Factors that Help and Hinder the Relationship between Veterans and their Partners:
The Partners' Perspective

by

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Supervisory Committee

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Abstract

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The purpose of this study was to explore the factors that help and hinder the relationship between Canadian Forces (CF) veterans and their partners, from the perspective of the partners. Six wives and one girlfriend of former CF members were interviewed using Flanagan's (1954) qualitative critical incident technique. Interviews yielded 17 helping incidents and 24 hindering incidents. Categories were created to comprehensively cluster the incidents. The helping categories were: supportive behaviours, collaboration, reconnecting, positive time apart, and compromising. The hindering categories were: communication difficulties, aggressive and intimidating behaviour, burdened with responsibility, inconsiderate behaviour, failure to provide support, and feeling ashamed of partner. Few links were found with regard to military employment; instead, the categories are consistent with past research exploring important relationship factors. Implications for counselling are provided, and future directions discussed.

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Acknowledgments

First and foremost I would like to thank my supervisor, Dr. Tim Black, for the support, guidance, and knowledge he has provided throughout this process. His willingness to answer countless questions and engage in continuous dialogue made this project – and my well-being throughout it – possible. I also want to express heartfelt appreciation to Dr. Anne Marshall for her comprehensive and attentive feedback, and to Dr. Marla Buchanan for her thoughtful suggestions.

My sincere thanks goes out to the seven women who volunteered their time and energy to participate in this study. After all, it is their stories that are the essence of this document.

Chapter I - Introduction

Background to the Study

A recent Canada-wide telephone survey aimed at uncovering the experience of

spouses caring for disabled veterans resulted in alarming findings: the spouses

interviewed appear to be at an extremely high risk for poor health, social, and financial

outcomes (Fast, Yacyshyn, & Keating, 2007). While these spouses are busy looking after

their wounded veterans, they are often experiencing psychological problems, extreme

stress resulting from excessively long work hours, financial worries, and difficulties in

their marital relationship (Fast et al., 2007). It is apparent, then, that these individuals are

likely to experience decreased quality of life as a result of their caregiving duties. This

study has highlighted what few others have thought to investigate: veterans are not the

only people who suffer as a result of their military experiences; rather, their partners are

also likely to be closely impacted.

Given the strong ties that normally exist between couples that are romantically

involved, the notion that one partner's experiences can largely impact the other partner is

not new. For example, research has found that a variable often involved in relationship

quality is the type of employment of one or both partners. Specifically, it has been found

that stressful work-related experiences can negatively impact relationship satisfaction

(Borum & Philpot, 1993; Jackson & Maslach, 1982; Long & Voges, 1987; Repetti,

1989). Romantic partners can thus have positive and negative influences on the well-

being of the other, as well as influence the quality of their relationship through their life

experiences. It is unfortunate, then, that spouses and partners of Canadian veterans have

been largely ignored in the plethora of research that is regularly conducted on military

veterans. High divorce rates (Galovski, 2004), emotional numbing (Galovski & Lyons, 2004; Lyons, 2001; Matsakis, 2007), problems with intimacy (Riggs, Byrne, Weathers, & Litz, 1998; Westerink & Giarratano, 1999), reduced communication (Carrol, Rueger, Foy, & Donahue, 1985; Shehan,1987), and increased anger and hostility (Calhoun et al., 2002; Carrol et al., 1985; Matsakis, 2007; Taft, Street, Marshall, & Downdall, 2007) are common problems experienced by veteran couples. Although both the veteran and his or her partner are naturally affected, the non-veteran partner's experience and view of the relationship quality has been largely absent in Canadian research. It is for this reason that I decided to explore the experiences of this population.

Researcher's Positioning

I first became interested in the topic of romantic relationships through my involvement in a clinical psychology laboratory at Simon Fraser University. There, I played a key role in a longitudinal study investigating relationship behaviours in the transition to marriage, and interviewed couples on varying positive and challenging aspects of their romantic relationship. The experiences and stories narrated by both partners highlighted the strong effects that one partner's life experiences can have on the other member of the couple. More often than not, situations and events described as significant occurrences affected not only both partners as individuals, but also the quality of the romantic relationship. This introduction to relationship functioning caught my interest; not only did I enjoy exploring relationship behaviours with the couples, but I also realized the breadth of crucial information that was being uncovered.

I was then given the opportunity to continue my investigation of relationship functioning in an entirely new, yet highly significant, area. Dr. Tim Black and I combined

our mutual interests to develop a study aimed at investigating the relationship quality as described by partners of Canadian military veterans. Although I do not have direct experience working with veteran couples, my previous work with newlywed couples provided me with a strong background from which to conduct this research. My academic, work, and volunteer experiences as a counsellor-in-training equipped me well for conducting the sensitive interviews required to explore my research question. I believe that my open, honest, and friendly manner placed participants at ease and facilitated the discussion of personal experiences. Additionally, my previous involvement in romantic relationship strengthened my ability to conduct informational yet sensitive interviews on the quality of individuals' relationships.

The Research Problem

The research that has been conducted with veteran populations has mainly focused on the difficulties experienced by the veterans themselves and has largely been limited to those veterans suffering from PTSD (e.g., Taft et al., 2007). The resulting literature has encouraged the development of appropriate and highly needed supports and services for veterans struggling with a variety of physical, psychological, and social difficulties as a result of their military employment. It is thus evident that research on Canadian veterans does serve an important purpose: it leads to a better understanding of the difficulties experienced by this population, which in turn leads to the creation of resources specifically designed to counter these difficulties. Statistics presented by Veterans Affairs Canada (VAC; 2007) estimate that there are approximately 906,000 veterans and serving members alive today. VAC provides services to approximately 221,000 of these individuals, with approximately 68% receiving disability pension and

approximately 52% receiving treatment benefits (such as coverage for prescription drugs, medical and hospital services, and aids for daily living) as of March 2006. These programs and services are mainly developed as a result of specific needs identified through rigorous studies (e.g., Hunt & Robbins, 2001; Sweet, Stoler, Kelter, & Thurrel, 1989), highlighting the important connections among research, identified needs, and the creation of new resources.

Given the vital role that partners play in each other's lives, it is possible that the difficulties experienced by veterans will affect the well-being of their partners, particularly through the nature and quality of their romantic relationship. Assuming that the majority of the individuals accessing services through VAC veterans are romantically involved, there could be approximately 200,000 veteran partners alive today who are likely to benefit from services. Currently, services offered to family members by VAC are: case management services (a 30-minute discussion with a VAC counsellor to discuss needs and plans for the veteran's civilian life, and to learn about services and benefits available); individual and family counselling, and family support programs; rehabilitation services; and health insurance services (VAC, 2008). Partners of veterans have an important voice to contribute to our knowledge in this field of research. Their perceptions, opinions, and experiences are highly valuable and can help to educate society about their unique needs.

