quarters of the sample had been deployed, with 46 participants experiencing two or more deployments, 16 experiencing three or more deployments, and 8 experiencing four or more deployments. The majority indicated service in Iraq, Afghanistan, or the Persian Gulf during deployments.

Almost 45% indicated seeking counseling previously, and 24% had been diagnosed with a mental disorder, with 17% reporting a diagnosis of PTSD (17%), 16% depression, and 12% anxiety. Approximately 12% were currently prescribed psychotropic medications.

Instrumentation. As part of a larger study, service members/veterans completed the Background Information Questionnaire-Student Veteran Version (Riggs & Campbell, 2013). This measure was modified from the Background Information Questionnaire (Riggs, 2003) and Mental Health Survey (Riggs & Jacobvitz, 2002) for use with the college veteran population. The instrument obtains the respondent's demographics, as well as information about post-

secondary education, prior military service, history of psychotherapy, use of psychotropic medications, family background, and relationship/marital history.

The Deployment Risk and Resilience Inventory (DRRI). The Deployment Risk and Resilience Inventory (DRRI; King, King, & Vogt, 2003) assesses how numerous deployment-related factors affect today's veterans' health and well-being over time. The instrument examines fourteen factors, including two prior to deployment, ten during deployment, and two following deployment (King et al., 2003; Vogt, Proctor, King, King, & Vasterling, 2008). The current study utilized two of the factor scales. The first, Combat Experiences, examines objective wartime events that the veteran experienced (e.g., firefights, patrols, observing a death; King et al., 2003). Conversely, Post-Battle Experiences explores the veteran's exposure to the aftermath of combat, such as handling human remains, taking POWs, observing severe wounds/disfigurement, or witnessing devastation or homelessness in communities (King et al., 2003). In this sample, the Combat Experiences subscale obtained a Cronbach's alpha of .91. The Post-Battle Experiences subscale earned an alpha coefficient of .94.

The Revised Dyadic Adjustment Scale (RDAS). The 14-item Revised Dyadic Adjustment Scale (RDAS) contains seven first-order concepts (consensus, values, affection, stability, conflict, activities, discussion) and three second-order concepts (consensus, satisfaction, cohesion; Busby, Christensen, Crane, & Larson, 1995; Crane, Middleton, & Bean, 2000). The seven 2-item subscales may be examined separately or combined to form an overall measure of relationship adjustment. Respondents denote frequency or level of agreement with a variety of statements in each subscale (Busby et al., 1995; Ward, Lundberg, Zabriskie, & Berrett, 2009). In this sample, the Cronbach alpha coefficient was .86 for the Total Adjustment Scale.



Communication Patterns Questionnaire—Short Form (CPQ-SF). The Communication Patterns Questionnaire—Short Form (CPQ-SF; Christensen and Heavey, 1990) is an 11-item measure revised from the original Communication Patterns Questionnaire (Christensen, 1988). Four subscales include male demand/female withdraw, female demand/male withdraw, total demand/withdraw, and overall positive interactions (Christensen & Heavey, 1990; Futris, Campbell, Nielsen, & Burwell, 2010; Heavey et al., 1993). Five symmetrical items assess mutual avoidance, mutual discussion, mutual expression of feelings, mutual blame, and mutual negotiation, three of which combine to form the positive communication subscale (Christensen & Heavey, 1990; Heavey et al., 1993; Futris et al., 2010). Six complementary items assess discussion/avoidance, demand/withdraw, and criticize/defend, comprising the other three subscales (Christensen & Heavey, 1990; Heavey et al., 1993). This study uses the original total demand/withdraw communication and positive communication subscales (Christensen & Heavey, 1990; Heavey et al., 1993; Futris et al., 2010). In this sample, the Cronbach alpha coefficient was .74 for the total demand/withdraw communication subscale and .84 for the overall positive communication subscale.

Impact of Events Scale—Revised (IES-R). The Impact of Events Scale—Revised (IES-R; Weiss & Marmar, 1997), consisting of 22 items, examines respondents' subjective experiences of intrusion, hyperarousal, and avoidance following a potentially stressful or traumatic life event. Respondents rate level of distress in the last week, with higher scores indicating greater distress (Creamer, Bell, & Failla, 2003; Motlagh, 2010). Developers recommend that the mean of completed items within subscales rather than the sum of raw scores serves as the respondent's subscale score (ranging from 0-4; Creamer et al., 2003; Motlagh, 2010). Mean

subscale scores are added to comprise an overall score, with a maximum of 12 possible (Motlagh, 2010). Although subscale reliability and consistency are adequate (Creamer et al., 2003; Motlagh, 2010), authors recommended using a one or two-factor approach (intrusion/hyperarousal and avoidance) rather than separating the three subscale scores. Researchers further recommend a cutoff of 1.5 for a PTSD diagnosis (Creamer et al., 2003). In a recent study with Vietnam veterans, the IES-R demonstrated adequate psychometric support, with high internal consistency and good construct validity (Creamer et al., 2003). The measure also correlated well with the well-known PTSD Checklist (0.84; Creamer et al., 2003). In this sample, the Cronbach alpha coefficient was .93 for the intrusion subscale, .86 for the avoidance subscale, .92 for the hypervigilance subscale, and .96 for the total IES-R Scale.

Procedures. Data for this study were collected as part of a larger, password-protected online study administered to student service members/veterans at a variety of institutions in higher education. Primary participating institutions were a large suburban state university, whose student population includes over 1,200 student service members/veterans, as well as a private, urban university and a large, rural state university.

Recruiting strategies included e-mailing an invitation to students receiving veteran benefits, posting invitations on Veterans Center listserv and social networking sites, and hanging fliers. Student service members/veterans were told that participation would assist universities in initiating more effective veteran-oriented programs and services. Approximately half of respondents volunteered for the study, while the other half were offered a \$10 incentive to complete the survey as a screener for a separate intervention study.

Data were checked for outliers by converting responses to standardized z-scores. All data were found to be within three standard deviations of zero, thus no outliers were present. Data were also checked for normality through tests of skewness and kurtosis. All values for skewness were less than 1, while all values for kurtosis were near or less than 1. With regard to missing data, the online survey was designed to skip measures that were not applicable to student veteran participants, such that those with no deployment experience did not complete the DRRI, those with no trauma did not complete the IES, etc. As such, measures pertinent to this study often included a subset of the larger sample. Because some student veterans had large blocks of missing data within measures, cases of missing data were excluded pairwise.

## Results

The author hypothesized that veterans reporting higher levels of demand/withdraw communication in their relationship would show decreased relationship adjustment, while veterans reporting high levels of positive communication would show increased adjustment. Pearson-product moment correlation coefficients tested this hypothesis (see Table 1). As predicted, there was a strong, negative correlation between amount of demand/withdraw communication and relationship adjustment,  $r = -.58$ ,  $n = 94$ ,  $p < .001$ . High levels of demand-withdraw interactions were associated with low levels of relationship adjustment. Positive communication, on the other hand, was related to higher relationship adjustment,  $r = .60$ ,  $n = 94$ ,  $p < .001$ .

The researcher also predicted that increased combat experiences and after-battle experiences, as indicated on the DRRI, would be associated with poorer relationship

Table 1

*Pearson Product-moment Correlations and Spearman rho Correlations Matrix*

Scale	1	2	3	4	5	6	7	8	9	10
1. Total D/W	--									
2. Positive Communication	-.56*	--								
3. RDAS	-.58*	.60*	--							
4. DRRRI Combat	-.08	.09	.10	--						
5. DRRRI After-Battle	-.16	.13	.12	.87*	--					
6. PTSD Diagnosis	.19	-.34***	-.11	.19	.12	--				
7. IES Avoidance	.05	.00	-.22	.44*	.36**	.46**	--			
8. IES Intrusion	.05	-.20	-.20	.30*	.23	.52*	.81*	--		
9. IES Hyperarousal	-.04	-.13	-.23	.36*	.25	.60*	.79*	.90*	--	
10. IES Post-Traumatic Stress	.02	-.13	-.23	.39*	.29***	.57*	.91*	.96*	.96*	--
Mean	23.65	19.39	48.23	6.61	7.50	--	1.27	1.55	1.42	4.25
SD	11.31	6.22	9.17	4.72	5.39	--	1.03	1.18	1.26	3.28

\* =  $p < .001$ , \*\* =  $p < .01$ , \*\*\* =  $p < .05$ .

adjustment. However, the author hypothesized that these relationships would be mediated by communication style or posttraumatic stress, in that more severe combat experiences would be associated with increased demand/withdraw communication or increased posttraumatic stress, which would result in lower relationship adjustment. As part of a path analysis, regressions were used to examine significance. However, contrary to hypotheses, relationship adjustment was not significantly related to DRRRI combat experiences ( $F(1, 71) = .71, p = .402$ ) or post-battle experiences ( $F(1, 68) = .99, p = .324$ ; see Table 2). Consequently, mediation analyses were not conducted (see Table 2 and Appendix D).

Several post-hoc analyses were run to examine additional relationships between data. There was a positive, moderate correlation between DRRRI combat experiences and each of the

Table 2

*Summary of Standard Regression Analyses for Variables Predicting Marital Adjustment*

Variable	<i>B</i>	<i>SE B</i>	<i>β</i>	<i>R</i> <sup>2</sup>	<i>F</i>	<i>p</i>
Combat Experiences	.20	.23	.10	.01	.71	.402
Post-Battle Experiences	.21	.21	.12	.01	.99	.324

\* =  $p < .05$

IES subscales measuring components of posttraumatic stress (hyperarousal, intrusion, and avoidance), as well as total posttraumatic scores. A positive correlation also emerged between DRRI after-battle experiences, IES avoidance, and total posttraumatic stress, but not the other two IES subscales.

Although IES scales were not associated with communication style (Table 1), Spearman rho correlations were significant for self-reported PTSD diagnosis and communication style,  $r = -.34$ ,  $n = 47$ ,  $p = .019$ , with PTSD diagnosis associated with lower levels of positive communication. However, the relationship between more negative aspects of communication (i.e., the demand/withdraw pattern) and PTSD diagnosis was not significant.

### Discussion

Results from the current study suggest that deployment experiences are not significantly associated with relationship adjustment among veterans who enroll in school. Neither direct combat experiences nor post-battle experiences appeared to have negative effects on romantic relationships in the current sample. These findings contrast with much of the previous literature on military families and post-deployment adjustment, which has suggested that families face numerous changes and adjustments following deployment (Baptist et al., 2011; Lapp et al., 2010; Pincus et al., 2001). Although the lack of significant

findings may simply reflect an absence of association, it may also be due to an error with regard to statistical measurement or study design.

However, previous research also notes that military families frequently show great resilience and use deployment as opportunities for personal growth (Laser & Stephens, 2011; Riggs & Riggs, 2011; Wheeler & Torres Stone, 2010). Families also note positive changes occurring as a result of deployment (Knobloch & Theiss, 2012; Park, 2011). Our results extend these findings into the student veteran population, suggesting that student veterans and their families, despite facing additional educational commitments and stress, also show significant resilience. This may also be at least partially attributed to the sample population. Specifically, veterans intending to go back to school show increased self-motivation and self-direction in reaching personal goals when compared to those veterans who may not pursue additional education (Fauman & Hopkinson, 2010; Rumann & Hamrick, 2010).

Patient and thoughtful communication, as well as reasonable expectations, are critical as military families readjust following deployment (Pincus et al., 2001). Our results suggest that, like other populations, communication is highly influential in the marital adjustment among student veterans. In our sample, student veteran couples who engaged in increased demand/withdraw communication showed lower relationship adjustment, while those who reported high levels of positive communication showed better relationship adjustment. This is consistent with previous literature suggesting that communication and conflict resolution play a large role in marital health and satisfaction (Driver et al., 2003; Gottman, 1993a, 1993b).

A particularly interesting finding from the study indicated that PTSD diagnosis was negatively correlated with positive communication. However, PTSD diagnosis was not

associated with negative communication, specifically the demand/withdraw pattern. This is consistent with Gottman's (1993a, 1993b) work suggesting that positive interactions are more impactful in conflict resolution than negative interactions, with successful resolutions requiring a 5:1 ratio of positive to negative interactions.

However, it is notable that while PTSD diagnosis was associated with communication style, specific PTSD symptom clusters (i.e., hyperarousal, intrusion, avoidance) were not. This could suggest that some student veterans had received a PTSD diagnosis in the past that affected communication in the romantic relationship. Although symptoms may no longer be problematic, communication issues may persist in the relationship. It is also possible that PTSD diagnosis carried a stigma that affected romantic relationships more than actual symptoms. Moreover, although couples often learn to improve communication skills through counseling, post-hoc analyses indicated that the link between PTSD diagnosis and positive communication was not associated with previous counseling history. Veterans with previous counseling experience may also have addressed issues in counseling that were unrelated to PTSD or combat trauma or did not focus on couples issues.

Current findings that posttraumatic stress symptoms (but not PTSD diagnosis) were related to deployment experiences support previous research indicating that returning veterans are at high risk for mental health issues, including anxiety, depression, and PTSD (Hoge et al., 2004; Hoge et al., 2006; Milliken, Auchterlonie, & Hoge, 2007). However, it is notable that combat experiences were associated with all constructs of posttraumatic stress (i.e., avoidance, hyperarousal, intrusion, and total posttraumatic stress), while after-battle experiences were only related to avoidance and total posttraumatic stress. This is consistent

with prior research indicating that more severe combat exposure is highly associated with mental health problems (Gewirtz et al., 2010; Hoge et al., 2004; Hoge et al., 2006).

Nevertheless, the fact that deployment experiences were associated with PTSD symptoms but not with PTSD diagnosis suggests that although most student veterans experienced some PTSD symptoms, these issues may not have warranted a formal diagnosis. Although veterans are at high risk for mental health issues, this type of spontaneous recovery is typical of most veterans, who may experience posttraumatic stress as a result of deployment but rely on positive coping skills, social support, and/or internal resilience to fully recover.

Besides a lack of association between deployment experiences (both combat and after-battle experiences) and relationship adjustment, there was also no association between posttraumatic stress symptoms and relationship adjustment. Although this contrasts with some of the previous literature (Hamilton et al., 2009; Khaylis et al., 2011), this again suggests that many of the student veteran couples in our sample may have demonstrated notable resilience, which could include utilizing social support and positive coping skills effectively. However, consistent with Rudd et al. (2011), an alternative explanation for an association between deployment experiences and PTSD symptoms but not between deployment experiences and PTSD diagnosis is that student veterans are experiencing difficulty but not reaching out to or aware of help on campus. Posttraumatic stress symptoms also did not correlate with age or branch of service, which contrasts with prior studies (Kang & Hyams, 2005; Seal, Bertenthal, Miner, Sen, & Marmar, 2007).



Implications for theory, research, and practice. Previous literature indicates that veterans possess important strengths, including leadership skills, maturity, self-discipline, focus, time management skills, perspective, motivation, a new appreciation for life, increased awareness and respect, and fresh priorities (Ackerman et al., 2009; Fauman & Hopkinson, 2010; Rumann & Hamrick, 2010). Our data suggest that although student veterans may experience some posttraumatic stress symptoms, many generally demonstrate positive adaptation. Thus, emphasizing student veterans' motivation, achievements, and goal-oriented natures may serve them well in individual therapy. Clinicians are further encouraged to approach counseling from a strengths-based perspective to highlight resilience, emphasizing veterans' ability to use difficult experiences as opportunities for personal or relationship growth through effective coping skills.

However, university counseling centers may wish to renew their efforts to reach out to student veterans and publicize the benefits of available services. It is also important to understand that student veterans may not feel welcomed or understood on campus, and to make available specialized services that address needs of both men and women in a safe and sensitive manner.

Our data further paint a picture of the diversity of student veterans, in that although the majority may be well adjusted, this population comes to campus with a wide variety of experiences and varying amounts of time since deployment. Clinicians should be aware of the multiple contexts in which student veterans present and be as prepared as possible for each of these variables, including relationship status, parent status, time since deployment, and

combat exposure. Student veterans not represented in this study (e.g., those in failed relationships, single student veterans) bring additional problems and perspectives to consider.

