# “WHAT DID YOU JUST SAY?”: A LOOK AT POST TRAUMATIC STRESS DISORDER AND INTIMATE PARTNER VIOLENCE THROUGH RELATIONAL FRAMING

by

BRITTANY KRISTAL BROWN

(Under the Direction of Jennifer A. Samp)

**Abstract**

Posttraumatic stress disorder (PTSD) is an understudied, and often ignored epidemic among returning service men and women. Looking at PTSD through the lens of the relational framing theory, I posit that the effects of PTSD symptoms on the veteran’s perception will change the way the veteran frames a relationship with a romantic partner. Two studies examined this prediction. The first study examined the retrospective statements of 251 service members and their partners’ perspectives of their intimate partner relationship after the service member returned home. The statements included responses to how couples communicated during deployment and how their communication was challenged once reunited. Two independent coders read the statements and coded based on mentions of PTSD, IPV, dominance, affiliation and involvement. Using GLM to assess the relationship of mentions of PTSD to mentions of dominance and affiliation, there were no significant findings of PTSD leading to more mentions of dominance behaviors than affiliation behaviors. The second study was a primary data collection, wherein it was hypothesized that as PTSD symptoms increase,

the relevance of a dominance frame and involvement should be more relevant than an affiliation frame in evaluations of relationship messages. Also, it was predicted that as experience with IPV increases the relevance of the dominance and involvement frame will also increase. For this study, 50 individuals self-identified as a spouse or loved one of a post-deployed service member completed an online closed-item assessment of their loved one's level of PTSD, IPV in their relationship and perception of dominance, affiliation and involvement in various scenarios. It was proposed that as mentions of PTSD increase the relevance of dominance and involvement should increase and as experience with IPV increases, the relevance of the dominance and involvement frame would also increase. Analyses indicated that as PTSD symptoms increased, the relevance of the dominance frame and involvement were not more relevant than the affiliation frame. In addition, as experience with IPV increased the relevance of the dominance frame also increased, but the affiliation frame did not. Implications of these results regarding pre and post deployment transitions from military to civilian life, changes in future recruitments and PTSD awareness with family members will be discussed.

INDEX WORDS: Post-traumatic stress disorder, intimate partner violence, relational framing, military

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# DEDICATION

For my brother SrA Donald “Trey” Brown III: though your body returned safely, your mind did not. And, for Lauren Andrews Brown: you stayed when others would have left. Your sacrifices will not be forgotten. You both will be counted among the casualties of this war. Hooah.

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Go Dawgs!

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# Chapter 1

## Literature Review

The recent military operations in Iraq (Operation Iraqi Freedom) and Afghanistan (Operation Enduring Freedom), which have involved the first sustained ground combat undertaken by the United States and the longest protracted war since Vietnam, raise important questions about the effect of combat experience for deployed individuals (Gottman, 2011; Hoge et al., 2008). An estimated 14% or approximately 300,000 service members returning home from Operation Iraqi Freedom and Operation Enduring Freedom report symptoms related to posttraumatic stress disorder (PTSD) or depression (Clark-Hitt, Smith, & Broderick, 2012). In addition, between 2003 and 2007, a total of 43,779 military personnel were diagnosed with a traumatic brain injury (Lewis, Lamson & Leseuer, 2012). Although these numbers seem staggering, it is reported that nearly one fifth of military personnel do not report their mental health symptoms when asked, therefore, the actual number is potentially much higher (Lewis et al., 2012). The most alarming consequence of such mental illness is the rate of suicide among military personnel. Approximately 4% have suicidal thoughts and almost 9% go on to attempt suicide (Snarr, Heyman, & Slep, 2010).

While battle fatigue and combat-related stress is thought to be the main impact on solider performance, stress about intimate relationships can take a greater toll on mental health before, during, or after deployment. Most suicides of U.S. soldiers when deployed to Iraq and Afghanistan involved failed relationships with spouses or intimate partners.

Of the U.S. soldiers who committed suicide in Iraq, an alarming 68% had an intimate relationship failure and the majority of service personnel believed their spouse would ask for a divorce before tolerating another deployment (Lewis et al., 2012). Relational issues seem to be at the core of relational conflict, intimate partner violence, and the worst possible ending: suicide. The goal of this thesis is to better understand the connection between those suffering from posttraumatic stress disorder and the intimate partner violence that possibly occurs in their relationship through the lens of the relational framing theory. I will now turn to review the relational framing theory, followed by a discussion of PTSD and intimate partner violence as it relates to relational framing theory.

**Relational Framing Theory**

Interpersonal communication is a dynamic process of balancing one's own needs while assessing the needs and intentions of another to generate effective discussion that maximizes the needs of both parties. Responses to a partner's perceived or stated needs must be made quickly and often on the basis of ambiguous information (Solomon, Dillard & Anderson, 2002). Relational Framing Theory (RFT) explains how people organize interpersonal messages to define the nature of the relationship that exists between communicators (Dillard, Solomon, & Samp, 1996). A "frame" refers to a mental structure consisting of organized knowledge about social relationships. These frames are located within the minds of the interactants, not within the action; thus relational frames are based on perception. RFT postulates that dominance-submission and affiliation-disaffiliation are the frames underlying all relational judgments. Dillard et al. (1996) argued that relational frames are the product of our evolutionary heritage and are the

lenses through which social reality is viewed. RFT views dominance-submission and affiliation-disaffiliation as functional frames that help people process social messages, resolve ambiguities, and draw relational inferences (Dillard & Solomon, 2005). Involvement is the third aspect of RFT and it reflects the degree to which interactants are engaged with one another, or rather, enmeshed in the conversation. Involvement is the intensity variable for the dominant and affiliative frames; meaning messages may be more or less dominant or more or less affiliative, depending on degree of involvement (Dillard et al., 1996).

Dominance, or relational control, reflects the degree to which one partner attempts to regulate the behavior of another by using control, influence, or status (Dillard et al., 1996). Affiliation is the regard with which one person is held by another capturing appreciation, esteem, or solidarity (Dillard et al., 1996). Both dimensions run on a bipolar scale from highly dominant to highly submissive, while affiliation runs from extremely positive to extremely negative. Individuals also do not attend to both frames at any given time. Only one of the two substantive dimensions tends to be salient at any given moment (Dillard, Palmer, & Kinney, 1995). Dillard et al. (1996) stated that relative salience of a frame is determined by the expectations the person brings to the interaction, the context in which it occurs, and the behaviors that precede the act or episode in question. For example, if Partner A said to Partner B, “Pass the salt,” then Partner A would be asking for assistance from and regulating the behavior of Partner B. Partner A’s behavior falls in the dominance-submissive frame as he/she is asking Partner B directly to do something. In another example, Partner A is frustrated with Partner B, so Partner A excludes Partner B from further dinner conversation. Since Partner A excluded Partner B, this situation

would fall under the affiliation-disaffiliation relational frame. Now that there is an understanding of each frame, we will take a look at when each frame is relevant for different scenarios.

In the original study, Dillard et al. (1996) supported the assumption that dominance is seen as more relevant to compliance scenarios than to affinity scenarios. Meaning, in the previous compliance scenario regarding passing the salt, the dominance frame was more relevant than the affiliation frame because Partner A was not trying to capture appreciation, esteem or solidarity as you would in the affiliation frame. Rather, Partner A was trying to regulate the behavior of Partner B. Dillard et al. (1996) also stated that affiliation is seen as more relevant to affinity scenarios than to compliance scenarios, this situation is described above regarding Partner A excluding Partner B from further dinner conversation. Partner A was not trying to regulate Partner B's behavior. Rather, s/he was showing a disliking towards Partner B; therefore, the affiliation frame would be more salient during this affinity scenario.

While dominance and affiliation are assumed to frame relational interactions, perceptions of a participant's involvement in an interaction has been argued to intensify the salience of the dominance or affiliative frame (Dilliard et al, 1996). Involvement reflects the degree to which interactants are engaged with one another or enmeshed in the conversation. Involvement is also indicative of the degree to which two individuals are engaged with one another, or equally to the extent to which the two lines of behavior are mutually dependent (Dilliard et al, 1996). Degree of involvement ranges from extremely involved to extremely withdrawn. Involvement is unlike dominance and affiliation because it has no substance or experiential content (Dillard et al, 1996). Instead,

involvement can be seen as the modifier or intensifier variable to dominance, affiliation or both. Judgments of the relevance of involvement have been identified to be positively correlated with judgments of the relevance of dominance and affiliation (Dillard et. al, 1996).

**Post-traumatic Stress Disorder**

Posttraumatic stress disorder (PTSD) is an anxiety disorder that may occur following:

> "exposure to a terrifying event or ordeal in which grave physical harm occurred or was threatened. Symptoms of PTSD include re-experiencing the situation (flashbacks), emotional numbness, feeling hyper-aroused or jittery, and avoidance of situations that are reminders of the traumatic event" (U.S. Department of Veterans Affairs, 2008).

The growing epidemic of PTSD is a serious issue. For example, Tanielian and Jaycox (2008) found that male veterans face roughly twice the risk of dying from suicide as their civilian counterparts.

Symptoms of PTSD are known to undermine positive communication and connection between couples (Allen, Rhoades, Stanley, & Markman, 2010) and fall into three main categories: hyperarousal, intrusion, and constriction. The first category for PTSD is hyperarousal, which includes the persistent expectations of danger. Symptoms may include startling easily, reacting irritably to small provocations, and very poor sleep (Herman, 1992). Intrusion is the second category and includes reoccurring thoughts of the traumatic event. Symptoms can include flashbacks during waking states and traumatic nightmares during sleep for years following event (Herman, 1992). The third main

category of PTSD is constriction, which is the numbing response of the surrender. During constriction, perceptions may be numbed or distorted, loss of particular sensations can occur, and time sense maybe altered with a sense of slow motions. Detachment from events as if they were watching events happen to them, rather experiencing them first hand. This is best described as an "out of body" experience. (Herman, 1992).

Solomon, Dekel, and Zerach (2008) found that the hyperarousal stage could lead to problems in the relationship for a few different reasons. First, increased irritability and anger were related to decreased motivation to offer support. Second, the veterans live in a chronic state of heightened arousal, which creates a "walking on eggshells" effect for partners for fear of upsetting the veteran. This extreme amount of tension has the potential to strain the intimate relationship. Finally, hyperarousal symptoms may undermine the relationship due to an increased use of physical and verbal violence. This hyperarousal stage contributes to the notion that suffering heightened PTSD symptoms could have the potential to influence the military members perception (they may not perceive correctly and will see the situation as either dominant or controlling). When examined through the lens of Relational Framing Theory, this may lead the military member to not see an affiliative situation in front of them; rather they perceive the episode as dominant or controlling.

Knobloch and Theiss (2011) found that individuals with PTSD tend to perceive interactions with their romantic partner to be disruptive, intrusive, and negatively valenced. They also found that these same individuals tend to question their partner's commitment, doubt the viability of their relationship, and feel insecure about whether their romance will continue. After returning from deployment, partners that have been

home for longer periods of time, were more likely to report heightened periods of conflict as a change in their relationship (Knobloch & Theiss, 2011). Delayed conflict could possibly be explained by LaBash, Vogt, King and King's (2008) finding that it often takes time for the full effect of war-zone exposure to be realized and that we should expect that the number of Iraq War veterans reporting damaging mental health consequences to escalate over time.

The potential problems related to PTSD are also on the rise due to the perceived consequences and stigma surrounded by seeking help. Even though approximately 80% of military personnel consider themselves suffering from major depression, generalized anxiety or PTSD, only about 38% actually receive any kind of professional help (Hoges, 2004). The primary motive to forgo treatment is the effect the potential diagnosis could ultimately have on their future military career. Examples of other reasons for forgoing treatment include, but are not limited to: "members of my unit might have less confidence in me" (59%), "my unit leadership might treat me differently" (63%), "my leaders would blame me for the problem" (51%), "it would harm my career" (50%), and the number one reason why servicemen do not seek treatment is that they do not want to be seen as weak (65%) (Hoges, 2004).