Currently there is little information available to heighten society's understanding of how partners of Canadian veterans experience their relationships. The recent Canadian study done by Fast and colleagues (2007) has brought to light the difficulties experienced by veteran spouses, but this study did not focus on the couples' relationship. Interviewing

partners on this very topic can help elucidate the challenges, successes, and needs specific to the romantic relationship. Research in this area can help us to understand whether this population is indeed unique in its experiences, or whether veteran relationships share similar qualities as non-veteran relationships. This information can assist veteran partners in feeling heard and included, and may also result in the implementation of more supports and services geared specifically towards this population. A focus on veteran couples not feeling the presence of PTSD is equally important. The heavy reliance on research participants suffering from military-related psychological issues leaves a large gap in the current literature. Non-PTSD suffering veterans and their families are often left out of research; thus, the dynamics, challenges, and successes of this group are not as well understood. It is important to begin including this population in research in order to better conceptualize the supports and services they require.

Research Purpose and Question

The purpose of this study was to explore the perspective of partners of Canadian veterans regarding their relationship, using Flanagan's (1954) qualitative critical incident technique in face-to-face interviews. The research question was: What factors help and hinder the relationship between veterans and their partners, from the partners' perspective? Participants were asked follow-up questions to promote clear understanding of the nature and impact of the critical helping and hindering factors. The critical incident technique was an appropriate research method for this research, as I was interested in learning about specific events that either helped or hindered veteran relationships. The CIT accomplishes that by asking for observable, isolated incidents that clearly describe a

behaviour or event (Flanagan, 1954). I chose to not limit my recruitment to those individuals whose partner had been diagnosed with a psychological disorder. This decision was based upon the exploratory nature of the study: given that such little information is currently known about the experience of Canadian veteran partners, I wanted to remain open to a variety of potential participants. Additionally, I wished to include this non-psychiatric population in order to present information not linked solely to those suffering from PTSD.

Chapter II - Literature Review

To better acquaint the reader with the current scholarly knowledge in this research area, a comprehensive overview of relevant literature follows. This review is organized as follows: a general conceptualization of romantic relationships; the military as a subculture; military-specific relationships; the transition from military to civilian life; veteran-specific relationships; and spouse-specific research on veteran relationships.

Romantic Relationships Context

Humans are social creatures and wired to connect to one another (Goleman, 2006). In fact, neuroscience has discovered that the brain's very design makes it sociable, continuously drawn into a brain-to-brain connection whenever it engages with another person (Goleman). These connections are strongest with those people with whom an individual spends the greatest amount of time – essentially, those most cared about. Positive relationships can thus act as nourishment for both physical and emotional health, providing loved ones with the support needed to achieve full potential in life (Tolpin, Cohen, Gunthert, & Farrehi, 2006). Although this positive influence can be achieved from many different types of relationships, Tolpin and colleagues claim that romantic relationships with a spouse or partner appear to be the most influential. These romantic relationships are characterized by attachment, caregiving, and sex (Schachner, Shaver, & Mikulincer, 2003; Tolpin et al.), and in such relationships, "qualities of both partners and their unique combination influence emotions, behaviour, and outcomes" (Schachner et al., p. 19). These relationships are defined by commitment, intimacy, and connection (Gonzaga, Turner, Keltner, Campos, & Altemus, 2006). In today's modern society,

intimate relationships are not solely defined by marriage, although some researchers agree that marriage is a more binding union than cohabitation (e.g., Cherlin, 2004).

Given the influence that relationships have on an individual's everyday existence, it is not surprising that over the years, researchers have shown a great interest in investigating what contributes to a healthy versus an unhealthy relationship. These extensive years of research have indicated that relationship satisfaction is linked to factors ranging from personal and interpersonal characteristics (e.g., Bowlby, 1977; Gonzaga, Campos, & Bradbury, 2007; Rogers, 1959), to contextual influences (e.g., Moya, Exposito, & Ruiz, 2000; Klein, Izquierdo, & Bradbury, 2007), to physical and psychological disorders (e.g., Tolpin et al., 2006). In other words, there are a variety of factors that contribute to the stability or dissolution of relationships, factors related to partners' enduring strengths and vulnerabilities, stressful events and circumstances, and the adaptive processes and coping mechanisms that couples display (Karney & Bradbury, 1995).

There are specific personality factors that have been linked to relationship quality. For example, research has shown that broad personality constructs such as agreeableness, openness to experience, and conscientiousness are contributors to positive relationship quality. Agreeable individuals are more likely to seek consensus with others, as well as display trust and cooperation, all behaviours related to positive relationship functioning (Bouchard, Lussier, & Sabourin, 1999). Those open to experience are likely to exhibit curiosity, a willingness to listen to others, respect, and greater tolerance – all traits that are appreciated in partnerships (Arrellano & Markman, 1995). Highly conscientious individuals have a need to achieve and thus are likely to translate this motivation to an

increased effort to maintain a successful relationship (Bouchard et al.). Conversely, high

levels of neuroticism have been consistently linked to negative relationship quality

(Bouchard et al.; Kelly & Conley, 1987; Kurdek, 1997). This may be due to the fact that

neurotic individuals are chronically subjected to negative emotions, emotions that can

influence both their attitudes towards the relationship, and their behaviour (Bouchard et

al.). Other personality factors such as perspective-taking (the tendency to put oneself in

another person's place) and emotional expressiveness have also been deemed significant

predictors of positive relationship adjustment (Bouchard et al.). Furthermore, it appears

that similarities between partners' personalities and emotional experiences have been

related to high relationship satisfaction (Gonzaga, Campos, & Bradbury, 2007). This is

likely due to the ease of understanding another's emotions and point of view if he or she

is perceived as similar. It seems, then, that an individual's emotions, thoughts, and

behaviours influence both their own and their partners relationship functioning. Poorer

physical health (Gottman & Levenson, 1992) and neurological illnesses (O'Conner,

McCabe, & Firth, 2008) are also related to low relationship quality, as are psychological

disorders such as depression (Cramer, 2004; Tolpin et al., 2006) and post traumatic stress

disorder (DeFazio & Pascucci, 1984).

Past studies have investigated the importance of attachment style in satisfaction

and stability in romantic relationships. According to attachment theory (Bowlby, 1977),

individuals develop internal working models of relationships through infancy and

childhood, based on early experiences with caregivers. These experiences shape

individuals' expectations about the availability and responsiveness of attachment figures,

and are the working models that are carried into adolescent and adult relationships. When

securely attached individuals are faced with difficult situations, they tend to express their negative and positive emotions more openly (Feeney, 1995). Secure adults are comfortable with intimacy and closeness, are willing to rely on others when needed, and are self-confident of being loved (Collins, 1996). Additionally, these individuals are likely to desire high levels of shared activities and frequent self-disclosure with their partner. Thus, it is not surprising that attachment style has been found to have both a direct and indirect influence on relationship quality (Egeci & Gencoz, 2006; Fitzpatrick & Sollie, 1999), with secure attachment contributing to more stable and satisfying relationships.