Although student veterans reported struggling with posttraumatic stress symptoms, deployment experiences did not appear to significantly impact relationship adjustment. This suggests that student veterans and partners were able to maintain strong relationships or possibly seek out and utilize support or resources (e.g., strong coping skills, social support, counseling, medication). Most couples in this sample were married with children, which may reflect a high level of commitment and experience. Participants may also have had significant delays between deployments and college enrollment, allowing them to pursue mental health services. Clinicians should identify resilience and harness strengths when working with student veterans in couples counseling, such as discussing shared priorities and values. Relationship interventions may wish to identify the couple's coping mechanisms and mutual goals through the adjustment period, also working to identify coping skills that didn't work or how coping skills may need to change during future deployments. However, as previously mentioned, the data demonstrated a restricted range in that not all student veterans in relationships completed every measure. Some student veteran relationships likely also ended before data collection, excluding participants who did not possess the same resilient qualities.

However, a second major finding suggests that a lack of positive communication is more prevalent in student veteran couples wherein the veteran has received a PTSD diagnosis than in couples without this diagnosis. This finding extends Gottman's work into the student veteran population, supporting the notion that building positive interactions may be more influential than reducing negative interactions in marital health. Thus, couples therapists

working with student veteran couples may also wish to emphasize the overall benefits of positive communication, as well as the role of positive communication in conflict resolution, as opposed to focusing primarily on the presence of negative communication.

Limitations. The current study is subject to limitations inherent in a volunteer sample. Student veterans who felt strongly about the military or this topic were likely motivated to volunteer, while less interested student veterans may not have participated. Thus, those who were inclined to respond may have different views than those who did not volunteer. The study also relies on self-report responses, which may be subject to both intentional and/or unintentional impression management on the part of participants. Similarly, the study was unable to take into account the perspectives of student veteran's partners, and thus, results are based on only one partner's (i.e., the veteran's) report. This omits perspectives from dual-military couples as well as civilian partners.

The data may also show biases in that most couples participating in the study were married with children. This likely represents a high level of adjustment and commitment, in that relationships significantly affected by adjustment issues may have previously ended and not been represented. Consistent with lingering mental health stigma in the military, distressed couples may also have been embarrassed to participate and admit difficulty.

Our sample also did not represent veterans who had not returned to school. Including those who were not motivated to obtain additional education may include different perspectives or relationship experiences. The sample was also primarily white and noted an enlisted status.

Future directions. Based on this study, researchers are encouraged to secure responses from both partners in the relationship. This would allow for a comparison of perspectives between spouses, as well as a more in depth exploration of the influence of gender. This would also permit a sampling of dual-military couples, a particularly interesting and needed perspective in the literature.

Our results also indicate that positive communication in a couple is particularly critical when a student veteran has a PTSD diagnosis. However, researchers may wish to further explore the effects of communication on parenting skills. Given the current literature suggesting the potentially negative influences of posttraumatic stress on parenting skills, it may be particularly interesting to examine how positive or negative communication within a romantic relationship influences or mirrors a veteran's interaction patterns with children.

It would also be particularly important to replicate this study in an increasingly multicultural context. Although some ethnic and racial diversity was present in the study, these rates were minimal. Recruiting a more diverse sample or focusing on a sample of primarily individuals from minority ethnic groups may enable researchers to conduct a more thorough comparison of racial and ethnic differences in posttraumatic stress or communication style. This would also allow us to identify strengths, weaknesses, and coping mechanisms from multiple ethnic groups, leading to more culturally competent individual and couples counseling.

Additionally, future research may wish to include veterans from nontraditional families. The military family structure, as well as the military family's experience, has changed over time. In contrast to the traditional military family consisting of a deployed husband and a

wife who stayed home with children, the current military force includes both male and female service members, and child care responsibilities during deployments frequently belong to fathers, extended family, or friends (Fitzsimons & Krause-Parello, 2009). Today's military also encompasses a wide variety of families, including single parents and gay/lesbian families (Laser & Stephens, 2011; Park, 2011). Deployments affect these families in numerous, extensive, and complex ways (Sheppard et al., 2010), and it would be particularly interesting to explore more research with posttraumatic stress and communication style among different family structures.

Conclusions. Student veteran couples, although still subject to the expected effects of positive and negative communication on relationship health, appear to show great resilience. Despite student veterans facing significant changes and challenges on college campuses, they report that relationship adjustment is not significantly associated with deployment experiences. However, it is also important to recognize the diversity of this population and offer sensitive, effective, and multiculturally competent services to veterans with a wide variety of experiences, roles, and presenting concerns. For example, posttraumatic stress was associated with deployment experiences, which may impact both the student veteran and his or her partner. Data suggest that student veteran couples demonstrate a lack of positive in communication when a veteran is diagnosed with PTSD rather than excessive negative communication. Clinicians are encouraged to conduct psychoeducation on communication skills and build positive communication skills when working with student veteran couples, as well as identify shared values, mutual goals, and effective coping mechanisms.

## References

- Ackerman, R., DiRamio, D., Garza Mitchell, R. L. (2009). Transitions: Combat veterans as college students. *New Directions for Student Services*, 126, 5-14. doi: 10.1002/ss.311
- Baechtold, M., & De Sawal, D. M. (2009). Meeting the needs of women veterans. *New Directions for Student Services*, 126, 35-43. doi: 10.1002/ss.314
- Baptist, J. A., Amanor-Boadu, Y., Garrett, K., Nelson Goff, B. S., Collum, J., Gamble, P., Gurs, H., Sanders-Hahs, E., Strader, L., & Wick, S. (2011). Military marriages: The aftermath of Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) deployments. *Contemporary Family Therapy*, 33(3), 199-214. doi: 10.1007/s10591-011-9162-6
- Busby, D. M., Christensen, C., Crane, D. R., & Larson, J. H. (1995). A revision of the Dyadic Adjustment Scale for use with distressed and nondistressed couples: Construct hierarchy and multidimensional scales. *Journal of Marital and Family Therapy*, 21(3), 289-308.
- Caughlin, J. P. & Vangelisti, A. L. (1999). Desire for change in one's partner as a predictor of the demand/withdraw pattern of marital communication. *Communication Monographs*, 66, 66-89.
- Caughlin, J. P. & Vangelisti, A. L. (2000). An individual difference explanation of why married couples engage in the demand/withdraw pattern of conflict. *Journal of Social and Personal Relationships*, 17(4-5), 523-551.
- Christensen, A. (1988). Dysfunctional interaction patterns in couples. In P. Noller and M. Fitzpatrick (Eds.), *Perspectives on marital interaction: Monographs in social psychology of language*, No. 1, (pp. 31-52). Clevedon, England: Multilingual Matters.

- Christensen, A., Eldridge, K., Catta-Preta, A. B., Lim, V. R., & Santagata, R. (2006). Cross-cultural consistency of the demand/withdraw interaction pattern in couples. *Journal of Marriage and Family, 68*(4), 1029-1044.
- Christensen, A., & Heavey, C. L. (1990). Gender and social structure in the demand-withdraw pattern of marital conflict. *Journal of Personality and Social Psychology, 59*, 73-81.
- Christensen, A. & Shenk, J. L. (1991). Communication, conflict, and psychological distance in nondistressed, clinic, and divorcing couples. *Journal of Consulting and Clinical Psychology, 59*(3), 458-463.
- Crane, D. R., Middleton, K. C., & Bean, R. A. (2000). Establishing criterion scores for the Kansas Marital Satisfaction Scale and the Revised Dyadic Adjustment Scale. *American Journal of Family Therapy, 28*, 53-60.
- Creamer, M., Bell, R., & Failla, S. (2003). Psychometric properties of the Impact of Event Scale—Revised. *Behaviour Research and Therapy, 41*, 1489-1496. doi: 10.1016/j.brat.2003.07.010
- Davis, J., Ward, D. B., & Storm, C. (2011). The unsilencing of military wives: Wartime deployment experiences and citizen responsibility. *Journal of Marital and Family Therapy, 37*(1), 51-63. doi: 10.1111/j.1752-0606.2009.00154.x
- Driver, J., Tabares, A., Shapiro, A., Nahm, E. Y., Gottman, J. M. (2003). Interactional patterns in marital success and failure: Gottman laboratory studies. In F. Walsh (Ed.), *Normal family processes: Growing diversity and complexity* (pp. 493-513). New York, NY: Guilford Press.

- Eldridge, K. A. & Christensen, A. (2002). Demand-withdraw communication during couple conflict: A review and analysis. In P. Noller and J. A. Feeney (Eds.), *Understanding marriage: Developments in the study of couple interaction* (pp. 289-322). New York: Cambridge University Press.
- Eldridge, K. A., Sevier, M., Jones, J., Atkins, D. C., & Christensen, A. (2007). Demand-withdraw communications in severely distressed, moderately distressed, and nondistressed couples: Rigidity and polarity during relationship and personal problem discussions. *Journal of Family Psychology*, 21(2), 218-226. doi: 10.1037/0893-3200.21.2.218
- Fauman, B. J., & Hopkinson, M. J. (2010). Special populations. In J. Kay & V. Schwartz (Eds.), *Mental health care in the college community* (pp. 258-265). Hoboken, New Jersey: John Wiley & Sons.
- Fitzsimons, V. M., & Krause-Parello, C. A. (2009). Military children: When parents are deployed overseas. *Journal of School Nursing*, 25(1), 40-47. doi: 10.1177/1059840508326733
- Frisby, B. N., Byrnes, K., Mansson, D. H., Booth-Butterfield, M., & Birmingham, M. K. (2011). Topic avoidance, everyday talk, and stress in romantic military and non-military couples. *Communication Studies*, 62(3), 241-257. doi: 10.1080/10510974.2011.553982
- Futris, T. G., Campbell, K., Nielsen, R. B., & Burwell, S. R. (2010). The Communication Patterns Questionnaire—Short Form: A review and assessment. *Family Journal: Counseling and Therapy for Couples and Families*, 18(3), 275-287. doi: 10.1177/1066480710370758
- Gewirtz, A., Polusny, M. A., DeGarmo, D. S., Khaylis, A., & Erbes, C. R. (2010). Posttraumatic stress symptoms among National Guard soldiers deployed to Iraq: Associations with



- parenting behaviors and couple adjustment. *Journal of Consulting and Clinical Psychology*, 78(5), 599-610. doi: 10.1037/a0020571
- Glasser, I., Powers, J. T., Zywiak, W. H. (2009). Military veterans at universities: A case of culture clash. *Anthropology News*, 33.
- Gottman, J. M. (1993a). The roles of conflict engagement, escalation, and avoidance in interaction: A longitudinal view of five types of couples. *Journal of Consulting and Clinical Psychology*, 61(1), 6-15.
- Gottman, J. M. (1993b). A theory of marital dissolution and stability. *Journal of Family Psychology*, 7(1), 57-75.
- Gottman, J. M., Gottman, J. S., & Atkins, C. L. (2011). The comprehensive soldier fitness program: Family skills component. *American Psychologist*, 66(1), 52-57. doi: 10.1037/a0021706
- Gottman J. M. & Levenson, R. W. (2000). The timing of divorce: Predicting when a couple will divorce over a 14-year period. *Journal of Marriage and the Family*, 62, 737-745.
- Greene, T., Buckman, J., Dandeker, C., & Greenberg, N. (2010). How communication with families can both help and hinder service members' mental health and occupational effectiveness on deployment. *Military Medicine*, 175(10), 745-749.
- Hamilton, S., Nelson Goff, B., Crow, J., & Reisbig, A. M. (2009). Primary trauma of female partners in a military sample: Individual symptoms and relationship satisfaction. *American Journal of Family Therapy*, 37, 336-346. doi: 10.1080/01926180802529965
- Hawn, H. (2011). Veterans and veteran families in general education. *Journal of General Education*, 60(4), 248-264. doi: 10.1353/jge.2011.0022

- Heavey, C. L., Layne, C., & Christensen, A. (1993). Gender and conflict structure in marital interaction: A replication and extension. *Journal of Consulting and Clinical Psychology, 61*(1), 16-27.
- Hill, R. (1945). The returning father and his family. *Marriage and Family Living, 7*(2), 31-34.
- Hoge, C. W., Auchterlonie, J. L., & Milliken, C. S. (2006). Mental health problems, use of mental health services, and attrition from military service after returning from deployment to Iraq or Afghanistan. *Journal of the American Medical Association, 295*(9), 1023-1032.
- Hoge, C. W., Castro, C. A., Messer, S. C., McGurk, D., Cotting, D. I., & Koffman, R. L. (2004). Combat duty in Iraq and Afghanistan, mental health problems, and barriers to care. *New England Journal of Medicine, 351*(1), 13-22.
- Houston, J. B., Pfefferbaum, B., Sherman, M. D., Melson, A. G., & Brand, M. W. (2013). Family communication across the military deployment experience: Child and spouse report of communication frequency and quality and associated emotions, behaviors, and reactions. *Journal of Loss and Trauma: International Perspectives on Stress & Coping, 18*(2), 103-119. doi: 10.1080/15325024.2012.684576
- Kang, H. K. & Hyams, K. C. (2005). Mental health care needs among recent war veterans. *New England Journal of Medicine, 352*(13), 1289.
- Khaylis, A., Polusny, M. A., Erbes, C. R., Gewirtz, A., & Rath, M. (2011). Posttraumatic stress, family adjustment, and treatment preferences among National Guard soldiers deployed to OEF/OIF. *Military Medicine, 176*(2), 126-131.

- King, D. W., King, L. A., & Vogt, D. S. (2003). *Manual for the Deployment Risk and Resilience Inventory (DRRI): A collection of measures for studying deployment-related experiences of military veterans*. Boston, MA: National Center for PTSD.
- Knobloch, L. K., & Theiss, J. A. (2012). Experiences of U.S. military couples during the post-deployment transition: Applying the relational turbulence model. *Journal of Social and Personal Relationships, 29*(4), 423-450. doi: 10.1177/0265407511431186
- Lapp, C. A., Taft, L. B., Tollefson, T., Hoepner, A., Moore, K. & Divyak, K. (2010). *Journal of Family Nursing, 16*(1), 45-67. doi: 10.1177/1074840709357347
- Laser J. A. & Stephens, P. M. (2011). Working with military families through deployment and beyond. *Clinical Social Work Journal, 39*, 28-38. doi: 10.1007/s10615-010-0310-5
- Milliken, C. S., Auchterlonie, J. L., & Hoge, C. W. (2007). Longitudinal assessment of mental health problems among active and reserve component soldiers returning from the Iraq war. *Journal of the American Medical Association, 298*, 2141–2148.
- Mmari, K., Roche, K., Sudhinaraset, M., & Blum, R. (2009). When a parent goes off to war: Exploring the issues faced by adolescence and their families. *Youth and Society, 40*(4), 455–575. doi: 10.1177/0044118X08327873
- Monson, C. M., Taft, C. T., & Fredman, S. J. (2009). Military-related PTSD and intimate relationships: From description to theory-driven research and intervention development. *Clinical Psychology Review, 29*, 707-714. doi: 10.1016/j.cpr.2009.09.002
- Motlagh, H. (2010). Impact of Event Scale—Revised. *Journal of Physiotherapy, 56*, 203.
- Park, N. (2011). Military children and families. *American Psychologist, 66*(1), 65-72. doi: 10.1037/a0021249

- Persky, K. R., & Oliver, D. E. (2012). Veterans coming home to the community college: Linking research to practice. *Community College Journal of Research and Practice*, 35, 111-120. doi: 10.1080/10668926.2011.525184
- Pincus, S. H., House, R., Christenson, P. J., & Adler, L. E. (2001). The emotional cycle of deployment: A military family perspective. *U.S. Army Medical Department Journal*.
- Prigerson, H. G., Maciejewski, P. K., Rosenheck, R. A. (2002). Population attributable fractions of psychiatric disorders and behavioral outcomes associated with combat exposures among U.S. men. *American Journal of Public Health*, 92(1), 59-63.
- Riggs, S.A. (2003). The Background Information Questionnaire. Unpublished instrument.
- Riggs, S.A., & Campbell, R. (2013). The Background Information Questionnaire- Student Veteran Version. Unpublished instrument.
- Riggs, S.A., & Jacobvitz, D. (2002). Expectant parents' representations of early attachment relationships: Associations with mental health and family history. *Journal of Consulting and Clinical Psychology*, 70, 195-204.
- Riggs, S. A. & Riggs, D. S. (2011). Risk and resilience in military families experiencing deployment: The role of the family attachment network. *Journal of Family Psychology*, 25(5), 675-687. doi: 10.1037/a0025286
- Rudd, M. D., Goulding, J., & Bryan, C. J. (2011). Student veterans: A national survey exploring psychological symptoms and suicide risk. *Professional Psychology: Research and Practice*, 42(5), 354-360. doi: 10.1037/a0025164

