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The Lived Experiences of Couples in Long-Term Marriages in which One Partner was a Vietnam Veteran and is Diagnosed with PTSD

Rozetia Richardson
Rozyrichardson@gmail.com

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THE LIVED EXPERIENCES OF COUPLES IN LONG-TERM MARRIAGES IN
WHICH ONE PARTNER WAS A VIETNAM VETERAN AND IS DIAGNOSED
WITH PTSD

by

Rozetia M. Richardson

A Dissertation Presented to the
College of Arts Humanities and Social Sciences
In Partial Fulfillment of the Requirements for the Degree of
Doctor of Philosophy

Nova Southeastern University
2018

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by

Rozetia M. Richardson

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Nova Southeastern University
College of Arts, Humanities, & Social Sciences

This dissertation was submitted by Rozetia Richardson under the direction of the chair of the dissertation committee listed below. It was submitted to the Graduate School of Humanities and Social Sciences and approved in partial fulfillment of the requirements for the degree of Philosophy in the Department of Family Therapy at Nova Southeastern University.

Approved:

April 24, 2018
Date of Defense

Martha Gonzalez Marquez, Ph.D.
Martha Gonzalez Marquez, Ph.D.
Chair

Ronald J. Chepail, Ph.D.
Ronald J. Chepail, Ph.D.

Christopher Burnett, Psy.D.
Christopher Burnett, Psy.D.

May 14, 2018
Date of Final Approval

Martha Gonzalez Marquez, Ph.D.
Martha Gonzalez Marquez, Ph.D.
Chair

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Abstract

Many couples get married hoping and believing their new relational commitment will last a lifetime. Unfortunately, however, this expectation sometimes goes unrealized. In our society, divorce rates are high and continue to climb due to a myriad of contributing factors. In regard to marriages directly connected to military culture and traditions, they not only grapple with managing the everyday stress and strain encapsulated in daily living, they also contend with military-related stressors that can also disrupt personal connections and derail marriages.

In this study, the researcher will focus on the lived experience of Vietnam Combat Veteran Couples in long-term marriages diagnosed with PTSD. The goal of this study is to pinpoint some of the most-enduring yet integral aspects of intimacy having contributed to the long-term marriages of this population. The most-enduring and integral aspects within these relationships, in this population, has not been thoroughly studied. Moreover, this study will help to fill this gap in research by exploring the positive aspects found within the long-term marital relationships of Vietnam Combat Veteran Couples diagnosed with PTSD.

The researcher will utilize a theoretical approach designed to work in concert with the multifaceted variances found within the premise of marriage itself; while also focusing on both the academic and practical sides of this phenomenon. The researcher will employ theme based interview questions in an attempt to examine the lived-experience, as well as, the enduring and integral aspects associated with the longevity of these long-term marriages. Couple participants will be studied using the phenomenological method Interpretative Phenomenological Analysis (IPA). The results

of which will guide the researcher in formulating discussions, conclusions, and recommendations for the future.

Key Words: *Marriage; Post-Traumatic Stress Disorder; Longevity, Intimacy, Interpretative Phenomenological Analysis.*

CHAPTER I: INTRODUCTION

Introduction

The decision to marry is probably one of the most important decisions a person will ever make in his/her life. Marriage was originally intended to be an everlasting covenant between two people. Many people see this differently, commitment appears to no longer be viewed as the cornerstone of the marital relationship. As times have changed in our society more emphasis seems to be placed on individual needs instead of the needs of the couple. With people now cringing at the thought of forsaking their own personal freedoms for the sake of their overall joint union (McBurney, 1992). These views have generated immense challenges for marital relationships, as some of the very enduring and integral underpinnings of marital unions (i.e., sickness, health, richer or even poorer, as well as, devotion to each other until parted by death) appear to be replaced by more of a post-modern self-referential view.

Statement of the Problem. Despite the hope for most people that their marriages will last a life-time, the Centers for Disease Control (CDC), reports divorce statistics from 44 states to include Washington D.C. to be that 3.6 per 1,000 couples, in our population, were affected by the dissolution of divorce (June 2014). It is necessary to note that most of the research conducted today mainly focused on the termination of marriage (Levenson, Cartensen, and Gottman, 1993) instead of the extraordinary characteristics found in long-term marital relationships. A shift in this position, would be an attempt to highlight the wisdom, found in these enduring relationships, that could, in fact, help generate more long-term marriages. The same stance could prove to be beneficial regarding combat Veteran couples. By exploring the enduring and integral

aspects of their long-term relationships and utilizing the wisdom of their experiences, this data could help countless Veterans, as well as, other military couples successfully navigate the challenges of marital relationships.

Purpose of the Study. Over the last twenty years, since the increase of military conflicts and deployments, the marital instability of combat Veterans has become an elevated concern for VA Readjustment Counselors (Gimbel and Booth, 1994). Many studies have explored how combat and the diagnoses of PTSD can wreak havoc on marital relationships (Gimbel and Booth, 1994). Previous studies have analyzed an array of variables influencing the longevity of these marriages (Gimbel and Booth, 1994). These variables have included an assortment of themes to include previous life experiences, the uniqueness of military culture, as well as, the devastating consequences of combat on the overall marital couple connection (Trail et al., 2015). One perspective that is still missing from these inquiries is the enduring-integral contributions found in the long-term marital relationships of Veterans who served in combat during Vietnam and were subsequently diagnosed with post-traumatic stress disorder (PTSD). A study focused on isolating and identifying the positive attributes found within these relationships may inevitably contribute to the improved long-term marital success and stability of this population. This inquiry will address a gap in the literature through the lived experiences found within the long-term marriages of Vietnam Combat Veteran Couples diagnosed with PTSD. This study will explore this issue from a phenomenological perspective, gleaning data from the in vivo experiences of participants. The quintessential goal of this study is to acquire practical knowledge that may help veteran couples suffering with PTSD sustain long-term marriages.

Interview Questions. In the interest of gathering information referencing the success of long-term military marriages, several research questions will be employed by the researcher. The question motivating this study is what are the most enduring-integral aspects found within the long-term marriages of Vietnam Combat Veterans diagnosed with PTSD.

Q1: Tell me about your marriage before and after Vietnam.

Q2: Did you know your spouse before he served in Vietnam?

Q3: If so, how was his personality before and after his return from Vietnam?

Q4: Tell me how has PTSD affected your marriage.

Q5: What attributes within your relationship do you believe contributed to the longevity of your marriage?

Q6: On a scale from “1” to “10” with “1” not a considerable influence and “10” had a considerable influence on the intimacy characteristics as well as the longevity of your relationship?

Definition of Key Terms. The following terms are highlighted and defined for clarity and due to their frequent usage throughout this document.

Interpretative Phenomenological Analysis – a form of phenomenology “...that explores in detail how participants make sense of their personal and social world, as well as, how these particular experiences and events hold for participants” (Smith and Osborn, 2003, p. 53).

Intimacy – “the depth of exchange, both verbally and/or non- verbally, between two persons, which implies a deep form of acceptance of the other as well as a commitment to the relationship” (Schaefer and Olson, 1981, p. 49; Gilbert, S., 1976).

Lived Experience – “...is simply experience-as-we-live-through-it in our actions, relations and situations” (van Manen, 2007, p. 16).

Marital Satisfaction – “...marital satisfaction is a complex and multidimensional phenomenon” (Mósmann, Wagner, & Féres-Carneiro, 2007); “...with factors of cultural, religious, legal and educational origins, among others, help to shape our ideal of what is necessary for constituting an affective relationship, especially a marital one” (Lalonde, Hynie, Pannu, & Tatla, 2004; Lucas, Parkhill, Wendorf, Imamoglu, Weisfeld, Weisfeld, & Shen, 2008; Wendorf, Lucas, Imamoglu, Weisfeld, & Weisfeld, 2011).

Marital Longevity – the amount of time that a marriage lasts or continues (Dictionary.com, 2016); for the purposes of this study, marriages of 40 years or more will be used.

Transcendental Phenomenology – a qualitative research method designed to ascertain the true essence of a phenomenon without injecting researcher bias, developed by (Kafle, 2011).

Post-traumatic Stress Disorder – an adverse reaction that may manifest in numerous ways, but has its genesis the exposure to an actual or perceived life-threatening situation, severe injury or sexual violation. It is often found in combat survivors and tends it prevents the sufferer from adjusting to present surroundings, as well as, adverse impacts on their behavior or emotional well-being (APA, 2013).

Summary

In this chapter, a platform is established by which this researcher will introduce the theoretical underpinnings of this study. The statement of the problem along with the purpose of this study helps to illuminate what appears to be an unrealized gap in the research regarding the significance of the integral and enduring aspects of long-term

marriages impacted by the diagnoses of PTSD in Vietnam Combat Veteran Couples. Chapter two will consist of a review of the literature, beginning with marital statistics, research regarding marital satisfaction and marital longevity. The construction of chapter two continues with a more specific look at military marriages and PTSD, PTSD and intimacy, strategies and long-term relationships, special considerations, and interventions.

The researcher will use this information to further the theoretical basis of this study; while exploring the context of the current literature and considering its relevance to the enduring-integral aspects of marriage longevity. In chapter three, the researcher will examine the process of qualitative research along with the foundational underpinnings of the concept of phenomenology, followed by a detailed description of the methodological process of IPA. The research findings can be found in chapter 4 with the researcher offering a comprehensive view of the sample, descriptive analysis, and reflections of the researcher. Strengths, limitations, future research directions, implications, and an informational biography of the researcher will be incorporated and conclude chapter 5.

CHAPTER II: REVIEW OF THE LITERATURE

Introduction

This review of literature focused on the research previously conducted regarding the marital satisfaction found in long-term marriages and what makes marriages work. The chapter will begin by examining the life expectancy of today's marriages, as well as, the variables shown to influence aspects of successful marriages (i.e., emotional, intellectual, social, recreational, physical, and spiritual). The literature review will continue with a focus on combat veteran marriages impacted by post-traumatic stress disorder. Concluding with the researcher's area of interest, the lived experience of Vietnam Combat Veteran Couples diagnosed with PTSD; to highlight what these couples would identify as characteristics that made their marriages work.

Marriage Statistics. In 2014, the Centers for Disease Control (CDC) "reported the number of marriages in the United States [as] 2,118,000, with marriages occurring at a rate of 6.8 per 1,000 in the total population" (CDC, 2014, p.1). Likewise, the CDC, in the same year also reported the divorce rate for this country occurring at a rate of 3.6 per 1,000 in the population of only 44 states to include Washington D.C. According to some of the earliest studies conducted by pioneers regarding the supportive characteristics of long-term marriages couples identified "...being involved in an intimate relationship with someone they liked, being committed to both the marriage itself and their partner as a person, and humor as keys to a stable and long-term marriage" (Lauer, Lauer, and Kerr (1990) identified p. 107). Three years later, in 1993, Fenell goes further to label and discuss some of what was believed to contain the enduring—integral aspects of long-term marriages. These characteristics include: "lifetime commitment to marriage, loyalty to

spouse, strong moral values, respect for spouse as best friend, and commitment to sexual fidelity" (Bachand and Caron, 2001, 108).

Marital Satisfaction. The earliest literature discussing marriage and marital satisfaction emphasized the significance of differences between partners, suggesting this individual characteristic would help promote a successful union (Burgess and Cottrell, 1939; Terman, 1938). As time moved on, further research by Bolger and Schilling, 1991; Caspi, Bolger, and Eckenrode, 1987, connoted that individual partner differences, as well as, personality traits have a direct impact on the quality of marriage. Later, in a study conducted by Caspi and Herbener, their findings suggest that people often marry those with similar personalities (1990). Moreover, their study highlights how these similar personalities aid in shaping the experiences within these relationships, as either inflexible or “resilient” with partners often choosing someone similar-in-kind (Caspi and Herbener 1990, p. 15).

As marital research progressed in the 1970s, it is noteworthy to highlight the research accomplished, shortly after World War II, by the non-profit organization, known as the Rand Corporation (Rand, 2016). This institute was founded with “...the mission to employ rigorous, fact-based research [to] analysis [and] to help individuals, families, and communities throughout the world be safer, more secure, healthier and more prosperous” (Rand, 2016, p. 1). The Rand Corporation appears to have solidified their vision by offering marital research an in-depth view of the inner workings of military marriages, helping to inform and shift the paradigm of these relationships more towards the dyadic functioning of martial unions and their relational processes (Rand Corporation, 2007). This shift helped in facilitating a more focused interest in the study of marital satisfaction

(Rand Corporation, 2007). According to Gottman and Krokoff (1989), studies have revealed that marital satisfaction is directly connected to marital interactions with the earliest observational studies revealing that distressed couples tend to display increased negative behaviors ultimately resulting in less marital satisfaction (Gottman and Krokoff (1989).

Additional research also illuminated the significance of including emotional, as well as cognitive attributes when considering the foundation of marital satisfaction (Bradbury and Fincham, 1990; Carrere and Gottman, 1999). Some of the factors identified as important to marital satisfaction are mutual interests and values, effective communications styles, and sexual satisfaction. (Fowers and Olson, 1989; Carrere and Gottman, 1999). Additionally, one major factor identified as contributing most to marital dissatisfaction was linked to disagreement and conflict resolution (Levenson, Carstensen, & Gottman (1993).