Interpersonal factors have also received keen attention in studies of relationship functioning, with the understanding that important phenomena of relationships emerge from the interaction between partners. Carl Rogers (1959), in the development of his person-centered counselling approach, was one of the first to illustrate how specific interpersonal factors influence a healthy relationship. He outlined four conditions linked to positive interpersonal experiences: level of regard, empathy, unconditionality of regard, and congruence. The importance of these factors in the interpersonal context has been verified over the years, with more recent study results demonstrating that all four facilitative conditions are directly and positively associated with relationship satisfaction (Cramer, 2003). Other specific behaviours displayed in both conflictual and non-conflictual interactions amongst partners have also been highly correlated with relationship satisfaction. In particular, researchers have found that displays of anger and contempt contribute to low relationship satisfaction, whereas engaging in supportive behaviours and showing affection and love have been linked to high satisfaction

(Gonzaga et al., 2007). Criticism, defensiveness, and disgust are all processes that have been found to predict divorce (Gottman, Coan, Carrere, & Swanson, 1998; Gottman et al., 2003), whereas compromising tactics are linked to higher intimacy (Fitzgerald & Sollie, 1999).

The ways in which partners problem-solve and deal with conflict have also been found to strongly influence the quality of the union. Interestingly, there does not appear to be a direct association between negative conflict and relationship satisfaction, although in the long run, unresolved conflicts have been linked to instability of the relationship (Egeci & Gencoz, 2006). Instead, the influence of conflict can be either constructive or destructive, depending on the way it is handled (Cramer 2003; 2004). Ineffective communication skills tend to intensify the conflict situation, as partners ought to be able to talk about what caused the conflict and express their points of view (Burgess & Huston, 1979). Displaying anger, an inability to listen to the other person, and insisting on one's own point of view are common communication misunderstandings that intensify conflict (Bradbury, Cohan, & Karney, 1998), as are the use of attacking, avoiding, and coercive tactics (Fitzgerald & Sollie, 1999). Those couples with negative communication have less success in handling conflict and are thus more likely to experience relationship dissatisfaction (Egeci & Gencoz, 2006). This supports the idea that conflict in itself is likely not a direct cause of relationship dissatisfaction; rather, this link is mediated by a variety of other equally important variables. It follows, then, that good communication skills, confidence in problem-solving abilities (Egeci & Gencoz), self-disclosure, realistic expectations, and compromising tactics (Fitzpatrick & Sollie) are also strongly linked to relationship satisfaction.

Reducing conflict has been found to be less important than providing emotional support, displaying effective communication, and showing love and affection to one's partner (Cramer, 2003; Huston, & Melz, 2004). Feeling accepted, understood, and supported can not only reduce conflict but also encourage positive behaviours that increase relationship satisfaction. These behaviours necessitate a degree of self-disclosure, a modality of communication that appears to be an important process by which intimacy and closeness are achieved (Fitzgerald & Sollie, 1999). Thus, prosocial communication and its resulting supportive behaviour promote relationship wellness and are key elements of relationship quality and stability. Producing a fairly high balance of positive to negative behaviours, as opposed to the exclusion of all negative behaviours, is linked to strong relationship satisfaction (Cramer, 2003; 2004; Gottman & Levenson, 1992). However, the presence of certain negative behaviours can impact the relationship in harmful ways. For example, researchers have found that physical aggression is associated with poor relationship outcomes, including low relationship satisfaction and high relationship instability (Rogge & Bradbury, 1999; Shortt, Capaldi, Kim, & Owen, 2006). Couples who engage in physical aggression early on in their relationship may establish negative interaction patterns that are difficult to change, thus causing continuous detriments to their relationship (Shortt et al.).

Children and the experience of parenting figure prominently in how relationships are experienced for many couples (Bradbury, Fincham, & Beach, 2000). However, there appears to be enormous variability across couples in how they change and adapt to becoming parents; some couples experience significant alterations, while other do not change much during this transition (Bradbury et al.). The presence of children can

promote marital stability by reducing the likelihood that parents will separate and divorce, yet children can also be the cause of marital deterioration (Belsky & Hsieh, 1998). Some studies have found that adults with children report more worries and distress, higher levels of anxiety and depression, and less happiness and satisfaction than nonparents (McLanahan & Adams, 1989). Differing views on child-rearing practices and uncooperative co-parenting behaviours have been found to be predictive of deteriorating marital functioning (Belsky & Hsieh). The birth of children tends to cause the couple to revert to more traditional family roles, with the wife assuming more of the traditional household duties than the husband, although in recent years this pattern has become more flexible (Lavee, Sharlin, & Katz, 1996). Having children necessitates a change in focus: increased time and energy are devoted to the child, leaving less attention directed at the spouse. This can lead to disruptive interactions and elevated levels of conflict (Lavee et al.)

Other variables and life events occurring externally to the relationship can also influence the wellness and stability of this relationship. For example, acute negative life events have been found to be damaging to relationship quality, in part due to the coping mechanisms displayed by partners when dealing with stressful circumstances (Bradbury & Karney, 2004). Employment experiences and career decisions have also been shown to significantly impact the relationship between partners (Klein et al., 2007; Mauno & Kinnunen, 1999; Moya et al., 2000). Generally, stress-free work experiences appear to be related to positive relationship functioning, whereas stress-filled work experiences are associated with negative relationship functioning (Mauno & Kinnunen). There have been a variety of theories developed to explain this transference, with *crossover* and *spillover*

theories gaining the most support. Crossover denotes the process by which stress and strain experienced by employees leads to stress and strain experienced by their spouse (Westman, 2001). Researchers have postulated that crossover occurs due to the emotional support and empathic reaction that is generated between partners when one experiences high stress. Individuals involved in a stressful job may count on their partners for emotional support, and in this process, the supporting partner comes to share the negative feelings experienced by the other (e.g., Haines, Marchand, & Harvey, 2006). This can often lead the supportive partner to experience his or her own stress, burnout, or more severely, detriments in mental health (Crossfield, Kinman, & Jones, 2005). In spillover (Morrison & Clements, 1997), reactions experienced in the work domain are transferred to the non-work domain (e.g., Demerouti, Bakker, & Schaufeli, 2005). For example, job demands may interfere with family life when work is taken home, when employees are preoccupied with work, or when strain is built up at work and released at home (Demerouti et al.). Thus, work factors such as time pressure, work load, schedule considerations, job insecurity, job exhaustion, workplace aggression, and poor leadership relations affect not only the working individual but also his or her partner, and consequently, the relationship.