The frame salience could potentially be impacted by a partner's level of PTSD. For instance, if a wife says to her husband, "Hey Honey, you've been handling your stress so well since you've been home, I'm really proud of you. Let's have a date night to celebrate." Depending on how a person frames the message, you could take a seemingly affiliative frame and perceive it as a dominant, or controlling, frame if the partner interprets "let's have a date night" as dominant instead of affiliative.

An alarming number of military veterans and active duty personnel are suffering with posttraumatic stress disorder. The PTSD symptoms, specifically in the hyperarousal state, being in a persistent state of danger could lead to a constant high level of defensiveness for the veteran (Solomon et. al., 2008). This persistent level of defensiveness can influence the perception of the veteran, and could impact how one would frame his or her interactions with an intimate partner. Specifically, a person with PTSD could see an interaction or scenario with an intimate partner under the lens of a dominant frame instead of an affiliation frame. Thus, when examining narrative accounts of intimate relationships between a veteran and a loved one, the following is predicted:

*H1*: Mentions of PTSD will lead to more mentions of dominance behaviors than affiliation behaviors.

Additionally, when the PTSD symptoms increase, the level of involvement a veteran could feel towards his loved one and their relationship could change, thus increasing or decreasing the salience of a particular frame. Since we know that dominance should be more relevant to the compliance scenarios and that affiliation should be more relevant to affinity scenarios, in a situation where a veteran is only perceiving dominance, they should see the compliance scenarios as extremely dominant with a high level of involvement (Dillard et. al, 1996). Since their perception issues could be influencing the relational frames used, the service members could also see affinity and ambiguous scenarios as dominant as well. Thus, the following is predicted:

*H2*: As PTSD symptoms increase, the relevance of the dominance frame and involvement should be more relevant than the affiliation frame.

**Intimate Partner Violence**

The Department of Defense defines domestic violence as:

> "an offense under the United States Code, the Uniform Code of Military Justice, or State law involving the use, attempted use, or threatened use of force or violence against a person of the opposite sex, or a violation of a lawful order issued for the protection of a person of the opposite sex, who is: a current or former spouse; a person with whom the abuser shares a child in common; or a current or former intimate partner with whom the abuser shares or has shared a common domicile" (Department of Defense, 2007).

The definition provided by the Department of Defense is problematic for a few reasons. First and foremost, the definition does not include emotional or psychological violence. The definition also does not include same-sex couples, even though same-sex couples have comparable to higher intimate partner violence rates as heterosexual couples, specifically in the lesbian population (Jones, 2012). Because of the narrowness of this definition, the Center for Disease Control definition will be used for this study.

The Center for Disease Control defines intimate partner violence (IPV) as "physical, sexual, or psychological harm by a current or former partner or spouse" (CDC, 2013). Although previous authors have claimed that IPV is only violence against women (Cavanagh, Dobash, Dobash, & Lewis, 2001; Moshe & Natti, 2012; Rusbult & Martz, 1995), the bidirectional approach, where violence can occur against a man or a woman (Straus, 2006) is more representative of actual incidents of violence. Therefore, for the purpose of this study, the bidirectional approach will be used. It is important to understand the components of IPV per the CDC definition. Instances of physical violence

include punching, kicking, slapping, or choking. Sexual violence includes demanding sex when the partner did not want it, forcing the partner to have sex against their will or making the partner feel sexually inadequate. Emotional or psychological harm includes threatening, shouting, swearing, criticizing, putting the partner down, deliberately keeping the partner short of money, or restricting the partners' social life (Dobash & Dobash, 1998).

Many veterans suffering from PTSD use alcohol and other drugs as a way to cope with the psychological trauma they have endured during their service. Substance abuse is also a leading cause of IPV among returning servicemen (Tilley & Brackley, 2005). Previous studies have shown that for those who engage in IPV, the aggression is less severe towards their intimate partner if they are only aggressive toward their intimate partner, as compared to being aggressive towards intimate partner and non-intimate partner. For those who are violent towards both sets of people, their violence is then more severe towards their intimate partner (Cogan & Ballinger, 2006). Substance abuse mixed with the already occurring post-traumatic stress symptoms could also lead to further misinterpretations of the dominance-affiliative frames, thereby potentially leading to more aggression and an increase in intimate partner violence.

For example, when a veteran returns home from war with symptoms of PTSD, their mental state changes from its state prior to deployment. One common reason Cavanagh et al. (2001) found that men used violence against their partners was because they were not keeping up with their domestic responsibilities and were not behaving in particular wife-like ways. This situation is a perfect example of a post-deployment interaction that could be impacted by the relevance of each frame used by the veteran.

The spouse had to take over all of the domestic responsibilities when their partner was deployed. When the partner returned home, the spouse could want a break, or just be excited to see him or her and not want to do the cleaning. One could see this scenario through an affiliative frame, "I'd rather be with you than clean the house." However, for those suffering with PTSD, the same situation could be seen as a dominant/controlling suggestion for them to clean the house instead. The salience of the frame is controlled by the level of perceived involvement from the service members intimate partner. As PTSD symptoms increase, the level of IPV increases, as IPV increases, the salience of the dominance frame and involvement increases.

*H3*: As experience with IPV increases, the relevance of the dominance and involvement frame will also increase.

To examine the proposed hypotheses, two studies were conducted. Study 1 relied on an inductive, secondary analysis of open-ended responses from returned United States military service members. Study 2 utilized a survey of family members of a member of the United States military who completed suicide post-deployment.

Before moving forward, it is important to note the specific language used by the author regarding suicide. There has been a shift over the past decade or so to change the language people use when describing suicide and suicide attempts. Specifically there is a push to replace "commit" suicide with "completed" suicide, especially in the suicide survivor community. To "commit" suicide has criminal overtones, which refer to a past when it was illegal to kill oneself. Committing suicide was akin to committing murder or rape; linguistically therefore they are still linked (Sommer-Rottenburg, 1998). The

original notoriety of the word may have dulled over time but the underlying residual still remains.

The medical and suicide survivor community have now replaced “committed suicide” with “completed suicide”. This softer, more compassionate, approach helps to eliminate the stigmatization around the phrase “committed suicide”. By using the phrase “committed” it implies that someone engaged in a criminal act instead of suffering from a debilitating illness. One would never say “that person committed cancer”, so the same language should be used for mental illness and suicide as well to continue to reduce stigma. To encourage dialogue and to continue to push the language of suicide in the right direction, the author will use “completed” suicide for the remainder of the paper.

# Chapter 2

## Method: Study 1 – The Soldier's Perspective

The first study consisted of a secondary analysis of data gathered from a 2010 study conducted by Leanne Knobloch, from the Department of Communication at the University of Illinois. Open-ended survey responses were collected from United States service members and romantic partners, although only one partner per couple was used. Data was collected from January to March 2010, and members were eligible to participate if they were currently involved in a romantic relationship, had returned home from deployment during the past six months, and had access to a secure Internet connection. Data from study 1 was used specifically to test *H1*.

### Participants

The sample contained 259 participants, and of those, 137 participants (109 males, 28 females) were in the military. Participants ranged in age from 19 to 58 years old (*MD* = 32.25 years). Most participants were Caucasian (84%) followed by African American (7%), Hispanic (5%), Asian (2%) and Native American (1%). The average romantic relationship length for the total population was 9.68 years. The branches of services represented included Army National Guard (60%), Army (32%), Marines (4%), Air Force (3%) and the Navy (1%). The military status of the servicemen were active duty (54%), followed by reserves (35%), inactive ready reserves (4%), discharged (1%), retired (1%) and other (5%) (Knobloch & Theiss, 2011).

**Procedure**

An online questionnaire solicited demographic information first, followed by open-ended questions where participants described changes in their relationship, relational uncertainty, and interference from their partners. Upon completion, participants were asked for their mailing address to send a $15 gift card for their participation. All information was anonymous such that their identity could not be linked with their responses. In addition, the software used allowed only one survey per IP address (Knobloch & Theiss, 2011).

The open-ended questions were embedded in a larger survey analyzing relational changes, relational uncertainty, and interference from partners. The two open-ended questions that were used for the secondary analysis involved a deployed scenario and a reunited scenario. The scenarios used are as follows: "Please describe how you and your partner communicated during deployment. What did you talk about?," and "Now that you are reunited, what are the biggest challenges to communicating effectively with your partner?" Participants had an unlimited amount of space to answer the questions and most responses were much shorter than anticipated, around 2-3 sentences in length. For example, some answers for the deployed scenario were as follows:

- "We talked about pretty much everything. Little stuff like what was happening in each others daily lives to future hopes and dreams."
- "We talked about how our lives were without each other. Worked on strengthening our relationship, and how our child was growing."
- "We talked about training, deployment, jobs, cheating, and life after."
- "We would talk about our relationship and our goals as individuals and as a

couple. We seem to connect more in these short conversations…"

- "I was concerned about our household budget and my wife is seemingly not interested in a budget or financial planning."

For the reunited scenario, the examples were as follows:

- "My patience…it's very short. I want things done now!"
- "We both get angry and impatient much more quickly. That prevents good listening and compromise. I think that is our biggest challenge."
- "Not as much in common and need interaction with friends I made while deployed. Made a lot of new ones and look forward to spending timne [*sic*] with them."
- "Doesn't understand where I've been and how bad it was. She thinks that whatever she feels is right"
- "My biggest challenge is staying calm and not getting over worked up on small things. I tend to get mad easily and things and frustrated at some of the decisions my wife made while I was gone on paying bills or committing money to things we didn't need."
- "Mostly my PTSD gets in the way or normal life. I react to things that I guess normal people don't even care about."

**Analysis**

An exploratory emergent coding scheme was applied to this data. First, two independent coders were provided definitions of dominance, affiliation, and involvement. Independent coders then reviewed a subset of the narratives and based on the definitions, identified examples of dominance, affiliation and involvement. The affiliation/

disaffiliation theme included mentions of liking, future, and lack of love. The dominance/submission theme included mentions of regaining or losing control and power. Involvement themes emerged with mentions of sharing tasks, impatience with partner, time, abandonment, and withdrawal. The PCL-M and the Revised Conflict Tactics Scale were used as a guideline for mentions of PTSD and IPV in the data. The PTSD Checklist-Military (PCL-M) is a Likert-type checklist of 17 items (e.g. intrusive recollection, flashbacks, memory loss, sleep difficulty, anger, etc.) assessing PTSD symptoms derived from the DSM and each item relates to criteria for the PTSD diagnosis (Weathers et al., 1993). The Revised Conflict Tactic Scale (CTS2) measures the frequency of negotiation (e.g., explained side of argument), psychological violence (e.g., threatening or insulting partner), and physical violence (e.g., slapped or choked partner) (Straus et al., 1996). The number of mentions of dominance, affiliation, involvement, PTSD and IPV themes were counted and compared. Then, the researchers compared and reconciled any differences among their themed checklist. Based on an assessment of 20% of the data, coding was reliable ($\alpha = .86$).

To test H1, the independent variable, PTSD, was assessed with the PCL-M and the mentions of PTSD for all narratives were counted. For the deployed question, 2.5 mentions of PTSD were reported, for the reunited question 63 mentions of PTSD were reported. The dependent variables, dominance and affiliation, were assessed using the themes found in narratives, and a count of the themes related to dominance and affiliation took place. For the deployed question, two mentions of dominance, 47 mentions of affiliation, and two mentions of involvement were reported. For the reunited question, 18 mentions of dominance, nine mentions of affiliations, 38 mentions of involvement, were

reported. For the deployed question, there were zero mentions of IPV, and for the reunited question, there were three mentions of IPV. A multivariate general linear model was then used to analyze the frequencies of PTSD mentioned compared to frequencies of dominance and affiliation mentioned in the narratives.