In 2007, researchers concluded that couples tend to experience more marital satisfaction when they cultivate a more emotional and physically healthy relationship (Rand Corporation, 2007). These aspects are shown to offer couples a platform for success in other areas of their lives, (i.e., employment, career, education) while also shielding couples from stress (Rand Corporation, 2007). According to Doherty and Jacobson's (1982) study, couples tend to report high levels of marital satisfaction as they begin married life. They also report a noticeable decline in their levels of marital satisfaction following the birth of their children (Doherty and Jacobson, 1982). The study goes on to suggest that "...marital dissatisfaction in couples tends to hit rock bottom as

children transition from adolescence to teenagers, and finally launch with marital satisfaction levels finally increasing as the married couple retires” (Doherty and Jacobson, 1982, p.302).

Marital Longevity. In 1972, Stinnett, Carter, & Montgomery, conducted a study to glean insight from older couples regarding marriage and to uncover their perceptions regarding their marital relationships at this stage in life. The findings from this study revealed that “significant difference[s] exists in the morale scores of older husbands and wives according to each of the following perceptions: (a) marital happiness, (b) whether their own marriage has improved or worsened over time, [and] (c) the happiest period of life” (Stinnett et al., 1972, p. 667). However, other studies have shown that “instances of marital dissatisfaction primarily [exist] among wives in long-term marriages” (Peterson, 1973, p. 302). It is important to note that although mature couples do tend to illustrate their long-standing relationships “...as marriages of lifelong mutual affection, supportiveness, understanding, companionship, and ever-increasing appreciation” (Erickson, Erikson, & Kivnick, 1986, p. 110), “older marriages can also be a source of stress” (Lowenthal, Thurnher, & Chiriboga, 1975, p. 302). Moreover, additional aspects of change such as declining health, retirement, and relocation are also known to bring about brand-new challenges for mature couples (Atchley and Miller, 1983) eventually impacting marital satisfaction and longevity.

Military Marriages and PTSD. Previous studies have shown that divorce occurs twice as often in Veterans diagnosed with PTSD than their PTSD-free counterparts (DVA, 2016). According to Price and Stevens (2016) previous studies have:

examined the effect of PTSD on intimate relationships [in military marriages] reveals severe and pervasive negative effects on marital adjustment, general family functioning, and the mental health of partners. These negative effects result in such problems as compromised parenting, family violence, [infidelity], divorce, sexual problems, aggression, and caregiver burden (p. 1).

Other research studies have gone further identifying those Veterans recognized as having PTSD do struggle with expressing their feelings (Price and Stevens, (2016). It was also noted that these Veterans struggled with self-disclosing communications (Price and Stevens, (2016). Ultimately, leading Veterans who suffer from PTSD and their partners to identify strong feelings of anxiety related to intimacy (Price and Stevens, (2016).

Intimacy. Over the years, there has been a growing fascination with intimacy; however, there has not been a far-reaching consensus pertaining to the meaning of this word. A lack of noteworthy inquiry, as well as, a theoretical under-pinning has transformed this term into an ever-evolving reconstructed topic (Wynne and Wynne, 1986). A considerable amount of research has been offered by many social science professionals on the topic of intimacy. These professionals include: Jourard in 1964, Clinebell and Clinebell in 1970, Dahms in 1972, Gilbert in 1976, Levinger and Raush in 1977, Schaefer and Olson in 1981, Doherty and Jacobson in 1984, and Waring in 1984 with each attempting to define and explain the term intimacy (Wynne and Wynne, 1986). It was Schaefer and Olson (1981), who posit "...that intimacy is a process that occurs over time and is never completed or fully accomplished" (p. 50). However, it was Wynne and Wynne who seemed to take this definition further declaring that:

Intimacy is a subjective relational experience in which the core components are trusting self-disclosure to which the response is communicated empathy. Intimacy may be asymmetrically complementary, with one person disclosing more than the other. It is important to recognize that self-disclosure, in itself, does not necessarily generate intimacy for example; when divorcing couples use self-disclosure to “prove” how little they care for one another (1986, p. 384).

Likewise, Sullivan posits that intimacy occurs between two people when all aspects of personal worth are validated (1953). Rogers stated that intimacy is defined in relationships when two people can offer "unconditional positive regard, i.e., supportive listening, empathy, and a nonjudgmental stance to each other" (1961, p. 371). Self-disclosure is an area most often correlated with and sometimes confused with intimacy (Jourard, 1961).

The findings generated from “Reis and Shaver's interpersonal process model of intimacy” (1988) suggest that if partners self-disclose and provide each other with an adulatory response these behaviors will contribute to the intimacy experience within their relationship (Laurenceau, Barrett, & Pietromonaco, 1998, p.1). In 1971, the Jourard and Jaffee study also revealed an example of mutual reciprocity or corporate exchange in relationships. Moreover, it is also confirmed that observed, well timed, self-disclosing behaviors tend to compel others to disclose (Kiesler, Kiesler, & Pallak, 1967); which is similar to the same forms of self-disclosing behaviors, occurring in marital unions (Jourard and Lasokow, 1958). Hall and Taylor (1976), concluded from their experiments that: Marriage involves a validation and reaffirmation of a joint construct of reality, suggesting that a continued high evaluation of the other is critical, not only for survival of

the marriage but [also] for the continuance of one's world view as well (p.48).

In 1975, Olsen highlights seven attributes of intimacy, offering these traits as a conceptual guide to understanding the inner-workings of the relational aspects of intimacy (1975). However, for this study only six of these attributes will be explored.

The attributes are:

(1) emotional intimacy - the sharing of feelings, (2), social intimacy – includes events experienced together; or that happen while we're apart and are shared through open communication, (3) intellectual intimacy – the sharing of one's thoughts and beliefs, (4) physical intimacy – beauty, etiquette, charisma. (5) recreational intimacy – the sharing of and participation in hobbies and sports of similar interest, (6) spiritual intimacy – the sharing of religious faiths and or a sense of purpose/meaning of life, and inner thoughts (1975, p. 50).

Additionally, Schaefer and Olsen found these attributes help to facilitate high levels of satisfaction and intimacy in couples over many years and through many disagreements (1981). They posit that couples must be willing to return to each other following conflict in order to reconnect, and reestablish their intimate relational bond (Schaefer and Olsen, 1981).

A relationship that is considered robust is one that demonstrates it can endure the challenging episodes brought on by conflict along with the subsequent reverberations influencing the couple system. The objective is to maintain the relationship connection in a way that is efficacious to providing a secure, healthy, and intimate bond between partners. Nevertheless, conflict should not be considered as a hindrance to intimacy; instead,

conflict can often expedite the process of intimacy, contingent on the situation, and the method of repair (Clinebell and Clinebell, 1970).

PTSD and Intimacy. In 2013, "...the American Psychiatric Association (APA) [redefined the] diagnostic criteria for post-traumatic stress disorder (PTSD) in the 2013 edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5)" (p. 1). Due to this change this diagnosis for PTSD was categorized and placed in a new chapter for Stress-or Trauma-related disorders. PTSD symptoms, at times, follow an encounter or event in which a person feels threatened with the possibility of death, serious injury, rape or hostage situation to include events of natural disaster (APA, 2013). The DSM-5 offers four cluster categories of defined behavioral symptoms used to aid in characterizing PTSD: "intrusion, re-experiencing, avoidance, negative cognitions/mood, and arousal" (APA, 2013).

The symptoms, as well as, the diagnostic criteria for PTSD provide relevant information helping to explain the behavioral and relational limitations trauma survivors endure. These survivors lack the ability to connect and relate to others satisfactorily. These limitations typically result in partner's feeling less marital satisfaction, less secure relationship attachment, along with increased relationship problems (Nelson Goff and Smith, 2005). Researchers theorize that in relationships when one voices elevated symptoms of PTSD, the other answers in-kind voicing dissatisfaction in the relationship (Nelson Goff et al., 2007; Renshaw, Rodebaugh, & Rodrigues, 2010) along with increased mental anguish (Davidson, Berah & Moss, 2006; Dirkzwager, Bramsen, Ader, & van der Plog, 2005; Manguno-Mire et al., 2007). Many studies are now showing that PTSD can be linked to relationships that are lower in satisfaction and greater instances of

aggression or marital conflict in civilian and military samples (Meis, Erbes, Polusny, & Compton, 2010; Nelson Goff et al., 2007; Monson, Gradus, La Bash, Griffin, & Resock, 2009; Taft, et al., 2009).

According to Nelson Goff and Smith's study (2005), PTSD affects both spouses. This study revealed a symptomatic connection between partners when one exhibits PTSD symptoms, the other has a high probability of developing symptoms of anxiety, depression, and even stress (Nelson Goff and Smith, 2005). In some relationships, emotional numbing may inhibit intimacy with symptoms of anger and or even agitation contributing to the companion's diminished feelings of security within the couple relationship (Dekel and Monson, 2010). Furthermore, various other studies show "...of the four PTSD symptom clusters numbing and avoidance are most closely related to combat veterans diagnosed with chronic PTSD" (Evans, McHugh, Hopwood, & Watt, 2003; Solomon, Dekel & Mikulincer, 2008).

When considering various PTSD behavioral cluster symptoms, avoidance and numbing, seem to present with extraordinary hindrances that tend to impact intimacy and relationship satisfaction (Monson, Taft, and Fredman, 2009, p. 4). Researchers have found that following an intense trauma a supportive social network (i.e., family, friends, support groups) can be beneficial in mitigating symptoms of PTSD; however, this positive effect can taper off over time when associated with chronic symptoms of PTSD (Kaniasty and Norris, 2008; King, Taft, King, Hammond, & Stone, 2006). Additionally, well-developed evidence has also revealed that communication deficits are more prevalent in persons diagnosed with PTSD (Frueh, Turner, Beidel, & Cahill, 2001).

Strategies and Long-Term Relationships. Although many couples often aspire to forge marital relationships that will last a lifetime, cultivating relationships such as these that are healthy and enduring has remained a quintessential concern "...of legislators, clergy, and mental health professionals" (Fawcett, Hawkins, Blanchard, and Carroll, 2010). Currently, there are "prevention" efforts in place to improve the quality, as well as, the overall stability of family relationships. They include: (1) premarital counseling – which is designed to help couples uncover any areas of weakness or concern as they prepare for marriage (Mayo Clinic, 2014); (2) relationship enrichment programs – which helps to improve marital relationships by helping to establish communication and conflict resolution styles while also teaching interpersonal skills (Marriage and Family Encyclopedia, 2016) and (3) "educational programs such as [a] Couples Communication Program and [the] Practical Application of Intimate Relationship Skills (PAIRS)" – both of which are designed to strengthen marriages focusing on interactions and problem solving skills" (APA, 2004, p.2) with each constructed to meet the challenging needs of family-life (Murray, 2005).

Additionally, research has highlighted the launching of children and retirement as pivotal moments in the "spousal-life-cycle" (Kulik, 2015). It's at this time, in the marital relationship, couples consider a "turning point in spousal life" with the opportunity for an increase in quality time spent together and renewed connections can occur (Kulik, 2015).

Special Considerations for Military Spouses. In a culture defined by traditions, as well as the unique vignette of military life, (i.e., "long and often unpredictable work hours, relatively low pay, limited benefits, frequent separations, periodic relocations, to include foreign duty" (Martin and McClure, 2000 p. 3) it is apparent that veterans and

their spouses face immeasurable challenges. Of all the tragedies, humans face, the death of a family member can be among the most difficult to endure (APA, 2011). This form of stress has been referred to as “broken heart syndrome” (Hodgekiss, 2013). Studies have shown that when one spouse from a long-term marriage (individuals fifty years of age or older) dies, the chances of the remaining partner passing away within three months is more than two-thirds greater than that of the rest of the population (Hodgekiss, 2013). Respectively, this also indicates that long-term veteran marriages can place additional stress and anxiety upon spouses. The unorthodox lifestyle of this population is matchless in offering the ever-present worry of possible injury or death of a loved one; wherein the majority of civilian relationships do not endure such challenges (Martin and McClure, 2000). Research has shown that the identified risk associated with this population, coupled with the additional strain of pre-, during, and post-combat tours tends to overwhelm veteran family life and the couple relationship (Bell and Schumm, 2002).

Prospects for Therapeutic Interventions. Many long-term veteran marriages face problems associated with military service such as PTSD. This particular disorder tends to place an overwhelming demand on marriages before, during, and after combat deployments, (Bell and Schumm, 2002). One therapeutic intervention identified as showing promise in combat veterans diagnosed with PTSD, was increasing levels of social support in the lives of combat veterans (Barrett and Mizes, 1988; Jankowski, Schnurr, Adams, Green, Ford, & Friedman 2004; Schnurr, Lunney & Sengupta, 2004; Solomon, Waysman, and Mikulincer, 1990). It was found that when the “...appropriate social support is [provided] a buffer against the severity of mental health conditions... following a traumatic event [aids in reducing] the emergence and development of PTSD

symptoms” (Guay et al. 2006, p. 263). In the case of couple’s therapy possibly being offered in a group therapy setting, different risk and advantages are possible when compared to individual couple’s therapy. Below is an abstraction of various therapeutic approaches, as well as, applications of therapy.