The impact of employment on couples' relationship increases considerably when one or both partners work in a high-risk setting, typically characterized by shift work, long hours, unpredictability, and physical dangers (Borum & Philpot, 1993). Stressful days at work can be followed by diminished availability to family members, conveyed by behaviours such as fewer positive interactions, more negative mood states, and fewer responses to and interactions with others (Repetti, 1989). For example, individuals

involved in the law enforcement profession can bring tremendous pressure on their loved ones as a result of the demands associated with their job. Borum and Philpot claim that the extra time required by this job detracts from time the couple could spend together, the attitudes and values developed through training can transfer to the couples' relationship, and personality changes (hypervigilance, authoritativeness, and emotional control) can negatively impact communication and conflict resolution. Displacement of stress from the job to the partner can also occur, with officers who experience high levels of stress displaying more anger towards their partners, spending more time away from home, and being less involved in family life (Jackson & Maslach, 1982). Partners of law enforcement members also frequently cite experiencing fear and anxiety about the safety of the officer, as well as loneliness (Borum & Philtop). Additionally, the "us and them" mentality that is generated through training can permeate the relationship, leaving the partner feeling excluded and undermined. Similar adverse effects as a result of a high-risk job have been cited by those employed as prison staff (Long & Voges, 1987). In their study, these researchers found that wives reported greater stress arising from the potentially dangerous and violent aspects of their husband's job.

It is evident from the above studies that employment, particularly high-risk employment, of one partner can have detrimental effects on the quality of the intimate relationship as experienced by both partners. It is thus not surprising that similar findings have been highlighted in couples where one partner is involved with the military (e.g., Ames, Cunradi, Moore, & Stern, 2007; Desivilya & Gal, 1996; Goff, Crow, Reisbig, & Hamilton, 2007). This job environment is similar in many respects to those described above, since safety issues, high stress, the use of violence, and intense training to instill

military values are all characteristics of this type of employment (Harrison & Laliberte, 2008; Westwood, Black, Kammhuber, & McFarlane, 2008). Partners of military personnel consistently cite the stress and anxiety that permeates their relationship as a result of the characteristics associated with military jobs (e.g., Matsakis, 2007). In order to better conceptualize the experiences of the non-military partners, it is essential to first explain the unique characteristics of the military organization.

The Military as a Subculture

The military presents an example of a distinct role-based subculture that differs markedly from civilian life. It is a hierarchical and power-based organization, where the primacy of the group takes precedence over individuality (Dunivin, 1994; Sherwood, 2007; Westwood et al., 2008). Structure forms the core of military life: clear, absolute and rigid rules dominate day-to-day existence. The issues of power, rank, responsibility, compliance, and camaraderie are central to the military organization, and strong feelings of discipline and loyalty are instilled. Throughout training, the basic formula employed by the military is to "strip [soldiers] of their individual identities; push them to their limits physically, mentally, and emotionally; and build them up with a new identity based on obedience to authority and loyalty to their fellow soldiers" (Black, Westwood, & Sorsdal, 2007 p. 5). Exhibiting uniqueness in the military can have dire – and quite possibly fatal – consequences; thus, soldiers are trained to abandon their individuality in favour of a new group identity. They are taught to "feel most at ease when with the unit of group and to sacrifice [themselves] for the good of the mission" (Armstrong, 2008, p. 286). New recruits are quickly trained to lose their sense of autonomous individuality, a view that is in sharp contrast to the typical North American mindset, where uniqueness is

valued and often leads to success (Armstrong). Additionally, soldiers are taught how to react quickly and often violently to danger (Bradley, 2007). As a result, responding with violence can become almost automatic for some soldiers (Matsakis, 2007).

The instillation of this military mindset results in members who will follow orders unquestionably and place the safety and priority of the group above all else (Harrison & Laliberte, 2008). Responsibility and loyalty to comrades are crucial components of military life, and members are acculturated to believe that they are responsible for the lives of those around them (Westwood et al., 2008). Thus, although this view works in favour of the military mission, it brings with it strong feelings of guilt, responsibility, and failure when deaths occur (Armstrong, 2008). Given this strong identification with the group, it is not surprising that those in the military develop strong bonds with one another, bonds that are unlike those created in civilian life (Sweet et al., 1989).

Military-Specific Relationships

As a consequence of the very nature of the military experience, individuals employed in this sector tend to face particular challenges in their intimate relationships. The research conducted with this population demonstrates that there are a variety of characteristics associated with military employment that can influence the intimate relationships between partners, and work-family conflicts appear to be particularly intense. Often cited factors include difficulties in the military partner's ability in coping with deployment and long separations (e.g., Rotter & Bojeva, 1999), isolation from non-military society (e.g., Desivilya & Gall, 1996), underemployment of the non-military partner, (e.g., Rosen et al., 1990), substance abuse (e.g., Ames et al., 2007), and psychological problems stemming from combat exposure (e.g., Goff et al., 2007).

One frequently mentioned difficulty in military couples is coping with the long separation and unpredictability associated with deployment (Desivilya & Gal, 1996; Morrison & Clements, 1997; Rotter & Boveja, 1999). Although non-military couples may experience separation due to employment demands, these are usually not unpredictable, dangerous, or excessively long. Conversely, military deployment is defined by exactly these characteristics. Rotter and Boveja, in their interviews of military personnel and their partners, found support for a three-stage model of stress experienced by partners of deployed personnel. The first stage (anticipation) is characterized by feelings of denial, fear, and resentment, which turn into anger, confusion, ambivalence, and pulling away as the deployment date draws near. The second stage (separation) is characterized by a sense of abandonment, loss, and emptiness, which turns into confidence, less anger, loneliness, apprehension, excitement, worry, and fear as the return date approaches. The third stage (reunion) begins with feelings of euphoria and excitement, shifts to uncomfortableness and role confusion, and finally can reach satisfaction. Thus, it is evident that military couples undergo unique experiences and emotions as a result of deployment.

The possible exposure to high physical risk during deployment can also account for stress and worry experienced by the at-home partner. Morrison and Clements (1997) had Navy couples complete questionnaires assessing job stress and psychological well-being. They found that there was a causal relationship between one partner's job characteristics and the at-home partner's level of distress, manifested by physical and psychological health. These researchers found that factors such as coping with the partner being away from the home and not knowing how long this deployment would last

influenced the distress experienced by the at-home partner. It appears that being able to cope effectively with separation is influenced by an established solid relationship prior to deployment, and a continued effort to nourish the relationship during deployment through mail correspondence and telephone calls (Desivilya & Gal, 1996).

The connection of the military work environment to heavy and episodic drinking has also been investigated (Ames et al., 2007), with findings indicating that employment factors are significantly related to alcohol consumption. Alcohol consumption has further been linked to intimate partner violence, as Schamling (2006) found in her study of soldiers preparing to deploy. Her results indicate that intimate partner violence was associated with military service, being enlisted personnel, lowered relationship satisfaction, heightened stress, and having engaged in risky alcohol behaviours, among other variables. Thus, if employment with the military is associated with higher rates of alcoholic behaviours, and alcohol consumption is related to intimate partner violence, it is possible that there may be a higher incidence of violence among military couples, decreasing the relationship quality experienced.

