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## The Dyadic Dance during Deployment: Veteran and Partner Romantic Attachment

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### **The Dyadic Dance during Deployment: Veteran and Romantic Partner Attachment**

The Global War on Terrorism (GWOT), specifically Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF), has raised many concerns regarding the mental health of veterans and their families (Boscarino et al., 2018; Monson, Fredman, & Dekel, 2010; Taft, Walling, Howard & Monson, 2011). In particular, concerns about rates of suicide and Post-traumatic Stress Disorder (PTSD) are significant (Boscarino et al., 2018; Jakupcak, Cook, Imel, Rosenheck, & McFall, 2009; Jakupcak, Hoerster, Varra, Vannoy, Felker, & Hunt, 2011). The incidences of suicide and PTSD are of great concern, yet complex to affect. Thus, identifying strategies for prevention and intervention is critical.

A strategy identified as a protective factor for suicide (e.g., Brenner, Homaifar, Adler, Wolfman, & Kemp, 2009; Goldsmith, Pellmar, Kleinman, & Bunney, 2002; Ponder & Agurre, 2012) and PTSD (e.g., Carter, Loew, Allen, Stanley, Rhoades, & Markman, 2011; Keane, Scott, Chavoya, Lamparski, & Fairbank, 1985; King, King, Fairbank, Keane, & Adams, 1998) is a strong marriage or committed dyadic relationship. For example, military members who were divorced had a 22% higher suicide rate than those who were married (Department of Defense [DoD], 2016a). Though most did not communicate with others about their plans of suicide, those who did most frequently spoke with their spouses and friends (DoD, 2016a).

In 2016, according to the DoD (2016b), 53.5% of the Active Duty and 44.5% of the Selected Reserve were married. As of 2016, there were 618,594 more dependents (spouses, children, and adults) than military personnel (DoD, 2016b). Therefore, based on the number of dependents, the spouse/partner relationship influence is great, and strengthening the service member's dyad can build a healthier fighting force while reducing both suicidality and severity of PTSD symptoms.

Another strategy is to develop and strengthen communication in the service member's relationship with his or her partner. A body of literature is growing around communication patterns within the dyad across all the deployment phases (Sahlstein et al., 2009). However, lacking in this literature is a theoretical framework to guide the exploration. Thus, the purpose of this research was to use attachment theory as the theoretical framework for conceptualizing dyadic communication during a war-time separation.

Communication during war has always been important to service members, but the preferred method has changed over the years. For example, the most frequent mode of communication in World Wars I and II was US mail (Schumm, Bell, Ender, & Rice, 2004). The Korean and Vietnam Wars allowed for different modes of communication, such as the Military Auxiliary Radio System (MARS). In the late 1980s and early 1990s, more interactive forms of communication modalities emerged (e.g., commercial telephone lines, and tactical satellite; Applewhite & Segal, 1990; Ender & Segal, 1990). More recently, in Bosnia, Somalia, and Haiti, interactive forms of communication became the norm (e.g., email, telephone, and sometimes teleconferencing; Ponder & Aguirre, 2012a; Schumm et al., 2004). Ponder, and Aguirre (2012a) found that the more frequently a dyad communicated, the higher their post-deployment marital satisfaction. Additionally, Carter et al. (2011) found that a higher frequency of communication resulted in lower post-deployment PTSD scores on the Post-Traumatic Stress Checklist-Military (PCL-M). Thus, decades of research demonstrate that social support is protective against suicide, which necessitates this current study and others.

### **Suicide**

In Calendar Year (CY) 2018, military members accounted for 541 of the reported suicides. The standardized suicide rate per 100,000 for Active Duty was 24.8%, for the Reserve

Component was 22.9%, and for the National Guard Component was 30.6% (DoD, 2018). For veterans, those identified as having prior military service listed on the death certificates, accounted for 27,062 of the total 40,600 reported suicides (67%), at approximately 23 suicides per day (Drapeau & McIntosh, 2015; Kemp & Bossarte, 2012). Much of current research into suicide is guided by the Interpersonal Theory of Suicide (Van Orden et al., 2010) that posits there are three elements necessary for one to die by suicide, two of which relate to interpersonal relationship dynamics and perceived social support. The three elements are: 1) acquired capability for suicide—exposure to life events and circumstances that decrease a person’s fear of death or will to live; 2) thwarted belongingness—lacking or believing one lacks positive relationships; and 3) perceived burdensomeness—believing one is a burden to loved ones or that loved ones would be better off if one were dead. These three elements apply to active duty and veteran populations. The first element, acquired capability, is a given due to exposure to combat and training to face death as a very real, daily possibility. The second element, thwarted belongingness, may manifest in a number of ways. For an Active Duty service member, if one is singled out for mental health difficulties, one may feel the real loss of the support of one’s comrades due to separation from the unit. Similarly, a veteran, upon returning to civilian life, loses the reference group of his/her unit as well. Though there are numerous veteran service organizations the new veteran could join, the transition is neither easy nor quick. Finally, the third element, for both active duty service members and veterans, a myriad of circumstances could contribute to one’s perceived burdensomeness, including the diagnosis of PTSD.

### **Post-Traumatic Stress Disorder (PTSD)**

PTSD is the most well-known mental health problem facing GWOT veterans. Hoge et al. (2004) were among the first to study PTSD among OIF/OEF veterans. In a cross-sectional study,

approximately 11.5% of those in OEF and 18 to 19.9% in OIF reported symptoms associated with PTSD. Since then, research has consistently shown 20% of veterans have PTSD symptoms (Seal et al., 2008); some studies have found a higher percentage of veterans with PTSD, e.g., 37.8% (Ponder & Aguirre, 2012b). The National Health Study for a New Generation of U.S. Veterans found that among all veterans who have been deployed, 15.7% screened positive for PTSD (Dursa, Reinhard, Barth, & Schneiderman, 2014). Monson et al. (2010) discussed that when an individual has PTSD, interpersonal relationships are also affected. Secondary/vicarious traumatization, caregiver burden, ambiguous loss, and inter-generational transmission can develop in close relationships. Taft et al. (2011) found that PTSD was significantly correlated with three relationship problems: intimate relationship discord, intimate relationship, physical aggression, and intimate relationship psychological aggression. Also, marital discord was the most often cited trigger (37.3%) of domestic violence (McCarroll et al., 2008).