- Rumann, C. B., & Hamrick, F. A. (2010). Student veterans in transition: Re-enrolling after war zone deployments. *Journal of Higher Education*, 81(4), 431-458. doi: 10.1353/jhe.0.0103
- Rumann, C., Rivera, M., & Hernandez, I. (2011). Student veterans and community colleges. *New Directions for Community Colleges*, 155, 51-58. doi: 10.1002/cc.457
- Sayers, S., Farrow, V., Ross, J., & Oslin, D. (2009). Family problems among recently returned military veterans referred for a mental health evaluation. *Journal of Clinical Psychiatry*, 70(2), 163–170.
- Seal, K. H., Bertenthal, D., Miner, C. R., Sen, S., & Marmar, C. (2007). Bringing the war back home: Mental disorders among 103,788 U.S. veterans returning from Iraq and Afghanistan seen at Department of Veteran Affairs facilities. *Archives of Internal Medicine*, 167(5), 476-482.
- Sheppard, S. C., Malatras, J. W., & Israel, A. C. (2010). The impact of deployment on US military families. *American Psychologist*, 65(6), 599–609. doi: 10.1037/a0020332
- Vogel, D. L. & Karney, B. R. (2002). Demands and withdrawal in newlyweds: Elaborating on the social structure hypothesis. *Journal of Social and Personal Relationships*, 19(5), 685-701. doi: 10.1177/0265407502195008
- Vogt, D. S., Proctor, S. P., King, D. W., King, L. A., & Vasterling, J. J. (2008). Validation of scales from the Deployment Risk and Resilience Inventory in a sample of Operation Iraqi Freedom veterans. *Assessment*, 15(4), 391-403. doi: 10.1177/1073191108316030
- Ward, P. J., Lundberg, N. R., Zabriskie, R. B., & Berrett, K. (2009). Measuring marital satisfaction: A comparison of the Revised Dyadic Adjustment Scale and the Satisfaction

with Married Life Scale. *Marriage & Family Review*, 45(4), 412-429. doi: 10.1080/01494920902828219

Warner, C. H., Appenzeller, G. N., Warner, C. M., & Grieger, T. (2009). Psychological effects of deployments on military families. *Psychiatric Annals*, 39(2), 56-63.

Wheeler, A. R., & Torres Stone, R. A. (2010). Exploring stress and coping strategies among National Guard spouses during times of deployment: A research note. *Armed Forces & Society*, 36(3), 545-557. doi: 10.1177/0095327X09344066.

Weiss, D. S., & Marmar, C. R. (1997). The Impact of Event Scale—Revised. In J. P. Wilson, & T. M. Keane (Eds.), *Assessing psychological trauma and PTSD: A handbook for practitioners* (pp. 399–411). New York: Guilford Press.

APPENDIX A  
EXTENDED LITERATURE REVIEW

The United States military's campaigns in Iraq and Afghanistan—Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF), respectively—represent our military's most extensive combat involvement overseas since Vietnam (Hoge, Auchterlonie, & Milliken, 2006; Hoge et al., 2004) and longest running operations since World War II (Sheppard, Weil Malatras, & Israel, 2010). The United States also boasts an all-volunteer force (Gottman, Gottman, & Atkins, 2011) and frequently calls on military personnel and their families to endure multiple or extended deployments, all of which are significant changes from past conflicts (Davis, Ward, & Storm, 2011; Sheppard et al., 2010).

Similarly, the military family structure, as well as the military family's experience, has changed over time. In contrast to the traditional military family consisting of a deployed husband and a wife who stayed home with children, the current military force includes both male and female service members, and child care responsibilities during deployments frequently belong to fathers, extended family, or friends (Fitzsimons & Krause-Parello, 2009). In addition, today's military encompasses a wide variety of families, including single parents, dual-military families, blended families, partnered couples, intergenerational families, and gay/lesbian families (Cozza, Chun, & Polo, 2005; Laser & Stephens, 2011; Park, 2011). Deployments affect these families in numerous, extensive, and complex ways (Sheppard et al., 2010).

Following deployment and separation from the military, many service members are deciding to attend college. While balancing the demands of higher education, however, service members may experience "culture shock" on campus (Glasser, Powers, & Zywiak, 2009, p. 33) as they reintegrate into civilian life and develop a new identity (Ackerman,



DiRamio, & Mitchell, 2009; Fauman & Hopkinson, 2010; Glasser et al., 2009; Rumann & Hamrick, 2010; Rumann, Rivera, & Hernandez, 2011). In the college setting, service members often feel unwelcomed, misunderstood, or ignored (Fauman & Hopkinson, 2010; Persky & Oliver, 2010; Rumann & Hamrick, 2010) and may be hesitant to reach out for help in the midst of personal adjustment difficulties or deployment-related mental health issues (Fauman & Hopkinson, 2010; Rudd, Goulding, & Bryan, 2011; Rumann & Hamrick, 2010).

In the context of two major life transitions (i.e., postdeployment reintegration and college enrollment), a military couple's communication becomes increasingly important. Communication is strongly tied to marital satisfaction and is a critical component of marital health, particularly interaction patterns emerging during conflict resolution (Driver, Tabares, Shapiro, Nahm, & Gottman, 2003; Eldridge & Christensen, 2002; Gottman, 1993a, 1993b; Gottman & Krokoff, 1989). Military couples often experience difficulty communicating while a spouse is deployed (Greene, Buckman, Dandeker, & Greenberg, 2010; Gottman et al., 2011). Even when this is not the case, the stress of reintegration may contribute to or exacerbate communication problems following the service member's return (Houston, Pfefferbaum, Sherman, Melson, & Brand, 2013).

Despite extensive research documenting significant changes in the post-deployment marital relationship (Baptist et al., 2011; Gewirtz, Polusny, DeGarmo, Khaylis, & Erbes, 2010; Khaylis, Polusny, Erbes, Gewirtz, & Rath, 2011; Lapp et al., 2010; Laser & Stephens, 2011; Renshaw, Rodrigues, & Jones, 2008; Sayers, Farrow, Ross, & Oslin, 2009), no existing research addresses relationship adjustment for military personnel who are managing reintegration stress and simultaneously enroll in college following deployment. The purpose of the

proposed study is to extend the literature by examining relationship adjustment and communication among service members who enroll in school following military deployment. This chapter will review the current research literature relating to relationship communication and interaction patterns, as well as military culture, life as a military family, cycles of deployment, communication among military couples, and the impact of deployment on the military couple and family. I will also explore the changes and challenges associated with service members returning to school.

### Relationship Communication and Interaction

In a survey of members of the American Association of Marriage and Family Therapists, communication was identified as the most common and most damaging issue that couples present in therapy, followed by unrealistic expectations and power struggles (Geiss & O'Leary, 1981). Perhaps this is not surprising, in that communication within the marital relationship often influences relationship satisfaction and stability (Eldridge & Christensen, 2002). Couple communication is complex and has many components; it is both verbal and nonverbal and influenced by a balance of thoughts, behaviors, and physiological responses (Gottman, 1993a, 1993b).

*Aspects of couple communication.* Research suggests that the handling or resolution of conflict, rather than conflict itself, seems to be a more significant predictor of marital health (Driver, Tabares, Shapiro, Nahm, & Gottman, 2003; Gottman, 1993a, 1993b; Gottman & Krokoff, 1989). For example, Driver et al. identified several communication features important to successful marriage: couples recognize the difference between solvable and unsolvable problems, spouses are open and accepting of the other partner's perspective, and

they agree to disagree as appropriate. Happy couples maintain love and respect for their partner, as well as an intimate knowledge and awareness of the partner and their history together, known as a “love map” (Driver et al., 2003; Gottman, 1998, p. 192). Satisfied partners also meet challenges as a team and think about life from a couple’s rather than an individual’s perspective (Driver et al., 2003).

Gottman and colleagues further note three distinct types of couples (Driver et al., 2003; Gottman, 1993a, 1993b, 1998). Volatile couples argue openly and passionately, fluctuating between negative and positive interactions during arguments while trying to persuade a partner. Avoiders, on the other hand, are accepting of disagreement, expressing a perspective with minimal emotionality and focusing on common ground. Finally, validating couples are particularly calm and supportive of partners during disagreements, each open to the others’ views.

Although each of these styles has advantages and disadvantages, Gottman (1993a, 1993b) found that as long as each couple had at least five times as many positive as negative interactions, all of these partnerships were successful in resolving conflict in their own way. Unhappy couples, on the other hand, exhibited a ratio of 0.8:1 of negative to positive communication during such interactions (Gottman, 1993a, 1993b). Distressed couples were highly negative, exhibiting accusations, defensiveness, or severe emotional disengagement (Gottman, 1993a). These interaction styles may be related in part to cultural standards or preferences (Gottman, 1993b).

Other negative communication behaviors seen in unhappy couples include emotional disengagement, flooding (becoming overwhelmed in an emotional or physical sense),

avoidance, and negative reciprocity (responding to negativity with more severe negativity), all of which are associated with marital dissatisfaction and/or divorce (Christensen & Shenk, 1991; Driver et al., 2003; Gottman, 1993a, 1993b, 1998). Distress may also initiate Gottman's "Distance and Isolation Cascade" (Gottman, 1993b, p. 46) which introduces significant detachment, negativity, disappointment, and loneliness into the marriage as each partner settles into an individual journey (Gottman, 1993b, 1998).

Flooding, one negative aspect of communication, may also affect attributional style (global vs. situational), which can play an important role in marital satisfaction (Gottman, 1993b). For example, many partners in unhappy marriages tend to attribute a partner's negative behaviors to global, stable personality traits rather than a temporary situation (Gottman, 1993b, 1998). Partners also may attribute problems to their partner or to external circumstances—often with detailed explanations and schemas—and generally not to their own behaviors, even if their spouse makes a direct request for change in their behaviors (Sagrestano, Christensen, & Heavey, 1998).

Negative behaviors seem to worsen as the couple nears divorce (Christensen & Shenk, 1991). Once introduced into a marriage, negativity seems to increase in prevalence and severity over time, eventually becoming a primary focus during interactions and a difficult obstacle to overcome (for a review, see Gottman, 1998). In fact, the presence of negativity during conflict may contribute to early divorce, while the absence of positivity during conflict seems to be a predictor of later divorce (Gottman & Levenson, 2000). Marital dissatisfaction, thoughts of marital dissolution or separation (Gottman, 1993a, 1993b; Gottman & Levenson,

2000), feelings of hopelessness or defeat in the face of difficulty, as well as feelings of disappointment in the marriage were also predictive of divorce (Driver et al., 2003).

*Interaction patterns in marriage.* As previously mentioned, interaction patterns often comprise a significant part of a couple's communication style. Fortunately, behavioral research has proven effective in studying distressed couples, particularly in examining positive versus negative interaction patterns (for a review, see Gottman, 1998). For example, research has shown that happy couples seem to place priority on de-escalating or breaking up disagreements, known as "repair attempts" (Driver et al., 2003, p. 502; Gottman, 1998, p. 179). These partners also "turn toward" each other by consistently responding positively to each other and finding emotional intimacy in everyday events (Driver et al., 2003, p. 504; Gottman, 1998, p. 192). Furthermore, satisfied partners find a way to think positively about the past, despite negative or difficult events (Driver et al., 2003).

Dysfunctional interactions, however, trap both partners in a state of emotional distress and often grow worse over time as each partner's behaviors exacerbate the pattern (Christensen, 1988). For example, Gottman and colleagues identified criticism, contempt, defensiveness, and stonewalling—later termed the "Four Horsemen of the Apocalypse" (Driver et al., 2003, p. 494, Gottman, 1993b, p. 62, 1998, p. 184)—as particularly damaging to relationships and strongly correlated with divorce (Driver et al., 2003; Gottman, 1993b, 1998; Gottman & Krokoff, 1989; Gottman & Levenson, 2000). These behaviors often relate to gender, with withdrawal or stonewalling more common among husbands (Christensen & Shenk, 1991; Gottman, 1993b; Gottman & Krokoff, 1989).

The demand/withdraw pattern is a well-known negative interaction pattern common among unhappy couples (Christensen & Shenk, 1991; Gottman, 1998; Gottman & Levenson, 2000).

The demand/withdraw pattern often emerges when one partner desires changes for a happier relationship (Christensen, Eldridge, Catta-Preta, Lim, & Santagata, 2006; Christensen & Heavey, 1990; Heavey, Layne, & Christensen, 1993). In order to induce change, the unsatisfied spouse may begin by asking or discussing, but then escalate to criticizing, nagging, pressuring, or complaining, while his or her partner withdraws or avoids the interaction, usually with either defensiveness or passivity (Caughlin & Vangelisti, 2000; Christensen et al., 2006; Christensen & Heavey, 1990; Gottman & Notarius, 2000; Eldridge & Christensen, 2002; Heavey et al., 1993).

Some research notes that demand/withdraw may be particularly prominent when one partner allows negative feelings such as frustration or tension to build to unacceptable levels (Malis & Roloff, 2006). The pattern may also grow in intensity as partners find that initial expressions of demandingness or avoidance result in minimal or no changes in the relationship (Christensen et al., 2006; Eldridge, Sevier, Jones, Atkins, & Christensen, 2007). For example, a withdrawer who feels uninterested in change, unable to change, or unable to cope with demands likely withdraws even further (Eldridge et al., 2007). As a result, partners may demand more or withdraw further, leading to a self-perpetuating cycle (Jacobson, 1989).

The demand/withdraw pattern is not a novel idea in the marriage and family therapy field. In fact, early references to the difficulties caused by nagging wives can be traced to the early 20<sup>th</sup> century (Terman, Bittenweiser, Ferguson, Johnson, & Wilson, 1938; as cited in Caughlin & Scott, 2010). The pattern has since gone by many names, including the pursuer-

distancer pattern (Fogarty, 1976), the nag-withdraw pattern (Watzlawick, Beavin, & Jackson, 1967), the rejection-intrusion pattern (Napier, 1978), and finally the demand/withdraw pattern (Wile, 1981).

Studying the demand-withdraw pattern is informative because it goes beyond the investigation of global positive or negative communication to an analysis of more specific behaviors. In addition, demand/withdraw interaction is important because it refers to a pattern of behaviors, rather than to isolated or unrelated behaviors.

(Eldridge & Christensen, 2002, p. 290)

Couples may engage in the demand/withdraw pattern in a variety of ways, particularly in regard to the consistency with which partners play each role (Caughlin, 2002). Research has found that although both partners can and do fill both the demand and withdraw role (Caughlin & Vangelisti, 1999; Eldridge et al., 2007), women are more likely to demand, while men are more likely to withdraw (Christensen & Heavey, 1990; Eldridge et al., 2007; Heavey et al., 1993).

However, significant controversy surrounds this stereotype. For example, research suggests that each partner's role relates to their position in the conflict (Caughlin & Vangelisti, 1999). Partners more often demand when raising an issue of personal significance and withdraw when confronted with an issue by their partner, regardless of gender (Baucom, McFarland, & Christensen, 2010; Christensen & Heavey, 1990; Klinetob & Smith, 1996; Vogel & Karney, 2002). Levels of psychological distress and length of the marriage may also influence the couple's ability to be flexible in filling both roles (Eldridge et al., 2007).