Psychoanalysis. Before the turn of the 20th century, the Viennese physician, Dr. Josef Breuer, consulted with his acquaintance, Dr. Sigmund Freud, regarding a hypothetical patient named Anna O. Breuer. This patient disclosed that psychological events were triggering physical manifestations of pain in her body; yet claimed those pains ended following therapy that involved the re-visitation of her past traumatic experiences (McLeod, 2013). Freud then used these results to help punctuate a picture of the human psyche labeled as “...consciousness (things that people know), preconsciousness (things people know but are not aware of) and unconsciousness (things people have buried so deep in their memories that they are not accessible through normal thought, but rather through dreams or hypnosis)” (McLeod, 2013).

Freud was a proponent of uncovering past events which is often useful for treating patients with PTSD. He believed that in revisiting past traumatic experiences; the therapist could help uncover the genesis of his/her patient’s physical pain manifestations or symptoms (Kihlstrom, 2010). Freud also posits that employing this approach could end these manifestations (i.e., due to anxiety, hysteria, or other emotional diagnoses), referred to by one author as the process of “getting rid of one’s emotions by “blowing off steam” (Turri, 2015, p. 371). Thus, Freudian therapy in a marital context would probably be individual, with one spouse talking while the therapist listened. It would also be based on past events and introspective.

Behavior Therapy. Behaviorism, on the other hand, operates in the present and is very different from Freudian-style psychoanalysis. J. Watson, a pioneering psychologist, viewed behaviorism as the measurable scientific approach to understanding the relationship between stimuli and human behavior (Watson, 1913). According to B.F. Skinner, “Freud did not discover the mental apparatus but rather invented it” adding that he did not agree with revisiting the past, as Freud suggested (Goddard, 2014, p. 210). Skinner’s position also emphasized that psychotherapy is an approach rich in hermeneutic inventions. Suggesting that behavior alone, had not been acknowledged as an area of focus; it was just an “indication [at the time] of something wrong somewhere else” (Goddard, 2014, p. 210). According to Goddard, Freud found behavior to be problematic while Skinner looked at it as a means of control with Watson viewing behavior as a tangible means of quantifying the study of human behavior (2014, p. 210).

Findings from a meta-analysis that included 64 trial studies utilizing the foundational principles of behavioral therapy “exposure therapy (including prolonged exposure)” has been shown to lessen symptoms of PTSD (Cusack, Jonas, Forneris, Wines, Sonis, Middleton, Feltner, Brownley, Olmsted, Greenblatt, Weil, & Gaynes, 2016, p. 138). Additionally, similar results were also revealed through the use of other cognitive therapies with large symptom reductions noted in “Cognitive Processing Therapy (CPT), Cognitive Behavioral Therapy, eye movement desensitization and reprocessing (EMDR), and narrative exposure therapy (NET)” (Cusack, et al., 2016, p. 138).

Cognitive Behavior Therapy and its Offshoots. Cognitive Behavioral Therapy or CBT is another psychological theory that gained a tremendous amount of support by

many early theorists “Beck, Ellis, Cautela, Meichenbaum, and Mahoney” as the “cognitive revolution” began to take shape (Knapp and Beck, 2008). CBT is notably one psychotherapeutic approach that has been studied exhaustively by innumerable researchers (Butler, Chapman, Forman, & Beck, 2006). Similar to psychoanalysis, CBT elevates cognitive thoughts to the status of behavior; punctuating the way experiences are later processed by thoughts (Knapp and Beck, 2008). Revealing that ingrained reactions to past experiences can evoke behaviors in peculiar in sometimes unforeseen ways (Corey et al., 2014). Early experiences can mark individual perspectives creating a lens through which cognitive frameworks may be unable to view things correctly (Winn, 1996). CBT therapy is highly interactive. Therapist help to guide clients using this approach by identifying the "relevant childhood data, core beliefs, conditional assumptions and rules, as well as, compensatory strategies", which might be the origin of current misinterpretations or negative feelings (Knapp and Beck, 2008, p. S60). For those in long-term marriages, there may be events from the beginning of their marriage that unknowingly bothered the other spouse, and if uncovered and clarified through the aspects of intimacy could lead to more long-term marriages.

CBT influenced “Marsha Linehan’s Dialectic Behavioral Therapy (DBT)” (Dimeff and Linehan, 2001, p. 1-3). At the heart of this process, known for treating borderline personality disorders (Butler et al, 2006), is the CBT-type theory which posits that people have the power to change thoughts which trigger them to act in undesirable ways (Dimeff and Linehan, 2001). Linehan also developed “mindfulness skill," which includes "paying attention to the experience of the present moment and regulating [one's] attention" (Butler et al, 2006). This process is designed for the present with individuals

or couples utilizing it to try to interpret reasons for the behaviors affecting their current experiences (Butler et al., 2006). Thereupon, which, the major distinction between CBT and DBT, is the first approach incorporates regression while the latter focuses on the present (Corey et al., 2014). In 2013, Schumm, Fredman, Monson and Chard conducted a study in which their goal was to augment the findings of two previous inquiries, e.g., a case study conducted by Fredman, Monson, and Adair (2011) and a community trial conducted by Monson, Fredman, Adair, Stevens, Resick, Schnurr, MacDonald, and Macdonald (2011). Their research results revealed that Cognitive Behavioral Conjoint Therapy (CBCT) as a viable therapeutic approach when offering "...treatment for Operation Enduring Freedom (OEF)-Operation Iraqi Freedom (OIF) Veterans with combat-related PTSD and their partners" Schumm, Fredman, Monson and Chard (2013, p 284).

As behavioral therapies continue to evolve the integration of mindfulness-based techniques, have become an integral part of therapeutic processes (Jennings and Apsche, 2014). Aspects of these two variables, over time, have merged into the acceptance and commitment approach. This approach was the genesis of Steven Hayes and colleagues in the mid-1980's and was initially developed for treating anxious and depressed adults (Jennings and Apsche, 2014). Similar to CBT and DBT is Acceptance and Commitment Therapy (ACT); this therapy examines current experiences without judgment or analysis (Harris, 2006). Previous studies show this form of therapy as third-wave therapy (Harris, 2006), which has been defined by Hayes, as consisting of "...therapies [designed to] focus on mindfulness, acceptance, defusion, the patient's values in life, relationships, the rationale for how the treatment works, to include the client-therapist relationship" (p.

297). In ACT, couples would not try to discover origins of issues or behavior (Harris, 2006). Instead, they would take things as they are and reframe or re-label them in a positive light. (Harris, 2006). Currently, there are no studies employing this approach with veteran couples. However, according to a study conducted by Banks, Newman, and Saleem (2015) the use of "...mindfulness-based interventions may be useful to decrease PTSD symptoms, in particular, avoidance" (p. 25) in adults. Furthermore, in a study conducted by Wachs and Cordova (2007), it suggests that mindfulness in couple relationships can enhance the "health and stability" "satisfaction and affectionate behavior, as well as, greater-partner harmony" (p. 478).

Benefits of Group Counseling for Spouses and Couples. In their innovative work, Yalom and Leszcz employed four models found to be effective in therapy, in particular, group therapy (2008). These models are:

- o Psychoeducation groups: in which these groups are structured to involve exercises and individual coursework.
- o Support groups: one of the best known and most effective types of therapy that encourage group members talking to each other, sharing, working on interpersonal skills, and uncovering universality in issues.
- o Psychotherapy groups: delve into past experiences and try to reframe them to alleviate problems in the present based on previous misperceptions or biases.
- o Task facilitation groups: resemble psycho-education groups, however, place more emphasis on training, assessment and meeting objectives.

Group Setting. Although some researchers question the effectiveness of group therapy, it is in high demand (Larson and Hoyt, 2007). Even so, there remain many examples affirming the worth of group facilitator-directed therapy. Organizations such as Alcohol and Narcotics Anonymous draw large numbers of people who benefit from the connection with others experiencing the same challenges (Alcohol Anonymous, 2015), and there are many offshoots of these organizations that have numerous members worldwide.

Sharing with others, facing like conditions can be the most valuable aspects of participating in a support group. Moreover, these groups offer attendees the chance to release overwhelming emotions they would normally keep buried inside. Mental health practitioners also assert that group attendance can help to improve the mood and decrease the psychological distress of participants (Mayo Clinic, 2015).

Since, PTSD is known to be directly related to behavioral and relational challenges “(i.e., social disengagement leading to isolation),” the use of group therapy has been shown to help mitigate these symptoms (Mayo Clinic, 2015). This form of intervention offers trauma survivors a safe place in which privacy is honored, respect is provided, and honesty is valued (Courtois, 1988; Mendelsohn, Zarchary, & Harney, 2007). These groups give attendees the opportunity to confront their anxieties, fear, shame, guilt, alienation, loneliness, and powerlessness that comes along with being traumatized (Courtois, 1988; Mendelsohn, Zarchary, & Harney, 2007). These settings also provide trauma survivors with educational tools and coping skills that can help to eliminate or reduce many of the earlier-mentioned symptoms (Courtois, 1988; Mendelsohn, Zarchary, & Harney, 2007). However, despite these possible benefits, other

authors have identified several negative aspects associated with these group experiences (Brende, 1983; van der Kolk, 1987). These aspects include “clients becoming too attached to identities as victims, delaying their adaptation to the normal world (Johnson, Feldman, Southwick, & Charney, 1994; van der Kolk, 1987, p. 142.), collusive behaviors that may protect individuals from being singled out, taking responsibility, or acknowledging certain realities (Parson, 1985), as well as, un-intentionally increasing the alienation of clients from their families and from society” (Johnson, Feldman, Southwick, & Charney, 1994; van der Kolk, 1987 p. 142). Follow-up research has shown that clients maintained “improved functioning and adaptation” extending two years following group therapy (Ford, Fallot, and Harris, 2014, p. 235).

Group Selection and Approach. Specialized groups often succeed over generalized discussion groups (Yalom, 1995), as they tend to afford attendees the opportunity to discuss a unifying experience, enhancing the success of the group. If couples are interested in behavioral-oriented therapies, they could seek support groups offering opportunities for connecting with other couples experiencing the same challenges. The goal of CBT and other cognitive is to “teach clients how to be their own therapists” (Corey et al., 2014), with couples learning to handle issues themselves, marital satisfaction and prolonging marital longevity could be enhanced.

Groups can be open to new members or closed which often encourages trust and openness through familiarity (Yalom and Leszcz, 2008). Several characteristics are present in group therapy that makes it particularly effective for facing military and or marital issues such as PTSD. Hope and optimism are essential components of effective group therapy, according to Brown, Reyes, Brown, & Gonzenbach, (2013). Group theory

advocates, Yalom and Leszcz, stress the importance of developing and utilizing a sense of hope within group members as a therapeutic intervention (2008). This is one area in which the subjects of this study can enlighten others, by presenting examples of those who have faced struggles and are dealing successfully with them over long periods of time. It reaffirms hope in the future and demonstrates that universality of issues exists (Yalom and Leszcz, 2008). The sense of belonging i.e., (I am not alone) and that we have the same problem and/or concerns; likewise, we can be comforted by sharing with others. Hence, the emphasis is on interpersonal relationships in support groups, but also, the need for openness and trust too (Corey et al., 2014). Moreover, this seems particularly true in group sessions in which CBT or ACT theories are employed; participants talk about past or current traumatic events in order to reframe these events in healthier ways. Since it could be very painful to recount combat/trauma instances where individuals were hurt, wounded, or killed. Therefore, facilitators of groups must be careful when setting up groups to avoid volatile or distressing topic encounters. (Corey et al., 2014).

Summary

The review of literature utilizes an array of studies related to marriage, marital satisfaction, intimacy, and PTSD. It begins with a researcher's findings highlighting the importance of couples being comprised of complimentary characteristics in order to a develop a successful union (Burgess and Cottrell, 1939; Terman, 1938). Later, additional studies amend this notion identifying personality differences as characteristics that should be considered paramount to enhancing the marriage relationship (Bolger and Schilling, 1991; Caspi, Bolger, & Eckenrode, 1987). It advances with studies suggesting couples

with similar personalities are better postured for success in marriage, marital satisfaction, and longevity.

As research surrounding marriage and marital satisfaction continued to evolve the literature shows that the focus began to concentrate more on the relational aspects associated with marital satisfaction and marital interactions (Rand Corporation, 2007; Gottman, 1979). Moreover, researchers have gone further singling out other factors, i.e., emotional, cognitive, communication, values, interest, and sexual satisfaction as an integral part of every relationship (Fowers and Olson, 1989; Carrere and Gottman, 1999; Levenson, Carstensen, & Gottman (1993) deemed beneficial in marital unions.