### **Communication Patterns during GWOT**

Mode and frequency are important factors for communication with family and/or partner during a war-time separation. Two styles of communication are: delayed and interactive. Delayed forms of communication are letters, care packages, and e-mails; interactive forms of communication are phone calls, instant messaging, and instant messaging with video (Ponder, 2014). Carter et al. (2011) published a brief report about soldiers' PTSD symptoms and spousal communication during deployment. Before the publication of their work, no study had quantitatively investigated new communication modalities (overall, interactive, and delayed), marital satisfaction, and PTSD. Carter et al. (2011) stated the major reason for investigating these variables is that they suspected immediate communication (e.g., phone calls, instant messaging, instant messaging with video) may have acted as more of a buffer against developing

PTSD as opposed to delayed forms of communication (e.g., letters, care packages, and e-mails). In their study, high marital satisfaction and greater frequency of communication predicted lower post-deployment PTSD symptoms. Additionally, low marital satisfaction was related to higher post-deployment PTSD. Interactive communication yielded no statistically significant results.

In an OIF/OEF sample, US mail was the least frequently cited mode of communication; these veterans reported a preference for computer and telephone communication over US mail (Ponder & Aguirre, 2012a). More specifically, respondents divulged that their primary mode of communication was a computer (56%, i.e., email, instant messenger, webcam), followed by telephone contact (24%) and USA mail (20%; Ponder & Aguirre, 2012a). The frequency of communication with a stateside spouse was significantly related to marital satisfaction. The Relationship Assessment Scale (RAS) is a seven-question scale that assesses relationship satisfaction in close relationships, and aggregated scores range from one to five (Hendrick, 1988). Scores that are four or higher represent non-distressed couples, and scores between 3 and 3.5 and lower suggest distress in the relationship for men and women (Hendrick, Dicke, & Hendrick, 1998). Dyads that communicated less than once per week had the lowest marital satisfaction (RAS = 3.34), whereas those who communicated every day had the highest marital satisfaction (RAS = 3.97). However, of the three modes of communication (i.e., internet-based communication, USA mail, telephone), USA mail had the highest marital satisfaction (RAS = 4.10), whereas computer-based communication had the lowest marital satisfaction (RAS = 3.50; Ponder & Aguirre, 2012a). Important to note, however, is that availability of communication modes and the frequency at which a service member can communicate during deployment is dependent upon mission (Merolla, 2010; Sahlstein, Maguire, & Timmerman, 2009).

Veterans' preference for communication over a computer can be explained because it is the most readily available mode of communication and also because it is somewhat removed. Also, the highest relationship satisfaction scores could be explained in that it is more personal. Communication over the telephone and computer-based technology is constantly being monitored, whereas a letter is not opened or monitored by a third party.

The largest gap in the current literature, however, is a comprehensive theoretical framework to explain the complex and intricate emotional processes of individual and/or dyadic emotional expression. Attachment theory is a paradigm available to synthesize the current literature and explain most of the variables reviewed.

### **Theoretical Framework**

Unfortunately, the lack of a theoretical framework is commonly missing in published literature (Daley, Peters, Taylor, Hanson, & Hills, 2006). While no one theory explains the entire variance or total effect of any construct, it is argued that attachment theory is applicable to military dyadic relationships. Attachment theory can describe, explain, and predict emotional expression (Mikulincer & Shaver, 2007). Additionally, based on a person's attachment style, intervention for a dyadic relationship can be tailored, especially if deficits in communication during deployment can be found (Ponder, 2014).

One of the early pioneers of attachment theory was John Bowlby, who started his work at the Tavistock Clinic in London, who published three papers (Bowlby, 1958, 1960a, 1960b) that turned into his seminal book trilogy (Bowlby, 1969/82, 1973, & 1980). Another important figure that contributed significantly to the attachment theory was Mary Ainsworth. One of her most important contributions to the literature was a book chapter detailing the *Strange Situation* (Ainsworth, 1973).

Bowlby (1969, 1988) conceptualized attachment as comprised of two primary components: secure and insecure. Ainsworth et al. (1978) expanded Bowlby's theory and devised an assessment to determine attachment patterns in children, the *Strange Situation Procedure*. This laboratory-based assessment classifies attachment into three patterns: secure, insecure-avoidant, and insecure-ambivalent/resistant. Main and Solomon (1986) added another attachment pattern for infants who did not fit the previous categories, disorganized/disoriented attachment pattern. Secure attachment is based on the caregiver's response to the child's needs, whereas insecure is based on the caregiver's lack of meeting the child's need. Insecure/avoidant attachment is based on the caregiver's detachment from the child either emotionally or physically; that is, the child cannot rely on the caregiver, and the child expects rejection. Insecure-ambivalence/resistant attachment is based on the caregiver's permissive or neglectful interaction with the child. Disorganized/disoriented attachment is the child's lack of consistent attachment model and chooses attachment methods at random to meet his or her needs.

Furthermore, there are four phases to the evolution of attachment across one's lifespan (Ainsworth, 1969; Pickover, 2002). The first phase is from birth to 3 months of age. During this phase, the caregiver is responsible for protecting and maintaining proximity to the child; the child responds to anyone in proximity through the orienting response system, activated by stimuli. The second phase is from 3 to 6 months of age. In this phase, the child becomes actively involved in interacting with the caregiver, that is, the child's preference is toward the mother (caregiver) rather than to others (or any other stimuli). The third phase is between 6 and 9 months of age. During this phase, the child singles out a caregiver for attachment behaviors. This is where the child begins to explore and use the caregiver as a secure base to return when necessary or needed. The last phase is around the fourth birthday. During this phase, the child



gains an understanding of the factors that influence attachment. Thus, the child begins to change the caregiver's behavior through these factors to better match satisfying his or her needs.

According to attachment theory, every child goes through the phases of attachment/detachment during which the child develops a greater sense of secure attachment or insecure attachment for the rest of his or her life (Coyl, Newland, & Freeman, 2010; Grunebaum, Galfalvy, Mortenson, Burke, Oquendo, & Mann, 2010). It is further hypothesized that the bond between a caregiver and a child is highly influential for the child in developing healthy emotional relationships (Coyl, Newland, & Freeman, 2010; Nishikawa, Hägglöf, & Sundbom, 2010). Attachment theory's hypothesis is that "early relationship experience with the primary caregiver leads eventually to generalized expectations about the self, others, and the world [these expectations are the mental representations of the internal working models]" (Waters, Hamilton, & Weinfield, 2000, p. 678; Pickover, 2002; Sandler, 2003).

Thus far, research shows that as the person grows, the attachment bond shifts from parent to peer to significant other (Zeifman & Hazan, 2008). The attachment system activates when a person views an external stimulus (real or perceived) as a threat. If proximity-seeking behaviors to the attachment figure are not successful, secondary strategies (avoidance and anxiety) are triggered. We posit that attachment theory can be a guiding framework to conceptualize the unique dynamics with a military member and his or her partner.