*Theories about the demand/withdraw pattern.* Numerous theories—both descriptive and explanatory—can be used to understand general interaction patterns and may involve such variables as the duration of the interaction, affective and cognitive contributors, symmetrical versus complementary behaviors, or positive versus negative features of the interaction (Christensen, 1988). Theories developed specifically to explain the presence of the demand/withdraw pattern include individual differences theory, gender differences theory, social structural theory, conflict structure theory, attachment theory, and multiple goals perspectives (e.g., Caughlin & Vangelisti, 2000; Eldridge & Christensen, 2002; Klinetob & Smith, 1996; Vogel & Karney, 2002)

*Individual differences theory.* Individual differences theory notes that such factors as physiology and/or socialization contribute to a distinctive set of psychological tendencies in each sex, specifically social connection and intimacy among women and autonomy and separation among men (Christensen & Heavey, 1990; Klinetob & Smith, 1996). Physiology may also play a role, in that men may become more aroused during confrontation, thus experiencing physical discomfort during conflict (Christensen & Heavey, 1990; Klinetob & Smith, 1996). However, beyond gender differences are individual differences created from unique experiences and relationship characteristics, as well as personality traits that may not be tied to sex (Eldridge & Christensen, 2002).

Within the individual differences model, research supports the self-influence and relational influence models, asserting that a wide variety of personal characteristics may contribute to the demand/withdraw pattern among couples, including a desire for autonomy, personality traits, and conflict styles (Caughlin & Vangelisti, 2000). These models assert that



each spouse brings a special set of characteristics and preferences into a relationship (the self-influence model), which also influence the general tone of the relationship (the relationship influence model; Caughlin & Vangelisti, 2000).

*Gender differences theory.* This perspective notes that discrepant socialization practices for boys and girls in our society explain gendered roles in romantic relationship conflicts (Eldridge & Christensen, 2002). While society encourages women to embrace relationships, nurturance, intimacy, and emotional expression, men are expected to be generally autonomous and less expressive (for a review, see Eldridge & Christensen, 2002). Additional research notes that men and women may differ in their physiological responses to stressful conflict situations, which may impact emotional and social responses during interactions (Christensen & Heavey, 1990). As previously mentioned, research notes that men may be more physically aroused and uncomfortable during negative interactions, leading to increased withdrawal, while women are more tolerant of negative affect (Christensen & Heavey, 1990).

*Social structural theory.* Other research, however, favors the social structural model, positing that the (im)balance of power influences communication patterns (Eldridge & Christensen, 2002; Klinetob & Smith, 1996; Vogel & Karney, 2002). There is some disagreement among theorists as to whether the social structural model examines power discrepancies at a societal level (social structure model) or at the microlevel within traditional relationships (marital structure model; Eldridge & Christensen, 2002). However, at their core, both perspectives assert that power imbalances favor men (for a review, see Eldridge & Christensen, 2002).

Research notes that the demand/withdraw pattern may allow spouses to control their partner's behavior (Caughlin & Scott, 2010), particularly among couples wherein one partner is violent (Feldman & Ridley, 2000) or experiences depression (Byrne et al., 2004). In such situations, the use of influence over a partner seems to relate to power structure within the relationship rather than gender (Sagrestano et al., 1998). In particular, researchers hypothesize that women more frequently fill the demand role because of differences in power that allow men to ignore their female partners' requests and withdraw from the interaction (Christensen, 1988). A spouse may demand in order to gain emotional intimacy, while a withdrawing spouse values autonomy and independence (Jacobson, 1989). Thus, certain tactics or techniques associated with women may simply be the result of women having less power and desiring more change in relationships (Sagrestano et al., 1998).

Concerns over relational power imbalances have existed for many years. For example, Jacobson (1983) noted thirty years ago that traditional relationships primarily benefit men. Husbands in traditional marriages generally experience more satisfaction with the current state of the relationship and are less inclined to create change. In contrast, wives in traditional relationships generally desired more emotional closeness, expression, affection, and interest, and thus often asked for changes in the relationship.

In fact, the closer one looks at this conflict, the more obvious it becomes that the dynamic is related to power. The distancing behavior typically characterizing men is both a manifestation of and a factor which perpetuates their dominance. Women ask for more from a position of weakness; men fend off these requests/demands from a position of strength derived in part from their control of economic resources, their

inclination to avoid intimacy (which is inherently empowering, especially when pitted against a partner who wants more intimacy), and the structure of traditional marriages. (Jacobson, 1989, pp. 30-31)

In essence, because the balance of power in marriage primarily favors men, men may find no need to upset the status quo by demanding or acceding to change so they instead withdraw from it (Klinetob & Smith, 1996).

*Conflict structure theory.* In contrast to the previous two theories, roles within the demand/withdraw pattern may relate to each partner's position in the conflict, regardless of gender. For example, research suggests that the pattern is enacted when one partner seeks change in the relationship or raises an issue of personal significance (Caughlin & Vangelisti, 1999; 2000; Christensen & Heavey, 1990; Klinetob & Smith, 1996). Partners are also more likely to withdraw when confronted with an issue important to their partner, regardless of gender (Christensen & Heavey, 1990; Klinetob & Smith, 1996; Vogel & Karney, 2002). Thus, partners may fill either role (i.e., demanding as well as withdrawing) during interactions, providing results inconsistent with the social structural model or individual differences model (for reviews, see Caughlin & Vangelisti, 1999, 2000).

Also consistent with this theory, researchers have observed demand-withdraw not only in cross-sex relationships but also within same-sex relationships, providing strong evidence that sex differences alone are not responsible for the demand/withdraw pattern (Baucom et al., 2010). Across couples, partners were more likely to demand when the issue was a personal one and withdraw when the issue was significant for their partner, although women still demanded at a higher rate and men withdrew at a higher rate (Baucom et al.,

2010). This is consistent with additional research demonstrating that gendered roles are especially prominent when the wife raises the issue, whereas gender differences may be less noticeable when husbands raise a relationship issue (Christensen & Heavey, 1990; Heavey et al., 1993; Vogel & Karney, 2002). Moreover, even when filling stereotypical roles, research indicates that both partners desire changes in the relationship (Caughlin & Vangelisti, 1999).

Other factors may be at work within this theory, as well. Eldridge, Sevier, Jones, Atkins and Christensen (2007) found that both proximal and distal variables influence the pattern, suggesting that a couple's ability to reverse roles during a demand/withdraw interaction is influenced by levels of distress, length of the marriage, and which partner raised the issue. For example, researchers found that distressed couples, particularly those married for longer periods, were less flexible in their approach, and that these issues were more prevalent when husbands initiated requests for change.

*Attachment theory.* Attachment style may also play a role in marital satisfaction, aggression, and conflict within a couple's functioning. The marital relationship is the most prevalent manifestation of adult attachment, which has numerous implications for marital functioning and communication (Selcuk, Zayas, & Hazan, 2010). "In adulthood, actual or imagined proximity to marital partners provides the primary secure base from which individuals explore the world" (Selcuk, Zayas, & Hazan, 2010, p. 266). Attachment within the marital relationships allows adult partners to feel supported, connected, and secure as they go through life (Selcuk, Zayas, & Hazan, 2010). As such, the quality of the attachment bond has the potential to influence marital satisfaction, stability, and conflict (for a review, see Selcuk, Zayas, & Hazan, 2010).

For example, research demonstrates that couples wherein at least one partner has an insecure attachment style utilize more demand/withdraw communication than couples with only secure attachment styles (Domingue & Mollen, 2009). Conversely, couples with two securely attached partners demonstrated significantly more constructive communication than insecure or mixed couples (Domingue & Mollen, 2009). Research by Fournier, Brassard, and Shaver (2011) also suggests a link between attachment anxiety and psychological aggression, with demand/withdraw communication serving as a mediator. Specifically, results indicated that men with an anxious attachment style may either demand intimacy from their partner in an irrational way or consistently feel neglected by their partner, thereby initiating a male demand/female withdraw cycle.

*Multiple goals theory.* Yet another theory, posed by Caughlin and Scott (2010), asserts that each partner is driven by multiple goals in initiating demand/withdraw. A partner's objectives may relate to his or her self-image, desires for the relationship, or personal tasks (Caughlin & Scott, 2010).

Furthermore, these goals play a significant role in communication processes, such as whether the issue is raised for discussion and how, as well as whether the issue of interest changes during the interaction (Caughlin & Scott, 2010). Changing goals may also explain why partners do not maintain the same behaviors during interactions (Caughlin & Scott, 2010).

*Factors contributing to demand/withdraw interactions.* Research suggests that the presence of the demand/withdraw pattern may relate to numerous individual characteristics or desires. For example, highly argumentative spouses or spouses wanting increased closeness were more likely to demand and less likely to withdraw from interactions, while the

opposite was true for spouses who were able to be flexible in their needs and approach (Caughlin & Vangelisti, 2000). Unhappy couples may also desire different levels of autonomy, which might create more opportunities for disagreement and negative communication (Christensen & Shenk, 1991).

Similarly, the presence of the demand/withdraw pattern may be influenced by the length of the relationship. Over years of marriage, couples may become more successful at solving husbands' issues but less so at resolving wives' issues, thus employing demand/withdraw primarily in response to wives' issues (Klinetob & Smith, 1996). Couples may also become increasingly entrenched and polarized in their respective demand/withdraw roles over time (Eldridge et al., 2007). However, couples married longer have had more time to develop beneficial ways to use the demand/withdraw pattern, possibly leading to increased satisfaction (Caughlin, 2002). Conversely, other research suggests that wife demand/husband withdraw is also more prominent among newlyweds, suggesting that even early on, wives may desire more equality; thus, the pattern may only increase over time and exacerbate power differences (Vogel & Karney, 2002). Younger couples may also be more rigidly gendered and unbalanced in their use of demand/withdraw, which may be a predictor of divorce (Caughlin, 2002).

Additionally, the success of demand/withdraw may relate to a couple's flexibility in communication styles. Researchers note that the demand/withdraw pattern may simply be one of a couple's communication tools (Caughlin & Vangelisti, 1999). When used only occasionally or in a flexible way, the pattern may bring about positive results (Eldridge, Sevier, Jones, Atkins, and Christensen, 2007; Klinetob & Smith, 1996).

Finally, cultural factors play an important role in interactions. Research shows that besides being a common observation in the United States and Western cultures, the demand/withdraw pattern is also prevalent in Eastern, developing, patriarchal, non-Christian, and collectivistic cultures around the world (Christensen et al., 2006). Across cultures, women are also more likely to play the demand role and desire more change in relationships, perhaps because of increased attunement with the relationship or differences in power (Christensen et al., 2006). Even cross-culturally, demand/withdraw related to each partner's desire for closeness or independence in the relationship, although these desires did not prescribe which role each partner would play (Christensen et al., 2006).

*Implications of the demand/withdraw pattern.* Although most research has focused on demand/withdraw interactions within marriages, research confirms the existence of demand/withdraw among dating couples (Malis & Roloff, 2006). Demand/withdraw interactions are associated with a variety of negative relationship issues, including increased cortisol production during conflict (Heffner et al., 2006), violence among husbands (Berns, Jacobson, & Gottman, 1999a; Berns, Jacobson, & Gottman, 1999b; Feldman & Ridley, 2000), and unresolved conflicts (Malis & Roloff, 2006). Malis and Roloff also found that demand/withdraw patterns among couples led to high rates of hyperarousal, intrusive thoughts and feelings, and disruption of activities. Demand/withdraw is further associated with depression among wives, which researchers suggest may be related to such factors as wives' desire for de-escalation or feelings of powerlessness (Byrne, Carr, & Clark, 2004).

*Effects on marital satisfaction.* Demand/withdraw interactions appear to be inversely related to marital satisfaction across both same-sex and cross-sex couples (Baucom et al.,

2010; Caughlin & Huston, 2002; Christensen et al., 2006; Christensen & Heavey, 1990; Christensen, 1988; Eldridge & Christensen, 2002; Eldridge et al., 2007). Not surprisingly, dissatisfaction in relationships also seems to exacerbate the demand/withdraw pattern (Eldridge & Christensen, 2002). However, affection shared between partners may buffer this relationship (Caughlin & Huston, 2002).

In considering satisfaction within individual roles, research findings are mixed. Some results suggest that filling the demand role is associated with higher dissatisfaction, while positive communication was related to increased satisfaction for both partners (Heavey et al., 1993). However, other research found that the roles of demanding and withdrawing seem to have little influence on levels of marital satisfaction (Caughlin, 2002).

Research exploring the role of the demand/withdraw pattern in relationship satisfaction also shows mixed results. Caughlin (2002) found that demand/withdraw patterns may lead to wives feeling more satisfied, suggesting that the couple makes progress toward resolution or that the wife feels more empowered. However, Heavey, Layne, and Christensen (1993) found that wives consistently demanding change led to significant declines in concurrent satisfaction for both partners, as well as for women over time. This may be a reflection of couples' dissatisfaction at becoming trapped in gender-stereotyped cycles (Heavey et al., 1993). Men's withdrawal may also be a key factor in the decline of women's satisfaction with the relationship, but only when withdrawal is in response to an issue raised by the woman and not by the man (Heavey, Christensen, & Malamuth, 1995). Husbands making demands, on the other hand, led to decreased satisfaction in the short-term but increased satisfaction for both partners over time (Heavey et al., 1993). As such, wives may



interpret husbands' demands as a positive interest or investment in the relationship (Heavey et al., 1993).

Mental health in the military. In contrast to previous eras, today's military culture often requires multiple deployments from its all-volunteer force. Thus, the effects and implications of current operations on military members and their families differ in many cases from those seen in prior conflicts (Davis et al., 2011; Gottman et al., 2011; Sheppard et al., 2010). Consequently, clinicians may find past research no longer applicable to the new generation of military members involved in OIF or OEF (Davis et al., 2011; Sheppard et al., 2010). In general, however, returning service members show significant risk for depression, anxiety, posttraumatic stress, suicidal ideation, and other mental health concerns (Hoge et al., 2006; Kang & Hyams, 2005, Mental Health Advisory Team-V, 2008; Seal, Bertenthal, Miner, Sen, & Marmar, 2007). Suicides in particular are at higher levels than in the past (MHAT-V, 2008). Returning service members also experience numerous physical health issues, such as digestive or cardiovascular problems (Kang & Hyams, 2005).

More specifically, approximately one in five service members returning from Iraq and one in ten service members returning from Afghanistan meet criteria for mental health problems, such as major depressive disorder, generalized anxiety disorder, or Posttraumatic Stress Disorder (PTSD; Hoge et al., 2004; Hoge et al., 2006). Seal, Bertenthal, Miner, Sen, and Marmar (2007) found that one-quarter of veterans utilizing VA health care services after deployment qualify for at least one mental health diagnosis, with PTSD being the most common. Another study found that of those veterans clinically referred for mental health services, almost three-quarters reported depression, while almost half indicated difficulty with

PTSD or GAD (Sayers et al., 2009). Another third of referred military personnel were at risk for alcohol abuse (Sayers et al., 2009), which may relate to depression among military members (Hoge et al., 2004). Overall, research shows that 11-17% of service members met screening criteria for mental disorders a few months after deployment (Hoge et al., 2004).

Unfortunately, these statistics may be significant underestimates (Milliken, Auchterlonie, & Hoge, 2007). Re-assessment of mental health six months after initial screening showed even higher rates of PTSD, depression, and alcohol abuse, which resulted in increased referrals for mental health services (Milliken et al., 2007). This finding suggests that mental health problems worsen over time after deployment. In addition to mental health issues, interpersonal concerns also increased, affecting up to 14% of active duty service members and 21% of reservists (Milliken et al., 2007). Based on these findings, Milliken et al. estimated that 20-42% of service members returning from deployments may be in need of mental health services.

Although a study of mental health services within the VA revealed that mental health diagnoses did not vary by gender or race (Seal et al., 2007), there do appear to be some risk factors for developing mental health problems following deployment. For example, PTSD severity seems to be influenced by combat experiences or deployment injury, which may explain the higher rates among service members who served in Iraq, where conflict has been more frequent and intense (Gewirtz et al., 2010; Hoge et al., 2004). Military personnel returning from Iraq report more combat experiences (e.g., firefights, witnessing deaths) and more personal injuries than those returning from Afghanistan, as well as more symptoms of psychological distress (Hoge et al., 2006; Hoge et al., 2004). Just over 9% of OIF service

members reported significant levels of PTSD compared with almost 5% of OEF service members (Hoge et al., 2006).