**Results**

To test H1, a multivariate general linear model was used by entering mentions of PTSD as the independent variable and mentions of dominance and affiliation as dependent variables for the deployed answers. There was not a significant effect of mentions of PTSD to mentions of dominance and affiliation, Wilks'$\Lambda$ = .99, $F(2, 249)$ = .15, $p$ = .86, *ns.*

Next, a multivariate general linear model was used to analyze the effect of PTSD on dominance and affiliation for the returned answers. There was not a significant effect of mentions of PTSD to mentions of dominance and affiliation, Wilks' $\Lambda$ = .99, $F(4, 248)$ = .62, $p$ = .65, *ns*.

Finally, after combining the answers for deployed and returned questions, a multivariate general linear model was used to analyze the effect of PTSD on dominance and affiliation. There was not a significant effect of mentions of PTSD to mentions of dominance and affiliation, Wilks' $\Lambda$ = .99, $F(2, 249)$ = .09, $p$ = .91 *ns*.

H1 was not supported.

# Chapter 3

## Method: Study 2 – The Family's Perspective

To more fully capture the relationship between deployment, PTSD, IPV, and judgments of dominance, affiliation and involvement, study two consisted of an online survey distributed to family members of formerly deployed individuals who committed suicide. Specifically, information was gathered from spouses and other family members of formerly deployed individuals such as parents, siblings, grandparents and friends. While this is not a direct comparison of the data from Study 1, evaluating post deployment experiences from both the service member and other relatives will help to show if what military members report is consistent with what the family members actually perceive.

### Participants

The sample for this study consisted of 50 participants 18 years of age or older that had a loved one complete suicide after returning home from a tour of duty in the military. The suicide survivors were of particular interest because all of their loved ones were more than likely experiencing PTSD within the last year of their lives and would have more insight into this particular topic than the rest of the military population. This group was recruited by being previously known to the researcher or by referral from other participants, creating a snowball effect of data collection. Recruitment occurred on social media sites such as Facebook and Yahoo discussion pages, which reached out to various groups associated with military death and/or military suicide prevention (see Appendix A

for full recruitment methods). Although there were only 50 people to complete the entire questionnaire, 142 attempted the questionnaire but stopped at various points throughout the survey. Due to the sensitive nature of the topic, this particular questionnaire could have the possibility of evoking emotions in participants that were less than ideal, therefore leading to a 65% drop out rate.

Participants ranged in age from 22 to 66 years old ($M$=45.14, $SD$ =12.75). Of the 50 participants, 9 were male and 41 were female. Most individuals were Caucasian (94%), followed by African decent (2%), Hispanic descent (2%) and Other (2%). Fourteen percent of the participants had also previously served in the military in the Air Force, Army and National Guard. Most were married (68%); others were either casually dating, seriously dating, engaged or single (32%). They described their relationship to their military loved one as being the spouse (24%), parent (46%), sibling (14%), friend (6%), in-law (2%) or other (8%). When asked if they were living with the loved one in the year before they passed, 40% were living with the loved one and 60% were not.

The following information was reported by the participants regarding their loved ones: The loved ones' ranged in age from 18 to 65 years old (*M=29.52, SD=11.34),* with 50% of the group being 25.5 or younger at the time of death. There were 47 men and three women. The branches of the military represented in this sample of loved ones' were Air Force (16.3%), Army (14.3%), Navy (51%), Marines (14.3%) and National Guard (4.1%). The average amount of time the loved ones served was 66.73 months (Mdn = 48, $SD$ =67.57), with 13.57 (Mdn = 12, $SD$ = 11.806) months being spent in a combat zone. Surprisingly, seven participants (14%) were never deployed to a combat zone. Most loved ones were married (48%), casually dating (8%), seriously dating (10%), engaged to

be married (10%) or single (24%). Fifty two percent of the loved one's were living with an intimate partner at the time of their death and 48% were not.

**Procedure**

An online survey using the program Qualtrics was available from April 2014 to July 2014. The survey began with a consent form (see Appendix B) and then moved on to demographic information about the participant and their loved one, including age, sex, race, military standing, and relationship status. After demographics were completed, they then moved on to the relational framing measures, which included 12 scenarios about how *their loved one* would perceive a message coming from them. The full measure will be discussed in the following section. Participants then completed the PCL-M, which assessed the loved one's level of PTSD. Next, participants completed the CTS2 to assess intimate partner violence in their intimate relationship. The survey then concluded with an open-ended question where the participants had the opportunity to say anything else about their loved one or their particular situation they would like the researchers to know. The participants for this study remained anonymous as well; their identity could not be linked to their responses.

An example of a compliance scenario looked like this: "Quit going out with your friends all the time." In this situation the partner is being asked, or controlled, to do something and, therefore, this should clearly be seen as dominant. "You look really nice today", is an example of an affiliation scenario. The partner is being complementary and showing affection thus, this statement should clearly be seen as affiliation. Ambiguous statements were added to test if the participant's loved ones were seeing ambiguous scenarios as dominant or affiliative. For example, "Do you have enough money for

dinner?" This is an ambiguous statement, but could potentially be seen as compliant if the dominant frame is more relevant to the loved one than the affiliation frame. There were four scenarios provided for each relational frame. Scenarios were then reviewed by an upper level graduate student at UGA to confirm that the dominant, affiliation and ambiguous scenarios were clear. An entire list of the 12 scenarios used can be found under Appendix C.

**Relational Framing Measures**

The relational framing measure was adjusted from the original Dillard (1993) study. The participants were presented with 12 different scenarios with each representing statements specific to compliance, affiliation and ambiguous scenarios. After presenting each scenario, nine word-pairings were given to determine the relevance of each frame. The word pairings were slightly adjusted from the original Dillard (1993) study, removing parings that the current sample may not understand or were not relevant to intimate partner interactions.

The original survey also asked participants to judge the relevance of each word pair to make a judgment about particular statements or scenarios. For example:

Please rank the relevance of each dimension to each scenario by circling a number 1 – 5

1----------2----------3----------4----------5
Completely Completely
Irrelevant Relevant

*Quit going out with your friends all the time.*

Dominant/Submissive 1 2 3 4 5

The original intent was to rank the relevance of word pairings. However, the survey was adjusted after three different types of informants, a couple with direct experience

reflective of the survey, an undergraduate student with no research experience, and a graduate student, completed the survey. Feedback indicated the instructions were too confusing for the target population. Preliminary participants could not understand how to evaluate two very different words in the pair at the same time. Rather than seeing the words as a pair, the participants saw them as a choice. Meaning, in the previous example individuals wanted to rank how submissive or how dominant the scenario was, not the relevance of the word pair to the scenario. To address this problem, the survey was revised to separate the word pair to then rank each word separately on a scale from -3 to +3. For example:

*Quit going out with your friends:*

| Submissive | | | Not Relevant | | | Dominant |
|---|---|---|---|---|---|---|
| -3 | -2 | -1 | 0 | 1 | 2 | 3 |

In making the above changes to the survey, participants were able to evaluate the relevance of each word to the scenario. Therefore, if a participant evaluated one of the words as a 3 or a -3, that would indicate the frame (e.g., dominance) as relevant to the scenario presented. If the participant did not see the scenario as being dominant or submissive they would choose "zero," indicating the frame was irrelevant to the scenario. These changes rendered the survey more user friendly for the participants yet still retained the integrity of Dillard's (1993) original design.

***Compliance scenarios.*** Compliance scenarios were representative of the dominant frame, meaning they were written to purposefully sound dominant or to gain the control of the other person's behavior. These scenarios comprised of statements such as, "Quit going out with your friends all the time", "Quit yelling at me!", "You need to talk more", and "You need to let me know where you're going!" After each scenario,

nine word pairings were given and the participant had to pick the relevance of each word in the pairing. The pairings to measure dominance were submissive/dominant, influence/comply and yielding/controlling. The measures for dominance were reliable across the compliance scenarios (α = .8, *M* = 22.07, *SD* = 6.98). Affiliation was measured using not affection/affection, liking/disliking, and positive regard/negative regard word pairings. The measures for affiliation were reliable across the compliance scenarios (α = .87, *M* = 21.03, *SD* = 7.86). Involvement was assessed using engaged/withdrawn, involved/uninvolved, and disinterested/interested word pairings. The measures for involvements were reliable across the compliance scenarios (α = .83, *M* = 19.36, *SD* = 7.55). For all word pairings all negative scores were adjusted to be positive, so that higher numbers indicate greater relevance of the frame. An average for the recoded responses for the three specific dominant word parings was calculated for each participant for the compliance scenarios. The same was then done for the three word pairings for affiliation and involvement in the compliance scenarios.

***Affiliation scenarios.*** Affiliation scenarios were representative of the affiliation frame, meaning they were written to purposefully capture appreciation, esteem, or solidarity. These scenarios were comprised of the following statements, "You look really nice today", "I'm so happy you're in my life", "You are such an encouragement to me", "I'm really proud of how hard you've been working recently." After each affiliation scenario, nine word pairings were given and the participant had to pick the relevance of each word in the pairing. The pairings to measure dominance were submissive/dominant, influence/comply and yielding/controlling. The measures for dominance were reliable across the affiliation scenarios (α = .95, *M* = 15.1, *SD* = 10.98). Affiliation was measured

using not affection/affection, liking/disliking, and positive regard/negative regard word pairings. The measures for affiliation were reliable across the affiliation scenarios (α = .93, *M* = 25.61, *SD* = 8.75). Involvement was assessed using engaged/withdrawn, involved/uninvolved and disinterested/interested word pairings. The measures for involvement were reliable across the affiliation scenarios (α = .94, *M* = 23.05, *SD* = 9.72.). For all word pairings all negative scores were adjusted to be positive, so that higher numbers indicate greater relevance of the frame. For affiliation scenarios, to compute a total score for the affiliation frame, an average for the recoded responses for the three specific affiliation word parings were calculated for each participant. The same was then done for the three word pairings for dominance and involvement in the affiliation scenarios.

***Ambiguous scenarios.*** Ambiguous scenarios were neither representative of the affiliation or dominance frame, rather they were ambiguous meaning they should have been seen as neutral statements. These scenarios comprised of, “Do you have enough money for dinner?”, “I like the way you look in the other shirt better”, “Let’s go to the movies on Friday”, “Who are you texting?”. After each ambiguous scenario, nine word pairings were given and the participant had to pick the relevance of each word in the pairing. The pairings to measure dominance were submissive/dominant, influence/comply and yielding/controlling. The measures for dominance were reliable across the ambiguous scenarios (α = .89, *M* = 18.07, *SD* = 8.93). Affiliation was measured using not affection/affection, liking/disliking, and positive regard/negative regard word pairings. The measures for affiliation were reliable across the ambiguous scenarios (α = .89, *M* = 21.14, *SD* = 8.53). Involvement was assessed using

engaged/withdrawn, involved/uninvolved and disinterested/interested word pairings. The measures for involvement were reliable across the affiliation scenarios ($\alpha$ = .88, *M* = 18.41, *SD* = 8.58.). For all word pairings all negative scores were adjusted to be positive, so that higher numbers indicate greater relevance of the frame. For ambiguous scenarios, to compute a total score for the involvement frame, an average for the recoded responses for the three specific involvement word parings were calculated for each participant. The same was then done for the three word pairings for dominance and affiliation in the ambiguous scenarios.

The measures have been shown to be reliable in previous research, dominance ($\alpha$ = .76), affiliation ($\alpha$ = .66), and involvement ($\alpha$ = .67) (Dillard et al., 1996). The changes to the scale increased the reliability more, most likely due to the simplification of the relevance judgments, dominance ($\alpha$ = .92, *M* = 56.34, *SD* = 21.37), affiliation ($\alpha$ = .92, *M* = 67.14, *SD* =19.91) and involvement ($\alpha$ = .94, *M* = 60.48, *SD* = 22.38) across all scenarios.