### **Adult Attachment**

The GWOT has been ongoing for almost two decades. There has been much empirical examination of various topics related to adult attachment, from PTSD to spousal perceptions that are predictors of military retention (Burrell, Durand, & Fortado, 2003). Along with many military technological advances, such as more protective armor on vehicles, new modes of

communication have also emerged, allowing for increased frequency of communication in many instances, the exceptions being when concern for the overall mission requires limited communication with stateside partners. There has been no shortage of theoretical frameworks used to conceptualize the communication: relationship dialectics (Sahlstein et al., 2009), biological (Agren et al., 2012), cognitive-behavioral (Renshaw, 2011), relational maintenance (Merolla, 2010), family communication (Houston, Pfefferbaum, Sherman, Melson, & Brand, 2013), phenomenology (Lapp et al., 2010), theory-derived concepts (e.g., boundary ambiguity; Faber, Willerton, Clymer, MacDermid, & Weiss, 2008), and narrative configuration (Durham, 2010). In the broadest terms possible, this paper synthesized findings under one paradigm, attachment theory. To do so, the model of attachment-system activation presented by Mikulincer and Shaver (2007, p. 30) was used. In this model, there are three elements:

- 1) proximity seeking following attachment-system activation (the attachment systems primary strategy),
- 2) beneficial consequences of using this strategy effectively to attain the support of a security-providing attachment figure, and
- 3) secondary strategies (called anxious hyper-activation and avoidant deactivation) pursued in response to attachment figure unavailability or unresponsiveness.

The above model of attachment-system activation and functioning in adulthood could be the blueprint for explaining dyadic communication during a war-time separation. A combat deployment activates the attachment system for the service member and stateside family members (Riggs & Riggs, 2011; Vormbrock, 1993). Once the attachment system is activated, they move to the second element, in which the question is, is the attachment figure available, attentive, or responsive? If the answer is yes, then the attachment systems shut down. However, if the answer is no, then each move to their respective secondary strategies. At this time, the

individual reverts to previous internal working models, which can either be hyperactivation or deactivation. The goal of deactivation (avoidance) is to extinguish the attachment behavioral system, whereas hyperactivation (anxiety) is to get the attention of the inaccessible attachment figure.

There was a voluminous number of adult attachment studies in the early 1990s (Fraley, Niedenthal, Marks, Brumbaugh, & Vicary 2006; Main & Solomon, 1986; Imamoğlu & Imamoğlu, 2007; Johnson, 2007; Sherry, Lyddon, & Henson, 2007; Westen, Nakash, Thomas, & Bradley, 2006). In adult attachment, there are four attachment styles: secure, preoccupied, dismissing, and fearful (Bartholomew & Horowitz, 1991). Each attachment style has its own unique template for viewing oneself and others. Securely attached persons have a positive view of self and others. Preoccupied people have a negative view of self and a positive view of others. A dismissing person has a positive view of the self and negative view of others. A fearful person has a negative view of self and a negative view of others. Additionally, dismissing people use the second strategy of avoidance, whereas preoccupied persons use the secondary strategy of anxiety (Mikulincer & Shaver, 2007).

### **Adult Attachment and Long-Distance Romantic Relationships**

Much of attachment theory research on long-distance relationships have been conducted on undergraduate students (e.g., Drouin & Landgraff, 2012; Gilbertson, Dindia, & Allen, 1998; Guerrero, Farinelli, & McEwan 2009; Jin & Peña, 2010; Pistole, Roberts, & Chapman, 2010; Roberts & Pistole, 2009; Timm & Keily, 2011; Weisskirch, 2012; Weisskirch & Delevi, 2011). Nevertheless, attachment theory applies to military personnel for several reasons. Currently, everyone who joins the military is a volunteer and potentially has a high probability of a combat deployment during their enlistment. Deployments range from 6 to 12 months in most cases.

However, the military Brigade Combat Team (BCT) generally knows years in advance about their next deployment and training cycles. Research has shown that military couples are resilient if they are expecting a separation (deployment); they are able to cope with it better than if it was unexpected (Karney & Crown, 2007).

Conceptually, when a service member gets closer to deployment, the attachment system is activated (Riggs & Riggs, 2011). Once a service member deploys, their attachment system can constantly be activated due to the life-threatening environment. Additionally, the stateside partner's attachment system could be activated. Therefore, frequent and routine communication between service members and spouses is important (Lapp et al., 2010; Merolla, 2010). Deactivation of the attachment system changes for military personnel when physical proximity shifts to emotional proximity because of the deployment. Since the attachment system is conceptually already activated due to potential loss of life, the use of frequent communication might reinforce the notion of attachment figure availability, thereby deactivating the attachment system rather than creating separation distress (activation). Previous research (Bowlby, 1979; Mikulincer & Shaver, 2003) has shown attachment figure availability can be physical, psychological (e.g., memories), or symbolic (phone calls or pictures).

### **Method**

Using attachment theory, this study purports to identify positive and negative communication patterns during the deployment. By focusing on the dyadic communication during the deployment instead of waiting until after return stateside, the hope was for the couple to maintain healthy emotional expression during deployment. The research question is: how does attachment theory explain dyadic communication during a combat separation and its impact on post-deployment functioning (family functioning, relationship satisfaction, depression, PTSD,

and level of perceived stress)? It is hypothesized that the veteran's secondary strategy deactivation (avoidance) and stateside spouses' secondary strategy hyperactivation (anxiety) will be significantly related to post-deployment functioning.

### **Data Collection**

This exploratory cross-sectional retrospective study attained a full board review by the University of Texas at Arlington's Institutional Review Board (IRB). This study used purposive sampling to reach the target population: combat veterans of the GWOT and their partners. E-mails were sent to all 50 veterans' state organizations and nation-wide advocacy groups that allowed a URL to be forwarded to their members. Inclusion for this study was that the couple had to currently be in the same committed relationship during their most recent combat deployment. Participants were instructed to complete the questionnaires based on current functioning. The only exceptions were when responding to mode, frequency, and content of communication questions. On these items, participants were asked to answer retrospectively as related to their most recent combat deployment. The survey completion time was estimated at between 30-40 minutes. All data were analyzed using the Statistical Package for Social Sciences (SPSS) version 22.

### **Instrumentation**

#### *Demographic Survey*

A research-developed questionnaire included items related to the following information from both the service member and partner: length of the relationship, ethnicity, number of deployments, location of deployment, a branch of the military, mode of communication, frequency of communication, and eight different assessments, among other descriptive data. Completion time was approximately 30-40 minutes and was administered individually in one

sitting. Relationship dynamics were examined through the use of the following measures: the Experiences in Close Relationships (ECR), Dyadic Adjustment Scale (DAS), and the Relational Maintenance Behavior Measure (RMBM).