Over time, a number of therapeutic approaches were developed and employed to aid couples in maintaining their marriage, as well as, attaining marital satisfaction. Nonetheless, in 1975, Olsen identified seven attributes associated with marital intimacy: “(1) emotional intimacy, (2) social intimacy, (3) intellectual intimacy, (4) physical intimacy, (5) recreational intimacy, (6) spiritual intimacy, (7) aesthetic intimacy” (Schaefer and Olsen, 1981) (p. 50). Research has shown these attributes increase marital satisfaction and intimacy in couples.

Based on the current research a need exists for further study to explore intimacy and the enduring-integral aspects of Vietnam Combat Veteran Couples in long-term marriages diagnosed with PTSD. The intent of the study is to address this gap, utilizing interpretive phenomenology analysis with three to five couples, who experienced this phenomenon first-hand. Chapter three offers a historical review of phenomenology, with qualitative research insights, unpacking Interpretative Phenomenological Analysis.

CHAPTER III: METHODOLOGY

Introduction

This research investigation was conducted to consider the following inquiry: What are the lived experiences in Vietnam Combat Veteran Couples diagnosed with PTSD? To competently answer this inquiry, the researcher relied on the lived experiences of couple participants with first-hand knowledge of this type of experience and who were willing to share their stories. The concepts explored for this study included the aspects of intimacy found in Vietnam Combat Veteran Couples in long-term marriages diagnosed with post-traumatic stress disorder. Sample questions are in Appendix A.

This chapter included a description of the method chosen as the basis for this research Interpretative Phenomenological Analysis (IPA). IPA is the framework this researcher relied upon while conducting this study. In using this approach, the researcher gathers and examines detailed information from participants. It is "...a two-stage interpretation process in which the participants are trying to make sense of their world; [and] the researcher is trying to make sense of the participants trying to make sense of their world" (Smith and Osborn, 2003, p. 53). A summary is provided by the researcher of the methods used to collect and analyze the information along with any ethical concerns related to this inquiry.

The foundational roots of phenomenology. It was Edmond Husserl in (1859-1938) who helped expand the ideals of this form of methodology. Husserl insisted that reality dependent on reality (Husserl, 1931). He believed that one must rise above oneself in order to understand the real essence of something (Husserl, 1931). Hence, this approach is referred to as transcendental (i.e., psychological) phenomenology, as it offers

a departure from traditional phenomenological conceptualizations and frameworks.

Husserl identified three forms of cognitive reasoning: “affective, axiological (connected with values) and practical” (Ricœur, 1967, p. 41). He also posited that problems could occur with these processes if not viewed transcendently. To briefly explain, “if a phenomenon is identified as theoretical, it does not exist; if it is considered axiological, it’s design is not tangible aspects focusing more on morals and values; and finally, if the phenomenon is practical, one must be able to relate it to society to make sense of it (Ricœur, 1967). By incorporating this approach into the research process researchers are empowered to “leave behind their worldviews while simultaneously compensating for any conscious biases as they construct a method that motivates the researcher to leave all extraneous data behind” (Husserl, 1931, p. 41). However, as Madison, (2009) asserts, it is “ones’ consciousness of thought, that remains unchanged throughout this process and where in the conundrum exist; since ones’ reality depends on ones’ worldview through ones’ consciousness (p. 9).” Thus, Husserl’s dilemma resembled both the Kantian and Cartesian belief that “knowledge which is entirely based on experience (a posteriori) is but factual and does not carry or yield necessary truth; only what is in its origin independent of experience (a priori) leads to generally valid knowledge” (Herring, 1996, p. 7). Husserl’s metaphysical approach avoided this concern by requiring one to abandon their ego.

According to Smith, (2003) during “the first half of the 20th century movement” phenomenology emerged as a preeminent approach with Husserl, as it offered a framework by which the study of how we experience our experiences emerged (p. 13). Additional architects associated with this philosophy include “Martin Heidegger, Maurice

Merleau-Ponty, Jean-Paul, and Sartre, et al. ” (Smith, 2003, p. 13). These philosophers hypothesized that in order for researchers to better comprehend life experiences, they must recognize that reality is an inherent part of objects, as well as, events (Mastin, 2008). They labeled this notion as a “phenomena” in that these lived experiences should not be viewed as separate occurrences isolated from the lived experience but identified or understood in totality as a viable part of the overall lived experience (Mastin, 2008, p. 1).

When it comes to researching the lived experience, there are several phenomenological approaches available to the qualitative researcher. The approach needs to be the most advantageous to the inquiry helping to facilitate the interpretation of the researcher’s question. “The construct for designing qualitative studies are framed by the backdrop of the interpretivist, naturalist, postmodernist, constructivist, and feminist research approaches to name a few” (Creswell, 2007). These frameworks provide supportive foundations for conducting qualitative inquiries associated with different worldviews categorized as ethnography, phenomenology, narrative, grounded theory, as well as, case studies (Creswell, 2007).

This researcher chose to use a phenomenological approach because it offered a "rigorous, critical, systematic investigation of [a] phenomena" (Streubert and Carpenter 1999). This methodology also provided its user with it a strategy by which to discover hidden meanings while also exploring the essence of human experience (Sorrell and Redmond, 1995; Wimpenny and Gass, 2000). It provided a “construct for pursuing a phenomenon framed by a versatile backdrop of research approaches i.e. interpretivist, naturalist, postmodernist, constructivist, and feminist” (Creswell, 2007). These frameworks provided a supportive foundation for conducting qualitative inquiries

associated with different worldviews categorized as ethnography, phenomenology, narrative, grounded theory, as well as, case studies (Creswell, 2007).

What is qualitative research? Qualitative research is relevant for this experiential study in that it allowed this researcher to use an investigative approach to better understand the world of each participant. Qualitative research allowed this researcher to pursue leads and decipher data, as data is gathered helping to add pieces to the puzzle as the inquiry develops (Charmaz, 2006). This methodology offered the researcher a malleable scientific approach by which knowledge could be gleaned to address human and social concerns (Creswell, 2009). During this process, the researcher compiled a mosaic of words derived from unique questions specifically designed to gather data, identify patterns and themes, and arrange the intricate testimonies of participants in a natural and comfortable setting (Creswell, 2009). According to researchers Denzin and Lincoln (2005):

Qualitative research is a situated activity that locates the observer in the world. It consists of a set of interpretive, material practices that make the world visible. These practices transform the world. They turn the world into a series of representations, including field notes, interviews, conversations, photographs, records, and memos to the self. At this level, qualitative research involves an interpretive, naturalistic approach to the world. This means that qualitative researchers study things in their natural settings, attempting to make sense of, or interpret, phenomena in terms of the meanings people bring to them. (p. 3)

It's an explorative research tool when the goal is to understand more regarding a matter. This approach allowed the researcher to determine specific variables to measure regarding any population or group, which culminates in providing the researcher with a refined understanding of the subject matter in its context or setting (Creswell, 2007). Qualitative research afforded participants the opportunity to share their stories while also allowing researchers "...to write [in] a [flexible] literary style that conveys [communicates] stories, or theater, or poems without the restrictions of formal academic structures of writing" (Creswell, 2007, p. 40). It is a process by which researchers work through numerous levels of abstract theories, beginning with the initial data and evolving into larger groupings (Creswell, 2007).

This researcher chose qualitative research as the approach for this study because it seemed most advantageous towards identifying and analyzing the likeness, as well as, the variances of Intimacy in the Long-Term Marriages of Vietnam Combat Veteran Couples diagnosed with PTSD. It provided this researcher with a medium by which to study the lived-experience of these couples while simultaneously exploring the meaning they make of and from their lives. By using IPA, the researcher encountered multiple perspectives, allowing significant relationship views to be represented. Identifying the contextual aspects within this couple population provides a palpable mode for capturing the essence of their lived experience is revealed through the approach of IPA. Each of these variables offer countless insights and viewpoints that could ultimately aide in deciphering some hidden relational and behavioral patterns unique to combat Veteran couples (Yin, 2011).

Interpretative Phenomenological Analysis. Interpretative Phenomenological Analysis (IPA) is a methodology, which, according to Larkin and Thompson (2012), as

well as, Smith et al., (2009) offers the researcher a proven, "phenomenological focused approach." It enables researchers to gather comprehensive, thoughtful, accounts of experiences according to the couple participants lived-experience (Larkin and Thompson, 2012, p. 101). According to Larkin, Watts, and Clifton (2006), one primary objective of this methodology is to perceive the world of each participant, illustrate, and convey the participant's world in a manner that captures what that world is actually like (Larkin et al., 2006). As the researcher begins to employ IPA he/she must remain focused on generating a meaningful, "...third-person, and psychologically informed description, which tries to get as 'close' to the participant's view as possible" (Larkin et al., 2006, p. 104). As IPA advances forward, the investigator's goal is to generate a transparent process by which to conduct his/her interpretative analysis process (Larkin et al., 2006). This enables the researcher to refer to "...the initial 'description' in relation to a wider social, cultural, and perhaps even theoretical context" helping to illuminate a "second-order account" of the lived experience (Larkin et al., 2006, p. 104). At its core, IPA provides the researcher with a platform to employ a philosophical construct and "... think about 'what it means for participants to have made these claims, and to have expressed these feelings and concerns in [regards] to this particular situation" (Larkin, et al., 2006, p. 104).

The ultimate goal of an IPA study seeks to "...'give voice' (capturing and reflecting upon the principal claims and concerns of the research participants) and 'making sense' (offering an interpretation of this material), which is grounded in the accounts, but may use psychological concepts to extend beyond them" (Larkin et al., 2006; Larkin and Thompson, 2012, p. 101). IPA seeks to reveal the essence, as well as,

the unique transactions associated with the participants lived experience instead of just the actual episode and related influences (Larkin and Thompson, 2012).

This researcher chose to employ the concepts of IPA because this approach provided a platform by which the researcher can glean a frame of reference from each participant. The researcher was then empowered to "...integrate discrete elements of perceptions, memories, judgments, assumptions, and beliefs about something into one unified, meaningful experience" (Jeong and Othman, 2016, p. 559). IPA enabled this researcher to thoughtfully analyze the distinct themes associated with and interconnected to the study's inquiry (Jeong and Othman, 2016).

Participants. The sample for this study consisted of five couple participants ranging in age from 58 to 75. One partner in the couple served combat duty in Vietnam and was diagnosed with PTSD. The couple participants have also been in long-term marriages for no less than 40 years. Special considerations were also afforded to this population due to the age of its participants by following the guidelines of the NIH. The National Institute of Health – National Institute on Aging (NIH) recommends participants share their story only once (2016). The NIH also encourages researchers that are working with the geriatric population to: “sit facing the [participant] patient at eye level; establish a rapport, address the patient by last name unless otherwise instructed, compensate for visual deficits compensate for hearing deficits, don’t rush through questions, speak slowly, use active listening skills, respond with brief comments, try not to interrupt, give participants enough time to express thoughts, avoid the use of jargon - use common language, and offer empathy (NIH, 2016).

In general, IPA research studies investigate samples that are small in size and

identical in nature (Smith and Osborn, 2003). This approach is viewed as being informed by the theories of qualitative, experiential, and psychological methodologies (Smith, Flowers & Larkin, 2009). IPA samples are typically small because this affords researchers the opportunity to meticulously examine the unique experiences and emerging themes of each participant. Furthermore, “large samples could become quite overwhelming to researcher’s due to large amounts of data produced” (Smith and Osborn, 2003, p. 57). Since IPA is an approach in which dedication to gleaning a “detailed interpretative account” of participants the best way for the researcher to realistically accomplish this feat is by “sacrificing breadth for depth” (Smith, 2003, p.57). The key elements associated with the small sample size of IPA are thoughtfully chosen participants and strategically-positioned samples (Smith et al., 2009, p. 29).

Data Collection – Semi-structured Interviewing. IPA is an adaptable approach designed to offer the researcher a platform by which the perceptions of participants can be conveyed (Smith and Osborn, 2003). While the researcher collects and analyzes the data this process simultaneously empowers the researcher in gaining a better understanding of the phenomena (Smith and Osborn, 2003). Semi-structured interviewing helps to facilitate this process. By using a dialogue supported by modified questions the researcher is allowed to explore important and unique areas that arise during the study (Smith and Osborn, 2003).

The Research Process. In this study, the researcher sought to interpret the lived experience of each participant by using 6-interview questions. The researcher began the analysis process designed by IPA by reading the transcribed interview in its entirety. This is accomplished several times to ensure the researcher is familiar with the data. It is

important to include any and all personal thoughts, as well as, literal impressions obtained during the interview process. This process was followed by the researcher organizing all preliminary notes into primary themes and secondary categories. The researcher then developed abbreviated phrases to maintain the essence of the text with enough thoughtfulness to preserve the focus of the research. The researcher then began the process of analyzing the themes that appeared arranging them based on their relevant conceptual categories. The researcher then identified patterns or clusters from the unfolding themes which helped pinpoint intersecting ideas. The researcher provided each cluster with a detailed label that captures the ideal of the originating themes. This process culminated in the generation of a chart of themes. According to Eatough and Smith (2008)

For the researcher, this table is the outcome of an integrative process in which she/he has moved back and forth between the various analytic stages ensuring that the integrity of what the participant said has been preserved as far as possible. If the researcher has been successful, then it should be possible for someone else to track the analytic journey from the raw data through to the end table. (p. 120)

Once the information was gathered the researcher analyzed the collected data by focusing the data coding process on the key statements of the participants, followed by the themes emerging from the statements, thoughts, ideas, topics and feelings of the participants. These characteristics were then grouped under different primary themes and secondary categories (Jeong and Othman, 2016). In a nutshell, the process of IPA included: (1) Reading, interpreting, and re-exhaustively reviewing all data, (2) copious notations, (3)

the broadening of emerging themes, and (4) Identifying the patterns across the emergent themes – first case, (5) Proceed to the next case and repeat, (6) Search for patterns across all cases Smith et al. (2009), Eatough and Smith (2008), and Smith and Osborn (2003). In previous research studies, employing the approach of IPA, authors have found that a minimum of three samples is the most beneficial sample amount for first time users of this approach (Smith and Osborn, 2003).