**Posttraumatic Stress Measure**

Once the relational framing portion was completed, the participants were then asked to fill out a version of the posttraumatic stress disorder checklist-military (Weathers et. al, 1993). The PTSD Checklist-Military (PCL-M) is a Likert-type checklist of 17 items (e.g. intrusive recollection, flashbacks, memory loss, sleep difficulty, anger, etc) assessing PTSD symptoms derived from the DSM and each item relates to criteria for the PTSD diagnosis (Weathers et al., 1993). Respondents rated each item from 1 (“not at all”) to 5 (“extremely”) to indicate the degree to which they perceived their loved one was bothered by that particular symptom. The original PCL-M had participants rate their

symptoms over the past month, however, for this study to get a bigger picture, and gain a better understanding of their loved one, the participants were asked how often their loved one experienced these symptoms in the year before their death. The survey for this particular study stated, "Please indicate how many times *you perceived your loved one* was bothered by each particular symptom in the last year of their life" and circle the frequency on a 1 to 5 scale (1= not at all, 5 = extremely). Traditionally the answers are summed to create a total score. A total score of 50 or above is considered PTSD for the cut off for the military population (Weathers et al., 1993). For this population the total score was also 50 ($M$ = 55.25, $SD$ = 19.55).

The measure assessed three different dimensions of PTSD: intrusion, constriction and hyper vigilance. Intrusion was measured using items 1 through 5 on the PCL-M, (e.g. recurrent thoughts, disturbing dreams, physical reactions). Constriction was measured using items six through 12 on the PCL-M, (e.g. avoiding thoughts and activities, loss of interest, feeling distant). Hyper vigilance was measured using items 13-17 on the PCL-M (e.g. hyper vigilant, irritability/anger, easily startled; See Appendix C for full measure). Previous research for the total PCL-M checklist proved to be reliable ($\alpha$ = .97) and each subscale was reliable as well ($\alpha$ = .92–.93) (Norris & Hamblen, 2003). The reliability for this study was consistent with previous research as well with the total PCL-M scale ($\alpha$ = .95, $M$ = 55.25, $SD$ = 19.55) and each with each subscale (intrusion: $\alpha$ = .95, $M$ = 15.94, $SD$ = 6.72; constriction: $\alpha$ = .87, $M$ = 21.76, $SD$ = 8.02; hyper-vigilance: $\alpha$ = .87, $M$ = 17.29, $SD$ = 6.02 ). To test hypothesis an average score for each subscale including, intrusion, constriction and hyper-vigilance was used.

The participants were then asked if their loved one had a clinical diagnosis for PTSD; only 36% of the total population had a clinical PTSD diagnosis. An actual diagnosis was expected to be low because most do not want the stigma related to a PTSD diagnosis, so they do not seek professional help (Hoge, 2006).

**Intimate Partner Violence Measure**

A revised version of the Conflict Tactics Scale (Straus, 1996) was used to measure IPV. The instructions to the participant stated, "please estimate how often your loved one was the initiator of the following acts toward you or their romantic partner in the last year of their life." Since the participants could have been intimate partners, parents, siblings or other, they were then asked if they were responding to the survey as the intimate partner (i.e., "you") or if they were responding about their loved one's intimate relationship (i.e., "partner"). Participants indicated the frequency with which each item occurred on a 1 to 5 scale (1 =never, 5 = very often, once a week). The scale measured degree of negotiation (e.g., "partner explained their side of argument," "suggested compromise"), psychological violence (e.g., "threatened to hit or throw something at partner", "insulted, swore or shouted at partner"), and physical violence (e.g., "slapped partner", "choked partner"). See Appendix C for full measure.

To protect participants, sexual violence was removed from this survey due to the already sensitive nature of this population. Items were summed to give each participant a total IPV score. Previous research has shown this scale to be reliable (negotiation: $\alpha$ =.86; psychological aggression: $\alpha$ = .79; physical assault: $\alpha$ = .86; and injury: $\alpha$ = .95; Straus et al., 1996). The overall scale was reliable when used for this study ($\alpha$ =.86), as were all subscales (negotiation: $\alpha$ =.65, $M$ = 19.05, $SD$ = 4.7; psychological: $\alpha$ = .92, $M$ =

17.54, *SD* = 8.32; physical: α = .93, *M* = 22.57, *SD* = 8.2; injury: α = .74, *M* = 6.3, *SD* = 2.22).

**Analysis**

To begin, the data was reverse coded for the dominance, affiliation and control measures for each of the scenarios. The participants answered the survey on a -3 to 3 scales. Whether they answered -3 or 3, the participant saw that frame as equally relevant. Because of this, all of the -3, -2 and -1 answers were recoded to be 3, 2 and 1, with 0 remaining "not relevant." This change gives a total range for the dominance, affiliation, and control measure to be answered between 0 (not at all relevant) and 3 (very relevant). The IPV subset of negotiation was also reverse coded. The participants had to answer how their partner negotiated with them by answering 1 "never" to 5 "very often". So, if a person were high in negotiation they would have a lot of 5 answers, meaning they were a great negotiator. Negotiation is a positive trait, so unlike the rest of the IPV scale, 5 answers actually mean they are low in that subset of IPV, therefore the items needed to be reverse coded to stay consistent with the rest of the IPV measure. The answers were reversed, 1, 2, 3, 4, 5 answers were recoded to 5, 4, 3, 2, 1, in that order. Resulting in 1 representing a high negotiator (very often), to 5 representing a low negotiator (never).

Before testing hypotheses, a Crohnbach's alpha reliability test was used to examine the reliabilities among measures for H2 and H3. Table 1 shows the reliabilities of each measure: dominance, affiliation and involvement, against all of the control, affiliation and ambiguous scenarios.

Table 1

*Dominance, Affiliation & Involvement Reliabilities Across All Scenarios*

| | Compliance Scenarios | Affiliation Scenarios | Ambiguous Scenarios | All Scenarios |
|---|---|---|---|---|
| Dominance | .80 | .94 | .88 | .93 |
| Affiliation | .86 | .92 | .89 | .93 |
| Involvement | .82 | .93 | .87 | .94 |

Reliabilities of the measures fall between .80 and .94; thus, consistently reliable across the control, affiliation and ambiguous scenarios. As such, all items were retained and averages of the items comprising each measure of dominance, affiliation, and involvement were calculated to create the variables for the tests of hypotheses. Next, IPV was examined for reliability. Due to the low number of responses to question #22, (used knife or gun on you/partner) and question #25 (burned or scaled you/partner on purpose) they were removed from the physical assault subset and total IPV score for analysis. Table 2 shows the Crohnbach's alpha reliabilities for each subset of IPV and the total score.

Table 2

*Intimate Partner Violence Reliabilities*

| | Negotiation | Psychological Aggression | Physical Assault | Injury | All Subsets |
|---|---|---|---|---|---|
| IPV | .65 | .91 | .95 | .75 | .89 |

Although the reliability was low for negotiation, there was not a specific item that could be removed to increase the reliability. Thus, an average of each subset of IPV was used to test the hypotheses. Finally, a Crohnbach's alpha reliability test was used to examine the reliability of the overall PTSD measure and for each subset of the PTSD measure.

Table 3

*Posttraumatic Stress Disorder Reliabilities*

| | Intrusion | Constriction | Hyper-Vigilance | Total |
|---|---|---|---|---|
| PTSD | .93 | .87 | .87 | .95 |

Reliabilities for each of the PTSD subscales were acceptable; therefore this measure will be collapsed to give a total PTSD score for each participant to test the hypotheses.

Once reliabilities were established, the researcher looked for scenario differences on the measure of dominance, affiliation and involvement. To do this, a GLM repeated measures within-subject effect model was used to see if the scenarios themselves impacted the participant's responses. First, there was a test with the dominance measure against each compliance scenario and found no significant difference. Second, the affiliation measure was tested against each affiliation scenario and found no statistical difference. Finally, dominant and involvement measures were tested against each ambiguous scenario and no statistical significance occurred for either measure within those scenarios.

Table 4

*GLM Within-Subject Effect Model Between Measures and Scenarios*

| | Compliance Scenarios | | Affiliation Scenarios | | Ambiguous Scenarios | |
|---|---|---|---|---|---|---|
| | *F* | *p* | *F* | *p* | *F* | *p* |
| Dominance | 1.35 | .26 | -- | -- | 1.37 | .26 |
| Affiliation | -- | -- | .72 | .54 | -- | -- |
| Involvement | -- | -- | -- | -- | .40 | .75 |

*p < .05, one-tailed

There were no significant scenario differences so each measure for each variable was collapsed to test the hypotheses.

Next, possible covariates were tested. A zero-order correlation analysis of demographic variables including age, gender, branch of service, relationship status, and cohabitation status examined if there was a correlation between those items and the influence of PTSD, dominance, affiliation and involvement.

Table 5

*Correlations of Age, Gender, Branch & Relationship Status to Variables*

| | Dominance | Affiliation | Involvement | PTSD | IPV |
|---|---|---|---|---|---|
| Age | .12 | -.07 | .05 | .23 | .12 |
| Gender | .01 | .01 | .17 | .68 | .87 |
| Branch | .10 | .80 | .86 | .17 | .47 |
| Relationship Status | .61 | .75 | .34 | .82 | .72 |

*p < .05, two-tailed

There were no significant correlations between age, gender, branch of the military, relationship status and the variables. Therefore, there are no covariates to account for in the analysis.

Another preliminary examination assessed the relationship between the PTSD and IPV variables along with judgments of compliance, affiliation and involvement. There was only one significant correlation to IPV when using the total score, so the IPV variable was broken down into subsets. Table 6 shows the significant correlations between these variables.

Table 6

*Correlations between Independent and Dependent Variables*

| | Compliance | | | Affiliation | | | Ambiguous | | |
|---|---|---|---|---|---|---|---|---|---|
| | Dom | Affil | Involv | Dom | Affil | Involv | Dom | Affil | Involv |
| PTSD | .28 | .30* | .35* | .17 | -.23 | -.15 | .35* | .12 | .08 |
| Total IPV | .26 | .36* | .21 | .11 | .02 | -.04 | .17 | .01 | -.11 |
| Negotiation | .16 | .14 | .11 | -.07 | -.34* | -.18 | -.95 | -.05 | -.18 |
| Psychological | .28 | .37* | .21 | .04 | -.15 | -.15 | .16 | -.01 | -.17 |
| Physical | .25 | .36* | .30 | .04 | -.06 | -.04 | .09 | .04 | -.11 |
| Injury | .33* | .24 | .24 | .09 | .05 | .03 | .12 | -.10 | -.12 |

*p < .05, two-tailed

There was a significant correlation between PTSD and the affiliation and involvement measures in the compliance scenarios and with the dominant measures in the ambiguous scenarios. There was a significant correlation between total IPV score, psychological

aggression, and physical assault and the affiliation measures in the compliance scenario. There was also a significant correlation between negotiation and affiliation in the affiliation scenarios. Finally, there was a significant correlation between injury and dominance measures in the compliance scenarios.

**Results**

To test H2, partial correlations indicated that PTSD was not significantly correlated with dominance ($r$ = .21, $p$ = .25, *ns*), affiliation ($r$ = .07, $p$ = .71, *ns*) or involvement ($r$ = -.01, $p$ = .95, *ns*). H2 was not supported.

Partial correlations were examined to test H3. Given the preliminary analyses, the four IPV categories were tested instead of a total IPV score. Physical IPV was positively correlated with dominance ($r$ = .41, $p$ = .04) and psychological IPV was positively correlated with dominance ($r$ = .38, $p$ = .06). Though injury IPV was not correlated with dominance, it was trending toward significance ($r$ = .33, $p$ = .10, *ns*). Negotiation IPV was not significantly correlated with dominance ($r$ = -.17, $p$ = .41, *ns*). Finally, there was no significant correlation between any of the IPV measures and involvement (physical: $r$ = .06, $p$ = .80, *ns*; psychological: $r$ = .14, $p$ = .49, *ns*; negotiation: $r$ = -.17, $p$ = .42, *ns*). H3 was partially supported for dominance.