### ***ECR***

The Experiences in Close Relationships (ECR) is a 36-question instrument that assesses adult attachment on two factors: anxiety and avoidance (Brennan, Clark, & Shaver, 1998). The ECR is a 7-point Likert instrument with responses ranging from 1 (disagree strongly) to 7 (agree strongly) on each statement. Brennan et al. (1998) report the coefficients from their initial study were strong for the avoidance factor ( $\alpha = .94$ ) and anxiety factor ( $\alpha = .91$ ). Additionally, test-retest reliability statistics usually range from .50 to .75 (Mikulincer & Shaver, 2007). Greater mean scores on the anxiety and avoidance factors indicate a greater presence of each construct. The ECR Cronbach alpha in this sample was .94.

### ***DAS***

Spanier (1976) developed the Dyadic Adjustment Scale (DAS), a 32-question instrument that can assess general satisfaction with the relationship across four subscales: dyadic satisfaction, dyadic cohesion, dyadic consensus, and affectional expression. Higher scores indicate better relationship satisfaction. Also, the DAS has high internal consistency with an alpha of .96 along with each subscale: dyadic satisfaction (.94), dyadic cohesion (.81), dyadic consensus (.90), and affectional expression (.73) (Spanier, 1976). The DAS Cronbach alpha in this sample was .92.

### ***RMBM***

The Relational Maintenance Behavior Measure (RMBM) is a synthesis of previous research in the assessment of relationship maintenance behaviors and has been used to study

war-time dyadic separations (Maguire, 2007; Pistole et al., 2010). The RMBM is comprised of 27-questions in a seven-item Likert scale format ranging from 1 (strongly disagree) to 7 (strongly agree). Respondents were asked to answer each of the 27 questions for delayed (letters, care packages, email) and interactive (telephone, text social networking sites, Skype, instant messenger, and instant messenger with video) modes of communication. RMBM has seven factors: positivity, assurances, relationship talk, self-disclosure, understanding, networks, and tasks. The RMBM has good reliability and factorial validity. For men, the reliability coefficients ranged from .83 to .95, and for women, from .86 to .95 (Stafford, 2010). The RMBM Cronbach alpha in this sample was .97.

**Mental Health and Family Dynamics Scales.** The impact of combat on mental health and family dynamics were measured using the Combat Experience (CE), PTSD Checklist-5 (PCL-5), Patient Health Questionnaire-9 (PHQ-9), Impacts of Events Scale-Revised (IES-R), and Self-Report Family Inventory: Version II (SFI) assessments. These scales, excluding the CE, were used as dependent variables in the correlation analyses.

**CE.** Vogt, Smith, King, and King (2012) created the Combat Experiences (CE) specifically designed for OIF/OEF veterans. The CE is a 17-question Likert scale (1 = never to 6 = daily or almost daily) instrument that measures combat exposure. The 17 questions are summed to obtain an aggregated score that ranges from 17 to 102; higher scores represent greater combat exposure. Within the validation sample of the CE, the internal consistency reliability statistic was .91 (Vogt et al., 2012). The CE Cronbach alpha in this sample was .95.

**PCL-5.** The PCL-5 is 20 questions that are answered on a Likert scale from 0 (not at all) to 4 (extremely), and aggregated scores range from 0 to 80. The PCL-5 showed good discriminate ( $r_s = .31$  to  $.60$ ) and convergent ( $r_s = .74$  to  $.85$ ) validity (Blevins, Weathers, Davis,

Witte, & Domino, 2015). Also, there was high internal consistency ( $\alpha = .94$ ) and test-retest reliability ( $r = .82$ ). Wortmann et al. (2016) recommend an aggregated cut score of 33 on the PCL-5 to be optimally efficient for identifying cases of PTSD in accordance with DSM-5 criteria. The PCL-5 Cronbach alpha in this sample was .97.

**PHQ-9.** The PHQ-9 assesses for depression; there are five levels of depressive severity: 1-4 (minimal), 5-9 (mild), 10-14 (moderate), 15-19 (moderately severe), and 20-27 (severe; Kroenke, Spitzer, & Williams, 2001). The PHQ-9 has an internal consistency reliability of .89 (Kroenke et al., 2001). Wells, Horton, LeardMann, Jacobson, and Boyko (2013) compared the PHQ-9 within a military sample. The PHQ-9 was found to have good reliability ( $K = .97$ ) with high sensitivity (94-95%) within a military sample (Wells et al., 2013). The PHQ-9 Cronbach alpha in this sample was .91.

**IES-R.** The IES-R measures three symptom clusters that mimic PTSD: intrusions, avoidance, and hyper-arousal (Weiss & Marmar, 1997). Aggregated scores range from 0 to 80, with higher scores representing greater presence of the construct; there is no cutoff or recommended cutoff score. The ranges of scores for each symptom cluster are intrusions (0-32), avoidance (0-32), and hyper-arousal (0-24). Also, the internal consistency of the three IES-R subscales is high: intrusion (.87 to .92), avoidance (.84 to .86), and hyper-arousal (.79 to .90; Weiss & Marmar, 1997). The IES-R Cronbach alpha in this sample was .97.

**SFI.** The SFI is a 36-question instrument that assesses a person's perception about their current family functioning across five subscales: health/competence, conflict, cohesion, expressiveness, and leadership (Beavers, Hampson, & Hulgus, 1990). For the five subscales, test re-test reliability alphas were: family health/competence (.84 to .87), conflict (.50 to .59), cohesion (.50 to .70), expressiveness (.79 to .89), and directive leadership (.41 to .49) from 30 to



90 days (Beavers et al., 1990). Since there is no aggregated SFI score, the family health/competence subscale was used. Therefore, for this paper, SFI is referring to the family health/competence subscale. The Cronbach alpha in this sample was .93.

### **Participants**

There were 44 participants (22 males; 22 females) that produced twenty-two heterosexual dyads. There were 1 female and 21 male veterans. There were 1 male and 21 female partners. The mean age was 33.48 years old ( $SD = 6.92$ ) with a range of 24 to 50 years old. The average length of relationship was 11.36 years ( $SD = 5.88$ ) ranging from 4 to 23 years. Participants self-identified as White ( $n = 37, 84.1\%$ ), Latino ( $n = 6, 13.6\%$ ), and Other ( $n = 1, 2.3\%$ ). The number of deployments service members had: once ( $n = 8, 36.4\%$ ), twice ( $n = 6, 27.3\%$ ), three times ( $n = 3, 13.6\%$ ), four times ( $n = 2, 9.1\%$ ), and five or more times ( $n = 3, 13.6\%$ ). The location of their most recent deployment was Iraq ( $n = 13, 59.1\%$ ), Afghanistan ( $n = 5, 22.7\%$ ), Other ( $n = 4, 18.2\%$ ). Their respective branch of service was Navy ( $n = 2, 9.1\%$ ), Army ( $n = 15, 68.2\%$ ), Air Force ( $n = 3, 13.6\%$ ), and Marine Corps ( $n = 2, 9.1\%$ ). Noncommissioned enlisted rank was e1 to e4 ( $n = 5, 22.7\%$ ), e5 to e9 ( $n = 12, 54.5\%$ ), and warrant or commissioned officer ( $n = 5, 22.7\%$ ).