Human Participants and Ethics. Risks to couple participants were minimal. The researcher highlights potential challenges with affording couple participants with absolute confidentiality. Noting that confidentiality and privacy may be compromised during the data analysis process, however, measures are in place to prevent unauthorized disclosure. Furthermore, since the research requires the couple participants to recall some past experiences in narrating their life's story, caution was taken to advise couple participants of the possibility they could experience some distress during or after the interview session. Couple participants were advised of their ability to refrain from sharing any uncomfortable information, and/or their right to discontinue their participation in the study at any time. If further assistance was required the researcher provided the couple participants with a listing of therapeutic providers they can see, at their own expense.

Summary

This chapter provided a foundational view of the roots of phenomenology highlighting the role of three forms of cognitive reasoning. Of the three forms of reasoning the significance of practical reasoning was illuminated, as it provides a pathway by which the researcher must relate to the world to understand it. IPA was

discussed and unpacked revealing how this methodological approach provided the researcher with a platform in which the researcher can engage participants, generate meaningful data, while also maintaining the integrity of the phenomenological approach. Marriage is an intimate relationship between partners that can face many threats from life's challenges as shown by the rising divorce rate. This study used IPA to interview Vietnam Combat Veteran Couples diagnosed with PTSD. The researcher worked to understand and answer one fundamental question: What are the most integral aspects of intimacy found within the long-term marriages of these couple participants? IPA allowed the researcher to collect information and obtain an in-depth understanding of the in-vivo experiences offered by the couple participants. Chapter 4 will provide the research findings, and trustworthiness of the study. Chapter five will include the summary, conclusion, implications/future research, and researcher biography.

CHAPTER IV: FINDINGS

Introduction

The purpose of this study was to explore the lived experience of Vietnam Combat Veteran Couples diagnosed with PTSD. It further explored six demographic variables related to the possible enduring-integral aspects of intimacy: emotional intimacy, social intimacy, intellectual intimacy, physical intimacy, recreational intimacy, and spiritual intimacy in hopes of identifying the enduring-integral aspects found within these relationships that have contributed to the long-term marital success and stability found within this population (Schaefer and Olson (1981).

The residual effects of combat on the lives of Vietnam Veterans could easily be viewed as catastrophic. However, despite the challenges this population faced when it comes to instances of long-term marriage this community has managed to endure and thrive. Statistics show that roughly 38% of the marital relationships of this population ended in divorce within 6 months of the Veterans return from Southeast Asia (Price and Stevens, 2016). It is also widely known that the divorce rate for combat Veterans is considerably higher than the overall population and even higher when Veterans are diagnosed with PTSD (Price and Stevens, 2016).

The use of IPA helped facilitate the process of discovery and aided the researcher in analyzing the data pertinent to this research study. This approach supported the researcher in identifying emergent themes and relationships, categorizing similar concepts and interconnections, as well as, attributes of longevity across the researched cases. This process required the researcher to conduct multiple readings, take copious notes, extract themes and interpret data; while also compiling comments, and journaling

the researcher's impressions and observations from within and across the cases.

Description of the Sample. In this chapter, the researcher selected snippets from each interview that helped in punctuating the voice, as well as, the lived experience of each couple participant. A pre-screening protocol was initiated to identify and verify the eligibility of each of the couple participants. This protocol contained four questions designed to aid the researcher in gathering data i.e., dates of birth, length of marriage, Vietnam combat status, number of combat tours of duty, and diagnoses of PTSD. These inquiries were critical in helping to ensure the researcher selected participants that actually met the parameters defined for this research study: that is, participants must be married at least 40 years, the Veteran must have served at least one tour of combat in Vietnam, and the Veteran must have the diagnoses of PTSD. Initially, six Veterans were contacted regarding their possible participation in this study. As the interview process began one Veteran decided to remove his volunteer status from the list of participants due to personal reasons. The remaining five couple participants advanced through the pre-screening process, were cleared, and ultimately selected to participate in the study. The demographics of the same are contained below in Table 1.

	Avg Age of Couple	# Yrs Married	Served in Combat	# Tours	PTSD	Race
Couple 3	69	47	Y	1	Y	W
Couple 1	72	47	Y	3	Y	B
Couple 2	72	48	Y	1	Y	B
Couple 4	75	49	Y	2	Y	B
Couple 5	71	41	Y	3	Y	W

The table above provides a summation of the couple participants for this study. The average age of the couple participants is 71.8 years. The average years of marriage for these couple participants is 46.4 years. The average tours of duty for the Vietnam Combat Veterans is 2 years. There were two Caucasian and three African American couple participants.

Descriptive Analysis. Following the prescreening protocol, the first steps in the analysis process began with the researcher interviewing each of the five couple participants as individual couples. The researcher employed a measure containing six uniformed interview questions to help facilitate this process. Q1 asked each couple participant; what was their marriage like before and after Vietnam? It was during this part of the investigation the researcher learned that none of the participants were married prior to the Veterans' Vietnam combat tours. The reflective quotes from the couple participants contained below in Table 2, seemed to offer positive regard relating to the couple participant's early years of marriage following Vietnam. Additionally, the thoughts and feeling shared in this section seem to reveal these unions initially met the couple participant's expectations regarding marriage.

Table 2 -- Q1: What was your marriage like before and after Vietnam?		
	Before	After
Couple 3	N/A	<i>“searching for something to make some sense in life”</i> <i>“needed someone to love”</i>
Couple 1	N/A	<i>“had a great start”</i> <i>“excited to start our lives together”</i>

Couple 2	N/A	<p><i>“good”</i></p> <p><i>“had a lot of fun together”</i></p> <p><i>“went to parties”</i></p> <p><i>“spent time with friends”</i></p>
Couple 4	N/A	<p><i>“great initially”</i></p> <p><i>“time filled with friends, family, and fun”</i></p> <p><i>“we married just prior to his second tour in Vietnam”</i></p> <p><i>“he was deployed a lot during our marriage”</i></p>
Couple 5	N/A	<p><i>“good”</i></p> <p><i>“knew what we could do and what we couldn’t do”</i></p>

As the researcher considers the question above, as well as, the subsequent remarks of the couple participants, a more focused question, bidding each participant to identify the strengths and weakness at the beginning of their marriage could have been employed. Although the answers provided through the original question did help establish a relational baseline for each couple; this new question could have helped enhance the richness of the couple participant’s conversations. The researcher notes the couple participants appeared to display an intense level of connectedness as they shared these remarks. It seemed in some instances, the couple participants were careful not to minimize the possible struggles they faced during this time in their marriage. Yet their remarks, revealed the existence of true resolve. Each couple appeared determined their relationship would persevere as they relayed their intent to hold on to each other then and continue to hold on to each other now. The researcher also found it interesting that four out of the five couple participants did report getting married at various times following the Vietnam Veteran’s Combat tours of duty; with only one couple reporting their

marriage while the Veteran was in between Vietnam tours. Additionally, four out of the five couples did report short courtships prior to their marriages; with the shortest courtship occurring after just 4 days and the longest courtship appearing on the opposite end of the spectrum totaling two years. Although the following information is not indicative of strength or weakness in the success of couple participant relationships; the researcher notes it does seem to indicate that the length of courtship is not necessarily a precursor for martial longevity.

Table 3 – Courtship	
Couple 3	4 days
Couple 1	4 months
Couple 2	4 months
Couple 4	3 months
Couple 5	2 years

The researcher decided to remove Q2 (Did you know your spouse before Vietnam?), as this question seemed to elicit the same response as the earlier query with Q1; thus, eliminating the need for Q2.

In Q3 the researcher inquired as to what the Veteran's personality was like before and after his return from Vietnam? The researcher notes the voice of the Vietnam Combat Veteran is punctuated in the *Before-Vietnam* section of Table 4, since the couple participants were not married prior to the Veteran's Combat tour(s) of duty in Vietnam. In the *Before-Vietnam* section, the Vietnam Combat Veteran, attest through excerpts how they remembered themselves prior to their combat tour(s) of duty in Vietnam. The *After-Vietnam* section, Table 4, consist of remarks from both couple participants.

Table 4 -- Q3: How was the Veteran's personality before and after Vietnam?		
	Before-Vietnam	After-Vietnam
Veteran 3	<i>"innocent, very innocent"</i>	<i>"got cynical"</i> <i>"boiling over"</i> <i>"avoids"</i> <i>"alcohol use"</i>
Veteran 1	<i>"very outgoing"</i> <i>"carefree"</i> <i>"filled the house with a lot of noise"</i> <i>"life of the party"</i>	<i>"no friends"</i> <i>"very quiet"</i> <i>"very snappy, very, very snappy"</i> <i>"on edge, all the time"</i>
	<i>"outgoing"</i> <i>"nice"</i>	<i>"became less outgoing, angry"</i> <i>"isolated himself"</i>
Veteran 2	<i>"kept busy"</i>	<i>"did not like loud noises – jumpy"</i> <i>"having flashbacks and nightmares"</i> <i>"always on guard"</i> <i>"alcohol use"</i>
Veteran 4	<i>"outgoing"</i> <i>"nice"</i> <i>"fun to be with"</i>	<i>"less outgoing"</i> <i>"angry"</i> <i>"isolated himself"</i> <i>"does not like loud noises"</i> <i>"vigilant"</i>

Veteran 5	<i>“average guy”</i> <i>“nothing special”</i> <i>“tried to get along with everybody”</i> <i>“mind my own business”</i>	<i>“bad alcohol”</i> <i>“partied a lot”</i> <i>“flashbacks”</i>
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In Q5, the researcher provided the couple participants with the opportunity to elaborate on how PTSD has affected their marriage. The researcher notes that several PTSD symptoms (anger, depression, avoidance/isolation, nightmares, and flashbacks) were universal in having a negative impact on the marital lives of each couple participant, as well as, their marital union. An addition to these symptoms, the overuse of alcohol was also identified as a co-occurring factor affecting the marital relationships of three out of the five couple participants. Table 5, provides some of the riveting remarks from each couple participant.

Table 5 -- Q4: How has PTSD affected your marriage?	
Couple 3	<i>“my mind often drifts back to Vietnam”</i> <i>“drank a lot during the weekend”</i> <i>“depression made staying connected hard”</i>
Couple 1	<i>“affected the way we communicated”</i> <i>“at times, we'd be real on – we'd be on edge”</i> <i>“we'd be very careful about what we said to each other”</i> <i>“trying not to cause a big argument or something”</i>
Couple 2	<i>“I did get scared at times”</i> <i>“we didn't talk”</i> <i>“we would go out and I would drink, thank God she didn't”</i> <i>“we just covered it up”</i> <i>“it's done nothing but bring hardship”</i>

Table 5 -- Q4: How has PTSD affected your marriage?	
Couple 4	<p><i>"communication suffered"</i></p> <p><i>"isolating behaviors increased"</i></p> <p><i>"I got use to handling things on my own"</i></p>
Couple 5	<p><i>"anger stopped communication"</i></p> <p><i>"kept the peace no matter what"</i></p> <p><i>"we knew this is it, we have to deal with it."</i></p>

The researcher notes during this conversation exchange one couple participant seemed to be transported back to this difficult time. The spouse in Couple 2 became flooded and apologized for crying with the Vietnam Combat Veteran clearing appearing moved by her display. The Veteran offered these words as a response to her tears, "we're one person sitting here and anything that happens to me happens to her, when she cries I taste salt." Which seemed very symbolic of the enduring nature of their relationship, as well as, their level of connectedness despite the burdens of their past years.

When it comes to intimacy, previous research has identified seven characteristics found within this level of closeness: emotional intimacy, social intimacy, intellectual intimacy, physical intimacy, recreational intimacy, and spiritual intimacy to be beneficial in long-term relationships. Schaefer and Olsen (1981) posit that these attributes help to facilitate an environment conducive to producing elevated levels of satisfaction and contentment in couples over many years and countless disagreements. In Q6, the researcher asked each couple participant to consider and label the attributes believed to have contributed to the longevity of their marriage. The researcher notes that each of the couple participants identified the six characteristics of intimacy in their own language;

their excerpts are listed below. The researchers employed an Intimacy Likert Scale to obtain the couple participants level of known relational intimacy. This scale identified the beginning of the couple participant relationship as “Then” and identified the present time as “Now”. The researcher notes the results from this Intimacy Likert Scale revealed the couple participants demonstrated small changes in their intimacy characteristics over the course of their marriage (with these changes due to psychological and medical conditions). In Table 6 and Table 7 below, the Characteristics of Intimacy will be identified and coded using the following codes: Emotion = E, Social = S, Intellect = I, Recreation = R, and Spiritual = S.