# Chapter 4: Discussion

The current research takes preliminary steps toward better understanding the association between PTSD and IPV in military relationships, through a communication perspective. In Study 1, an analysis of retrospective statements from returned services members showed that mentions of PTSD did not lead to more mentions of dominance over affiliation. Study 2 analyzed data from 50 loved ones of military service members, and it was shown that as PTSD symptoms increased, the relevance of the dominance and involvement frame was not more relevant than the affiliation frame. Meaning, the military member did not see scenarios as more dominant than affiliative as their PTSD symptoms increased. It was also shown that as experience with IPV increases, the relevance of the dominance frame and involvement did not increase except in cases of physical and psychological IPV. Physical and psychological IPV was positively correlated with the dominance frame. The theoretical and methodological implications of these results are discussed.

## Study 1: PTSD, Dominance and Affiliation

PTSD is an anxiety disorder that may occur following exposure to a terrifying event and includes symptoms of hyperarousal, intrusion, and constriction. (Herman, 1992; U.S. Department of Veterans Affairs, 2008). The original Knobloch (2010) study analyzed different communication behaviors and topics of communication when soldiers were deployed compared to when soldiers returned home. The current study however, was specifically looking at PTSD in relation to dominance and affiliation within the

previous Knobloch data and as a result, H1 was not supported. According to Hodge (2004), of the soldiers with PTSD, 38%-45% do not acknowledge or seek treatment for their disease. So, when the military members were discussing their communication behaviors and topics while deployed and then while at home, their PTSD may not have been mentioned, due to lack of realization from the solider himself/herself that the disease is even occurring. They, therefore, do not see their PTSD as an issue, or recognize its impact, so they do not mention PTSD or its symptoms in the survey.

It is likely H1 was also not supported due to the evolving nature of PTSD. Previous research suggests that PTSD and the symptoms that go along with the disease can increase overtime, or may have a delayed onset until 6-12 months after deployment (Andrews, Brewin, Philpott, & Stewart, 2007). Since these particular soldiers in Study 1 were asked about their conversation topics while deployed, and right at the six month time frame, the full extent of their disease may not have been reached, or they may not have shown any symptoms that could have influenced their behavior with their loved one. These factors could have led to the low mentions of PTSD, dominance and affiliation in the original study.

**Study 2: PTSD, IPV, Dominance, Affiliation and Involvement**

H2 and H3 were also not fully supported, but likely for different reasons. The participants were asked to recount interactions with their deceased loved ones. Although there are various approaches to dealing with grief (Kubler-Ross, 1969; Martin, 1997; Satir, Banmen & Gamori, 1991) there is one approach specifically that deals with relational maintenance of the deceased. Worden's (2002) last task of mourning is to create a new relationship with the deceased in order to process the loss and move

forward. This new relationship allows the person to continue the relationship by acknowledging their history together, their continued love for the person, and their memories of the loved one (Worden, 2002). Many of the participants in the study could have had this continual relational approach towards their loved one, feeling as if their relationship did not end. This type of approach could have resulted in a halo effect, or an overall positive evaluation bias of their loved one (Thorndike, 1920). Specifically, the engulfing aspect of the halo effect, where overall ratings are skewed by an overall impression, may have taken place in Study 2 (Cooper, 1981). Quite often, when a service member dies, whether it is in battle or at home, they are regarded as "heroes" which is a positive evaluation. Since they were soldiers, therefore heroes, the participants could have seen them in a positive light and then rated all of their actions as being positive as well, whether this was accurate or not. If the halo effect was taking place with some of the participants, then their answers for their reactions to the scenarios, their PTSD evaluations and their reporting of IPV could have been inaccurate.

Another reason that could contribute to the data not fully supporting H2 and H3 was that the study required participants to answer questions based on their loved one's perception. The Relational Framing Theory states that the relational frames are located in the minds of the interactants (their perception), not within the actual talk itself (Dillard et al., 1996). Since the loved one had already died, the participants were giving their perception of someone else's perception. This may have resulted in answers that were too far removed, or not accurate to the soldier's perspective, thus skewing the data.

Although the hypotheses were not supported, there was still relevant information in the open-ended question, "Is there anything else about your loved one, or your

particular situation that you would like the researchers to know?", during the survey that was useful in supporting the direction of this research. As one participant stated:

> When he came back from deployment it was like it was just a body and nothing else was inside. He had a blankness in his eyes. He had delusions of things that were not a reality. He lost his ability to love anyone or anything.

This military member was showing clear signs of PTSD, and the delusions he exhibited could have altered his perception of communication interactions with his loved one, leading them to view the dominance frame as more relevant than the affiliation frame.

The last hypothesis in Study 2 asserted that as experience with IPV increases, the relevance of the dominance and involvement frame would also increase. While it was not fully supported, it did have partial results as predicted. Physical and psychological IPV were positively correlated with the dominance frame. Meaning, as experience with physical and psychological IPV increased, the relevance of the dominance frame increased as well. This aligns with previous demand-withdraw research. Demand-withdraw occurs when one partner in the relationship asks, or demands, the other partner to change part of their behavior, the other person withdraws and refuses to discuss the issue (Christensen & Heavey, 1990). Typically the woman demands and the man withdraws, except for relationships where IPV is occurring (Caughlin & Vangelise, 2006; Fournier, Brassard, & Shaver, 2011). Specifically couples that reported male psychological and physical violence have a higher prevalence of the man demanding and the woman withdrawing (Babcock, Waltz, Jacobson, & Gottman,1993). As the male service member perception of dominant scenarios increases, the likelihood of him providing a violent response also increases.

Injury IPV was not directly correlated with dominance; however, it was trending toward significance ($p < .10$). This is consistent with current data relating to IPV and injuries. According to the National Institute for Justice, approximately 2.5 million injuries occur annually as a result of IPV, and 28% of those injuries will require medical treatment (Tjaden & Thoennes, 2000). Interestingly, negotiation was not correlated with dominance, which is consistent with previous research. Partners who have effective communication skills are less likely to resort to violence compared to partners with poor communication skills, especially during discussion of high-conflict topics (Ronan, Dreer, Dollard, & Ronan, 2004; Babcock et al., 1993).

Finally, as IPV increased, the level of involvement did not increase. The two variables had no effect on one another. This could have occurred due to the constriction aspect of PTSD. Involvement is the degree to which two people are engaged with each other or involved in a conversation (Dillard et al., 1996). If a service member is experiencing constriction, their symptoms could include the inability to experience pleasure, estrangement from others, and the loss of interest in activity. It is likely that if they were suffering from heavy constriction, then they would be less involved due to the symptoms of their PTSD, thus explaining the lack of involvement shown in this study.

There were a few surprising results in Study 2. First, an alarming 14% of the service members had never been deployed to a combat zone. This was consistent with a 2013 report from the Department of Defense that also revealed that of the service members who completed suicide from 2008-2012, only 47% reported a history of deployment in support of Operation Enduring Freedom, Operation Iraqi Freedom and/or Operation New Dawn. The same group also revealed only 57% reported history of *any*

deployment during their time in the service. Second, 50% of the military members described in Study 2 were under 25 years of age. The national suicide average for this age range was 11.45 suicides per 100,000 (CDC, 2015), whereas the military members were 24.6 suicides per 100,000 (DoDSER, 2013) during the same time period. Although this does not show a causal relationship between entering the military and suicide, it does show a correlational relationship between military service and suicide. According to the Department of Defense (2011), there are only two medical history reports recruits must complete before moving forward in the recruitment process, the DD-2807-1 and DD-2807-2. Of the nearly 100 questions asked on these forms, only 4 "yes" or "no" questions directly ask anything related to mental illness: received counseling of any type; depression or excessive worry; been evaluated or treated for mention condition and attempted suicide (DoD, 2011). Since there is no formal psychological evaluation before entering the service, it is likely while also considering the results of Study 2, there is something occurring within the military mindset alone, not the actual combat, that could lead to an increased rate of suicide.

**Limitations and Future Research**

Limitations will influence ideas for future research. In Study 1, the responses were much shorter than originally anticipated; thereby resulting in much fewer mentions of the variables than originally expected. This probably occurred because this was a secondary analysis of responses embedded in a larger survey and responses were to questions that did not directly ask about PTSD and its effect on relational framing in their current relationship (Knobloch, 2010). Future research should ask soldiers about PTSD and their communication issues/topics while deployed, 6 months after returned, and 12

months after returned to get a full complete picture of the illness and how it impacts their communication with their intimate partner.

In Study 2, the lack of participants, resulting in low statistical power, could be an explanation for these results. Power is the probability of finding an effect when an effect exists. In order to do that for Study 2, there should have been between 120-130 participants. Since there were only 50 participants, a type 2 error more than likely occurred, but the only way to know would be to test with more people. A snowball sample was used to conduct study 2, which was beneficial because this particular population was hard to reach, yet had the limitation of not leading to representative samples of the entire military, just members with PTSD who completed suicide.

A more ideal approach would be to use mixed methods research, either with a survey and physiological data, or an experiment and a survey. A researcher could create a safe situation that triggered a PTSD response in the service member and then make them interact with their loved one. Partners would then fill out a survey where the service member would evaluate actual PTSD level and the loved one would evaluate perceived PTSD level. The scenarios would then be given to both partners to analyze dominance, affiliation and involvement. Another interesting approach would be to get living military members with PTSD to fill out the survey from Study 2 and then do a t-test with the current data to compare the similarities and differences among the answers.

Although 142 people attempted the survey for Study 2, only 50 completed the survey in its entirety. Seventy-five percent of participants completed the demographics and terminated the survey once they had to start answering questions about their loved one. Only 40% of participants completed the scenario questions and only 35% of the 142

participants completed the entire survey. The various reasons this could have occurred will now be discussed.

The survey itself could have been too confusing when it got to the relational framing measures. Although the researcher tried to make the instructions as clear as possible, it had the potential to be confusing to the population recruited for survey. A U.S. Department of Defense report (2004) showed that most new recruits enter the military having obtained a high school diploma or higher; however, about 10% of recruits did not have a high school diploma upon enlisting. Previous education research suggests that children usually reach the same level of education as their parents (Dubow, Boxer, & Huesmann, 2009; Haveman & Wolfe, 1995). Since education levels were not included in the demographics of this study for the participants or the service members, we could possibly gather from previous research that some participants may not have understood the survey due to their level of education, thus resulting in a high drop out rate at the relational framing scenarios.

One participant included in his/her open-ended question that the questions did not directly relate to the type of relationship she had with her loved one:

> I found this survey very difficult to fairly [*sic*] answer, for a number of reasons. After the sliding scale section, it assumes that I was either living with or close to my loved one, and does not offer an "I don't know" response. I chose the middle button to represent "I don't know." My son was still active in the military, and was not living near me at the time he died. Therefore, I was not around him more than a few times during the last year of his life. After he divorced his wife, she and I never spoke about how he was during the last year of his life, so I can't answer

> any of the "partner" questions. There is a big difference between "rarely/once" and "2x/mo" when you are talking about the last year of someone's life. If something happened twice or three times in a year, how would one respond? It appears to me that this questionnaire was written with a certain type of living relationship in mind, and I'm not sure I fit the situation well.

If the parent was not living with the child at the time of death then it could be very difficult to answer the scenario questions accurately, leading to a higher drop out rate of participants other than spouses.

Previous research has mainly focused on deployed or returned veterans (Hodge et. al., 2004; Knobloch & Theiss, 2012, Soloman, 2008; Tanielian & Jaycox, 2008). However, due to the alarming rate of service members completing suicide without seeing battle, future research looking into reasons why a person could experience PTSD without entering theater should be conducted. Fifty percent of the military members described in Study 2 were under 25 years in age. Future research should address the mental capabilities of these young men and women and possibly make changes to the age minimum required for recruitment. The military could also require more pre-trauma and post-trauma care to this age range, since statistics show they are the most volatile.