### **Statistical Approach and Variable Conceptualization**

The independent variables are CE and RMBM; the moderating variable is the ECR. The dependent variables are PCL-5, IES-R, PHQ-9, DAS, and SFI. When the ECR is statistically significant, the avoidance and anxiety subscales will always be presented because it shows who (service member or partner) mostly uses that secondary strategy. The first correlations calculated were veteran and partner ECR (avoidance and anxiety) frequency of communication. The second correlations were the veteran and partner mode of communication. Third, veteran and partner

RMBM correlations were calculated. Last, the veteran and partner ECR (avoidance and anxiety) and five dependent variables were calculated.

## Results

### Descriptive Statistics

All respondents completed the ECR. The mean score for all respondents for anxiety was 3.27 (SD = 1.32), ranging from 1 to 6.33. The mean score for all respondents for avoidance was 2.58 (SD = .99) ranging from 1 to 4.78. The veterans' mean score on the ECR anxiety scale was 3.26 (SD = 1.26), ranging from 1.28 to 6.33. The veterans' mean score on the ECR avoidance scale was 2.91 (SD = .97), ranging from 1.11 to 4.78. The partners' mean score on the ECR anxiety scale was 3.29 (SD = 1.41), ranging from 1 to 5.78. The partners' mean score on the ECR avoidance scale was 2.25 (SD = .90), ranging from 1 to 4. All respondents completed the DAS. The veterans' mean score on the DAS was 102.95 (SD = 16.55), ranging from 65 to 129. The partners' mean score on the DAS was 112.1 (SD = 16.94), ranging from 74 to 141.

Veterans' responses to the RMBM were normally distributed for each subscale (positivity, understanding, self-disclosure, relationship talks, assurances, tasks, and networks) except networks (interactive). All the partner RMBM subscales were normally distributed except for relationship talks (delayed and interactive) and assurances (delayed and interactive). From this point, four dyads were excluded because over 90% of their data on the RMBM was missing. Mean scores were calculated for the remaining 18 veterans and partners who had less than 10% of missing data. Partner-relationship communications (delayed and interactive), assurances (delayed and interactive), networks (interactive), and veteran networks (interactive) were not normally distributed. Therefore, they were not included in further statistical analyses. Skewed distribution can falsely attribute significant findings without any merit, and with small a sample

size, the sampling error increases (Hair, Babin, Anderson, & Black, 2018). Consequently, the only RMBM data used in statistical analyses on both the veteran and partner were for the following subscales: positivity (delayed and interactive), understanding (delayed and interactive), disclosure (delayed and interactive), tasks (delayed and interactive), and network (delayed).

All respondents completed the CE. The mean score for all respondents on the CE was 40.59 (SD = 19.28), ranging from 17 to 79. The veterans' mean score on the CE was 41.32 (SD = 18.77), ranging from 17 to 79, and higher scores indicate greater combat exposure. The partners' mean score on the CE was 39.86 (SD = 20.19) ranging from 0 to 74, and higher scores indicate greater perceived combat exposure of their veteran. All respondents completed the PCL-5. The mean score for all respondents on the PCL-5 was 26.82 (SD = 23.35), ranging from 0 to 70. The veterans' mean score on the PCL-5 was 29.32 (SD = 21.94), ranging from 0 to 70. The partners' mean score on the PCL-5 was 24.32 (SD = 24.94), ranging from 0 to 68. All respondents completed the PHQ-9. The veterans' mean score on the PHQ-9 was 9.09 (SD = 6.84), ranging from 0 to 24. The partners' mean score on the PHQ-9 was 6.81 (SD = 6.99), ranging from 0 to 21.

All respondents completed the IES-R. The mean score for all respondents on the IES-R was 16.14 (SD = 21.79), ranging from 0 to 77 and did not fall within the range of normality. Subsequently, the common logarithm to the base ten was calculated and will be denoted as LOG to transform the data. The mean score for veterans LOG(IES-R) was 1.06 (SD = .62) ranging from 0 to 1.88 and the mean score for partners LOG(IES-R) was .63 (SD = .59) ranging from 0 to 1.89. Both were normally distributed and almost the same. Since this measure was completed

independently of each other, it suggests that the veteran's perception of their partners' self-reported scores on the LOG(IES-R) were in close agreement.

The overall mean score on the health/competence (SFI) was 38.11 (SD=13.11), ranging from 20 to 74. The veteran means score on the health/competence was 39.59 (SD = 12.83), ranging from 20 to 64. The partner mean score on the health/competence was 36.64 (SD = 13.52) ranging from 21 to 74

The results for communication frequency are presented in Table 1. Communication frequency descriptive statistics for veteran's indicated that the least frequently used modalities were text messaging via telephone (n = 2, 9.1%) and instant messenger with video (n = 5, 22.7%); telephone (n = 21, 95.5%) and emails (n = 20, 91.0%) were the most frequently reported. For partners, the least frequently used modality was text messaging via telephone (n = 6, 27.2%); telephone (n = 22, 100%) and emails (n = 21, 95.5%) were the most frequently cited. There was close agreement between veteran and partner frequency of use on letters, telephone, social networking, Skype, IM, and IM with video. The starkest difference between veteran and partner was the frequency of use on care packages.