In addition, branch of service and rank are associated with postdeployment functioning. For example, PTSD may also be more likely among Army and Marine service members than those serving with the Navy and Air Force, as well as among enlisted men when compared with officers, perhaps as a result of greater exposure to combat (Kang & Hyams, 2005). Army soldiers with history of repeated OIF deployments also seem to experience more mental health problems (MHAT-V, 2008). Younger military personnel (ages 18-24) also appear to be at higher risk for mental health issues, perhaps because of lower rank and a higher likelihood of combat exposure (Seal et al., 2007). Additionally, just under 50% of National Guard soldiers demonstrate PTSD (Khaylis, Polusny, Erbes, Gewirtz, & Rath, 2011). Although this is substantially higher than general estimates, it may reflect the higher risks for personnel from National Guard units. OIF and OEF have called for “an unprecedented reliance” (Gewirtz et al., 2010, p. 599) on the U.S. National Guard and Reserves, who may be more prone to mental health problems because they are less prepared for deployment, disconnected from their military units, and their families frequently have less support due to living away from military communities and resources (Lapp et al., 2010; Laser & Stephens, 2011; Park, 2011; Wheeler & Torres Stone, 2010).

The family’s deployment experience. “Although the United States has been actively engaged in war for a number of years, the sacrifices on the home front have been largely invisible to our country’s collective consciousness” (Lapp et al., 2010, p. 46). Besides individual functioning, deployment experiences may also impact interpersonal aggression and

issues in intimate relationships (Hoge et al., 2006; Meis et al., 2010). In fact, families are at higher risk for stress and conflict than ever before due to increased isolation, high levels of inexperience within a younger military force, as well as a cumulative stress effect (Gottman et al., 2011).

From the time a service member receives a deployment alert, research shows that romantic relationship satisfaction declines for that individual, regardless of relationship status, relationship length, or age (McLeland & Sutton, 2005). Months and weeks leading up to deployment are often characterized by feelings of anticipation, loss, and denial (Pincus, House, Christenson, & Adler, 2001). The couple may argue or distance themselves from each other as the service member bonds with a deployment unit (Pincus et al., 2001).

Spouses and families also experience significant physical and emotional stress while service members are deployed (Davis et al., 2011; Gewirtz, Erbes, Polusny, Forgatch, & DeGarmo, 2011; Lapp et al., 2010; Mmari, Roche, Sudhinaraset, & Blum, 2009; Padden, Connors & Agazio, 2011; Park, 2011; Pincus et al., 2001; Warner, Appenzeller, Warner, & Grieger, 2009; Wheeler & Torres Stone, 2010). Initially, families may feel disoriented, overwhelmed, numb, isolated, insecure, or even relieved (Pincus et al., 2001). Besides the unsettling reality of a spouse or parent deploying to a combat zone, families deal with the constant threat of the military member's injury, mental illness, or death (for a review, see Cozza et al., 2005; Davis et al., 2011; Park, 2011; Warner, Appenzeller, Warner, & Grieger, 2009).

Deployments significantly affect the family's stability, as well (Sheppard et al., 2010). As time passes, family members must reorganize family roles and responsibilities to

accommodate the missing family member, prompting both children and the remaining parent to take on more responsibility (Mmari et al., 2009; Pincus et al., 2001). However, this may move older children into adult roles (Mmari et al., 2009). It can also be difficult when service members miss family milestones, particularly those for children (Mmari et al., 2009).

Extensive public controversy over American involvement in Iraq, as well as a constant supply of war-related information and images from the media, may also exacerbate the family's stress (Cozza et al., 2005; Fitzsimons & Krause-Parello, 2009; Mmari et al., 2009). Spouses may even be hesitant to disclose their connection with the military for fear of public judgment or insensitivity (Davis et al., 2011). Although the Iraq War may have more troop support than past conflicts, particularly the Vietnam War and its accompanying hostility and disapproval on the home front, remnants of "Vietnam Syndrome" remained toward U.S. military involvement overseas for the next four presidential administrations (Coy, Whoerle, & Maney, 2008, p. 163). While the public generally seems to support American troops during the current conflicts, researchers note the negative attention drawn by the prevalence of human rights abuses and torture issues and public disapproval of the Bush administration's war-related policies as causing difficulty during the Iraq War (Coy et al., 2008).

*The military spouse's experience.* Spouses describe deployment as an "emotional roller coaster" with intense experiences of fear, loss, and powerlessness (Davis et al., 2011, p. 51). During deployments, spouses left behind struggle with a myriad of issues, including pregnancy, feelings of loneliness, house/car repairs, running a household, organizing finances, dealing with health issues, and finding a new work/family balance (Warner, Appenzeller, Warner, & Grieger, 2009). Many spouses become single parents during deployments, leaving

very little time for self-care (Baptist et al., 2011; Gewirtz et al., 2011; Lapp et al., 2010; Mmari et al., 2009; Warner et al., 2009; Wheeler & Torres Stone, 2010).

Research notes a wide variety of coping methods among military wives. Spouses may rely on other spouses or the military community for support (Davis et al., 2011; Spera, 2008; Wheeler & Torres Stone, 2010), find activities in which to escape or express themselves (Wheeler & Torres Stone, 2010), or rely on spiritual or religious beliefs for comfort (Wheeler & Torres Stone, 2010). Spouses find benefits in staying busy and active, as well as the entire family maintaining normal routines while their military member is away (Davis et al., 2011; Fitzsimons & Krause-Parello, 2009; Mmari et al., 2009). Spouses further note the importance of positive attitudes, optimism, and self-determination, particularly for the benefit of children (Davis et al., 2011; Mmari et al., 2009). However, some spouses also acknowledge a tendency to avoid the situation when it becomes too overwhelming (Wheeler & Torres Stone, 2010).

Indeed, spousal concerns can often become overwhelming and may lead to significant mental health issues for the partner left behind. In one study, researchers found that over 40% of spouses struggle with significant symptoms of depression during a partner's deployment, and although most spouses indicated a willingness to seek treatment, many are deterred by negative stigmas, scheduling difficulties, and fears of damaging their partner's military career (Warner, Appenzeller, Warner, & Grieger, 2009). Spouses also note an inability to share their true feelings and experiences because of a need to protect or support other family or friends through the difficulty of deployment (Davis et al., 2011). Many spouses feel unsupported or ignored by the civilian community, unable to find relief or encouragement

(Davis et al., 2011). In fact, Lapp et al. (2010) note, “The suffering of spouses is often a quiet, hidden phenomenon” (p. 46).

*The military child’s experience.* A disproportionate number of military children are under the age of five, which poses unique developmental and emotional challenges for parents left behind (for a review, see Paris, DeVoe, Ross, & Acker, 2010). Communicating with children about deployment can be very difficult for the parent left behind (Cozza et al., 2005), and strain can negatively affect parent-child relationships (Gewirtz et al., 2011; Mmari et al., 2009). According to a review by Sheppard, Weil Malatras, and Israel (2010), child maltreatment, particularly neglect, appears to increase during deployment.

Deployment may influence children’s academic functioning, maladjustment, physical health, emotional difficulty, or behavior problems (for reviews, see Gewirtz et al., 2011; Park, 2011; Sheppard, Weil Malatras, and Israel, 2010). Adolescents face particular difficulty because of their more mature range of understanding, higher level of exposure, and developing autonomy (for a review, see Mmari et al., 2009). Adolescents also seem to be at risk for emotional avoidance, acting out, or being bullied at school (Mmari et al., 2009). However, despite these issues among children and adolescents, teachers and school personnel are often untrained and unprepared to deal with military family issues (Mmari et al., 2009).

*Post-deployment reunion: A time for readjustment.* In the month prior to a service member’s return, families may be excited and apprehensive (Pincus et al., 2001). Spouses may feel added motivation to accomplish projects around the house (Pincus et al., 2001).

Conversely, many spouses have difficulty making decisions or find themselves second-guessing what has been done while the service member was away (Pincus et al., 2001).

Observations dating back to World War II note that a veteran's return calls for wives to find a new balance between authority, leadership, and dependence within the family (Hill, 1945). After a long separation, a service member's reunion with family requires time for readjustment, as the service member, his partner, and other family members have all changed to some extent (Hill, 1945; Laser & Stephens, 2011). Although the family may experience a honeymoon period, life soon returns to a new normal, which often means tension and difficulty for the family (Lapp et al., 2010; Mmari et al., 2009; Pincus et al., 2001).

*Reestablishing relationships.* Military spouses note the need to get reacquainted, reconnect emotionally, and reestablish a sexual relationship with their partner (Baptist et al., 2011; Knobloch & Theiss, 2012; Lapp et al., 2010; Pincus et al., 2001). In some cases, relationships may confront issues of trust, commitment, or infidelity (Baptist et al., 2011; Knobloch & Theiss, 2012). However, spouses may ignore their own needs as the family deals with readjustment (Baptist et al., 2011).

Besides renewing the marital relationship, returned service members must also rebuild relationships with children and reestablish parental authority (Mmari et al., 2009; Pincus et al., 2001). Children may feel abandoned, indifferent, or clingy (Pincus et al., 2001). Following the reunion, the entire household's schedule may be rearranged to allow for additional family time and other family commitments rather than individual responsibilities (Mmari et al., 2009). However, family members must also find a balance between family time and needed time alone (Pincus et al., 2001).



*A different place in the family.* As previously discussed, during the deployment period, new roles and responsibilities frequently develop within the family (Baptist et al., 2011; Knobloch & Theiss, 2012; Laser & Stephens, 2011; Mmari et al., 2009; Pincus et al., 2001; Spera, 2008). There may be changes in finances, household management, and everyday routines (Knobloch & Theiss, 2012). As a result, service members may wish for the family to go back to the way it was before the deployment (Baptist et al., 2011; Pincus et al., 2001). Military personnel may feel isolated, misunderstood, frustrated, or pressured—both at home and in the civilian workplace (Baptist et al., 2011). The family, however, may also feel misunderstood, abandoned, or unappreciated for sacrifices made while the service member was away (Mmari et al., 2009; Pincus et al., 2001).

Spouses in particular may have difficulty returning to pre-deployment routines with the possibility of another deployment in the future (Baptist et al., 2011; Mmari et al., 2009). Spouses may have even found new strength or self-confidence in their ability to manage affairs while their partner was deployed (Baptist et al., 2011; Davis et al., 2011; Pincus et al., 2001). Nonetheless, spouses generally note that deployments lead to a new appreciation for life and time spent with family (Baptist et al., 2011; Knobloch & Theiss, 2012). Many also acknowledge that priorities shift or perspectives change during or after a deployment (Wheeler & Torres Stone, 2010; Knobloch & Theiss, 2012). In fact, throughout all military families is a theme of resilience and opportunities for personal growth (Laser & Stephens, 2011; Park, 2011; Wheeler & Torres Stone, 2010), with many positive changes also taking place throughout deployments (Knobloch & Theiss, 2012; Park, 2011).

*Factors influencing readjustment.* Various factors influence coping and mental health within military families during reintegration. For example, a family's ability to cope with deployment may vary by branch of service (Park, 2011). Specifically, because of their more isolated and nontraditional status, National Guard or Reserve families may not have access to military resources or support, may have incurred a pay decrease with the service member's job status change, and may be at higher risk for family problems (Laser & Stephens, 2011; Wheeler & Torres Stone, 2010).

Research suggests that race and culture may also play a role in parenting skills, relationship functioning, and family adjustment during reintegration (Gewirtz et al., 2010). Gewirtz, Polusny, DeGarmo, Khaylis, and Erbes (2010) found that among Army National Guard troops returning from deployment, parenting was most effective among African-American fathers, while Hispanic fathers showed poorer relationship adjustment (compared to European-Americans).

Length of the military couple's marriage may also influence readjustment. Shorter marriages may mean more difficulty with readjustment, as the partners have had less time to build a solid emotional connection (Hill, 1945). In fact, research has found that military personnel of higher rank or from longer marriages (20+ years) were more likely to feel that spouses would experience very little difficulty with deployment (Spera, 2008). Conversely, spouses of personnel of lower rank or from shorter marriages were at highest risk (Spera, 2008). Some Army soldiers also report more concerns about marital separations as deployments continue (MHAT-V, 2008).

However, support from the military and the local community seemed to make the transition easier for less experienced families (Spera, 2008). Wives with more exposure to the military and prior experience with deployment also seem to experience less stress and use healthier coping skills (Padden, Connors, & Agazio, 2011).

*Mental health issues and the family.* A significant majority of veterans clinically referred for VA behavioral health evaluations also experience distressing family problems, such as fear expressed by a child or partner, uncertainty about family roles, not feeling comfortable in their own home, or physical altercations with a partner (Sayers et al., 2009). Domestic abuse was a problem for over half of referred patients (Sayers et al., 2009). Moreover, these issues at home were often related to other mental health problems, particularly depression and anxiety (Sayers et al., 2009).

Spouses are affected in many ways by service members' difficulty. For example, trauma symptoms among returning Army soldiers have been shown to increase marital dissatisfaction among both service members and spouses (Nelson Goff, Crow, Reisbig, & Hamilton, 2007). However, partners appear to be impacted differently by trauma symptoms—while sleep problems and sexual difficulty predicted marital difficulty among male soldiers, the soldier's dissociation and sexual trauma predicted wives' marital dissatisfaction (Nelson Goff, Crow, Reisbig, & Hamilton, 2007). Such issues may also be problematic in that trauma symptoms can reduce service members' ability to emotionally connect with partners (Nelson Goff, Crow, Reisbig, & Hamilton, 2007).

Research shows that PTSD in service members seems to negatively affect the military family in numerous ways (Gewirtz et al., 2010; Monson, Taft, & Fredman, 2009). Research

further indicates that combat trauma may be more likely than other types of trauma to lead to PTSD diagnosis over a male service member's lifetime, particularly delayed onset PTSD, as well as residual PTSD symptoms (Prigerson, Maciejewski, & Rosenheck, 2002). Combat trauma may also be more likely than other types of trauma to result in relationship or employment problems for male service members (Prigerson, Maciejewski, & Rosenheck, 2002).

In regard to effects of PTSD on the marital relationship, research among National Guard troops showed that as PTSD symptoms increased following deployment, so too did unhappiness in romantic relationships (Khaylis et al., 2011). Moreover, about 75% of soldiers sampled were worried about interacting and communicating with their partner, while another 25% were dissatisfied with their romantic relationship (Khaylis et al., 2011). Many were also concerned about their ability to parent their children following a deployment (Khaylis et al., 2011).

Emotional numbing and avoidance, often typical features of PTSD, may create distance and detachment within the family and lead to difficult interactions between the male service member and his family members (Gewirtz et al., 2010). Hyperarousal, another characteristic of PTSD, may lead to inappropriate or explosive reactions from the service member in stressful family situations (Gewirtz et al., 2010). PTSD symptoms may also lead to increased relationship dissatisfaction, aggression, abuse, depression, substance abuse, and divorce (for a review, see Monson et al., 2009). Perhaps as a result of these issues, PTSD seems to negatively influence couple adjustment and parenting behaviors among National Guard families in the first year following deployment (Gewirtz et al., 2010).

Research has found that an important predictor of relationship satisfaction among male Army soldiers and their female partners is wives' PTSD symptoms, particularly issues of arousal and re-experiencing (Hamilton, Nelson Goff, Crow, & Reisbig, 2009). Researchers note that soldiers' difficulties may remind spouses of their own trauma histories, leading both partners to feel disconnected, unsafe, or reactive (Hamilton et al., 2009). Such research shows the importance of monitoring not only service members' but also spousal functioning and adjustment following deployment, an important consideration often minimized in today's military (Hamilton et al., 2009).

Severe posttraumatic stress may also introduce numerous maladaptive behavioral patterns into the family through modeling or differential reinforcement (Sheppard et al., 2010). For example, spouses of deployed service members show increased psychological distress (e.g., depression) when partners are diagnosed with PTSD (Renshaw et al., 2008). Moreover, mental health issues and marital problems worsened when wives of National Guard soldiers perceived severe difficulty among their husbands, particularly if soldiers themselves did not acknowledge mental health difficulties to the same extent (Renshaw et al., 2008). Wives also seemed to have more difficulty when their husbands had fewer combat experiences, perhaps because wives were less able to attribute the difficulty to combat trauma (Renshaw et al., 2008).

In fact, PTSD symptoms and poor relationship adjustment have been shown to correlate with increased use of individual mental health services among National Guard members returning from Iraq (Meis, Barry, Kehle, Erbes & Polusny, 2010). However, research showed that as relationship adjustment improved, National Guard personnel were more likely

to seek treatment for PTSD symptoms, suggesting that support in intimate relationships plays a vital role in the acquisition and success of mental health services (Meis et al., 2010).