Table 6--Q5: What attributes you believe contributed to the longevity of your marriage?		Characteristics of Intimacy
Couple 3	<i>“honesty”</i> <i>“open-communication”</i> <i>“faith offered stability”</i> <i>“mutual trust”</i> <i>“mindfulness”</i> <i>“having a connection”</i> <i>“committed to working on the marriage”</i> <i>“dedication to each other”</i> <i>“supporting each other”</i>	I I S I I E I E ALL
Couple 1	<i>“loved each other”</i> <i>“supported each other”</i> <i>“a willingness to listen to each other”</i> <i>“communication”</i>	E ALL I I
Couple 2	<i>“trust”</i> <i>“honesty”</i> <i>“love”</i> <i>“faith”</i> <i>“supporting each other in everything”</i>	I I E S ALL
Couple 4	<i>“trust”</i> <i>“our love for each other”</i>	I E
(E=Emotional, S=Social, I=Intellectual, R=Recreational, and S=Spiritual)		

Table 6—Q5: What attributes contributed to the longevity of your marriage?		Characteristics of Intimacy
Couple 5	“committed” “faith” “prayer”	E S S
(E=Emotional, S=Social, I=Intellectual, R=Recreational, and S=Spiritual)		

The researcher notes below the other characteristics of intimacy, i.e., social and recreational aspects of Intimacy these attributes revealed throughout the overall interview process.

Table 6--Q5: The attributes contributed to the longevity of your marriage?		Characteristics of Intimacy
Couple 3	<i>“we did the bar scenes”</i>	R/S
Couple 1	<i>“many friends”</i>	S
Couple 2	<i>“outgoing”</i>	S
Couple 4	<i>“outgoing”</i> <i>“fun to be with”</i>	S
Couple 5	<i>“partied a lot”</i> <i>“had a lot of phone calls”</i>	S
(E=Emotional, S=Social, I=Intellectual, R-Recreational, and S=Spiritual)		

Q6, provides more of a visual to Q5; the couple participants were asked to use an Intimacy-Likert Scale to identify the significance of 6 characteristics of intimacy (emotional, intellectual, social, recreational, physical, and spiritual) within the longevity of their relationship. The scale range is from "1" to "10": “1” = not a considerable influence; “10” = had a considerable influence. This scale helped identify the level of intimacy at the beginning of the relationship as “Then” with the present identified as “Now”. The results from this scale revealed the couple participants resilience, identifying small changes in their levels of intimacy over the course of their marriage

with the changes noted in part to mental health (PTSD), substance use/abuse, and medical conditions. Please see Figure 1 for visual results.

Figure 1: Q6: The influence of 6 intimacy characteristics on relationship

Couple 3	Veteran		Spouse	
	Then	Now	Then	Now
Intellect	5	9	5	9
Social	4	8	4	9
Recreation	10	10	10	10
Emotions	8	8	8	8
Physical	7	7	7	7
Spiritual	2	10	2	10

Couple 1	Veteran		Spouse	
	Then	Now	Then	Now
Intellect	3	9	3	9
Social	3	9	5	8
Recreation	5	10	1	9
Emotions	0	9	0	9
Physical	10	10	7	9
Spiritual	10	10	10	10

Couple 2	Veteran		Spouse	
	Then	Now	Then	Now
Intellect	5	10	5	10
Social	3	10	6	10
Recreation	1	10	5	10
Emotions	5	5	5	10
Physical	10	10	10	10
Spiritual	5	10	10	10

Figure 1: Q6: The influence of 6 intimacy characteristics on relationship

Couple 4	Veteran		Spouse	
	Then	Now	Then	Now
Intellect	8	9	10	5
Social	10	10	10	4
Recreation	9	7	10	1
Emotions	10	6	6	5
Physical	10	10	10	10
Spiritual	10	10	1	3
Couple 5	Veteran		Spouse	
	Then	Now	Then	Now
Intellect	10	10	10	10
Social	10	10	10	10
Recreation	10	10	10	10
Emotions	10	10	10	10
Physical	10	10	10	10
Spiritual	10	10	10	10

Common Themes. The researcher identified three common themes throughout this study relating to the most enduring-integral aspects contributing to the lived experience of Vietnam Combat Veteran Couples in long-term marriages diagnosed with PTSD. While it may seem obvious the construct of the most enduring-integral aspect of these couple participants is encased in what one would identify as love. The researcher identified three common themes within the overarching topic of love that were determined to be enduring-integral aspects contributing to the longevity of these marriages: commitment, communication, and the symptoms of PTSD.

Commitment, is defined by the researcher as, a willingness to support each other; a selflessness union, that values trust and honesty. In this study, the couple participants demonstrated their commitment to each other through their willingness to support each

other, selfless acts, as well as, through their values of trust and honesty. Their descriptive expressions follow. Couple 3 voiced their commitment to each other as they shared, “I woke up one night we were sitting on the bed and just talking to each other and I asked her, I said, “I don't know if I love you enough to say that we should be married. I mean we did this pretty quick. I said, “How do you feel about that? And she said, if I remember right, I don't know if I love you in that way either. I think we've got to work at this if we're going to stay married.” Couple 1, offered similar remarks, with the spouse sharing “she once considered divorce and then realized that he was still in there, somewhere, just not the person she knew.” She adds that now “he's like one of my arms or one of my legs, I am crippled without him.” Couple 2, summed up their relationship commitment to each other acknowledging that supportive behaviors helped them voice that ““the marriage is good.” Couple 4, shared they “cared for each other” and that nourished their commitment and the longevity of their relationship. Couple 5, remarked they decided early on that “they would deal with whatever comes.”

Communication, is defined by the researcher as openness, self-disclosure; a willingness to share ones hopes, dreams, and fears. In this study, the couple participants demonstrated their ability to communicate through their willingness to emotionally and intellectually attach themselves together. Descriptive expressions follow. Couple 3, voiced their ability to communicate as they reported the importance of “not holding anything back” and the importance of talking “as a couple”. However, the Veteran does report a time when the couple struggled with communication when his PTSD symptoms were out of control. Couple 1, offered that as time went by the Veteran “didn't talk much” that “he wasn't communicating” and the couple discussed divorce. However, it

was during this conversation, the spouse “realized that he was still in there somewhere but it wasn’t the same person that she knew before he went” and that was the aha moment in their relationship. Couple 2, reports the supportive behavior of his spouse as he struggled with alcohol helped the couple to connect and communicate. The Veteran adds that her ability to listen along with her awareness of his need to keep busy helped the Veteran get sober and their relationship to grow strong. Couple 4, offered that “they cared for each other.” The Veteran reports that his military career kept him “away from home a lot,” he adds that “she is the only person I trust with everything” this spouse reports that she believes because the Veteran was away from home a lot; she “had to learn how to handle things on her own” which ultimately helped the couple bridge the gaps in their communication. Couple 5, reports making a “pact” in the beginning of the relationship, whatever comes up “we have to deal with.” The couple reports “we’ve never really had an argument about anything” because of our “pact.”

Finally, the symptoms of PTSD, are defined by the researcher as a lack of trust in people, isolation, hypervigilance, nightmares, flashbacks, anger, insomnia, and the need for control accompanied by bouts of anxiety, depression, and alcohol abuse. In this study, the couple participants expressed the symptoms of PTSD through their descriptive experiences connected to this disorder. Descriptive expressions follow. Couple 3, voiced their experience with PTSD symptoms as being influenced by "alcohol" "anxiety" and depression making staying connected hard in the early years of their marriage. Couple 1, voiced their experience with PTSD symptoms as “we'd be on edge and we'd be very particular about what we said to each other, trying not to cause a big argument or something”. Couple 2, voiced "I did get scared at times.” Couple 4, voiced that initially

the isolating behaviors caused the couple's "communication to suffer". Couple 5, voiced that "anger" hindered their communication, however, the spouse "kept the peace no matter. The Vietnam Veteran from Couple 2 summed up of the gravity of PTSD in this quote "You're thrust into... you know the best thing about hell? It's eternal. But to be thrust into hell and then brought back to this world? That's unbearable. At least once God puts you there [hell], that's it. That's your life for the rest of eternity. But to be pulled back out and then have to deal with that [hell] and try and live a civil life, in a civil society, with all that inside of you" it is unfathomable.

Figure 2: Common Themes

Couple #	Commitment	Communication	PTSD
Couple 3	" I woke up one night, we were sitting on the bed just talking to each other and I said to her, I don't know if I love you enough to say we should be married. I mean we did this pretty quick. I asked her, how do you feel about that? And she said, if I remember right, I don't know if I love you that way either. I think we've got to work at this if we're going to stay married."	"not holding things back"	each of these Veterans struggle with trusting people, hypervigilance, insomnia, nightmares, flashbacks, need for control, anxiety. The Veteran from Couple 2 summed PTSD up best in saying: "You're thrust into ..." "You know the best thing about hell? It's eternal. But to be thrust into hell and then brought back to this world...that's unbearable. A least once God puts you there[hell], that's it. That's your life for the rest of eternity. But to be pulled back out and then have to deal with that [hell] and try to live a civil life, in a civil society, with all that inside of you" it is unfathomable.
Couple 1	"he is like one of my arms or one of my legs, I am crippled without him".	"She once considered divorce and then realized that he was still in there, somewhere, just not the person she knew"	
Couple 2	"we have always supported each other"	"Her ability to listen along with her awareness of his struggle with alcohol and need to keep busy helped the Veteran regain his sobriety and helped the couple stay connected and communicate"	
Couple 4	"we cared for each other"	"I trust her with everything" she had to learn early on how to handle thngs on her own while he was away which helped their communication.	
Couple 5	"we decided early on that we would deal with whatever comes".	"Our pact in the beginning of the relationship made us accountable to each other"	

Description of Analysis. As I compare the findings of this study with the variables identified in the literature pertaining to long-term relationships, I discovered more similarities than differences. While some of the earliest studies focused on the significance of difference among marital partners; this study aligned with the need for couples to have commonalities in their relational unions. Intimacy, was identified as the nucleus of relationships. Its foundational premise is directly comprised of and influenced by the couple's ability to employ the variables of commitment and communication in their relationship. These two attributes appear to flourish most in these couple's due to their marital accord. This ultimately, helped facilitate relational experiences of strength and growth and evolving into resilient long-term unions.

Marital satisfaction has been identified as most prevalent when couple interactions were not distressed. Although these couples did encounter stressful life events it seems the partners were able to prevent distress. By, offering support, compassion, and positive regard during these episodic occurrences; their interactions helped establish couple relationships that were more emotional and physically healthy.

Likewise, the need for validation, unconditional positive regard, and self-disclosure in marital relationships are key ingredients. This study directly correlates with those findings. Highlighting the six attributes of emotional, intellectual, social, recreational, physical, and spiritual characteristics as attributes that are essential in couple relationships and instrumental in the development of intimacy, which is needed in long-term relationships.

Self of the Researcher. During the interview process, the researcher noticed verbal and nonverbal enduring-integral intimacy characteristics within these couple

relationships. As the interview process began, Couple 3 seemed eager to share their story with the Veteran taking the lead in sharing moments pertaining to the couple's life experiences. The spouse from Couple 2 seemed content to wait quietly, smiling as she gently helped in guiding the conversation; approving the Veteran's every word. As the conversation continued and the spouse began to share her views, at times, she seemed to struggle with her answers with the Veteran then offering his support to her, as she reached for his hands. The researcher found this very moving as the couple appeared to seamlessly navigate the intense emotions of the conversation utilizing their emotional intimacy. As the interview began with Couple 1, the participants seemed a bit more reserved. The Veteran and spouse began to slowly share their life experiences, with each partner gently reassuring the other as they each offered answers to the interview questions. Once again, I noticed how the couple participants offered each other support when memories and emotions became strong; followed by words of comfort and reassurance as they progressed through the interview process. Couple 2, seemed more formal during the interview than the earlier couples as they emphasized their faith and the role it played in their lives. Surprisingly, the spouse brought up the Veteran's struggle with alcohol with the Veteran furthering the conversation by sharing the impact alcohol and his other PTSD symptoms had on their lives. They both spoke solemnly emphasizing their spiritual connection with the Veteran highlighting the significance of his spouse's support during that time in his life and how that support helped bring them closer together. The researcher believes she could feel the connectedness of this couple system during this portion of the interview. Moreover, the couple participants pitch, tone, words spoken, and genuine level of concern for each other through the interview

was astonishing. The interview with Couple 4, began with the couple choosing to highlight the uniqueness of their relationship. The Veteran reflected on his spouse his level of commitment to her and her two children before they were married. The spouse shared her determination to understand the world the Veteran as she made sure she remained connected to all areas of his military world. The researcher notes the most compelling part of this interview occurred when the Veteran earnestly looked at his spouse and ever so lovingly told her that he loved her. Her face softened at his words, as she obviously was not expecting such heartfelt words; yet welcomed them as a sincere surprise. Finally, Couple 5, appeared to present for the interview as the most relaxed couple. I remember these two smiling at each other as the spoke of their faith while also declaring how their single-minded decision to remain together no matter what influenced their lives. The researcher notes this couple often referred to their faith and how their faith helped maintain their relationship and family connection throughout the years. As I the researcher consider each of their lived experiences and the magnitude of their stories I am overwhelmed by their resiliency in the face of such incredible challenges. The researcher credits this interview process with not only helping the couple participants identify the enduring-integral aspects of their long-term marriages. This process also encouraged each couple to reflect upon how their relationships have grown throughout the years while they also reevaluated the significance of their unions.