In recent years, the Veterans Administration has recognized the importance of therapy not just for the veteran suffering with PTSD, but for the couple and their family as well. The veterans themselves are starting to view PTSD as a source of family stress and a recent study showed that 79% of veterans desired greater family involvement in their PTSD treatment (Batten, S. V., Drapalski, A. L., Decker, M. L., DeViva, J. C., Morris, L. J., Mann, M. A., & Dixon, L. B. (2009). The number one reason the VA wants

to include significant others in PTSD treatment is the notion of "three for one" results, meaning, if you improve PTSD symptoms, you will improve relational functioning, which then improves partner functioning (Monson, 2013; Taft, 2010). The "Strength at Home" (SAH) program was designed in 2010 to treat intimate partner aggression perpetration among military veterans and active duty service members. There are four stages in the SAH training and various skills on pyschoeducation, conflict management, coping strategies and communication are discussed. Some of the techniques currently being used by the VA are valuable, while others need some revision after taking into account the results of this study.

The "Strength at Home" (SAH) program was designed in 2010 to treat intimate partner aggression perpetration among military veterans and active duty service members. There are four stages in the SAH training and various skills on pyschoeducation, conflict management, coping strategies and communication are discussed. The purpose of the program is anger management focused intervention for those who have recently engaged in IPV in the past 6 months to a year. One improvement that could be made to this program would be to involve all veterans with PTSD in this program *before* they engage in IPV. With the growing amount of violence among veterans this should be used as a preventative measure instead of a treatment measure once an IPV episode has occurred.

One of the first skills taught to veterans is learning recognize the signs that an anger or aggressive episode is about to occur. They do this by implementing practice sessions for the veterans because veterans with PTSD often think they explode out of nowhere. Through this program they are being taught that there are certain physiological

responses to look for, such as an elevated heart rate, or sweating can occur. The VA posits that if they can recognize an anger episode occurring they are more likely to constructively handle the situation before it escalates. This education could help lead them to recognize the mind-body connection that is occurring during an aggressive episode. If they are feeling the effects of anger physiologically, then they could also be taught that they may not be thinking clearly as well. Therefore, if they start to recognize physical symptoms they could also be taught that the might be perceiving messages as dominant when they are not. If they have this education then they may believe their spouse if the spouse tells them they aren't thinking clearly. They will look at their physical symptoms as a sign that their mental reactions could really be off as well. The positive result would be that the veteran would trust their spouse more if they were being told their perception of the conversation is off, if they could compare the mental symptoms to the physical symptoms to confirm or contradict their spouses reaction.

The biggest component of the SAH program is to implement "timeouts" to deescalate difficult situations. The veterans are taught to write out a detailed plan on how to take a break, where to go, what to do, how long and when to end the break (Taft, 2010). At first, this seems like a very productive plan for deescalating the situation, however, the results from this study have shown that as the level of dominance increases, the level of physical and psychological violence also increases. Therefore, they need to be very clear on who in the relationship calls for the timeout. If the veteran with PTSD is already in a conflict situation and does not call a time out and the spouse says "I think you need to use your timeout", it could have the potential to make things worse. The veteran could perceive this dominant statement as a threat or an insult in their judgment

and could escalate the situation even more, instead of deescalating, therefore potentially resulting in an increase of physical and psychological IPV instead of a decrease.

One modification of the timeout plan could be to have the non-PTSD spouse create a timeout plan of their own, OR have a combined couple timeout plan. That way in the middle of a conflict episode the non-PTSD spouse could say "I am using my time out plan" or "I am implementing OUR time out plan". This adopts the use of "I" language instead of "you" language and the veteran suffering from PTSD would be less likely to see that request as a dominant one, compared to the previous example, because the non-PTSD spouse is putting the responsibility on themselves instead of the veteran with PTSD. This change would align with this study that showed that an increase in dominance resulted in an increase of IPV behaviors. If you reduce the dominant statements, you could potentially reduce IPV behaviors.

Another improvement to their program could be to add a lesson in communication between the veteran and their spouse regarding their conflict styles. If the Veteran is being combative with their spouse and implementing a very competitive conflict style, the spouse should be taught to use an accommodating conflict style until the Veteran has calmed down and is thinking more clearly. Once they are no longer in a conflict episode the couple can go back and readdress the issues and attempt to use a collaborative conflict style to resolve their issues. However, while they are in a conflict episode and the Veteran is expressing anger and aggression, the collaboration style would not be able to be used because it will be hard for the Veteran to compromise or come up with other solutions to their problems with their spouse. The spouse attempting to respond using any

other style but accommodating could be seen by the Veteran as dominating and lead to further aggression instead of resolution.

Veterans are also taught to improve their listening skills and clarify with partners what they are saying by reflecting back what they said in different words to show they really understand the meaning of what their partner is trying to convey (Taft, 2010). This is excellent skill to master specifically with Veterans suffering with PTSD. If they interpret a statement that is ambiguous or neutral as dominant, they can repeat back what they heard to the spouse and the spouse can immediately clarify the statement before the conversation escalates.

The VA also states that Veterans get angrier when a spouse brings up the specific trauma that caused their PTSD (Taft, 2010). The SAH program suggests that the spouse does not ever bring up the specific trauma and should only discuss it with the Veteran if the Veteran brings it up. This research would further add that the spouse should be careful in engaging with the Veteran about the specific trauma until they are certain that the Veteran wants feedback. The Veteran could just be venting and trying to process their situation by talking it through, but that does not necessarily mean they want their spouses feedback. Giving feedback or engaging in the conversation could be seen as a dominant behavior which could potentially lead to an outburst from the Veteran, so be cautious before engaging.

Last but not least, if the following techniques from SAH do not work the spouse can separate themselves from the situation until things have calmed down. If this approach does not work and the spouse continuously considers himself or herself to be in danger, they should safely leave the relationship.

## Conclusion

The goal of this study was to look at the relationship between posttraumatic stress disorder and intimate partner violence through the relational framing lens. Specifically, the researcher posited that the effects of PTSD symptoms on the veteran's perception would change the way the veteran framed a relationship with a romantic partner. Though the hypotheses were not fully supported, discoveries were made showing a positive relationship between physical and psychological violence to the dominance frame within this military sample. This thesis brings researchers closer to understanding the complex nature of this disease and how it influences communication behaviors between the service members and their families. Although the current Global War on Terror is coming to an end, there are still 15,000 troops deployed in conflict zones. Unless there is a significant shift in the post-deployment reintegration of these service members, the residual effect of PTSD from this war will be felt among family members for decades to come.

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Appendix A
Recruitment Methods

*Email:*

Dear Participant,

I am a graduate student under the direction of Dr. Jennifer Samp in the Communication Studies department at the University of Georgia. I am conducting a research study to evaluate different messages used between military members and their loved ones and how that further impacted their relationship. I am looking for volunteers to fill out a brief survey!

I am recruiting subjects over the age of 18 to fill out a brief survey regarding their relationship with their service member which will take approximately 20 minutes. Your participation in this study is voluntary and you can choose not to participate or to withdraw from the study at any time.

**How to Take the Survey**
To access the Consent and the survey online, click the URL below.

https://ugeorgia.qualtrics.com/SE/?SID=SV_b7x9dRDAhdw57mZ

Thank you for taking the time to participate in this research effort.

Sincerely,
Brittany Brown
bkbdawg@uga.edu

Additional questions or concerns about your rights as a research participant should be directed to The Chairperson, University of Georgia Institutional Review Board, 629 Boyd GSRC, Athens, Georgia 30602; telephone (706) 542-3199; email address irb@uga.edu

*Message posted to numerous Facebook pages including private walls, Gold Star Moms, Gold Star Families, 22 Too Many, IAVA, Out of the Darkness and Stop Military Suicide:*

If you have had a friend or family member complete suicide after serving in the military please read this post! I am reaching out to see if you would mind filling out a brief survey about your experience. It is completely anonymous and should only take about 20 minutes to complete. The ultimate goal of this project is to take the steps in preventing military suicide. Thank you so much in advance for taking the time to help me with this.

If you have a friend or family member who has completed suicide after serving in the military, please take this survey.

*Private Messages via Facebook to Military Suicide Survivors:*

Hello fellow [organization that works with military families] friend! My name is Brittany Brown and I lost my brother to suicide in 2006. I am currently in grad school studying communication patterns between soldiers and their loved ones and I am reaching out to see if you would mind filling out a brief survey about your experience. It is completely anonymous and should only take about 20 minutes to complete. The ultimate goal of this project is to prevent others from experiencing the same loss we've had. Thank you so much in advance for taking the time to help me with this.

Hi [suicide survivor known by researcher]! As you might remember from our conversations in November, I am currently in grad school studying the communication patterns between soldiers and their families and how PTSD may or may not effect those patterns. I have FINALLY been given permission to launch the survey and was wondering if you two could fill it out for me? It will take about 20 minutes and it is completely anonymous. I will see answers but I will have no idea who they're tied too. Also, if you could pass it along to other military suicide survivors I would really appreciate it. Hopefully this will give me some insight so I can implement some changes in the future to hopefully prevent any other families from going through what we went through. Please let me know if you have any questions.

Appendix B
Consent Form

I agree to take part in a research study titled "PTSD and Relationships" which is being conducted by Brittany Brown and Dr. Jennifer Samp from the Department of Communication Studies at the University of Georgia (phone: 706-542-4839). My participation in voluntary; I can refuse to participate or stop taking part at any time without giving any reason, and without penalty or loss of benefits, to which I would be otherwise entitled.

The purpose of this study is to get my feedback about some common comments that occur between loved ones. Some of these comments may be relevant and/or experienced with my loved one, some may not. The researchers want my feedback about my own experience to see if these messages were relevant in my relationship with my loved one a year prior to his or her death. I will be asked to fill out a brief questionnaire following each statement, along with some questions about my demographics and myself. Combined with other questionnaires, an analysis will be done to see if there are connections between posttraumatic stress disorder, relational framing and intimate partner violence. While I will not benefit directly from this research, the research may increase my understanding of my relationship with my loved one and will contribute to better understanding relational messages and potential intimate partner violence in military relationships.

If I volunteer to take part in this study, I will be asked to do the following things, which should take approximately 20 minutes:

- I will complete a brief survey which will ask me about my loved one, some general information about myself, and some questions about my experiences with my loved one up to a year before death. I will also be asked to give feedback about some common statements that occur in relationships.

While no risks are anticipated, it is possible that thinking about my loved one may be slightly uncomfortable or stressful. I can skip any questions that I don't wish to answer.

Please note that Internet communications are insecure and there is a limit to the confidentiality that can be guaranteed due to the technology itself. However, once the materials are received by the researcher, standard confidentiality procedures will be employed. The researchers will not collect any individually identifiable information. The answers I provide are anonymous and will be kept confidential and retained by the researcher for three years. The only people who will know that I am a research participant are members of the research team.

The researchers will answer any further questions about the research, now or during the course of the project, and can be reached by telephone at 706-542-4839 or by email at bkbdawg@uga.edu or jasamp@uga.edu .

I understand the procedures described above. My questions have been answered to my satisfaction, and I agree to participate in this study. I understand that I can print a copy of this form.

By completing this questionnaire, I am agreeing to participate in the above described research project.

*Additional questions or problems regarding your rights as a research participant should be addressed to The Chairperson, Institutional Review Board. University of Georgia, 629 Boyd Graduate Studies Research Center, Athens, Georgia 30603: Telephone (706) 542-3199: E-Mail Address IRB@uga.edu*

# Appendix C
# Questionnaire

## PTSD and Relationships

This questionnaire is given to you as a part of a research project being conducted by a graduate student at The University of Georgia, supervised by Dr. Jennifer Samp. It contains questions that are aimed to get your feedback about some common comments that occur between loved ones. Some of these comments may be relevant and/or experienced with your loved one, some may not. There are also questions aimed at getting feedback about your own experience to see if these messages were relevant in your relationship with your loved one a year prior to his or her death.

Projects such as this often tell us something important about human communication. The ultimate value of the project depends on the quality of the data you provide. Thus, we ask that you consider each question carefully and provide the most accurate answer that you can. Some of the questions may seem redundant. That is intentional. Nonetheless, please treat each question individually and answer it to the best of your ability

Thank you in advance for your help. We appreciate your participation in this project.