Among spouses seeking primary health care, Eaton et al. (2008) note that over 20% met broad screening criteria for psychological distress, while almost 10% met more specific criteria for depression or generalized anxiety disorder. Although these rates are similar to those seen in service members, spouses reported reduced stigma when compared with service members and a higher likelihood of obtaining mental health services (Eaton et al., 2008). However, services were not always available to spouses because of difficulty finding childcare, conflicting work schedules, and the necessity of finding non-military providers (Eaton et al., 2008).

*Communication within the military couple.* Even when a military partner is not deployed, there appear to be differences in communication between non-military and military couples. Although both types of couples discuss everyday topics and avoid similar issues (e.g., cohabitation, marriage), research suggests that dating military couples find ordinary conversations more important than non-military couples, perhaps because military couples are able to spend less time together (Frisby, Byrnes, Mansson, Booth-Butterfield, & Birmingham, 2011). Moreover, although both types of couples avoided discussing the future of the relationship to some extent, dating military couples were much more likely to broach these topics than non-military couples (Frisby et al., 2011). Together, these patterns were also more influential in lowering stress levels among dating military couples than non-military couples (Frisby et al., 2011). Thus, it makes sense that these same trends would carry through to more committed cohabitating or married relationships among service members.

Military members, spouses, and researchers note the importance of family communication while a service member is deployed (Baptist et al., 2011; Davis et al., 2011; Hill, 1945; Lapp et al., 2010; Wheeler & Torres Stone, 2010). Not only can family communication improve a service member's health, well-being, and productivity while overseas (for a review, see Greene et al., 2010), but communication also plays a key role in a spouse's adjustment on the home front (Baptist et al., 2011; Davis et al., 2011; Lapp et al., 2010; Wheeler & Torres Stone, 2010). Communicating regularly with family members also allows the service member to see or hear about gradual changes and activities within the family back home (Hill, 1945).

In fact, research with National Guard families suggests that social support during deployment appears to be associated with fewer PTSD symptoms and better parenting skills among male service members after they return (Gewirtz et al., 2010). Other researchers assert that certain types of family communication during deployment are related to fewer PTSD symptoms during reintegration, although this seems to depend on marital satisfaction. Carter et al. (2011) found that only delayed communications (e.g., care packages, e-mail) were significantly related to fewer PTSD symptoms when compared with instant communications (e.g., phone, instant video). The frequency of delayed communications were related to fewer PTSD symptoms only among military personnel in happily married couples, suggesting that these modes of communication are more positive, thoughtful, effortful, or careful in nature, so as to protect and support both partners during deployment.

However, communication within the military family is not without its disadvantages and difficulties (for a review, see Greene et al., 2010). For example, a primary concern among

military members is the unavailability of communication technology in theater or significant limits placed on length or frequency of communications (Greene et al., 2010). Fortunately, communication is almost always available on overseas military bases via a variety of technologies, although different methods (e.g., phone, e-mail, text) and the resulting quality of communication may have varying effects on both the soldier and family (Houston et al., 2013). Moreover, if the deployed service member can be in frequent contact, he or she may feel torn between two very different worlds (Gottman et al., 2011). In fact, the stark differences in each partner's reality may become overwhelming (Gottman et al., 2011).

Deployed service members often feel as though they must protect the family from the harsh realities of war, and technological difficulties or a lack of privacy can make contacts stressful (Baptist et al., 2011; Gottman et al., 2011; Lapp et al., 2010). Such emotional suppression may lead to service members feeling more agitated, controlling, or critical and acting less responsive toward spouses, thus connection between spouses becomes difficult (Gottman et al., 2011). Conversely, spouses also report needing to protect their deployed spouse from negative events occurring at home (Davis et al., 2011).

Both partners often struggle with over-interpreting arguments or discussing difficult topics over long distance while a spouse is deployed, and it is often advised that pre-existing marital issues be left alone for the duration of the deployment (Pincus et al., 2001). However, unresolved conflicts or difficult emotions during deployment may also lead to marital difficulty (Baptist et al., 2011). In fact, a stressful and emotional relationship issue is the most common cause of suicidal or homicidal ideation among deployed military personnel (Gottman et al.,



2011). As a result, service members and spouses must learn to communicate effectively and find a balance (Baptist et al., 2011).

Communication problems do not stop when a service member returns from deployment. In fact, spouse-service member communication may decline even further following deployment (Houston et al., 2013). Service members and spouses may struggle with increased conflict, difficulty understanding their partner's experience, or knowing how much to share from their time apart (Knobloch & Theiss, 2012). Research also suggests that non-military spouses experience declines in communication with children once the deployed parent returns home (Houston et al., 2013). As a result, patient and thoughtful communication, as well as reasonable expectations, are critical as the family readjusts (Pincus et al., 2001).

Service members returning to school. Military veterans first incurred educational benefits at the conclusion of World War II, when the GI Bill allowed millions of veterans to return to school in a transitioning economy. However, veterans found themselves profoundly different from their nonveteran colleagues in a variety of ways (Summerlot, Green, & Parker, 2009). Although veterans of other conflicts since the Great War have met with varying levels of public support, the idea that student veterans are inherently separate from traditional students remains much the same.

The most recent GI bill, enacted in 2009, enables many veterans of the current generation to obtain a college degree (Glasser et al., 2009; Rumann et al., 2011). College campuses have seen significant increases in student service members/veterans in recent years, some of whom may be students, veterans, and service members simultaneously

(Rumann & Hamrick, 2010), and this growth is expected to continue (Ackerman et al., 2009; Summerlot et al., 2009). As a result, many colleges and universities offer financial aid, distinct veterans' services offices, and student veteran organizations in an effort to draw more veterans to their campuses (Rumann et al., 2011). Community colleges, so often a home for nontraditional students, are also well positioned to offer a wide variety of programs and certifications (e.g., pre-baccalaureate, vocational) as well as distance learning, and may be particularly appealing to student veterans (Rumann et al., 2011). However, research consistently shows that colleges and universities often fall short in welcoming veterans, offering appropriate and effective services, and easing the transition from service member to student (Rumann et al., 2011).

*Adjustment to campus life.* When returning from deployments, student service members/veterans face unique challenges. One National Guard soldier noted coming back from deployment as a “fundamentally...different person” (Ackerman et al., 2009, p. 7). Veterans' identity sets them apart as being different than the typical college student (Fauman & Hopkinson, 2010; Rumann et al., 2011), and many experience “culture shock” (Glasser et al., 2009, p. 33). Furthermore, student service members/veterans often experience less emotional support from peers than traditional students and may feel isolated, putting them at higher risk for academic problems and mental health issues (Whiteman, Barry, Mroczek, & MacDermid Wadsworth, 2013). Additionally, service members serving part-time while in school and forced to withdraw for deployments often find that they have grown apart from previous college friends and feel left behind following their return (Rumann & Hamrick, 2010).

Indeed, student service members/veterans differ from their peers in a multitude of ways. For example, student veterans likely have minimal cohort or support systems, if any, may be of a different age or background than other college students, and often have not been in the education system for years (Fauman & Hopkinson, 2010). These authors further note that many veterans are first-generation college students or of a lower socioeconomic status than their college peers. Perhaps because of such factors, many veterans tend to be more goal-oriented than other students (Fauman & Hopkinson, 2010).

Student service members/veterans may also differ in personal values or lifestyle choices, causing potential conflicts when faced with insensitivity from immature classmates or criticism from liberal faculty members (Ackerman et al., 2009; Baechtold & De Sawal, 2009; Fauman & Hopkinson, 2010; Glasser et al., 2009; Persky & Oliver, 2010; Rumann & Hamrick, 2010; Rumann et al., 2011), many of whom are unaware of the reality of war or the military's true role in the Middle East (Rumann & Hamrick, 2010; Rumann et al., 2011). Additionally, professors may be unaware of what teaching methods are most appropriate or effective for adult veterans and most suited to their individualized learning styles (Persky & Oliver, 2010).

Resources for student service members/veterans at both the federal and university levels appear to be inconsistent, limited, uninformed, or generally unsupportive in many cases (Ackerman et al., 2009; Glasser et al., 2009; Rumann & Hamrick, 2010; Rumann et al., 2011). Service members frequently have difficulty re-enrolling in classes after withdrawing for deployment (Rumann & Hamrick, 2010), and although some make an effort to continue their studies overseas through distance learning, personal study, or similar programs (Rumann & Hamrick, 2010), many face difficulties with the transfer of military course credits and

experiences (Persky & Oliver, 2010). Promised financial aid may also be slow, unavailable, or difficult to obtain (Ackerman et al., 2009; Glasser et al., 2009). These issues can combine to create a perceived atmosphere of disrespect or ambivalence for veterans, even to the extent of unfair or discriminatory behaviors (Persky & Oliver, 2010).

*Learning to be a civilian again.* In the midst of the transition from service member to student, veterans are often still adjusting to civilian life (Glasser et al., 2009). Each service member/veteran must discover and mold a new identity that merges deployment experiences from the past with the educational opportunities they now have in a non-military setting (Rumann & Hamrick, 2010). As an example, veterans must shift from having decisions made, orders given, and resources available in the military to a myriad of individual choices and responsibilities on a college campus (Fauman & Hopkinson, 2010). The routines and structure of deployments are gone, replaced with freedom and relative unpredictability (Ackerman et al., 2009; Rumann & Hamrick, 2010; Rumann et al., 2011). The service member/veteran has also lost the intense camaraderie and goals of the military while adjusting to a new style of leadership and hierarchy within the university system (Ackerman et al., 2009; Fauman & Hopkinson, 2010; Glasser et al., 2009; Rumann & Hamrick, 2010).

Identity issues are particularly salient for female veterans (Baechtold & De Sawal, 2009). Women in the military note dealing with distinct challenges because of their gender and minority status, including discrimination, harassment, sexual assault, and mental health issues (Ackerman et al., 2009; Baechtold & De Sawal, 2009). As a result, female veterans have unique needs related to sexual traumas, mental health problems, and gender identity issues and may require special support and counseling to process these experiences (Baechtold & De

Sawal, 2009). However, female mentors or role models for women veterans may be difficult to find in the college setting (Baechtold & De Sawal, 2009). For these reasons and many others, veterans often find comfort and stability in joining student veterans organizations on campus or meeting others with similar military experiences (Baechtold & De Sawal, 2009; Rumann et al., 2011; Summerlot et al., 2009), although such organizations or opportunities are not always readily available (Persky & Oliver, 2010; Rumann & Hamrick, 2010).

*Mental health issues among student service members/veterans.* After dealing with the horrors of war, the deaths of comrades, and personal injury—resulting in disabilities both seen and unseen—student veterans likely carry memories or experience reminders of these traumas on campus, making adjustment even more difficult (Ackerman et al., 2009; Hawn, 2011; Baechtold & De Sawal, 2009). Depression, posttraumatic stress, and other mental health issues may lead to attention difficulties, lingering stress, problems focusing, sleep issues, hypervigilance, fear, and impatience among student service members/veterans, all of which can negatively impact academic performance and social relationships (Ackerman et al., 2009; Hawn, 2011; Rumann & Hamrick, 2010). Adverse reactions may also include substance abuse (Fauman & Hopkinson, 2010). For these reasons, appropriate counseling or support services are necessary to assist veterans in their transition (Baechtold & De Sawal, 2009). However, service members/veterans are often selective about who they share deployment experiences with (Rumann & Hamrick, 2010). Rudd, Goulding and Bryan (2011) further state that because veterans are unlikely to disclose their experiences to college peers, potential mental health issues may go unnoticed, and educational institutions may be unprepared for the unique mental health issues of student veterans.

In general, student veterans may experience increased stress when compared to their college peers (Fauman & Hopkinson, 2010), as well as significant mental health problems (Ackerman et al., 2009; Hawn, 2011). Rudd et al. (2011) found clinical levels of depression, anxiety, suicidality, PTSD, and combat exposure among student veterans nationwide. Furthermore, these incidence rates were often higher than those seen among both normal college populations and veterans obtaining services at VA hospitals (Rudd et al., 2011). Researchers hypothesize that veterans may be less able to identify mental health issues or obtain needed services, either because services are inappropriate, unavailable, or unadvertised (Fauman & Hopkinson, 2010).

*The veteran's strengths.* Veterans also bring important strengths to the college environment, including distinctive experiences, strong leadership skills, maturity, self-discipline, focus, time management skills, perspective, and motivation (Ackerman et al., 2009; Fauman & Hopkinson, 2010; Glasser et al., 2009; Rumann & Hamrick, 2010; Rumann et al., 2011). Furthermore, many service members/veterans return with a new appreciation for life, increased awareness of and respect for other cultures, fresh priorities, and pride in their accomplishments and life experiences (Rumann & Hamrick, 2010). One study notes that veterans returning from OIF/OEF are more inclined to share their experiences in the classroom than veterans of other generations, which may help to close the gap and increase understanding between veterans and traditional students (Hawn, 2011).

The current study. As previously discussed, today's military encompasses a wide variety of families (Cozza et al., 2005; Laser & Stephens, 2011; Park, 2011) who are affected by deployments in multiple and complex ways (Sheppard et al., 2010). Following deployments,

families must reconnect in their relationships and reestablish their way of life (Lapp et al., 2010; Laser & Stephens, 2011; Mmari et al., 2009; Pincus et al., 2001). Appropriate and effective communication during this time is critical, yet many military couples struggle (Pincus et al., 2001). Moreover, student service members/veterans and their families are in a unique position. In addition to coping with changes in their marital relationship, student veterans may feel isolated or unsupported on college campuses, often experiencing anxiety, depression, posttraumatic stress, or suicidality (Ackerman et al., 2009; Fauman & Hopkinson, 2010; Glasser et al., 2009; Hawn, 2011; Rudd, Goulding, & Bryan, 2011).

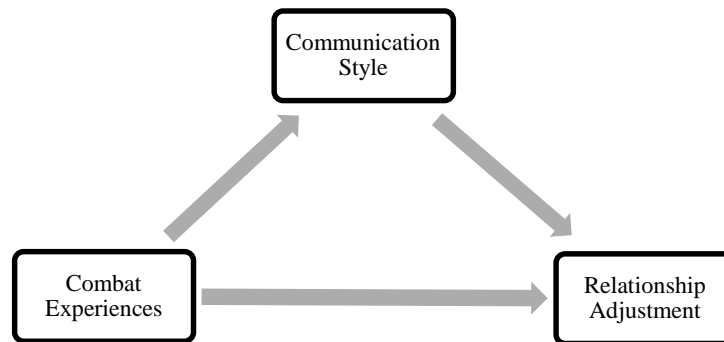
The current study sought to bridge the gap between the military family literature and the student service member/veteran literature by examining how deployment experiences, mental health issues, and communication patterns influence post-deployment relationship adjustment among student veterans. Hypotheses explored the association between levels of demand/withdraw communication and relationship adjustment. Analyses also examined whether communication style and/or current mental health concerns mediated associations between combat experiences and relationship adjustment, as well as between experiences in the aftermath of battle and relationship adjustment.