Concluding Thoughts

This investigation of the lived experience of Vietnam Combat Veteran Couples in long-term marriages diagnosed with PTSD was conducted using the methodological approach of IPA. IPA empowered the researcher with an investigative process by which to complete a rigorous analysis as to how couple participants are constructing their social and personal lives. During this investigation, each couple participant was encouraged to actively participate in the process. They were encouraged to offer their own unique reflections, thoughts, and feelings associated with their lived experiences. IPA provided the researcher with a platform by which to make sense of each couple's perspective while also trying to make sense of each couple's lived experience. The results culminated in the researcher thoroughly exploring the aspects of each case, followed by a move towards a more generalized assertion.

The researcher noticed early during the data gathering stage that couple participants met and wed quickly, with only one couple having any general knowledge of the other prior to Vietnam, as they met in between one of his Vietnam tours. Prior to combat tours the Veterans described themselves as friendly, outgoing, innocent, fun to be with, nice, and average. Likewise, each spouse supports the characteristics describing the Veterans after Vietnam highlighting negative relational and behavioral patterns associated with the diagnoses of PTSD. The positive enduring-integral aspects contributing to the lived experience of Vietnam Combat Veteran Couples in long-term marriages diagnosed with PTSD appear to be directly attached to the couple's commitment to each other, their learnt ability to communicate, and their faith.

CHAPTER V: DISCUSSION AND CONCLUSION

Purpose of Study

The purpose of this study was to explore the lived experiences of Vietnam Combat Veteran Couples dealing with the diagnoses of Post-Traumatic Stress Disorder (PTSD). The findings revealed the most enduring-integral aspects of the couple participants' in this study were commitment, communication, and the symptoms of PTSD. Six interview questions were used in this study to help explore this phenomenon: Q1: Describe your marriage before and after Vietnam. Q2. Was eliminated, no spouses were acquainted with the Veteran prior to his tour(s) in Vietnam. Q3: The Combat Vietnam Veteran described his personality before and after Vietnam? Q4: How has PTSD affected your marriage. Q5: What attributes within your relationship do you believe contributed to the longevity of your marriage? Q6: On a scale from "1" to "10," with "1" equaling not a considerable influence and "10" equaling had a considerable influence, did the following intimacy characteristics (emotion, intellect, social, recreation, physical and spiritual) influence the longevity of your relationship? The researcher connotes the results of this study would help countless Veterans, as well as, other military couples learn how to successfully navigate the relationship challenges associated with maintaining longevity in marriage.

Q1 challenged the couple participants to reflect upon their marriages after Vietnam, as you can see in Table 2, Couple 3, summed up this time in their marriage as a period in which they "needed to make sense of life" while also "needing to have someone to hold on to". Couple 1, voiced that this time in their marriage was "filled with excitement as they were "ready to start their lives together." Couple 2, defines this time in their

marriage as “having a lot of fun together, parties, and time with family and friends”. Couple 4, offered that at this time in their marriage “initially everything was great;” with the “couple spending a lot of time with friends, family and having lots of fun.” Finally, Couple 5, reports that at this time in their marriage “their relationship was good and that they knew their limits.” Although these results do not specifically identify longevity attributes for this study. These findings do provide a tangible relational and behavioral baseline by which the attributes of longevity would grow. While the overall existing literature highlights the importance of difference within relationships (Burgess and Cottrell, 1939; Terman, 1938); overtime the focus was revised to emphasize the significance of similarities within the marital union with the Rand study (2007) helping to shift the focus of couple conversations more towards dyadic functioning and relational processing.

Q3, Each Veteran described their personality before and after Vietnam (see Table 4). By and large each Veteran identified their pre-Vietnam personality as being “outgoing” with one Veteran choosing to describe himself as “innocent and alone.” Overall, each Veteran described their post-Vietnam personalities as being plagued by isolating behaviors, anger, being on edge, cynicism coupled with the use of excessive alcohol. In 2016, Price and Stevens, noted how the effects of PTSD can present in an unwelcoming and invasive manner disrupting readjustment and undermining all aspects of intimacy to include inconsistent parenting, domestic violence, affairs, divorce, sexual dysfunction, aggression, and caregiver burden. This combined with the Veteran grappling with aspects of self-disclosure ultimately leading to a host of anxiety related disorders (Price and Stevens, 2016).

Q4, bid the couple participants to consider how PTSD has affected their marriages. Couple 3, reports that the “influence of alcohol, anxiety, and depression” made communication difficult. Couple 1, voiced that “PTSD affected the way they communicated;” sometimes they “would be on edge” (walking on eggshells) “trying not to cause a big argument.” In Couple 2, the spouse stated that “at times I did get scared; eluding to the “quiet anger” displayed by her spouse. Couple 4, reports their “communication suffered due to the Veteran’s isolating behaviors. Finally, Couple 5, voiced that “anger hindered their communication.” The literature by Price and Stevens (2016) posit that Veterans diagnosed with PTSD tend to struggle with conveying and disclosing emotions. This results from this question corresponds with the indicated research. While it is clear the couple, participants struggled at times with communication due to symptoms of PTSD it also appears that commitment (support, trust, and honesty) helped to sustain these relationships during these episodic periods.

Q5, the couple participants were asked to consider the attributes believed to have contributed to the longevity of their marriage. Collectively, these couples offered the characteristics of commitment, openness, faith, having a connection, and loving each other as key components to their success (see Table 6). Although pervious research shows that PTSD can eventually affect both partners when one partner is already diagnosed with PTSD and that this disorder could potentially envelope the couple in symptoms of distress and or depression (Nelson Goff and Smith, 2005). The focus of this question, allowed the core characteristics of longevity within the couple participant relationships to shine through. As affirmed by Sullivan (1953), Rogers (1961), Jourard (1961), Laurenceau, Barrett, and Pietromonaco (1998) validation, unconditional positive

regard, and self-disclosure offer a glimpse of the inner strength within the couple relationship (Jourard and Jaffee, 1971), while employing “mutual reciprocity” and establishing a relationship system involving true intimacy.

Finally, Q6 bid each couple participant to scale attributes of intimacy (emotional, social, intellectual, physical, recreational, and spiritual). The intent was to reveal if any of these attributes influenced the marital longevity of these couple relationships. The data was compiled “Then” and “Now” with “Then” referring to the “Beginning” of the Relationship” and “Now” referring to the “Present Relationship.” The scaling ranged from “1” to “10” with “1” equaling no influence and “10” equaling” having considerable influence within the relationship. The researcher notes it is significant that overall, the couple participants revealed consistent similarities in intimacy attributes throughout the course of their marriages. The researcher also found it interesting that although some of the couples did have marked differences in certain categories of intimacy attributes; the couple participants were able to compensate for these differences by employing two of the three common themes (commitment and communication). Much the same as Schaefer and Olsen, conveyed the noteworthiness of couples being able to tolerate difference within their relationship, and being able to repair and return to homeostasis after disagreements or conflict evolving to with the consequence; of the couple creating and maintaining a secure, healthy, and intimate marital bond.

I used the approach of Interpretative Phenomenological Analysis (IPA) to investigate and analyze the emergent themes, as well as, relationships and patterns gleaned from the derived data. Having obtained the desired number of participants and in using the approach of IPA, I employed this process to identify information that can

ultimately support marriage and family therapist, as well as, other mental health professionals in providing mental health services to combat veterans couples as they strive to maintain and sustain long-term happy marriages while also dealing with the diagnoses of PTSD.

The aspirations of this study were to illuminate the practical relationship knowledge found within the lived-experience of Vietnam Veteran Combat Couples dealing with the diagnoses of PTSD. Moreover, to identify the most enduring-integral aspects of intimacy (i.e., emotional, social, intellectual, physical, recreational, and spiritual) contributing to the longevity of these marriages by examining the levels of each from infancy to maturity in these couple relationships. Each couple participant of this study, volunteered, and displayed great optimism as they set about on this research journey to make a difference in the lives of future combat veteran couples.

Summary of Study. The focus of this study helped to deepen the researcher's admiration of the lived-experiences of Vietnam Combat Veteran couples diagnosed with PTSD, as well as, highlight the tremendous challenges they faced and overcame. The researcher notes the principle factor helping to facilitate this study was the researcher's ability to connect and collaborate with each couple. Throughout this process each participant was encouraged to reflect on their marital relationship after Vietnam as they also contemplated the special attributes within their relationships that contributed to the longevity of their marriages. The investigative protocol, IPA, enhanced the results of this study by empowering the researcher with supportive tools. These tools provided a platform by which the researcher could employ 1) abstract thinking while 2) compiling data from multiple cases, 3) capture emergent themes, 4) seek out relationships and

connections within the emergent themes, and 5) classify data according to similar concepts. The researcher identified the most enduring-integral aspects having contributed to the long-term marriages of Vietnam Combat Veteran Couples diagnosed with PTSD as the couple's commitment to their relationship and each other, along with their ever-evolving ability to make adjustments in communication, and their faith.

Limitations and Trustworthiness. More research relating to combat Veterans in long-term marriages diagnosed with PTSD would be beneficial, helping researchers clearly explore attributes contributing to the enduring-integral aspects of these relationships. Additionally, the researcher notes that since the couples were interviewed together their responses might have been different if interviewed apart. Likewise, the couples may have been less forthright if interviewed by a lesser known researcher. However, this researcher does attribute the couple's prior knowledge of the researcher as a strength to this study.

Q1 and Q2 from the interview measure (used to collect the data). The researcher noted, in chapter 4, that no couple participants were married prior to the Vietnam Veteran's combat tour(s) which in turn limits the couples lived experience prior to Vietnam. Due to this oversight, the researcher found it difficult to gather, analyze, or identify meaningful relationship data specifically related to the couple experience before the Veteran's Vietnam Combat tour(s). The researcher notes that having a standardized follow-up question would have been beneficial for this study. According to Atkinson, Heath, and Chenail (1991) trustworthiness is demonstrated when:

researchers [are] given the freedom to immerse themselves in
unique experiences, follow their instincts and hunches, allow

insights to arise, and then illustrate these insights vividly enough so that their colleagues and community members can understand them, try them out, and evaluate them for themselves (p. 163).

The trustworthiness of this study is established upon the four aspects of this principle “credibility, transferability, confirmability, and dependability” found in qualitative research (Shenton, 2004, p.64). The first characteristic, credibility, is revealed by the researcher in which lived experiences are voiced from which new views about one’s social world can be revealed and can be processed (Atkinson, Heath, & Chenail (1991). Triangulation was facilitated by this researcher by using the lived experiences of several couple participants as multiple data sources. According to Shenton (2004), utilizing “individual viewpoints and experiences [that] can be verified against others... ultimately, a rich picture of the attitudes, needs or behavior of those under scrutiny may be constructed based on the contributions of a range of people” (p. 66). The second characteristic is transferability. The researcher validated this aspect by using detailed renditions in the research findings that are flexible to other frames of reference, events, and conditions. Confirmability follows with the researcher offering an audit trail revealing the entire process of data analysis, couple participant thoughts and researcher comments. The final characteristic of trustworthiness is dependability. The researcher attests to the dependability of this research noting that other researchers should be able to duplicate this study based upon the information provided in this study (Olivia, 2018).

Future Research. The underpinnings of IPA bolstered this researcher’s inquiry by helping promote an uncompromising examination of the lived experience of Vietnam Combat Veteran Couples in long-term marriages diagnosed with PTSD. IPA offered this

researcher an evolving landscape by which the longevity attributes of these couples could be identified, considered, and chronicled in a seamless fashion illuminating patterns and connections. In the future, this researcher is interested in learning more about this phenomenon. Although, these couple participants were only marginally culturally and ethnically diverse the researcher is curious to realize how a broader, more diverse population selection would have fared. Likewise, this researcher is interested in incorporating questions derived from Family Systems Therapy to help recognize and punctuate possible learned behavior patterns from Family-of-Origins. Furthermore, this researcher is also curious to possibly conducting a comparison between Vietnam Combat Veteran Couples in long-term marriages diagnosed with PTSD and Veteran Couples in long-term marriage without the diagnoses of PTSD.

Implications of the Study

Implications for Combat Veteran Couples. This study gives a different type of platform to these couple participants. Through the years, the implications of the effects of PTSD has led to the branding of radical approaches and interventions all designed with the hope of prompting some form of second-order change within this population. The researcher would be remiss not acknowledging the severity of PTSD and its pervasive and destructive problems, however, when couples are equipped with the armor needed to protect, fight, and defend, their relationships long-term marriages become possible for combat Veteran couples. It is important to engage whole-person/family system so that all symptoms can be managed resulting in the regaining of some measure of normalcy into the lives of these couples. The hope is that this study reveals that long-term marriages are possible with combat Veterans diagnosed with PTSD. Furthermore, that these

relationships are strong, committed, and can develop effective communication.