**Table 1**

*Veteran and Partner Frequency of Communication*

	None	1 day a week	2 days a week	3 days a week	4 days a week	5 days a week	6 days a week	7 days a week
Letters	5 (5)	12 (12)	3 (3)	1 (1)	1 (0)	0 (0)	0 (0)	0 (1)
Care packages	13 (3)	9 (18)	0 (0)	0 (0)	0 (0)	0 (1)	0 (0)	0 (0)
Emails	2 (1)	4 (0)	6 (2)	3 (6)	3 (6)	3 (1)	0 (2)	1 (4)
Telephone	1 (0)	6 (6)	5 (6)	1 (3)	2 (1)	5 (2)	2 (2)	0 (2)
Text w/ phone	20(16)	0 (2)	0 (0)	0 (0)	1 (1)	0 (1)	1 (0)	0 (2)
Social Network	10 (8)	3 (3)	2 (3)	0 (2)	3 (1)	3 (3)	0 (0)	1 (2)
Skype	13(13)	3 (4)	2 (0)	1 (2)	0 (0)	1 (0)	2 (2)	0 (1)

IM	16(14)	1 (1)	0 (0)	0 (0)	2 (4)	2 (1)	1 (0)	0 (2)
IM w/ video	17(15)	1 (1)	1 (0)	1 (1)	0 (2)	1 (1)	1 (0)	0 (2)

*Note.* Numerical values outside of parentheses are the veteran's mode of communication, and numerical values within the parentheses are the partner mode of communication. Text w/ phone (text message with a phone), Social Network (Facebook, MySpace, etc.), IM (Instant Messenger), IM w/ video (Instant Messenger with video), (N = 22 Veterans, N = 22 Partners)

The results for communication mode are presented in Table 2. Mode of communication descriptive statistics for veterans indicated that the least frequently used was texting via telephone (n = 2, 9.1%); the most frequently used mode of communication was email (n = 21, 95.5%). Partners' reported the least frequently used mode of communication was text messaging via telephone (n = 4, 18.2%); the most frequently used mode of communication was a telephone (n = 22, 100%). Both partners and veterans were in general agreement on the use of the mode of communication with the widest gulf being on care packages and instant messenger, both with a difference of three.

**Table 2**

*Veteran and Partner Modes of Communication*

	Used	Not used
Letters	16 (17)	6 (5)
Care packages	16 (19)	6 (3)
Emails	21 (21)	1 (1)
Telephone	20 (22)	2 (0)
Text w/ phone	2 (4)	20 (18)
Social Network	9 (10)	13 (12)
Skype	9 (8)	13 (14)
IM	4 (7)	18 (15)
IM w/ video	4 (5)	18 (17)

*Note.* Numerical values outside of parentheses are the veteran's mode of communication and numerical values within the parentheses are the partner mode of communication. Text w/ phone (text message with a phone), Social Network (Facebook, MySpace, etc.), IM (Instant Messenger), IM w/ video (Instant Messenger with video), (N = 22 Veterans, N = 22 Partners)

### Correlations

The frequency correlations results are presented in Table 3. The frequencies of communication and attachment (ECR) were significantly ( $p \leq .05$ ) correlated for the veteran and their partner. For the veteran, ECR avoidance was negatively correlated with call frequency  $r(20) = -.51, p \leq .05$ , email frequency  $r(20) = -.44, p \leq .05$ , and Skype frequency  $r(20) = -.46, p \leq .05$ . For the partners, ECR anxiety was positively correlated with text frequency  $r(20) = .46, p \leq .05$  and social networking frequency  $r(20) = .46, p \leq .05$ .

The correlations in Table 3 show a very clear and distinct trend. For veterans, attachment avoidance is the only statistically significant secondary strategy, whereas the only statistically significant secondary strategy for partners is attachment anxiety. The correlations appear to reveal that when the attachment behavioral system is activated, the veterans prefer deactivation and their partner prefers hyperactivation.

**Table 3**

*Veteran and Partner ECR and Frequency of Communication Correlations*

	Veteran		Partner	
	Anxiety	Avoidance	Anxiety	Avoidance
Letters	.32	-.10	-.24	-.11
Care packages	.21	.05	-.26	-.20
Emails	-.21	-.44*	-.03	.38
Telephone	.15	-.51*	.20	.11
Text w/ phone	-.20	-.17	.46*	.37
Social Network	-.02	-.25	.46*	.22

Skype	-.26	-.46*	.05	.31
IM	.01	-.32	.05	.14
IM w/ video	-.06	-.27	.18	.33

*Note.* (N = 22 Veterans, N = 22 Partners) \* $p \leq .05$ , Pearson Correlations.

The mode of correlation results is presented in Table 4. Because the mode of communication is nominal, and the ECR is continuous, a point –the biserial correlation was calculated. The only significant correlation was veteran avoidance and email mode of communication  $r(20) = -.43, p \leq .05$ . No partner correlations were statistically significant.

Though there was a distinct trend for the frequency of communication, there was not one for the mode of communication. The correlations show that as the more avoidant a veteran is, the less they will use emails as a mode of communication with their stateside partner. Unlike partner anxiety and frequency of communication, there were no statistically significant results for partner anxiety and mode of communication. This indicates that the stateside partners attempt to extinguish the attachment behavioral system and does not have a relationship with the mode of communication.

**Table 4**

*Veteran and Partner ECR and Mode of Communication Correlations*

	Veteran		Partner	
	Anxiety	Avoidance	Anxiety	Avoidance
Letters	-.26	-.05	-.26	.14
Care packages	.19	.10	-.13	.17
Emails	-.09	-.43*	.24	.30
Telephone	.19	-.11	-.35	-.16
Text w/ phone	-.06	-.02	.25	.32
Social Network	.29	.09	.22	.18
Skype	-.13	-.35	-.13	-.14
IM	.06	-.10	-.23	.09

IM w/ video	.20	.02	.04	.37
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*Note.* IM (Instant Messenger), w/ (with), (N = 22 Veterans, N = 22 Partners)\*  $p \leq .05$ , Point-biserial Correlations.

The RMBM and ECR correlation results are presented in Table 5. To assess content of communication, the RMBM and ECR were tested for the veteran and partner. The veterans ECR and RMBM scores showed there were no statistically significant correlations. However, partner ECR avoidance and Network (delayed)  $r(16) = .47$ ,  $p \leq .05$  were statistically significant.

Additionally, spousal ECR anxiety was negatively correlated with, Positivity (interactive)  $r(16) = -.59$ ,  $p \leq .01$ , Understanding (delayed)  $r(16) = -.52$ ,  $p \leq .05$ , Understanding (interactive)  $r(16) = -.69$ ,  $p \leq .01$ , Self-disclosure (interactive)  $r(16) = -.67$ ,  $p \leq .01$ , and Task (interactive)  $r(16) = -.46$ ,  $p \leq .05$ .

Interestingly, both secondary strategies (hyperactivation and deactivation) used by veterans were not significant in assessing the content of communication over delayed or interactive modes of communication. However, partner anxiety showed a much clearer trend on the content of communication in both delayed and interactive modes of communication. It reveals that the more anxious partners were, i.e., the less positive, less understanding, and less willing, veterans were less likely to converse about day to day tasks. Curiously, partner avoidance was negatively related to the content of communication in networks, in a delayed format.