Another challenge often faced by military couples is the frequent change of geographical location, as well as the possible residency on a military base, both of which can work to effectively distance military families from the rest of society and their extended families (Desivilya & Gal, 1996; Rosen, Ickovics, & Moghadam, 1990). Spouses of those employed with the military are likely to be forced to change jobs as a result of frequent relocations; this constant flux may result in the spouses having to accept jobs that do not match their training or skill level (Rosen et al. 1990). Research with military wives has further found that lack of employment can affect their health

(Rosen et al. 1990). Specifically, these researchers administered questionnaires to 1,145 Army wives to explore the relationship between various life domains and general well-being, and found that high level of underemployment had a negative impact on psychological well-being. As the link between psychological health and relationship satisfaction has been well established (e.g., Cramer, 2004), it can be fair to assume that relocation resulting in underemployment or unemployment of the non-military partner can negatively affect levels of relationship satisfaction.

Desivilya and Gal (1996) studied 100 military families to investigate individual and family factors contributing to overall sources of stress and to adequacy in coping with military involvement. Their sample was randomly selected from the Israel Defense Forces and all were characterized by the husband being the sole family member employed by the military. Questionnaires and semi-structured interviews were conducted with both partners to determine challenges within the relationship. These researchers coined the term "unreconciled" to describe families who were "less successful than their well-adjusted counterparts […] in managing the conflict between the two competing demands of the military organization and the family" (p. 6). They found that almost 80% of participating families were categorized as "unreconciled" based on their self-reported level of satisfaction with family life and their identity as a military family. These participants were further divided into three categories: the frustrated family, the avoidant husbands/frustrated wives, and the trapped family. The "frustrated families" were characterized by problematic interpersonal relationships, continuous struggles, low emotional coping, and husbands either physically unavailable or unwilling to help wives cope with the demands from the military organization and the family system. The

"avoidant husbands/frustrated wives" were characterized by husbands who reported

satisfaction with both their military and interpersonal relationships, typically denying

having interpersonal problems and conflicts. In contrast, the wives indicated having poor

marital communication, low ability to cope with problems and conflicts, dissatisfaction

with social support, and a general negativity towards overall family life. Lastly, the

"trapped families" appeared to share the burden of daily family chores, yet seemed to

struggle with the emotional aspect of conflicts. These couples indicated having

insufficient communication and problematic interpersonal relationships, as well as

reduced coping skills. The picture painted by this study demonstrates the difficulties that

the majority of military families face in having to cope with the competing demands of

work and family. The conflicts described clearly affect the couples' relationship quality,

defined by the frequency and severity of marital conflicts, communication effectiveness,

and the extent of mutual spousal support.

Trauma symptoms as a result of combat exposure can also significantly influence

the quality of a couple's relationship. Goff and colleagues (2007) found, using a sample

of predominantly active-duty soldiers, that soldiers' trauma symptoms significantly

predicted their own and their partners' marital satisfaction. Trauma symptoms included

sexual problems, dissociation, and sleep disturbances, but did not meet the criteria for

post-traumatic stress disorder (PTSD). The researchers speculate that the high levels of

trauma may make it difficult for soldiers to be emotionally available to their partners, and

that it may be challenging for these soldiers to set aside their emotional difficulties in

order to deal with non-war-related situations and issues. Thus, this study demonstrates

that exposure to combat can have adverse effects on relationships throughout the soldiers' employment.

The literature reviewed in this section thus far has occurred in countries other than Canada; mainly, in the United States. However, some recent research occurring in Canada has concluded with findings similar to those described above. For example, Sherwood (2007) conducted her doctoral dissertation on what makes strong military couples strong, and found that lasting marriages are based on intimacy, commitment, respect, communication, trust, and maturity. Sherwood identified the factors that, in her opinion, significantly detract from the full expression of these positive behaviours. These all relate to military training and the military culture within the Canadian Forces. Specifically, Sherwood cites the following as potential negative contributions to Canadian military marriages: the isolation experienced by military families; the detachment from family, friends, and non-military communities when they are moved to remote locations; the cohesion formed among military members, which can detract from the cohesion experienced with the romantic partner; the prevalence of domestic assault present in military communities; the experience of constant and unexpected separation through deployment; the expectation of gendered labour prevalent in military culture, where the women are expected to do all the unpaid work at home and with the children; the unavailability for rewarding employment for the civilian spouse; and finally, the possibility that the gender inequity in the Canadian Forces can transfer to the marriage. In summary, Sherwood states that the most unique quality of military life is the perpetual feeling of being physically, socially, and psychology separated from the rest of society. This separation can, in turn, exert a negative impact on the romantic relationship.

A Canadian article written by Harrison and Laliberte (2008) also described the sacrifices that civilian spouses endure as a result of being married to an individual in the Canadian Forces. Consistent with Sherwood's (2007) research, themes revolved around: decreased opportunities to find meaningful employment; the emphasis on unpaid labour frequently occurring in the household; the gender inequality prevalent in military bases; the impact of frequent and remote geographical transfers; social and familiar isolation; and the silencing around spousal abuse.

Jefferies (2001) investigated ways in which the quality of life of spouses of Canadian Forces personnel can be improved. Specifically, Jefferies sent a questionnaire to approximately 13,000 CF members and 7,000 CF spouses, asking "In your opinion, what are the three main areas that the Canadian Forces should change, modify or adjust in order to improve your quality of life and the quality of life of your family?" The top three dimensions were: salary/benefits, family, and postings. Within the salary/benefits dimension, the highest factor was the desire for a pay increase to the CF member. Within the family dimension, the highest factor was increasing supports for the family, followed by the importance of spousal employment and education. Within the postings dimension, choice of posting was represented as the most preferred, followed by duration of posting. Aside from the top dimension of salary, the other dimensions affecting quality of life are consistent with the previous two articles specific to Canadian military families.

Similarly, Mullin-Splude (2006) conducted her thesis on the experience of community in Canadian military families, from the perspective of the partner. The seven female partners that she interviewed expressed the shared experiences and social support that evolve in a military community, as "nobody understands what the military lifestyle is

like as well as another military partner" (p. 2). These women also expressed a desire to increase the information, communication, and support they receive from the Canadian Forces. For example, a highlighted factor was increasing the CF's assistance in allowing more lines of communication with husbands during deployment. Additionally, an easier and less restricted flow of information from the military to the spouses was indicated as a way to reduce spouses' frustration and hardship. Specifically, a recommendation was made to have information brought to families without relying on the military member as the primary source of transmission. Thus, although these women express a familiarity and comfort as a result of being surrounded by individuals who share the same lifestyle and experiences, a need to alter some of the patterns ingrained in the CF community was evidenced.

In summary, it is clear that several classes of variables associated with employment in the military sector can have serious implications for the relationship satisfaction of these couples. Stress associated with deployment, multiple geographical moves, lack of employment opportunities for the non-military partner, communication barriers, and other characteristics of the military lifestyle can all have deleterious impacts on intimate relationships. These results appear to hold true regardless of the country under study. These challenges do not, unfortunately, vanish once employment with the military has terminated. Rather, returning veterans and their spouses are faced with a host of new difficulties that are likely to impact the stability and strength of their relationship. These difficulties arise from both having been a part of the military – with its gruelling training and combat exposures – and transitioning back to civilian life.