Implications and recommendations for the field of family therapy. Many studies pertaining to combat Veterans have focused on the challenges faced as this population attempts to maintain viable marital relationships while also diagnosed with PTSD (Carroll, Rueger, Foy, & Donahoe, 1985; Cook, Riggs, Thompson, Coyne, & Sheikh, 2004; Jordan et al., 1992; Riggs, Byrne, Weathers, & Litz, 1998). The previous studies tend to highlight PTSD as a major contributing factor, restricting the success of long-term marriages within this population. This researcher notes there seems to be a plethora of literature pertaining to the challenges and problems this population faces in regard to relationships and PTSD, however, in vivo explorations of the social conscience associated with the longevity characteristics of what is actually working within these relationships were unsubstantial. As a licensed marriage and family therapist providing readjustment counseling services to combat Veterans, I was taken aback due to the limited number of resources dedicated to accentuating the positive enduring-integral aspects of long-term marriages involving combat Veteran couples diagnosed with PTSD. This study helped to fill this gap by facilitating a comfortable environment in which the voices of these couples could be illuminated and punctuated. Finally, the researcher's aspirations from this study is that it is the catalyst to broadening the conversation regarding the positive attributes found in the long-term marriages of Veteran combat couples diagnosed with PTSD. It is believed that all mental health professionals will glean new insights helping to unpack the relational mysteries of long-term marital relationship of combat Veterans and PTSD. This information could ultimately lead to more cutting-edge interventions strategically designed to meet the needs of this

population by utilizing the both/and philosophy. The earlier interventions could be coupled with the enduring-integral aspects of intimacy found in the long-term marriages of combat Veterans offering the benefit as languaged by Wert, (2013)

having a “both/and” approach in [therapy can] balance things that are confusing, contrary, or conflicting as [one] try to manage and tolerate the changes and growth taking place in [his/her] lives. Common areas of “both/and” have to do mostly with balance...self vs. others, giving vs. getting, needs vs. wants, work vs. play, even winning vs. losing. Whenever two polar areas pull from each other “both/and” thinking can help [one] determine [his/her] needs, [the] request of other’s, and the best outcome for all. (1)

Implications for Educators and Supervisors. The Combat Veteran is intrinsically created persisting through the monstrosities of war. These Veterans are humble yet find it difficult to trust others, they are ready to serve yet plagued by flashbacks and nightmares, and they desire deeply to be understood yet are often perceived as angry or hot headed. Their spouses are equally strong and filled with the same level of dedication and fortitude. As one Vietnam Combat Veteran said, “we don’t want this madness to define us; therapy for veterans with PTSD has to be as a couple, and it should include the children.” As mentioned earlier, the majority of literature is focused on the problems that plague this population not solutions, what makes them residual and strong.

Marriage is difficult. Being married to someone with PTSD can sometimes seem hopeless. However, employing the algorithm of synthesizing “both” the challenges faced by combat Veteran couples diagnosed with PTSD, “and” the positive aspects of combat

Veteran couples in long term marriages diagnosed with PTSD could prove beneficial to educators, students, family therapist, and other mental health providers in helping to facilitate second-order change with long-term marriage as the result.

Reflections of the Researcher

Self of the Researcher. As a retired Air Force Veteran of 22 years, a family therapist, and readjustment counselor for the Department of Veteran Affairs, this study is special to me. I have counseled countless combat Veteran couples struggling to maintain their marriages in the mist of PTSD and society. I have found that very little viable information exists that is conducive to meeting these couples where they are when they arrive in my office. However, all is not lost. I see their commitment and dedication along with this disconnection and yearning to be whole as they embark on their journey to reclaim their relationships. Accidentally, I discovered numerous combat Veterans in long-term marriages, that no doubt, have their ups and downs, were none-the-less, in relationships that are thriving. I wanted to explore this phenomenon. I wanted to understand how they were able to maintain these marriages spanning half-a-century with PTSD. This question fueled this study and helped expand my understanding of commitment, communication, and living with PTSD.

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Appendices

Appendix A: Pre-Screening Protocol

For

THE LIVED EXPERIENCES OF COUPLES IN LONG-TERM MARRIAGES IN WHICH ONE PARTNER HAS A PTSD DIAGNOSIS

Pre-screening and Screening of potential subjects is accomplished to assess whether they are appropriate candidates for inclusion in a research study and are components of the recruitment and enrollment process.

1. For confidentiality, phone screeners (the researcher) will record only the subject's first name or initials at the beginning of the pre-screening conversation.

Veteran's First Name (2 Initials):

2. The researcher will explain to the subject that s/he will be asked a set of questions to determine eligibility for the study; at the end and only if s/he appears to be eligible and is interested in participating the study, will s/he be asked to verify contact/identifying information (e.g. last name (first 2 initials), address, and birth date). By following this procedure, identifiable healthcare information is only created for those persons who meet eligibility criteria. And for those persons who do not meet entry criteria, only non-identifiable health information is created.

Verification Information:

Veteran's Last Name (First 2 Initials): _____

Address: _____

Date of Birth: _____

3. The researcher must assure the confidentiality of the potential participant's information, whether or not s/he actually enrolls in the research study.

Pre-screening sheets with identifying information gathered in order to obtain written authorization and prior to enrollment (signing of informed consent form) of the potential subject may also be retained in research files, but must have segments containing identifiable information blacked out, redacted or cut off as soon as it is clear to the PI and/or study team that the individual will not be enrolled.

Pre-Screening Protocol

Script

Thank you for allowing me to talk with you about a research study I will be doing. The purpose of this study is to discern the most-enduring aspects found within the long-term marriages of Vietnam Combat Veterans diagnosed with post-traumatic stress disorder. Participation in this study would last no more than 60 minutes essentially one visits to our office.

To see if you might qualify for this study, I will need to ask you five questions about your marital history. Some of these questions may be of a personal nature, such as questions about PTSD and its impact on your relationship. Please know that you do not have to answer any questions you do not want to answer. You may stop this interview at any time. If you do not qualify for this study, the information you give me will be stored (on this computer and for five years). Do I have your permission to proceed with the three pre-screening questions? “The researcher will inform the potential participant in the closing statement whether or not they have met the preliminary screening requirements.

How long have you two been married?

Did the Veteran serve in combat during Vietnam?

How long did the Veteran serve in combat during Vietnam?

Does the Vietnam Combat Veteran have the diagnoses of post-traumatic stress disorder?

How long did your spouse serve in combat during Vietnam?

Appendix B: Informed Consent Form

Consent Form for Participation in the Research Study Entitled:

The Lived Experiences of Couples in Long-Term Marriages in Which One Partner Has a PTSD Diagnosis

Funding Source:

Principal Investigator:
 Rozetia M. Richardson, MS, LMFT
 106 Danbury Ct.
 Pooler, GA 31322
 rr898@mynsu.nova.edu
 (757)344-0194

Co-Investigator:
 Martha Gonzalez Marquez, Ph.D.
 3301 College Avenue
 Fort-Lauderdale-Davie, Florida
 33314-7796
 (954) 593-7075

For questions/concerns about your research rights, contact: Human Research Oversight Board (Institutional Review Board or IRB) Nova Southeastern University (954) 262-5369/Toll Free: (866) 499-0790 IRB@nsu.nova.edu.

What is the study about? The goal of this study is to acquire practical relationship knowledge regarding Vietnam Combat Veteran couples in long-term marriages with the diagnoses of PTSD. The hope is that this information will aid marriage and family therapist, as well as, other mental health professionals in providing therapy to other combat veteran couples suffering with the same diagnoses of PTSD sustain long-term happy marriages.

Why are you asking me? You are invited to participate in this study because you have been married 40 years or more to a Vietnam Combat Veteran, diagnosed with PTSD. There will be approximately 5 participants in this research study.

What will I be doing if I agree to be in the study? You will be interviewed on one separate occasion by Ms. Richardson at the Savannah Vet Center. The interview will take approximately 30-60 minutes of your time and will be about your experience in a long-term marriage with someone diagnosed with PTSD, as well as, the most-integral aspects of intimacy within your relationship, i.e. emotional, intellectual, physical, social, recreational, and spiritual.

Initials: _____ Date: _____ Page 1 of 4

Is there any audio or video recording? This research project will include audio recording of the interviews. This audio recording will be available to be heard by the researcher, Ms. Richardson, personnel from the IRB, and the dissertation chair, Dr. Marquez. Ms. Richardson will transcribe the recording into her password-protected laptop. Ms. Richardson will use headphones while transcribing the interviews in her private home office to guard your privacy. The recordings will be kept securely in the researcher's office at home on a password protected computer with the audio files encrypted. The recording and transcripts will be kept for 36 months from the end of the study. The recording will be destroyed after that time by deleting it from the recorder and by deleting transcripts from laptop. Because your voice will be potentially identifiable by anyone who hears the recording, your confidentiality for things you say on the recording cannot be guaranteed, although the researcher will try to limit access to the audio recording as described in this paragraph.

What are the dangers to me? Risks to you are minimal, meaning they are not thought to be greater than other risks you experience every day. Being recorded means that confidentiality cannot be promised. Confidentiality and privacy may be compromised; however, this researcher has established secure procedures to protect your identity, which may prevent potential harm. All information obtained in the research will be mandatorily acknowledged as private and personal by the researcher, with the exception of information deemed harmful to self or others, elderly abuse, and child neglect that require a legal mandatory report to the pertinent authorities. Furthermore, since the research requires the participants to recall some past experiences in narrating their life's story, you may experience some distress. Also, you have the ability to refrain from sharing any uncomfortable information, and/or to discontinue your participation in the research at any time. If you need further assistance, Ms. Richardson will suggest someone you can see, but you will would be at your own expense.

If you have any questions about the research, your research rights, or if you experience any distress/injury because of the research please contact Ms. Richardson at (757) 344-0194. You may also contact the IRB at the numbers indicated above with your questions about your research rights.

Are there any benefits to me for taking part in this research study? There are no benefits to you for participating.

Will, I get paid for being in the study? Will it cost me anything? There are no costs to you nor will any payments be provided for participating in this study.

Initials: _____ Date: _____ Page 2 of 4

How will you keep my information private? All information obtained in this study will be edited for anonymity and is strictly confidential unless required by law. However, the IRB and the dissertation chair adviser may review research records. To assure anonymity Ms. Richardson will use the participants' initials and fictional names for anyone else mentioned throughout the study. The digital recordings of the interviews, any notes, as well as the transcripts will be kept for 36 months after the completion of the study as required by IRB.

Throughout the study the audio recorder and notes will remain in this researcher's home office in a cabinet drawer locked to assure it is not misplaced or that anyone else other than the researcher has access to it. The researcher will delete the digital recordings and the transcripts from her personal computer as well as shred the notes using a shredder machine in her private office 36 months after the end of the study.

What if I want to leave the study? You have the right to leave this study at any time or refuse to participate. If you do decide to leave or if you decide not to participate, you will not experience any penalty or loss of services you have a right to receive. If you choose to withdraw, any information collected about you before the date you leave the study will be kept in the research records for 36 months from the conclusion of the study and may be used as a part of the research.

Other Considerations: If significant new information relating to the study becomes available, which may relate to your willingness to continue to participate, this information will be provided to you by the researcher.

Voluntary Consent by Participant: By signing below, you indicate that

- this study has been explained to you
- you have read this document or it has been read to you
- your questions about this research study have been answered
- you have been told that you may ask the researchers any study-related questions in the future or contact them in the event of a research-related injury
- you have been told that you may ask Institutional Review Board (IRB) personnel questions about your study rights
- you are entitled to a copy of this form after you have read and signed it
- you voluntarily agree to participate in the study entitled: The Lived Experiences of Couples in Long-Term Marriages in Which One Partner Has a PTSD Diagnosis

Participant's Signature: _____ Date: _____

Participant's Name: _____ Date: _____

Signature of Person Obtaining Consent: _____ Date: _____

Appendix C: Interview Questions

For: The Lived Experiences of Couples in Long-Term Marriages in Which One Partner Has a PTSD Diagnosis

Q1: Tell me about your marriage before and after Vietnam.

Q2. Did you know your spouse before he served in Vietnam?

Q3: If so, how was his personality before and after his return from Vietnam?

Q4: Tell me how has PTSD affected your marriage.

Q5: What attributes within your relationship do you believe contributed to the longevity of your marriage?

Q6: On a scale from “1” to “10” with “1” not a big influence and “10” had a big influence on the intimacy characteristics as well as the longevity of your relationship?

Emotional - Feelings, Trust, Security and Safety

Intellectual- Hopes, Fears, Opinions & Beliefs

Physical - Looks, Etiquette and Charisma

Social – Spending Time Together with Friends

Recreational - Shared Interests, Sports & Hobbies

Spiritual - Morality, Ethics, Shared Existence & Shared Goals