Instruction: Please describe ***yourself*** by answering the following questions.

What is your sex?.....Male(1)……Female(2)

How old are you?_____(please fill in)

With which of the following ethnic/racial categories do you identify? Circle all that apply

White/Caucasian (1) Asian descent (3) Other (5)_____
African descent (2) Hispanic descent (4)

Have you ever served in the military? Yes No If yes, what branch were you affiliated?

Air Force (1) Army (2) Navy(3)
Marines (4) National Guard (5)

What is your current relationship status?

Married (1) Casually dating (2) seriously dating (3)
engaged to be married (4) Single (5)

Were you living with your loved one in the year before they passed? Yes No

Please indicate the relationship between you and the loved one you will be referring to in this survey:

Spouse child sibling friend In-law other

Instruction: Please describe ***your loved one*** by answering the following questions

What was their sex?.....Male(1)……Female(2)

How old was your loved one on their last birthday?_____(please fill in)

With which of the following ethnic/racial categories did your loved one identify? Circle all that apply

White/Caucasian (1) Asian descent (3) Other (5)_____
African descent (2) Hispanic descent (4)

Which branch of the military was your loved one affiliated with?

Air Force (1) Army (2) Navy(3)
Marines (4) National Guard (5)

What was your loved ones relationship status before they passed?

Married (1) Casually dating(2) seriously dating(3)
engaged to be married(4) single (5)

Was your loved one living with an intimate partner at time of death? Yes No

This survey is focused on the communication between you and your loved one (service member) the year prior to his or her death. Please take a moment to think of them and different interactions, good, bad or neutral, that you had in the year prior to their death.

**Before beginning the survey, please read the following scenario below to gain a better understanding of "relevance" as it pertains to this particular survey.**
Imagine that you are getting ready for a block party in your neighborhood. You ask your best friend about appropriate attire for the party and they reply to your outfit: "I think you'll get too hot in that shirt." Your task is to judge the relevance of each word to making a judgment about the above statement.

| | | | | | | |
|---|---|---|---|---|---|---|
| ***Kind*** | | | ***NR*** | | | ***Mean*** |
| ***-3*** | ***-2*** | ***-1*** | ***0*** | ***1*** | ***2*** | ***3*** |
| ***Helpful*** | | | ***NR*** | | | ***Hurtful*** |
| ***-3*** | ***-2*** | ***-1*** | ***0*** | ***1*** | ***2*** | ***3*** |

Most people would say that the above statement would lean towards being kind instead of mean and being helpful instead of hurtful. Therefore, you would circle between -3 for very kind, to -1 for somewhat kind. Then you would do the same for hurtful. If however, you felt this statement was mean or hurtful you would circle between 1, for someone mean/hurtful to 3, for very mean/hurtful. If you do not feel the above statement describes either word you would circle the zero. Keeping this in mind, it is now time to begin the survey.

**Instructions:** For each of the sentences below, imagine saying these statements to your loved one in their last year of life. Please rate how you believe your ***loved one*** would perceive the message. Please rank the relevance of each word to each scenario by **circling** a number -3 to +3.

**Control**

*Quit going out with your friends all the time.*

| | | | | | | |
|---|---|---|---|---|---|---|
| ***Submissive*** | | | *NR* | | | ***Dominant*** |
| *-3* | *-2* | *-1* | *0* | *1* | *2* | *3* |
| ***Influence*** | | | ***NR*** | | | ***Comply*** |
| *-3* | *-2* | *-1* | *0* | *1* | *2* | *3* |
| ***Yielding*** | | | ***NR*** | | | ***Controlling*** |
| *-3* | *-2* | *-1* | *0* | *1* | *2* | *3* |
| ***Not Affection*** | | | ***NR*** | | | ***Affection*** |
| *-3* | *-2* | *-1* | *0* | *1* | *2* | *3* |
| ***Liking*** | | | ***NR*** | | | ***Disliking*** |
| *-3* | *-2* | *-1* | *0* | *1* | *2* | *3* |

| | | | | | | |
|---|---|---|---|---|---|---|
| ***Positive regard*** | | | ***NR*** | | | ***Negative regard*** |
| *-3* | *-2* | *-1* | *0* | *1* | *2* | *3* |
| ***Engaged*** | | | ***NR*** | | | ***Withdrawn*** |
| *-3* | *-2* | *-1* | *0* | *1* | *2* | *3* |
| ***Involved*** | | | ***NR*** | | | ***Uninvolved*** |
| *-3* | *-2* | *-1* | *0* | *1* | *2* | *3* |
| ***Disinterested*** | | | ***NR*** | | | ***Interested*** |
| *-3* | *-2* | *-1* | *0* | *1* | *2* | *3* |

*Quit yelling at me!*

| | | | | | | |
|---|---|---|---|---|---|---|
| ***Submissive*** | | | *NR* | | | ***Dominant*** |
| *-3* | *-2* | *-1* | *0* | *1* | *2* | *3* |
| ***Influence*** | | | ***NR*** | | | ***Comply*** |
| *-3* | *-2* | *-1* | *0* | *1* | *2* | *3* |
| ***Yielding*** | | | ***NR*** | | | ***Controlling*** |
| *-3* | *-2* | *-1* | *0* | *1* | *2* | *3* |
| ***Not Affection*** | | | ***NR*** | | | ***Affection*** |
| *-3* | *-2* | *-1* | *0* | *1* | *2* | *3* |
| ***Liking*** | | | ***NR*** | | | ***Disliking*** |
| *-3* | *-2* | *-1* | *0* | *1* | *2* | *3* |
| ***Positive regard*** | | | ***NR*** | | | ***Negative regard*** |
| *-3* | *-2* | *-1* | *0* | *1* | *2* | *3* |
| ***Engaged*** | | | ***NR*** | | | ***Withdrawn*** |
| *-3* | *-2* | *-1* | *0* | *1* | *2* | *3* |
| ***Involved*** | | | ***NR*** | | | ***Uninvolved*** |
| *-3* | *-2* | *-1* | *0* | *1* | *2* | *3* |
| ***Disinterested*** | | | ***NR*** | | | ***Interested*** |
| *-3* | *-2* | *-1* | *0* | *1* | *2* | *3* |

*You need to talk to me more.*

| | | | | | | |
|---|---|---|---|---|---|---|
| ***Submissive*** | | | *NR* | | | ***Dominant*** |
| *-3* | *-2* | *-1* | *0* | *1* | *2* | *3* |
| ***Influence*** | | | ***NR*** | | | ***Comply*** |
| *-3* | *-2* | *-1* | *0* | *1* | *2* | *3* |
| ***Yielding*** | | | ***NR*** | | | ***Controlling*** |
| *-3* | *-2* | *-1* | *0* | *1* | *2* | *3* |
| ***Not Affection*** | | | ***NR*** | | | ***Affection*** |
| *-3* | *-2* | *-1* | *0* | *1* | *2* | *3* |
| ***Liking*** | | | ***NR*** | | | ***Disliking*** |
| *-3* | *-2* | *-1* | *0* | *1* | *2* | *3* |
| ***Positive regard*** | | | ***NR*** | | | ***Negative regard*** |
| *-3* | *-2* | *-1* | *0* | *1* | *2* | *3* |
| ***Engaged*** | | | ***NR*** | | | ***Withdrawn*** |
| *-3* | *-2* | *-1* | *0* | *1* | *2* | *3* |

| | | | | | | |
|---|---|---|---|---|---|---|
| ***Involved*** | | | ***NR*** | | ***Uninvolved*** | |
| *-3* | *-2* | *-1* | *0* | *1* | *2* | *3* |
| ***Disinterested*** | | | ***NR*** | | ***Interested*** | |
| *-3* | *-2* | *-1* | *0* | *1* | *2* | *3* |

*You need to let me know where you're going!*

| | | | | | | |
|---|---|---|---|---|---|---|
| ***Submissive*** | | | *NR* | | ***Dominant*** | |
| *-3* | *-2* | *-1* | *0* | *1* | *2* | *3* |
| ***Influence*** | | | ***NR*** | | ***Comply*** | |
| *-3* | *-2* | *-1* | *0* | *1* | *2* | *3* |
| ***Yielding*** | | | ***NR*** | | ***Controlling*** | |
| *-3* | *-2* | *-1* | *0* | *1* | *2* | *3* |
| ***Not Affection*** | | | ***NR*** | | ***Affection*** | |
| *-3* | *-2* | *-1* | *0* | *1* | *2* | *3* |
| ***Liking*** | | | ***NR*** | | ***Disliking*** | |
| *-3* | *-2* | *-1* | *0* | *1* | *2* | *3* |
| ***Positive regard*** | | | ***NR*** | | ***Negative regard*** | |
| *-3* | *-2* | *-1* | *0* | *1* | *2* | *3* |
| ***Engaged*** | | | ***NR*** | | ***Withdrawn*** | |
| *-3* | *-2* | *-1* | *0* | *1* | *2* | *3* |
| ***Involved*** | | | ***NR*** | | ***Uninvolved*** | |
| *-3* | *-2* | *-1* | *0* | *1* | *2* | *3* |
| ***Disinterested*** | | | ***NR*** | | ***Interested*** | |
| *-3* | *-2* | *-1* | *0* | *1* | *2* | *3* |

**Affiliative**

*You look really nice today.*

| | | | | | | |
|---|---|---|---|---|---|---|
| ***Submissive*** | | | *NR* | | ***Dominant*** | |
| *-3* | *-2* | *-1* | *0* | *1* | *2* | *3* |
| ***Influence*** | | | ***NR*** | | ***Comply*** | |
| *-3* | *-2* | *-1* | *0* | *1* | *2* | *3* |
| ***Yielding*** | | | ***NR*** | | ***Controlling*** | |
| *-3* | *-2* | *-1* | *0* | *1* | *2* | *3* |
| ***Not Affection*** | | | ***NR*** | | ***Affection*** | |
| *-3* | *-2* | *-1* | *0* | *1* | *2* | *3* |
| ***Liking*** | | | ***NR*** | | ***Disliking*** | |
| *-3* | *-2* | *-1* | *0* | *1* | *2* | *3* |
| ***Positive regard*** | | | ***NR*** | | ***Negative regard*** | |
| *-3* | *-2* | *-1* | *0* | *1* | *2* | *3* |
| ***Engaged*** | | | ***NR*** | | ***Withdrawn*** | |
| *-3* | *-2* | *-1* | *0* | *1* | *2* | *3* |
| ***Involved*** | | | ***NR*** | | ***Uninvolved*** | |
| *-3* | *-2* | *-1* | *0* | *1* | *2* | *3* |
| ***Disinterested*** | | | ***NR*** | | ***Interested*** | |
| *-3* | *-2* | *-1* | *0* | *1* | *2* | *3* |

*I'm so happy you're in my life.*

| | | | | | | |
|---|---|---|---|---|---|---|
| ***Submissive*** | | | *NR* | | | ***Dominant*** |
| *-3* | *-2* | *-1* | *0* | *1* | *2* | *3* |
| ***Influence*** | | | ***NR*** | | | ***Comply*** |
| *-3* | *-2* | *-1* | *0* | *1* | *2* | *3* |
| ***Yielding*** | | | ***NR*** | | | ***Controlling*** |
| *-3* | *-2* | *-1* | *0* | *1* | *2* | *3* |
| ***Not Affection*** | | | ***NR*** | | | ***Affection*** |
| *-3* | *-2* | *-1* | *0* | *1* | *2* | *3* |
| ***Liking*** | | | ***NR*** | | | ***Disliking*** |
| *-3* | *-2* | *-1* | *0* | *1* | *2* | *3* |
| ***Positive regard*** | | | ***NR*** | | | ***Negative regard*** |
| *-3* | *-2* | *-1* | *0* | *1* | *2* | *3* |
| ***Engaged*** | | | ***NR*** | | | ***Withdrawn*** |
| *-3* | *-2* | *-1* | *0* | *1* | *2* | *3* |
| ***Involved*** | | | ***NR*** | | | ***Uninvolved*** |
| *-3* | *-2* | *-1* | *0* | *1* | *2* | *3* |
| ***Disinterested*** | | | ***NR*** | | | ***Interested*** |
| *-3* | *-2* | *-1* | *0* | *1* | *2* | *3* |