Transition from Military to Civilian Life

The very nature of military training instills the idea that military-trained personnel are very different from civilians (Van de Pitte, 2007). While this view serves an important purpose in the military world, upon discharge, military personnel are likely to experience a strong "culture-shock" characterized by feelings of isolation and aloneness (Sherwood, 2007; Westwood et al., 2002). Friends and family members are often unaware of the stark contrast between civilian and military culture, thus unwittingly contributing to the veteran's difficulty in reintegrating. This incomprehension is further compounded by the fact that often, military personnel in their transition are not offered adequate support by society (Hunt & Robbins, 2001; Sweet et al., 1989). Additionally, the recognition and glory that can come with the status of a veteran is usually quickly forgotten by the community, leaving former soldiers alone in their transition (Hunt & Robbins). Former military members thus return to a life that not only they do not recognize, but that does not recognize them.

Veterans can also be susceptible to war-related trauma (Westwood et al., 2008), adding extra difficulties to their re-adaptation to civilian life. Regardless of what position the individual served in the military, and regardless of the type of mission he or she was involved in, former military members can return home with unresolved issues and stress reactions related to their military experiences (Hunt & Robbins, 2001; Van de Pitte, 2007). Although in recent years combat-related PTSD has gained widespread importance and acknowledgment, the military mindset has yet to move away from the notion that suffering from a psychological disorder does not imply one is weak, soft, or mentally unstable (Westwood et al.). The "I should just be able to deal with it" mindset, coupled

with the stigma associated with seeking treatment for psychological problems, decreases the likelihood of veterans effectively coping with their traumatic memories and associated difficulties. Despite the increased regard for combat veterans and increased recognition of combat trauma, the stigma of experiencing signs of combat trauma, such as depression, anxiety, fear, or post-traumatic stress, persist (Harrison & Laliberte, 2008). Male veterans may wish to identify with the masculine stereotype of the "real man" being one characterized by strength and emotional control; similarly, female veterans may feel they need to prove that they are equally as "tough" as their male comrades (Matsakis, 2007). Thus, both sexes can find it difficult to admit they may benefit from psychological assistance.

Veterans may also struggle with the language needed to openly talk about their experiences in a way that can be understood and accepted by those close to them (Westwood et al., 2008). They may even see themselves as toxic because they expect to harm others if they share their knowledge of the hideousness of war (Matsakis, 2007). "The soldier is confronted with unimaginable human suffering, the consequences of war and destruction, death, physical injuries and psychological suffering, the brutalization of morality, cruelty, sadism, or apathy" (Westwood et al., 2008, p. 300), and mainly copes with it alone. Not succeeding (at least outwardly) poses a risk that they be viewed as morally or psychologically deficient (Matsakis). However, veterans who come home to families that embrace them and do not shame them for showing signs of combat trauma are much more likely to have an easier time readjusting to civilian life (Hunt & Robbins, 2001).

Having been to war can also change the way veterans think. For example, the assumption that the world is a safe and loving place can be destroyed (Janof-Bulman, 1992). Additionally, Matsakis maintains that the high stakes during combat and the warrior mindset that is developed create a perception that issues are either black or white, with someone either being "with you" or "against you", and no possibility of an in-between stance. For example, "when thinking like a warrior, the vet will view another person based on what the person is doing at the moment or in the immediate past, rather than take into consideration other things he knows about that individual or all the other experiences he has had with him or her" (p. 59). Furthermore, due to the fact that, in war, mistakes are intolerable, veterans may come to develop a mid-set where no mistakes are allowed; instead, perfectionism is the only acceptable form of being. It may not be surprising, then, that these changes in cognitive processing can lead to extreme difficulties in the veterans' intimate relationships.

Veterans frequently indicate that upon returning home, they are expected to resume "life as usual" almost instantly. Often, it is not recognized that the readjustment to civilian life can take months, if not years (Matsakis, 2007). Former military members may face difficulties in social, emotional, and occupational adjustment upon discharge, resulting in a low quality of life that is often persistent over time (Hunt & Robbins, 2001).

The Relationships of Veteran Couples

The difficulties experienced by returning soldiers naturally impact all facets of their life (Black et al., 2007); thus, intimate relationships are also bound to suffer. Within this area of study, researchers have focused primarily on veterans suffering from PTSD,

or have conducted comparative studies exploring the differences between veterans with and without PTSD. Overall, research studies have found that veterans tend to have a greater propensity for marital break-up (e.g., Riggs et al., 2003; Shehan, 1987), as well as an increased susceptibility to a myriad of intimate relationship problems (e.g., Monson, Rodriguez, & Warner, 2005). These interpersonal difficulties can be attributed to a variety of factors, the most prevalent being the consequences of combat exposure and PTSD, as well as the general results of being enmeshed in the military culture for a lengthy period of time. Unfortunately, studies focusing exclusively on veterans without PTSD, or studies comparing those veterans without PTSD to non-veterans are lacking. Thus, it is difficult to derive conclusions regarding whether the relationships of veteran couples devoid of PTSD are different from the relationships of non-veteran couples without PTSD. Thus, in this section I will focus on those studies exploring the relationships of veteran couples with PTSD, and will allude to the differences between these couples and those without PTSD. It is also important to note that although some literature does discuss the positive side of veteran relationships, the majority of what is written focuses almost exclusively on the negative effects of military employment on relationships. The majority of this section will thus be devoted to discussing the negative effects of military employment, and will conclude with a summary of the research focusing on the positive repercussions.

As mentioned, the largest body of literature investigating veterans' experiences has focused on the causes, symptoms, and consequences of PTSD on the individual and his or her close relationships. The DSM-IV-TR (APA, 2000) lists the criteria for PTSD as: having experienced a traumatic events or series of events; reliving the trauma

repeatedly through nightmares, flashbacks, or other forms of re-experiencing; experiencing a numbing of emotions and a reduced interest in others; experiencing signs of physical arousal such as irritability and sleep disturbances; experiencing these problems for at least one month after the traumatic event, and experiencing significant distress or dysfunction in social, occupational, or family functioning as a result of the trauma. The unique feature of PTSD is the re-experiencing of the traumatic experience, followed by attempts to numb memories of the trauma and the feelings associated with the trauma. This re-experiencing and numbing cycle is repeated over and over, causing significant problems for the sufferer and those around him or her. PTSD severely impacts functioning across major life domains; among sufferers, unemployment can be increased by approximately 30% and marital instability by approximately 60% (Galovski et al., 2004).