**Table 5**

*Veteran and Partner ECR and RMBM Correlations*

RMBM Factor	Veteran		Partner	
	Anxiety	Avoidance	Anxiety	Avoidance
POS-D	-.33	-.37	-.44	-.08



POS-I	-.27	-.24	-.59**	-.19
UNDER-D	.43	.10	-.52*	.17
UNDER-I	-.03	.08	-.69**	-.23
DISCLOSURE-D	-.06	-.36	-.45	.19
DISCLOSURE-I	.02	-.32	-.67**	-.12
TASK-D	-.02	-.07	-.40	.15
TASK-I	-.04	-.16	-.46*	.08
NETWORK-D	.11	-.31	-.19	.47*

*Note.* POS (Positivity), UNDER (Understanding), D (Delayed forms of communication), I (interactive forms of communication), RMBM (Relational Maintenance Behavior Measure) factors, (N = 18 Veterans, N = 18 Partners), \* $p \leq .05$ , \*\* $p \leq .01$ , Pearson Correlations.

The results of veteran/partner attachment and all dependent variables are presented in Table 6. All of the dependent variables (DAS, PHQ-9, PCL-5, LOG[IES-R], and SFI) were tested using Pearson correlations with veteran and partner ECR avoidance/anxiety. All variables were continuous level of measurement, coding and scoring of each can be found in the methods section. The only dependent variable that was statistically significant with veteran ECR avoidance was DAS  $r(20) = -.43$ ,  $p \leq .05$ . Also, veterans ECR anxiety was statistically significant with the PHQ  $r(20) = .49$ ,  $p \leq .01$  and PCL-5  $r(20) = .56$ ,  $p \leq .01$ . The only significant correlation with partner ECR avoidance was the PHQ  $r(20) = .42$ ,  $p \leq .05$ . However, partner ECR anxiety was significantly correlated with all five dependent variables: DAS  $r(20) = -.58$ ,  $p \leq .01$ , PHQ  $r(20) = .61$ ,  $p \leq .01$ , PCL-5  $r(20) = .51$ ,  $p \leq .05$ , LOG(IES-R)  $r(20) = .42$ ,  $p \leq .05$ , and SFI  $r(20) = .54$ ,  $p \leq .01$ .

The correlations appear to show an effect of secondary strategies used during the combat separation to post-deployment life. The trend is clear for partner anxiety, as every dependent variable was statistically significant. Partner anxiety was related to lower relationship

satisfaction, poorer family functioning, increased depression, PTSD, and perceived level of stress. Additionally, higher veteran avoidance was significantly correlated to lower relationship satisfaction. Also, higher veteran anxiety was significantly related to higher depression and PTSD.

**Table 6**

*Veteran and Partner ECR and Instrumentation Correlations*

Instrumentation	Veteran		Partner	
	Anxiety	Avoidance	Anxiety	Avoidance
DAS	-.01	-.43*	-.58**	-.35
PHQ	.49*	.25	.61**	.42*
PCL	.56**	.38	.51*	.04
LOG(IES-R)	.30	.13	.42*	.25
SFI	-.13	.21	.54**	.15

*Note.* Dyadic Adjustment Scale (DAS), PTSD Checklist-5 (PCL-5), Patient Healthcare Questionnaire-9 (PHQ-9), Logarithm to the base 10 (LOG), Impact of Event Scale – Revised (IES-R), Self-Report Family Inventory: Version II (SFI) family health/competence subscale, (N = 22 Veterans, N = 22 Partners), \* $p \leq .05$ , \*\* $p \leq .01$ , Pearson Correlations.

### Discussion

Mental health clinicians who treat combat veterans and their families can benefit from the results of this study. Psychologists, social workers, counselors, and marriage/family therapists can use the findings of this study to guide clinical practice. For example, when a service member deploys to a combat zone, they have the ability to remain in daily contact with their loved ones (Ponder & Aguirre, 2012a). The well-being or mental stability of the deployed

service member is extremely important so they can focus on their mission. Aside from combat exposure and the constant threat of death, service members attempt to control communication and become emotionally withdrawn from their stateside partner/family (Ponder, 2014). Not to be overlooked, the stateside partner's/family's well-being is affected as well. They are prone to loneliness, depression, picking up the duties of two parents, and lack of clarity about the safety of their loved ones (Houston et al., 2013). By identifying strengths and deficiencies in communication during a combat separation, mental health practitioners are in a position to provide support to the service member and stateside partner/family. Thus, the purpose of this study was to use attachment theory as the theoretical framework for conceptualizing dyadic communication during a war-time separation.

### **Foundation Attachment Application**

Correlation analyses revealed distinct trends in the veteran/partner ECR scores and independent variables. For the veterans, the statistically significant correlations between ECR avoidance and frequency of communication were telephone, email, and Skype frequencies of communication. The mode of communication that was statistically significant was veterans' ECR avoidance and email. For the partners, the statistically significant correlations between ECR anxiety and frequency of communication were texting with a phone and social networking. There were no statistically significant correlations for partners and modes of communication. From these analyses, it suggests that the veteran's secondary strategy is de-activation (avoidance), whereas the partner's preferred secondary strategy is hyper-activation (anxiety).

Courtney (2012) at the Stratton VA Medical Center PTSD Clinic in Albany, New York, developed the PTSD Family Workshop over the course of six years. The PTSD Family Workshop uses the ecological systems framework, but it is also heavily rooted and guided by

attachment theory (Courtney, 2012). The workshop is three sessions, which covers a wide range of information: psycho-education about PTSD, empathetic concern, caregiver burden, and adaptive coping behavior, among others. Parts of this program could be modified and adapted for effective communication.

Another objective of this research project was to examine the content of the communication and delineate findings based on delayed or interactive forms of communication from an attachment framework. For veterans, there were no statistically significant correlations between ECR scores and RMBM responses. However, for the state-side partner, ECR anxiety was significantly correlated with RMBM constructs: positivity (interactive), understanding (delayed & interactive), disclosure (interactive), and tasks (interactive). Also, partner ECR avoidance was significantly correlated with the network (delayed). These results suggest that the more anxious a stateside partner is, the lower positivity, understanding, disclosure, and task scores were regardless of delayed or interactive forms of communication. In attachment terms, the same secondary strategy (hyper-activation—*anxiety*) and RMBM scores for stateside partners were consistent across delayed and interactive forms of communication.

Veteran ECR avoidance was significantly related to the DAS ( $r[20] = -.43, p \leq .05$ ) and veteran ECR anxiety was significantly related to the PHQ ( $r[20] = .49, p \leq .01$ ) and PCL-5 ( $r[20] = .56, p \leq .01$ ). These findings indicate that higher veteran ECR scores were significantly associated with relationship satisfaction, depression, and PTSD. Prior research has linked attachment anxiety with increased levels of depression and PTSD (Mikulincer & Shaver, 2007).