*You are such an encouragement to me.*

| | | | | | | |
|---|---|---|---|---|---|---|
| ***Submissive*** | | | *NR* | | | ***Dominant*** |
| *-3* | *-2* | *-1* | *0* | *1* | *2* | *3* |
| ***Influence*** | | | ***NR*** | | | ***Comply*** |
| *-3* | *-2* | *-1* | *0* | *1* | *2* | *3* |
| ***Yielding*** | | | ***NR*** | | | ***Controlling*** |
| *-3* | *-2* | *-1* | *0* | *1* | *2* | *3* |
| ***Not Affection*** | | | ***NR*** | | | ***Affection*** |
| *-3* | *-2* | *-1* | *0* | *1* | *2* | *3* |
| ***Liking*** | | | ***NR*** | | | ***Disliking*** |
| *-3* | *-2* | *-1* | *0* | *1* | *2* | *3* |
| ***Positive regard*** | | | ***NR*** | | | ***Negative regard*** |
| *-3* | *-2* | *-1* | *0* | *1* | *2* | *3* |
| ***Engaged*** | | | ***NR*** | | | ***Withdrawn*** |
| *-3* | *-2* | *-1* | *0* | *1* | *2* | *3* |
| ***Involved*** | | | ***NR*** | | | ***Uninvolved*** |
| *-3* | *-2* | *-1* | *0* | *1* | *2* | *3* |
| ***Disinterested*** | | | ***NR*** | | | ***Interested*** |
| *-3* | *-2* | *-1* | *0* | *1* | *2* | *3* |

*I'm really proud of how hard you've been working recently.*

| | | | | | | |
|---|---|---|---|---|---|---|
| ***Submissive*** | | | *NR* | | | ***Dominant*** |
| *-3* | *-2* | *-1* | *0* | *1* | *2* | *3* |
| ***Influence*** | | | ***NR*** | | | ***Comply*** |
| *-3* | *-2* | *-1* | *0* | *1* | *2* | *3* |
| ***Yielding*** | | | ***NR*** | | | ***Controlling*** |

*-3 -2 -1 0 1 2 3*
***Not Affection NR Affection***
*-3 -2 -1 0 1 2 3*
***Liking NR Disliking***
*-3 -2 -1 0 1 2 3*
***Positive regard NR Negative regard***
*-3 -2 -1 0 1 2 3*
***Engaged NR Withdrawn***
*-3 -2 -1 0 1 2 3*
***Involved NR Uninvolved***
*-3 -2 -1 0 1 2 3*
***Disinterested NR Interested***
*-3 -2 -1 0 1 2 3*

**Ambiguous**

*Do you have enough money for dinner?*

***Submissive*** *NR* ***Dominant***
*-3 -2 -1 0 1 2 3*
***Influence NR Comply***
*-3 -2 -1 0 1 2 3*
***Yielding NR Controlling***
*-3 -2 -1 0 1 2 3*
***Not Affection NR Affection***
*-3 -2 -1 0 1 2 3*
***Liking NR Disliking***
*-3 -2 -1 0 1 2 3*
***Positive regard NR Negative regard***
*-3 -2 -1 0 1 2 3*
***Engaged NR Withdrawn***
*-3 -2 -1 0 1 2 3*
***Involved NR Uninvolved***
*-3 -2 -1 0 1 2 3*
***Disinterested NR Interested***
*-3 -2 -1 0 1 2 3*

*I like the way you look in the other shirt better.*

***Submissive*** *NR* ***Dominant***
*-3 -2 -1 0 1 2 3*
***Influence NR Comply***
*-3 -2 -1 0 1 2 3*
***Yielding NR Controlling***
*-3 -2 -1 0 1 2 3*
***Not Affection NR Affection***
*-3 -2 -1 0 1 2 3*
***Liking NR Disliking***

*-3 -2 -1 0 1 2 3*
***Positive regard NR Negative regard***
*-3 -2 -1 0 1 2 3*
***Engaged NR Withdrawn***
*-3 -2 -1 0 1 2 3*
***Involved NR Uninvolved***
*-3 -2 -1 0 1 2 3*
***Disinterested NR Interested***
*-3 -2 -1 0 1 2 3*

*Let's go to the movies on Friday.*
***Submissive*** *NR* ***Dominant***
*-3 -2 -1 0 1 2 3*
***Influence NR Comply***
*-3 -2 -1 0 1 2 3*
***Yielding NR Controlling***
*-3 -2 -1 0 1 2 3*
***Not Affection NR Affection***
*-3 -2 -1 0 1 2 3*
***Liking NR Disliking***
*-3 -2 -1 0 1 2 3*
***Positive regard NR Negative regard***
*-3 -2 -1 0 1 2 3*
***Engaged NR Withdrawn***
*-3 -2 -1 0 1 2 3*
***Involved NR Uninvolved***
*-3 -2 -1 0 1 2 3*
***Disinterested NR Interested***
*-3 -2 -1 0 1 2 3*

*Who are you texting?*
***Submissive*** *NR* ***Dominant***
*-3 -2 -1 0 1 2 3*
***Influence NR Comply***
*-3 -2 -1 0 1 2 3*
***Yielding NR Controlling***
*-3 -2 -1 0 1 2 3*
***Not Affection NR Affection***
*-3 -2 -1 0 1 2 3*
***Liking NR Disliking***
*-3 -2 -1 0 1 2 3*
***Positive regard NR Negative regard***
*-3 -2 -1 0 1 2 3*
***Engaged NR Withdrawn***
*-3 -2 -1 0 1 2 3*
***Involved NR Uninvolved***

| *-3* | *-2* | *-1* | *0* | *1* | *2* | *3* |
|---|---|---|---|---|---|---|
| ***Disinterested*** | | | ***NR*** | | ***Interested*** | |
| *-3* | *-2* | *-1* | *0* | *1* | *2* | *3* |

For the next section, please indicate how many times ***you perceived your loved*** one was bothered by each particular symptom in the last year of their life.

1----------2----------3----------4----------5
Not at all
Extremely

| | | | | | |
|---|---|---|---|---|---|
| Intrusive Recollection of military experience | 1 | 2 | 3 | 4 | 5 |
| Flashbacks | 1 | 2 | 3 | 4 | 5 |
| Upset by Reminders | 1 | 2 | 3 | 4 | 5 |
| Distressing Dreams | 1 | 2 | 3 | 4 | 5 |
| Physical Reactions to Reminders | 1 | 2 | 3 | 4 | 5 |
| Avoid Thoughts | 1 | 2 | 3 | 4 | 5 |
| Avoid activities because they remind of military experience | 1 | 2 | 3 | 4 | 5 |
| Memory Loss | 1 | 2 | 3 | 4 | 5 |
| Feeling emotionally numb/lack loving feelings | 1 | 2 | 3 | 4 | 5 |
| Feeling cut off from people | 1 | 2 | 3 | 4 | 5 |
| Loss of interest in activity | 1 | 2 | 3 | 4 | 5 |
| Foreshortened Future/ Felt like they wouldn't live to see other life events | 1 | 2 | 3 | 4 | 5 |
| Sleep Difficulty | 1 | 2 | 3 | 4 | 5 |
| Irritability/Angry Outbursts | 1 | 2 | 3 | 4 | 5 |
| Lack of concentration | 1 | 2 | 3 | 4 | 5 |
| Extremely alert/watchful/on guard | 1 | 2 | 3 | 4 | 5 |
| Exaggerated startle | 1 | 2 | 3 | 4 | 5 |

Did your loved one have a clinical diagnoses for posttraumatic stress disorder? Yes No

**Instructions:** For the next section please estimate how often your loved one was the *initiator* of the following acts towards you or their romantic partner in the last year of their life. Please indicate if this happened to you or their romantic partner by circling "you" or "partner" below, then circle the frequency from 1-5.

| 1……..2……3…….4……5 | | | | |
|---|---|---|---|---|
| Never | Rarely | Sometimes | Often | Very |
| Often | Once | Twice in month | 3x in month | once a week |

| | | | | | |
|---|---|---|---|---|---|
| Explained side of argument to you/partner | 1 | 2 | 3 | 4 | 5 |
| Suggested compromise of argument to you/partner | 1 | 2 | 3 | 4 | 5 |
| Showed they cared to you/partner | 1 | 2 | 3 | 4 | 5 |

| | | | | | |
|---|---|---|---|---|---|
| Said could work out the problem with you/partner | 1 | 2 | 3 | 4 | 5 |
| Agreed to try your/partner's solution | 1 | 2 | 3 | 4 | 5 |
| Respected your/partner's feelings | 1 | 2 | 3 | 4 | 5 |
| Insulted swore at you/partner | 1 | 2 | 3 | 4 | 5 |
| Shouted at you/partner | 1 | 2 | 3 | 4 | 5 |
| Stomped out of the room with you/partner | 1 | 2 | 3 | 4 | 5 |
| Threatened to hit or throw something at you/partner | 1 | 2 | 3 | 4 | 5 |
| Destroyed something of yours/partners | 1 | 2 | 3 | 4 | 5 |
| Did something to spite you/partner | 1 | 2 | 3 | 4 | 5 |
| Called you/partner fat or ugly | 1 | 2 | 3 | 4 | 5 |
| Kicked, bit, or punched you/partner | 1 | 2 | 3 | 4 | 5 |
| Slapped you/partner | 1 | 2 | 3 | 4 | 5 |
| Beat up you/partner | 1 | 2 | 3 | 4 | 5 |
| Hit you/partner with something | 1 | 2 | 3 | 4 | 5 |
| Choked you/partner | 1 | 2 | 3 | 4 | 5 |
| Slammed you/partner against the wall | 1 | 2 | 3 | 4 | 5 |
| Grabbed you/partner | 1 | 2 | 3 | 4 | 5 |
| Threw something at you/partner that could hurt | 1 | 2 | 3 | 4 | 5 |
| Used knife or gun on you/partner | 1 | 2 | 3 | 4 | 5 |
| Pushed or shoved you/partner | 1 | 2 | 3 | 4 | 5 |
| Twisted your/partner's arm or hair | 1 | 2 | 3 | 4 | 5 |
| Burned or scalded you/partner on purpose | 1 | 2 | 3 | 4 | 5 |
| You/partner were cut or bleeding | 1 | 2 | 3 | 4 | 5 |
| You/partner went to doctor for injury | 1 | 2 | 3 | 4 | 5 |
| You/partner needed to see a doctor but didn't | 1 | 2 | 3 | 4 | 5 |
| You/partner felt pain the next day | 1 | 2 | 3 | 4 | 5 |
| You/partner has sprain or bruise could see | 1 | 2 | 3 | 4 | 5 |
| Partner died Yes No | | | | | |

Did your loved one's suicide include a homicide? Yes No
If yes, please indicate the relation: spouse child sibling friend other_____

Is there anything else about your loved one, or your particular situation that you would like the researchers to know?

Please answer below:

**Debriefing Form**

The purpose of this research is to obtain feedback about your experience with your loved one to see if the messages were relevant in your relationship with your loved one a year prior to his or her death.
You have just completed a study that asked you to answer questions regarding your relationship with your loved one and your own feelings and actions towards yourself and your loved one. Sometimes thinking about these feelings and symptoms can be distressing to you. If you feel this is the case for you, please consider talking to someone who may be of comfort to you.

We greatly appreciate your time and effort. If you are interested in the results of this study, or you have any additional questions about this research, please contact Dr. Jennifer Samp (Telephone: 706- 542-4893; E-Mail Address: jasamp@uga.edu), or Brittany Brown (Telephone: 706-542-4893; E-Mail Address: bkbdawg@uga.edu)

Thank you for contributing your time and for participating in this research endeavor.

Jennifer Samp, Ph.D.
Researcher

Brittany Brown
Researcher