As indicated, PTSD often exerts a strong and pervasive negative influence on those around the sufferers (Jordan et al., 1992); thus, especially relevant are the PTSD symptoms that interfere with social relations. These include numbing or lack of responsiveness, reduced involvement with the external world, diminished interest in previously enjoyed activities, feelings of detachment and alienation, constricted affect, diminished sexual drive, and difficulty controlling aggression (Solomon et al., 1991). Given these effects of PTSD, it is not surprising that combat veterans diagnosed with this disorder appear to be at higher risk for significant relationship problems. For example, a study on Vietnam veterans found that veterans with PTSD were twice as likely as their non-PTSD counterparts to have been divorced, and almost three times as likely to have experienced multiple divorces (Jordan et al., 1992). Specifically, these individuals tend to

be less satisfied with their intimate connections, and their relationships are less cohesive, less expressive, more conflictual, and more violent than are the relationships of veterans without PTSD (Jordan et al.; Riggs et al., 1998).

Intimacy is a central focus in romantic relationships. A lack of intimacy with one's partner is likely to result in decreases in marital satisfaction as experienced by both partners. Veterans with PTSD appear to experience increased anxiety and discomfort around intimacy, and their partners also exhibit a greater fear of intimacy, perhaps as a result of the problems exhibited by the veteran's distress (Matsakis, 2007; Riggs et al., 1998). Additionally, sexual dysfunction and sexual disinterest among PTSD veterans can be common (DeFazio & Pasucci, 1984; Matsakis, 2007; Westerink & Giarratano, 1999). Researchers have remarked that "injured veterans often struggle with believing that they are still attractive to their partner and that they have the capacity to sustain their relationship" (Westwood et al., 2008, p. 306). Veterans may conscientiously push away significant others for fear that they may reveal the atrocities they have committed in combat and subsequently lose the love and respect of those they most value (Matsakis). Thus, it is not surprising that military couples characterized by a PTSD-diagnosed spouse experience more problems in their relationship as a result of difficulties with intimacy (Riggs et al., 1998). In contrast, those veterans without PTSD do not tend to experience intimacy issues to the same extent as their counterparts.

Communication factors such as avoidance and emotional numbing have also been linked to lowered levels of relationship satisfaction among veterans and their spouses when PTSD is present (Galovski & Lyons, 2004; Lyons, 2001; Riggs et al., 1998; Shehan, 1987; Solomon et al., 1991). Open communication is the key to success in all

close relationships and integral to overall couple satisfaction; if it is lacking, other problems are likely to ensue (Galovski & Lyons, 2004; Shehan, 1987). Although the effects of emotional numbing once returned to civilian life are severe, during combat soldiers need to put aside their emotions in order to survive. Acknowledging feelings would be both personally confusing and life-threatening, as connecting with powerful emotions would lessen the ability of most soldiers to give and take directions (Matsakis, 2007). Thus, although detrimental once removed from combat, emotional numbing serves a life-preserving function while in the military. Of course, when the veteran responds to current (non-combat) non-life-threatening situations by going numb, interpersonal problems are likely to ensue.

In their study, Riggs and colleagues (1998) assessed the relationship quality of 50 male Vietnam veterans and their female partners using standard measures of relationship distress. They correlated answers from a PTSD checklist to various relationship satisfaction questionnaires (i.e., Dyadic Adjustment Scale; Spanier, 1976). Referring to the symptoms required for a PTSD diagnosis, they defined "effortful avoidance" as attempts to avoid reminders, thoughts, and feelings, and found that it was significantly correlated with relationship quality. Emotional numbing was defined as "emotional restriction, detachment from others, and loss of interest in pleasurable activities" (p. 95). Results showed that all three characteristics were significantly associated with relationship quality, even more so than the avoidance symptoms. This finding is in line with clinicians and researchers who have repeatedly identified emotional numbing as an often primary factor interfering with relationship functioning after combat trauma (Cook et al., 2004; Galovski & Lyons, 2004). Although the veteran may not intend to shut out

his or her partner through numbing, the partner usually experiences these behaviours as personal rejection (Matsakis, 2007). In fact, it has been found that emotional withdrawal, more than any other symptom, has influenced wives of PTSD veterans to seek divorce or separation (Galovski & Lyons, 2004). This may be due to the fact that emotional numbing can contribute to relationship distress by impairing emotional engagement between spouses, a factor crucial for maintaining intimacy and resolving marital conflict (Cook et al., 2004). Again, this research is focused on those veterans with PTSD, as numbing is a hallmark of this diagnosis. Those veterans without PTSD do not normally exhibit avoidance and emotional numbing, and are able to include their partners in their emotional and cognitive processes.

Combat trauma also greatly reduces verbal involvement (Carrol et al., 1985) and self-disclosure, "the process through which one person expresses his/her feelings, perceptions, fear, and doubts to another, allowing relatively private and personal information to surface" (Shehan,1987, p. 57). According to Shehan, PTSD veterans may want to maintain emotional distance from their partners because they may fear they will not be understood (and may even be rejected) if close others become aware of their experiences and their needs. While attempting to reintegrate into civilian life, veterans may feel that their partners have no concept of the change they have undergone, or the difficulties they have endured (Galovski & Lyons, 2004). Shehan notes that misunderstandings are further exacerbated by the lack of communication. Even nonverbal communication may be reduced, through the avoidance of eye contact, physical touch, and by keeping physical distance from close others. As a result of these negative communication patterns, the veteran's partner may feel rejected, and may resort to

decreasing his or her positive interactions with the spouse. The marital communication system thus further becomes characterized by defensive rather than supportive behaviours (Shehan). The effects of intimacy, avoidance, emotional numbing, and self-disclosure may appear to be pervasive over time, with one study finding that these negative behaviours were related to problems in veterans' intimate relationships even 50 years after their involvement in war (Cook et al., 2004).

In addition to the distancing behaviours described above, veterans experiencing combat-related PTSD are significantly more likely to display anger and hostility (Calhoun et al., 2002; Carrol et al., 1985; Matsakis, 2007; Taft et al., 2007). It appears that veterans with PTSD respond to potential threats in the environment with a heightened anger response (Taft et al., 2007). Specifically, they have "frequent arousal-to-anger states, a wide range of anger-eliciting situations, a more hostile attitude towards others, and a tendency to hold anger in and brood" (Calhoun et al., 2002, p. 135). This anger, coupled with other negative patterns, may push both partners to exhibit verbal and nonverbal behaviours that are threatening or punishing to the other, including judgmental responses, attempts to control the other, and expressions of indifference or superiority (Calhoun et al., 2002). The constricted intimacy and expressiveness, limited expression of emotion, and lack of self-disclosure add to the marital discord that may be already present. The result is an escalating and recurring pattern of detachment, isolation, conflict, and withdrawal (Galovski & Lyons, 2004). Anger may be the emotion of choice due to the fact that, while grieving makes one feel weak and helpless, anger makes one feel powerful and full of energy (Matsakis, 2007). Additionally, in the war zone, anger is one of the few emotions that is permitted expression (Westwood et al., 2008). Thus, it

may be seen as a preferable emotion to exhibit, especially to those veterans who have difficulty relieving themselves of the military mentality.