APPENDIX B

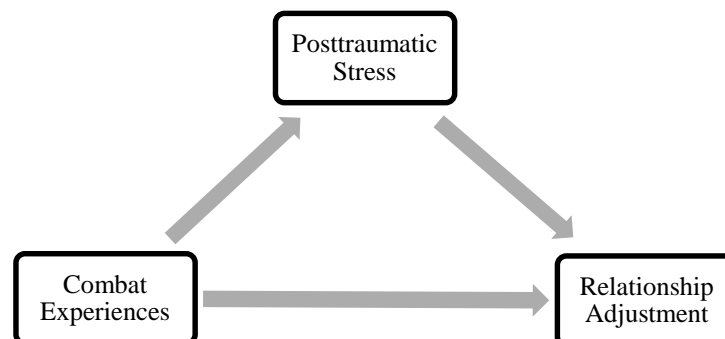
HYPOTHESES



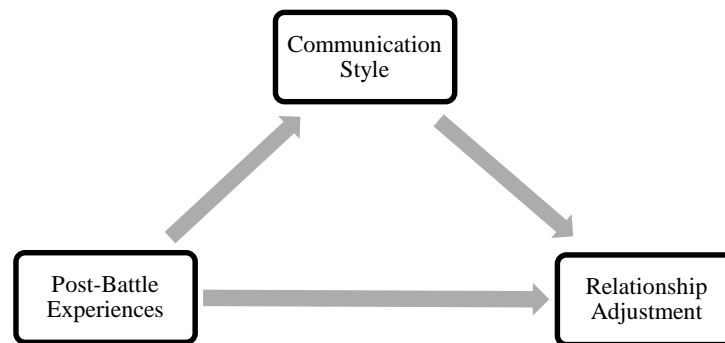
- Hypothesis 1: Veterans reporting higher levels of demand/withdraw communication in their relationship would show decreased relationship adjustment, while veterans reporting high levels of positive communication would show increased adjustment. Pearson correlations tested the first hypothesis.
- Hypothesis 2: Increased severe deployment experiences, as indicated on the DRRI, would be associated with poorer relationship adjustment. However, the relationship between combat experience and relationship adjustment would be mediated by communication style, in that more severe combat experiences would be associated with increased demand/withdraw communication, which would result in lower relationship adjustment.



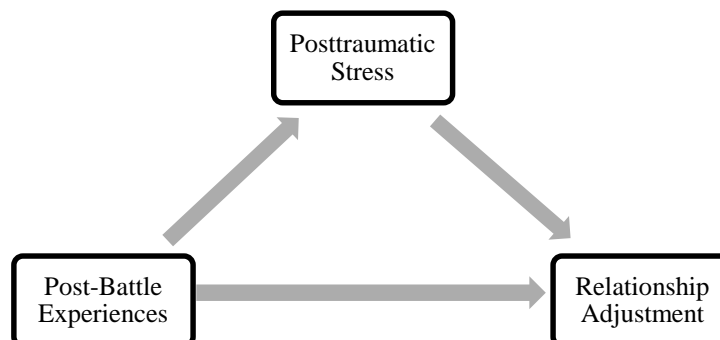
- Hypothesis 3: The relationship between combat experiences and relationship adjustment would be mediated by current mental health concerns, with more severe combat experiences associated with increased posttraumatic stress, which would lead to lower relationship satisfaction.



- Hypothesis 4: Veterans' increased exposure to the aftermath of battle, as indicated on the DRRI, would be associated with poorer relationship adjustment. However, this relationship would be mediated by communication style, with more severe post-battle experiences associated with increased demand/withdraw behaviors, which would lead to lower relationship adjustment.



- Hypothesis 5: Posttraumatic stress levels would also mediate the relationship between the aftermath of combat and relationship adjustment, with more severe after-battle experiences associated with increased posttraumatic stress, leading to lower relationship adjustment.



In addressing the fourth and fifth hypotheses regarding post-combat experiences, two similar path analyses were planned. However, Post-Battle Experiences was to be substituted as the IV to examine the veteran's exposure to the residual effects of combat while deployed.

Dependent and mediator variables would remain the same in both analyses. Additional information on proposed statistical analyses can be found in Appendix C.

APPENDIX C  
EXTENDED METHODOLOGY

The design utilized path analysis with mediation to examine relationships between variables. Independent variables included combat experiences and post-combat experiences (as measured by the Combat Experiences and Post-Battle Experiences subscales of the DRR). The dependent variable in the study was the veteran's overall relationship adjustment, as measured by the veteran's total adjustment score on the RDAS. Mediation variables considered for their effects in influencing relationships were total demand/withdraw communication in the veteran's relationship (as measured by the subtest on the CPQ-SF) and the veteran's posttraumatic stress levels (as measured by the veteran's IES-R total score).

Path analysis is effective in determining whether data fit a particular causal model. In this study, path analyses were planned to explore how both combat experiences and the residual effects of battle influenced relationship adjustment. Path analysis would also allow the exploration of mediation effects of communication style (i.e., prevalence of demand/withdraw communication in the veteran's marriage), as well as the veteran's experience of posttraumatic stress symptoms on relationship adjustment.

To address hypotheses two and three regarding objective combat experiences (i.e., the Combat Experiences subscale of the DRR) and relationship adjustment, two separate path analyses were planned. The first path analysis would use levels of demand/withdraw communication (as measured by subtests of the CPQ-SF) as the mediating variable, while the second path analysis would use levels of posttraumatic stress (as measured by the IES-R) as the mediating variable. Steps involved in path analysis include:

- 1) Examining the correlation to ensure an effect is present. This implied running a regression equation with Combat Experiences as the initial variable and relationship adjustment as the dependent variable.
- 2) Showing that the independent variable correlates with the mediator variable. This involved running a regression equation with Combat Experiences as the independent variable and levels of demand/withdraw communication or posttraumatic stress as the dependent variable.
- 3) Showing that the mediator variable affects the outcome variable, while controlling for the independent variable. This entailed entering relationship adjustment as the dependent variable in a regression equation, with Combat Experiences and levels of demand/withdraw communication or posttraumatic stress as independent variables.
- 4) In order to show that the magnitude of the relationship between the initial variable and the outcome variable were significantly reduced, the mediation effect would be tested with the Sobel test.

Outcomes would reveal whether the mediating variable in either analysis was fully or partially responsible for the veteran's relationship adjustment.

APPENDIX D

NONSIGNIFICANT PROPOSED ANALYSES

The second hypothesis posited that combat experiences would negatively predict relationship adjustment, and that this association would be mediated by poor communication. To test this relationship, multiple regression was used to assess the ability of combat experiences to predict overall relationship adjustment. Total variance explained by the model was 1.0%,  $F(1, 71) = .71, p < .402$ . Thus, contrary to the hypothesis, combat experiences were not a significant predictor of relationship adjustment ( $\beta = .10, p = .402$ ), and the mediation analysis was stopped.

The third hypothesis posited that combat experiences would negatively predict relationship adjustment, and that this association would be mediated by severe mental health concerns. Because the relationship between combat experiences and relationship adjustment was not significant (as previously indicated), the mediation analysis was not pursued.

The fourth hypothesis asserted that post-battle experiences would negatively predict relationship adjustment, and that this association would be mediated by poor communication. To test this relationship, a second multiple regression was used. Total variance explained by the model was 1.4%,  $F(1, 68) = .99, p = .324$ . Thus, this model was also not significant ( $\beta = .12, p = .324$ ), and the mediation analysis was stopped.

The fifth hypothesis posited that post-battle experiences would negatively predict relationship adjustment, and that this relationship would be mediated by severe mental health concerns. Because the relationship between post-battle experiences and relationship adjustment was not significant (as previously indicated), the mediation analysis was not continued.



A two-way between-groups analysis of variance was conducted to further explore the impact of PTSD diagnosis, along with prior counseling history, on levels of positive communication. Participants were divided into groups based on whether they had received a PTSD diagnosis (Group 1: Yes, Group 2: No) or sought previous counseling (Group 1: Yes, Group 2: No). The interaction effect between PTSD diagnosis and prior counseling was not statistically significant,  $F(1, 43) = .129, p = .721$ . Main effects for PTSD diagnosis,  $F(1, 43) = .571, p = .454$ , as well as prior counseling,  $F(1, 43) = 1.268, p = .266$ , were also not statistically significant.

IES symptoms did not appear to relate to relationship adjustment or communication style. Relationship adjustment, communication style, posttraumatic stress symptoms, and PTSD diagnosis were also not significantly correlated with regard to age, relationship status, duration of current relationship, number of children in the family, ethnicity, or branch of service.

## COMPREHENSIVE REFERENCE LIST

- Ackerman, R., DiRamio, D., Garza Mitchell, R. L. (2009). Transitions: Combat veterans as college students. *New Directions for Student Services*, 126, 5-14. doi: 10.1002/ss.311
- Baechtold, M., & De Sawal, D. M. (2009). Meeting the needs of women veterans. *New Directions for Student Services*, 126, 35-43. doi: 10.1002/ss.314
- Baptist, J. A., Amanor-Boadu, Y., Garrett, K., Nelson Goff, B. S., Collum, J., Gamble, P., Gurs, H., Sanders-Hahs, E., Strader, L., & Wick, S. (2011). Military marriages: The aftermath of Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) deployments. *Contemporary Family Therapy*, 33(3), 199-214. doi: 10.1007/s10591-011-9162-6
- Baucom, B. R., McFarland, P. T., & Christensen, A. (2010). Gender, topic, and time in observed demand-withdraw interaction in cross- and same-sex couples. *Journal of Family Psychology*, 24(3), 233-242. doi: 10.1037/a0019717
- Berns, S. B., Jacobson, N. S., & Gottman, J. M. (1999a). Demand/withdraw interaction patterns between different types of batterers and their spouses. *Journal of Marital and Family Therapy*, 25(3), 337-348.
- Berns, S. B., Jacobson, N. S., & Gottman, J. M. (1999b). Demand-withdraw interaction in couples with a violent husband. *Journal of Consulting and Clinical Psychology*, 67(5), 666-674.
- Busby, D. M., Christensen, C., Crane, D. R., & Larson, J. H. (1995). A revision of the Dyadic Adjustment Scale for use with distressed and nondistressed couples: Construct hierarchy and multidimensional scales. *Journal of Marital and Family Therapy*, 21(3), 289-308.

- Byrne, M., Carr, A., & Clark, M. (2004). Power in relationships of women with depression. *Journal of Family Therapy, 26*, 407-429.
- Carter, S., Loew, B., Allen, E., Stanley, S., Rhoades, G., & Markman, H. (2011). Relationships between soldiers' PTSD symptoms and spousal communication during deployment. *Journal of Traumatic Stress, 24*(3), 352-355. doi: 10.1002/jts.20649
- Caughlin, J. P. (2002). The demand/withdraw pattern of communication as a predictor of marital satisfaction over time: Unresolved issues and future directions. *Human Communication Research, 28*(1), 49-85.
- Caughlin, J. P. & Huston, T. L. (2002). A contextual analysis of the association between demand/withdraw and marital satisfaction. *Personal Relationships, 9*, 95-119.
- Caughlin, J. P. & Scott, A. M. (2010). Toward a communication theory of the demand/withdraw pattern of interaction in interpersonal relationships. In S. W. Smith and S. R. Wilson (Eds.), *New directions in interpersonal communication research* (pp. 180-200). Thousand Oaks, California: Sage Publications.
- Caughlin, J. P. & Vangelisti, A. L. (1999). Desire for change in one's partner as a predictor of the demand/withdraw pattern of marital communication. *Communication Monographs, 66*, 66-89.
- Caughlin, J. P. & Vangelisti, A. L. (2000). An individual difference explanation of why married couples engage in the demand/withdraw pattern of conflict. *Journal of Social and Personal Relationships, 17*(4-5), 523-551.

- Christensen, A. (1988). Dysfunctional interaction patterns in couples. In P. Noller and M. Fitzpatrick (Eds.), *Perspectives on marital interaction: Monographs in social psychology of language, No. 1* (pp. 31-52). Clevedon, England: Multilingual Matters.
- Christensen, A., Eldridge, K., Catta-Preta, A. B., Lim, V. R., & Santagata, R. (2006). Cross-cultural consistency of the demand/withdraw interaction pattern in couples. *Journal of Marriage and Family, 68*(4), 1029-1044.
- Christensen, A., & Heavey, C. L. (1990). Gender and social structure in the demand-withdraw pattern of marital conflict. *Journal of Personality and Social Psychology, 59*, 73-81.
- Christensen, A. & Shenk, J. L. (1991). Communication, conflict, and psychological distance in nondistressed, clinic, and divorcing couples. *Journal of Consulting and Clinical Psychology, 59*(3), 458-463.
- Coy, P. G., Woehrle, L. M., & Maney, G. M. (2008). Discursive legacies: The U.S. peace movement and "Support the Troops." *Social Problems, 55*(2), 161-189.
- Cozza, S., Chun, R., & Polo, J. (2005). Military families and children during Operation Iraqi Freedom. *Psychiatric Quarterly, 76*(4), 371–378. doi: 10.1007/s11126-005-4973-y
- Crane, D. R., Middleton, K. C., & Bean, R. A. (2000). Establishing criterion scores for the Kansas Marital Satisfaction Scale and the Revised Dyadic Adjustment Scale. *American Journal of Family Therapy, 28*, 53-60.
- Creamer, M., Bell, R., & Failla, S. (2003). Psychometric properties of the Impact of Event Scale—Revised. *Behaviour Research and Therapy, 41*, 1489-1496. doi: 10.1016/j.brat.2003.07.010

- Davis, J., Ward, D. B., & Storm, C. (2011). The unsilencing of military wives: Wartime deployment experiences and citizen responsibility. *Journal of Marital and Family Therapy*, 37(1), 51-63. doi: 10.1111/j.1752-0606.2009.00154.x
- Domingue, R. & Mollen, D. (2009). Attachment and conflict communication in adult romantic relationships. *Journal of Social and Personal Relationships*, 26(5), 678-696. doi: 10.1177/0265407509347932
- Driver, J., Tabares, A., Shapiro, A., Nahm, E. Y., Gottman, J. M. Interactional patterns in marital success and failure: Gottman laboratory studies. In F. Walsh (Ed.), *Normal family processes: Growing diversity and complexity* (pp. 493-513). New York, NY: Guilford Press.
- Eaton, K. M., Hoge, C. W., Messer, S. C., Whitt, A. A., Cabrera, O. A., McGurk, D., Cox, A., & Castro, C. A. (2008). Prevalence of mental health problems, treatment need, and barriers to care among primary care-seeking spouses of military service members involved in Iraq and Afghanistan deployments. *Military Medicine*, 173, 1051-1056.
- Eldridge, K. A. & Christensen, A. (2002). Demand-withdraw communication during couple conflict: A review and analysis. In P. Noller and J. A. Feeney (Eds.), *Understanding marriage: Developments in the study of couple interaction* (pp. 289-322). New York: Cambridge University Press.
- Eldridge, K. A., Sevier, M., Jones, J., Atkins, D. C., & Christensen, A. (2007). Demand-withdraw communications in severely distressed, moderately distressed, and nondistressed couples: Rigidity and polarity during relationship and personal problem discussions. *Journal of Family Psychology*, 21(2), 218-226. doi: 10.1037/0893-3200.21.2.218

- Fauman, B. J., & Hopkinson, M. J. (2010). Special populations. In J. Kay & V. Schwartz (Eds.), *Mental health care in the college community* (pp. 258-265). Hoboken, New Jersey: John Wiley & Sons.
- Feldman, C. M. & Ridley, C. A. (2000). The role of conflict-based communication responses and outcomes in male domestic violence toward female partners. *Journal of Social and Personal Relationships*, 17(4-5), 552-573. doi: 10.1177/0265407500174005
- Fitzsimons, V. M., & Krause-Parello, C. A. (2009). Military children: When parents are deployed overseas. *Journal of School Nursing*, 25(1), 40-47. doi: 10.1177/1059840508326733
- Fogarty, T. F. (1976). Marital crisis. In P. J. Guerin (Ed.), *Family therapy: Theory and practice* (pp. 325-334). New York: Gardner Press.
- Fournier, B., Brassard, A., & Shaver, P. R. (2011). Adult attachment and male aggression in couple relationships: The demand-withdraw communication pattern and relationship satisfaction as mediators. *Journal of Interpersonal Violence*, 26(10), 1982-2003. doi: 10.1177/0886260510372930
- Frisby, B. N., Byrnes, K., Mansson, D. H., Booth-Butterfield, M., & Birmingham, M. K. (2011). Topic avoidance, everyday talk, and stress in romantic military and non-military couples. *Communication Studies*, 62(3), 241-257. doi: 10.1080/10510974.2011.553982
- Futris, T. G., Campbell, K., Nielsen, R. B., & Burwell, S. R. (2010). The Communication Patterns Questionnaire—Short Form: A review and assessment. *Family Journal: Counseling and Therapy for Couples and Families*, 18(3), 275-287. doi: 10.1177/1066480710370758