The relationship between partner hyper-activation is further explained by ECR and dependent variable correlations. Partner ECR avoidance was significantly related to the PHQ ( $r[20] = .42, p \leq .05$ ). Partner ECR anxiety was found significantly related to the DAS ( $r[20] = -$

.58,  $p \leq .01$ ), PHQ ( $r[20] = .61$ ,  $p \leq .01$ ), PCL5 ( $r[20] = .51$ ,  $p \leq .05$ ), LOG(IES-R) ( $r[20] = .42$ ,  $p \leq .05$ ), and family functioning ( $r[20] = .54$ ,  $p \leq .01$ ). These findings indicate that higher partner ECR scores were significantly associated with relationship satisfaction, depression, PTSD, perceived stress, and family functioning.

### **Attachment Application**

Mikulincer and Shaver (2007) provided a conceptual diagram that was able to successfully explain a war-time separation. Yet, it was unclear why there was a difference in secondary strategies. Bowlby first started his study on infants with the attachment behavioral system but also found the care-giving behavioral system in adults. The set-goal of the caregiving behavioral system is to reduce distress and protect it against harm (Mikulincer & Shaver, 2007). So within a parental and infant dynamic, the caregiver is the attachment figure and ideally exhibits adaptive coping when an infant presents with activation of his or her attachment behavioral system. Vormbrock (1993) was the first to posit that this could happen to a dyad within the context of a war-time separation. Based on the findings of this study, it suggests that the deployed service member's caregiver behavioral system was activated, whereas the stateside partner's attachment behavioral system was activated (Vormbrock, 1993).

Meadows, Tanielian, and Karney (2016) led the effort in The Deployment Life Study, in which dyads/families were followed for the entirety of a deployment cycle. Part of their study delved into communication with the stateside spouse. In a review of the theoretical frameworks for conceptualizing a deployment, Meadows and colleagues acknowledge that most research in this area is built upon the ABC-X model (Hill, 1949; Karney & Crown, 2007; McCubbin & Patterson, 1983). While this paradigm has been effective, scholars need to be open-minded while looking at other theories. Meadows et al. (2016, xxiv-xxv) state:

Across a number of outcomes, we also found that more frequent communication and higher satisfaction with the amount of communication with the service member during deployment was associated with more-favorable outcomes post-deployment. Here, too, it is not possible to know whether communication plays a causal role in ineffective coping or if the most-resilient families were the ones taking the time to communicate with each other regularly.

The solution for a happier and healthier post-deployment dyad is not simple and straight forward. More communication during deployment does not automatically mean post-deployment functioning will be problem-free. Rather, it is a little more intricate, and attachment theory, at its core, has a supposition that specifically illustrates how an individual regulates and processes emotion that inevitably impacts the partner in the dyad. Thus far, this study suggests that the service member's most impactful secondary strategy is avoidance, whereas their partner's anxiety. In an attempt to extinguish their own attachment system, deployed service members overtly reduce the frequency of emails, telephones, and Skype usage. Deployed service members also showed a significant decrease in the mode of communication, namely emails. This pattern appears to show service members detaching themselves from certain interactions (frequencies and modes of communication) that may bring up emotions they are seeking to avoid. From an attachment perspective, they are doing anything within their power or perceived power to minimize the risk of activating their attachment system, and decreased frequency and certain modes of communication appear to do that.

From the contrary point of view—the stateside partner's perspective, extinguishing the attachment system, is the same set-goal even though it is done in a different way. In an attempt to keep their own attachment system dormant, stateside partners want to increase texting with a

phone and social networking frequency. This pattern may reflect partners' desire to reduce anxiety. We assert that these two activities are done in real-time, thus they know their service member is alive. From an attachment framework, the partner verifies their service member is alive while he or she responds; thus, their own attachment system is de-activated.

The model of attachment-system activation and functioning in adulthood has been useful in explaining dyadic activity during the deployment. However, we believe it is equally important post-deployment. Upon return stateside, when the attachment system is activated, the other person can now attempt physical proximity seeking in-person, whereas, during the deployment, it was attempted via frequency and mode of communication. This is where engrained patterns from combat may seep into post-deployment dynamics.

After a dyad endures a combat deployment, it is reasonable to assert that the subjective appraisal of a threat could be skewed, for both parties. Since a subjective interpretation of a threat is all that is needed for the attachment system to activate, it might be extremely sensitive. Once the attachment system is activated, both individuals will most likely resort to familiar patterns that helped them through combat; for veterans, it is avoidance, and for partners, it is anxiety.

The most overt example of communication in combat affecting post-deployment constructs was the relationship between partner anxiety and every single dependent variable. Partner anxiety was negatively correlated with all five dependent variables: relationship satisfaction, depression, perceived level of PTSD in the partner, self-reported level of stress, and poorer family functioning. For example, if the spouse wants to discuss a certain topic and thinks the service member is not attentive or responsive (second element) because he or she is acting avoidant, then the attachment system continues to be activated, and friction will ensue. If the

veteran can be attentive to their partner's needs (anxiety), theoretically, the attachment system extinguishes.

### **Limitations**

These findings should be interpreted with caution for several reasons. This sample was a cross-sectional retrospective design, so causality cannot be established. For inclusion of this sample, the veteran and partner had to currently be in the same relationship as their most recent deployment. This might have excluded couples whose relationship dissolved due to prior deployments or separations.

Using attachment theory as a guiding framework has positives and negatives. Since this was the first quantitative study using attachment theory to conceptualize a GWOT war-time separation, many variables were included. Consequently, the survey was laborious due to its length. Also, this study only used correlational analyses; future researchers are encouraged to use more robust inferential statistical analyses with a larger sample size of couples. Additionally, of the 22 dyads, 21 were male veterans and 21 female partners. Thus, only one dyad was a female veteran and one male partner. Therefore, it is unknown if the attachment pattern of veteran avoidance and partner anxiety would be different.

Finally, the sample study demographics were found to be similar to the military population. Only 31.2 % of Active Duty service members identify as a minority, and only 15% of military members are female (DoD, 2016b). This might be why the IES-R and several subscales of the RMBM were not normally distributed. In addition to a larger sample, this research needs to be extended to same-sex couples and samples of dyads wherein the veteran is female, and the partner is male during a war-time separation. We coded delayed and interactive



forms of communication like the Carter and colleagues' (2011) brief report. In future research, scholars should focus on email, as this might be interactive if they are emailing in real-time.

### **Conclusion**

This study is a starting point for scholars and practitioners to conceptualize a war-time separation under one paradigm, attachment theory. By doing so, interventions may be developed quicker than if researchers use a myriad of theoretical frameworks. Our hope is to strengthen one of the most adaptive resources a person has, his or her dyadic partner.

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