- Geiss, S. K. & O'Leary, K. D. (1981). Therapist ratings of frequency and severity of marital problems: Implications for research. *Journal of Marital and Family Therapy*, 7(4), 515-520. doi: 10.1111/j.1752-0606.1981.tb01407.x
- Gewirtz, A. H., Erbes, C. R., Polusny, M. A., Forgatch, M. S., & DeGarmo, D. S. (2011). Helping military families through the deployment process: Strategies to support parenting. *Professional Psychology: Research and Practice*, 42(1), 56-62. doi: 10.1037/a0022345
- Gewirtz, A., Polusny, M. A., DeGarmo, D. S., Khaylis, A., & Erbes, C. R. (2010). Posttraumatic stress symptoms among National Guard soldiers deployed to Iraq: Associations with parenting behaviors and couple adjustment. *Journal of Consulting and Clinical Psychology*, 78(5), 599-610. doi: 10.1037/a0020571
- Glasser, I., Powers, J. T., Zywiak, W. H. (2009). Military veterans at universities: A case of culture clash. *Anthropology News*, 33.
- Gottman, J. M. (1993a). The roles of conflict engagement, escalation, and avoidance in interaction: A longitudinal view of five types of couples. *Journal of Consulting and Clinical Psychology*, 61(1), 6-15.
- Gottman, J. M. (1993b). A theory of marital dissolution and stability. *Journal of Family Psychology*, 7(1), 57-75.
- Gottman, J. M. (1998). Psychology and the study of marital processes. *Annual Review of Psychology*, 49, 169-197.
- Gottman, J. M., Gottman, J. S., & Atkins, C. L. (2011). The comprehensive soldier fitness program: Family skills component. *American Psychologist*, 66(1), 52-57. doi: 10.1037/a0021706

- Gottman, J. M. & Krokoff, L. J. (1989). Marital interaction and satisfaction: A longitudinal view. *Journal of Consulting and Clinical Psychology, 57*(1), 47-52.
- Gottman, J. M. & Levenson, R. W. (1992). Marital processes predictive of later dissolution: Behavior, physiology, and health. *Journal of Personality and Social Psychology, 63*(2), 221-233.
- Gottman J. M. & Levenson, R. W. (2000). The timing of divorce: Predicting when a couple will divorce over a 14-year period. *Journal of Marriage and the Family, 62*, 737-745.
- Gottman, J. M. & Notarius, C. I. (2000). Decade review: Observing marital interaction. *Journal of Marriage and the Family, 62*, 927-947.
- Gottman, J. M. & Notarius, C. I. (2002). Marital research in the 20<sup>th</sup> century and a research agenda for the 21<sup>st</sup> century. *Family Process, 41*(2), 159-197.
- Greene, T., Buckman, J., Dandeker, C., & Greenberg, N. (2010). How communication with families can both help and hinder service members' mental health and occupational effectiveness on deployment. *Military Medicine, 175*(10), 745-749.
- Hamilton, S., Nelson Goff, B., Crow, J., & Reisbig, A. M. (2009). Primary trauma of female partners in a military sample: Individual symptoms and relationship satisfaction. *American Journal of Family Therapy, 37*, 336-346. doi: 10.1080/01926180802529965
- Hawn, H. (2011). Veterans and veteran families in general education. *Journal of General Education, 60*(4), 248-264. doi: 10.1353/jge.2011.0022
- Heavey, C. L., Christensen, A., & Malamuth, N. M. (1995). The longitudinal impact of demand and withdrawal during marital conflict. *Journal of Consulting and Clinical Psychology, 63*(5), 797-801. doi: 10.1037/0022-006X.63.5.797



- Heavey, C. L., Layne, C., & Christensen, A. (1993). Gender and conflict structure in marital interaction: A replication and extension. *Journal of Consulting and Clinical Psychology, 61*(1), 16-27.
- Heffner, K. L., Loving, T. J., Kiecolt-Glaser, J. K., Himawan, L. K., Glaser, R., & Malarkey, W. B. (2006). Older spouses' cortisol responses to marital conflict: Associations with demand/withdraw communication patterns. *Journal of Behavioral Medicine, 29*(4), 317-325. doi: 10.1007/s10865-006-9058-3
- Hill, R. (1945). The returning father and his family. *Marriage and Family Living, 7*(2), 31-34.
- Hoge, C. W., Auchterlonie, J. L., & Milliken, C. S. (2006). Mental health problems, use of mental health services, and attrition from military service after returning from deployment to Iraq or Afghanistan. *Journal of the American Medical Association, 295*(9), 1023-1032.
- Hoge, C. W., Castro, C. A., Messer, S. C., McGurk, D., Cotting, D. I., & Koffman, R. L. (2004). Combat duty in Iraq and Afghanistan, mental health problems, and barriers to care. *New England Journal of Medicine, 351*(1), 13-22.
- Houston, J. B., Pfefferbaum, B., Sherman, M. D., Melson, A. G., & Brand, M. W. (2013). Family communication across the military deployment experience: Child and spouse report of communication frequency and quality and associated emotions, behaviors, and reactions. *Journal of Loss and Trauma: International Perspectives on Stress & Coping, 18*(2), 103-119. doi: 10.1080/15325024.2012.684576
- Jacobson, N. S. (1983). Beyond empiricism: The politics of marital therapy. *American Journal of Family Therapy, 11*(2), 11-24.
- Jacobson, N. S. (1989). The politics of intimacy. *The Behavior Therapist, 12*(2), 29-32.

- Kang, H. K. & Hyams, K. C. (2005). Mental health care needs among recent war veterans. *New England Journal of Medicine*, 352(13), 1289.
- Khaylis, A., Polusny, M. A., Erbes, C. R., Gewirtz, A., & Rath, M. (2011). Posttraumatic stress, family adjustment, and treatment preferences among National Guard soldiers deployed to OEF/OIF. *Military Medicine*, 176(2), 126-131,
- King, D. W., King, L. A., & Vogt, D. S. (2003). *Manual for the Deployment Risk and Resilience Inventory (DRRI): A collection of measures for studying deployment-related experiences of military veterans*. Boston, MA: National Center for PTSD.
- Klinetob, N. A. & Smith, D. A. (1996). Demand-withdraw communication in marital interaction: Tests of interspousal contingency and gender role hypotheses. *Journal of Marriage and the Family*, 58(4), 945-957.
- Knobloch, L. K., & Theiss, J. A. (2012). Experiences of U.S. military couples during the post-deployment transition: Applying the relational turbulence model. *Journal of Social and Personal Relationships*, 29(4), 423-450. doi: 10.1177/0265407511431186
- Lapp, C. A., Taft, L. B., Tollefson, T., Hoepner, A., Moore, K. & Divyak, K. (2010). *Journal of Family Nursing*, 16(1), 45-67. doi: 10.1177/1074840709357347
- Laser J. A. & Stephens, P. M. (2011). Working with military families through deployment and beyond. *Clinical Social Work Journal*, 39, 28-38. doi: 10.1007/s10615-010-0310-5
- Levenson R. W. & Gottman, J. M. (1983). Marital interaction: Physiological linkage and affective exchange. *Journal of Personality and Social Psychology*, 45(3), 587-597.
- Locke, H. J. & Wallace, K. M. (1959). Short marital-adjustment and prediction tests: Their reliability and validity. *Marriage and Family Living*, 2, 251-255.

- Malis, R. S. & Roloff, M. E. (2006). Demand/withdraw patterns in serial arguments: Implications for well-being. *Human Communication Research*, 32, 198-216. doi: 10.1111/j.1468-2958.2006.00009.x
- McLeland, K. C., & Sutton, G. W. (2005). Military service, marital status, and men's relationship satisfaction. *Individual Differences Research*, 3(3), 177-182.
- Meis, L. A., Barry, R. A., Kehle, S. M., Erbes, C. R., & Polusny, M. A. (2010). Relationship adjustment, PTSD symptoms, and treatment utilization among coupled National Guard soldiers deployed to Iraq. *Journal of Family Psychology*, 24(5), 560-567. doi: 10.1037/a0020925
- Mental Health Advisory Team, V., Operation Iraqi Freedom 06–08: Iraq. (2008). Operation Enduring Freedom 8: Afghanistan. Retrieved from [http://www.armymedicine.army.mil/reports/mhat/mhat\\_v/mhat-v.cfm](http://www.armymedicine.army.mil/reports/mhat/mhat_v/mhat-v.cfm)
- Milliken, C. S., Auchterlonie, J. L., & Hoge, C. W. (2007). Longitudinal assessment of mental health problems among active and reserve component soldiers returning from the Iraq war. *Journal of the American Medical Association*, 298, 2141–2148.
- Mmari, K., Roche, K., Sudhinaraset, M., & Blum, R. (2009). When a parent goes off to war: Exploring the issues faced by adolescence and their families. *Youth and Society*, 40(4), 455–575. doi: 10.1177/0044118X08327873
- Monson, C. M., Taft, C. T., & Fredman, S. J. (2009). Military-related PTSD and intimate relationships: From description to theory-driven research and intervention development. *Clinical Psychology Review*, 29, 707-714. doi: 10.1016/j.cpr.2009.09.002
- Motlagh, H. (2010). Impact of Event Scale—Revised. *Journal of Physiotherapy*, 56, 203.

- Napier, A. Y. (1978). The rejection-intrusion pattern: A central family dynamic. *Journal of Marriage and Family Counseling*, 4, 5-12.
- Nelson Goff, B. S., Crow, J. R., Reisbig, A. M. J., & Hamilton, S. (2007). The impact of individual trauma symptoms of deployed soldiers on relationship satisfaction. *Journal of Family Psychology*, 21, 344–353.
- Noller, P., Feeney, J. A., Sheehan, G., & Peterson, C. (2000). Family conflict patterns: Links with family conflict and family members' perceptions of one another. *Personal Relationships*, 7, 79-94.
- Padden, D. L., Connors, R. A., & Agazio, J. G. (2011). Stress, coping, and well-being in military spouses during deployment separation. *Western Journal of Nursing Research*, 33(2), 247-267. doi: 10.1177/0193945910371319
- Paris, R., DeVoe, E. R., Ross, A. M., & Acker, M. L. (2010). When a parent goes to war: Effects of parental deployment on very young children and implications for intervention. *American Journal of Orthopsychiatry*, 80(4), 610-618. doi: 10.1111/j.1939-0025.2010.01066.x
- Park, N. (2011). Military children and families. *American Psychologist*, 66(1), 65-72. doi: 10.1037/a0021249
- Persky, K. R., & Oliver, D. E. (2012). Veterans coming home to the community college: Linking research to practice. *Community College Journal of Research and Practice*, 35, 111-120. doi: 10.1080/10668926.2011.525184
- Pincus, S. H., House, R., Christenson, P. J., & Adler, L. E. (2001). The emotional cycle of deployment: A military family perspective. *U.S. Army Medical Department Journal*.

- Prigerson, H. G., Maciejewski, P. K., Rosenheck, R. A. (2002). Population attributable fractions of psychiatric disorders and behavioral outcomes associated with combat exposures among U.S. men. *American Journal of Public Health, 92*(1), 59-63.
- Renshaw, K. D., Rodrigues, C. S., & Jones, D. H. (2008). Psychological symptoms and marital satisfaction in spouses of Operation Iraqi Freedom veterans: Relationships with spouses' perceptions of veterans' experiences and symptoms. *Journal of Family Psychology, 22*(3), 586-594. doi: 10.1037/0893-3200.22.3.586
- Riggs, S.A. (2003). The Background Information Questionnaire. Unpublished instrument.
- Riggs, S.A., & Campbell, R. (2013). The Background Information Questionnaire- Student Veteran Version. Unpublished instrument.
- Riggs, S.A., & Jacobvitz, D. (2002). Expectant parents' representations of early attachment relationships: Associations with mental health and family history. *Journal of Consulting and Clinical Psychology, 70*, 195-204.
- Riggs, S. A. & Riggs, D. S. (2011). Risk and resilience in military families experiencing deployment: The role of the family attachment network. *Journal of Family Psychology, 25*(5), 675-687. doi: 10.1037/a0025286
- Rudd, M. D., Goulding, J., & Bryan, C. J. (2011). Student veterans: A national survey exploring psychological symptoms and suicide risk. *Professional Psychology: Research and Practice, 42*(5), 354-360. doi: 10.1037/a0025164
- Rumann, C. B., & Hamrick, F. A. (2010). Student veterans in transition: Re-enrolling after war zone deployments. *Journal of Higher Education, 81*(4), 431-458. doi: 10.1353/jhe.0.0103

- Rumann, C., Rivera, M., & Hernandez, I. (2011). Student veterans and community colleges. *New Directions for Community Colleges*, 155, 51-58. doi: 10.1002/cc.457
- Sagrestano, L. M., Christensen, A., & Heavey, C. L. (1998). Social influence techniques during marital conflict. *Personal Relationships*, 5, 75-89.
- Sayers, S., Farrow, V., Ross, J., & Oslin, D. (2009). Family problems among recently returned military veterans referred for a mental health evaluation. *Journal of Clinical Psychiatry*, 70(2), 163–170.
- Seal, K. H., Bertenthal, D., Miner, C. R., Sen, S., & Marmar, C. (2007). Bringing the war back home: Mental disorders among 103,788 U.S. veterans returning from Iraq and Afghanistan seen at Department of Veteran Affairs facilities. *Archives of Internal Medicine*, 167(5), 476-482.
- Selcuk, E., Zayas, V., & Hazan, C. (2010). Beyond satisfaction: The role of attachment in marital functioning. *Journal of Family Theory & Review*, 2, 258-279. doi: 10.1111/j.1756-2589.2010.00061.x
- Sheppard, S. C., Malatras, J. W., & Israel, A. C. (2010). The impact of deployment on U.S. military families. *American Psychologist*, 65(6), 599–609. doi: 10.1037/a0020332
- Spanier, G. B. (1976). Measuring dyadic adjustment: New scales for assessing the quality of marriage and similar dyads. *Journal of Marriage and the Family*, 38, 15-28.
- Spera, C. (2009). Spouses' ability to cope with deployment and adjust to Air Force family demands: Identification of risk and protective factors. *Armed Forces & Society*, 35(2), 286-306. doi: 10.1177/0095327X08316150

- Summerlot, J., Green, S., & Parker, D. (2009). Student veterans organizations. *New Directions for Student Services*, 126, 71-79. doi: 10.1002/ss.318
- Vogel, D. L. & Karney, B. R. (2002). Demands and withdrawal in newlyweds: Elaborating on the social structure hypothesis. *Journal of Social and Personal Relationships*, 19(5), 685-701. doi: 10.1177/0265407502195008
- Vogt, D. S., Proctor, S. P., King, D. W., King, L. A., & Vasterling, J. J. (2008). Validation of scales from the Deployment Risk and Resilience Inventory in a sample of Operation Iraqi Freedom veterans. *Assessment*, 15(4), 391-403. doi: 10.1177/1073191108316030
- Ward, P. J., Lundberg, N. R., Zabriskie, R. B., & Berrett, K. (2009). Measuring marital satisfaction: A comparison of the Revised Dyadic Adjustment Scale and the Satisfaction with Married Life Scale. *Marriage & Family Review*, 45(4), 412-429. doi: 10.1080/01494920902828219
- Warner, C. H., Appenzeller, G. N., Warner, C. M., & Grieger, T. (2009). Psychological effects of deployments on military families. *Psychiatric Annals*, 39(2), 56-63.
- Watzlawick, P., Beavin, J. H., & Jackson, D. D. (1967). *Pragmatics of human communication: A study of interactional patterns, pathologies, and paradoxes*. New York: Norton.
- Weiss, D. S., & Marmar, C. R. (1997). The Impact of Event Scale—Revised. In J. P. Wilson, & T. M. Keane (Eds.), *Assessing psychological trauma and PTSD: A handbook for practitioners* (pp. 399–411). New York: Guilford Press.
- Wheeler, A. R., & Torres Stone, R. A. (2010). Exploring stress and coping strategies among National Guard spouses during times of deployment: A research note. *Armed Forces & Society*, 36(3), 545-557. doi: 10.1177/0095327X09344066.

- Whiteman, S. D., Barry, A. E., Mroczek, D. K., & MacDermid Wadsworth, S. (2013). The development and implications of peer emotional support for student service members/veterans and civilian college students. *Journal of Counseling Psychology*, 60(2), 265-278. doi: 10.1037/a0031650
- Wile, D. B. (1981). *Couples therapy: A non-traditional approach*. New York: Wiley.