Anger problems that are highly correlated with PTSD tend to pose a particular risk for physical abuse (e.g., Taft et al., 2007). Veterans experiencing increased anger may be particularly likely to enter "survival mode" across multiple situations, resulting in an increased likelihood for engaging in abusive relationship behaviour (Taft et al.). As a result of military training, many veterans are used to reacting violently to any perceived threat. While this quick-action response is essential on the battlefield, it is no longer useful – and can be very harmful – upon return to civilian life. Intimate partner violence (IPV) is thus a serious problem in veteran couples (Carrol et al., 1985; Galovski & Lyons, 2004; Jordan et al., 1992; Marshall, Panuzio, & Taft, 2005; Monson et al., 2005; Orcut, King, & King, 2003), with negative consequences for both perpetrators and victims. Prevalence rates range widely from 13.5% to 58%, with PTSD contributing to the higher end of this range, and available representative studies have demonstrated that rates of IPV perpetration among military veteran couples are up to three times higher than those found among civilian couples (Marshall et al., 2005). Perceived IPV has been shown to be inversely associated with relationship quality, with those couples perceiving poor marital and relationship adjustment experiencing more IPV (Monson et al., 2005). It appears that it is the presence of PTSD that is more greatly associated with elevated levels of hostility and physical violence (Galovski & Lyons, 2004), although combat exposure also appears to be influential (Marshall et al., 2005). Trauma exposure in the war zone may impact risk of perpetrating IPV directly by exposing individuals to continuous violence, thus shaping the view that violence is an acceptable means of action and conflict resolution

(Orcutt, et al., 2003). Orcutt and colleagues (2003) found that poor communication styles (characterized by emotional numbing and lack of positive affect) was associated with increased conflict in the veterans' intimate relationships. This conflict, in turn, was associated with veterans feeling more threatened by their partner, and this perception of threat was further positively related to IPV. Additionally, a positive direct relationship has been found between frequency of IPV perpetration and a diagnosis of alcohol abuse, as well as depression and antisocial characteristics (Marshall et al., 2005). Linked with physical abuse is emotional abuse, also cited as a frequent occurrence among veteran couples (Lyons, 2001).

Although very little attention has been given to the experience of female veterans, an inclusion of this population in research is important. In Canada, the Armed Forces opened all occupations to women in 1989, and currently about 15% of Canadian Forces personnel are women (Department of National Defense, 2008). A recent study by Gold and colleagues (2007) found that female veterans' PTSD symptom severity was significantly associated with self-reported levels of marital adjustment, family adaptability, family cohesion, and parenting satisfaction. Although the frequently found result of physical violence among male veterans was not replicated, the study did find that PTSD symptom severity was correlated with female veteran-perpetrated psychological abuse. The researchers speculate that these findings reflect the differential patterns of anger expression between males and females; female veterans are more likely to use psychological aggression than physical aggression. Although this is plausible, more studies are needed to determine whether this finding is consistent across other female veterans. Additionally, although numerous research studies support the existence

of numbing, avoidance, and lowered verbal involvement in interpersonal relationships among combat veterans, it must be remembered that the majority of these studies are based on male veterans. Therefore, the results of these studies cannot necessarily be generalized to female veterans and their families, as women may experience and/or express their feelings in a different manner.

As can be evidenced by the proceeding literature review, there is sparse research specific to the relationships of military veterans who are not suffering from PTSD, and how these relationships compare to non-veteran samples. The information that is available is drawn from studies that compare PTSD-positive and PTSD-negative veteran couples to one another (e.g., Jordan et al., 1992; Taft et al., 2007). Non-PTSD samples are described as having less marital problems, less violence, better adjustment, and higher functioning as compared to PTSD samples of veteran relationships (Cook et al., 2004; Jordan et al., Orcutt et al., 2003; Taft et al.). A study by Riggs and colleagues (1998) found that 75 percent of PTSD-positive dyads experienced relationship distress, versus only 32% of the PTSD-negative dyads. Additionally, non-PTSD couples appear less likely to experience difficulties with intimacy, emotional numbing, and avoidance (Riggs et al.). Studies focusing solely on the experiences of non-PTSD veteran couples are lacking, however, making it difficult to determine whether these relationship differ markedly from non-veteran samples.

While the majority of research conducted on veterans has emphasized the harmful effects of the military lifestyle and combat exposure on the veteran as an individual and as part of a family, war experiences can also have positive effects on the veteran, and many veteran couples suffer no negative consequences. For example, Matsakis (2007)

indicates that "combat duty can increase a person's self-reliance, desire to help others, and appreciation for human life, especially for caring relationships" (p. 9). Additionally, she postulates that other strengths and virtues such as self-discipline and self-sacrifice can also develop from serving in a combat zone, with these having positive effects on family relationships. Emotional and spiritual growth can also occur, influencing the family in a constructive manner. Other positive outcomes include greater determination to achieve one's goals, increased self-reliance and confidence, increased ability to handle crises, greater tolerance for others, heightened loyalty and commitment, increased awareness of the brevity and fragility of life, and increased self-understanding (Dekel et al., 2005; Frederickson, Chamberlain, Long, 1996; Matsakis, 2007). Shehan (1987) postulates that the majority of Vietnam veterans lead stable lives and have learned, to various degrees, how to cope with the clinical or subclinical difficulties they experience. She states that those who have made the most progress have done so as a result of a supportive social network; most notably, a spouse. Similarly, Jordan et al (1992) state that many families with a veteran suffering from PTSD are not chaotic, desperately unhappy, or severely disturbed, and instead report being happy and satisfied with their lives. It has been suggested that a solid marital foundation prior to separation due to military employment predicts the most positive outcome following reunion, whether or not PTSD is present (Galovski & Lyons, 2004). Thus, although the focus is usually geared towards the negative impact of military employment, there are many who are employed in this sector who do not encounter difficulties, and positive results can arise as a result of military employment.

As can be evidenced, the majority of the research in this area has focused on the symptoms and characteristics of the (mostly male) veteran, neglecting the very important experiences of the partner or spouse. It is evident that veterans' difficulties inevitably impact those closest to them; thus, obtaining the non-veteran's perspective on their experience of and challenges associated with their intimate relationships should be viewed as equally important. Not only are partners undoubtedly affected by their veterans' experiences; they are also likely to provide useful evaluations as a consequence of observing their partners' behaviour in multiple contexts and occasions, and in their greater willingness to disclose undesirable symptoms experienced by the veteran (Calhoun et al., 2002).

Spouse-Specific Research on Veteran Relationship

Past research has demonstrated that the distress experienced by veterans easily carries over to their partners, decreasing the well-being of both. However, few studies have focused solely on the partners in an attempt to discover how they view, make sense of, and experience the relationship between themselves and their veteran. As it has been made apparent that the emotional and behavioural consequences of having been in the military can have a disruptive effects on intimate relationships, it makes sense to focus research on the non-veteran member. Obtaining the partners' perspective on their intimate relationship can not only provide a more comprehensive understanding of couple dynamics, but also give a much-needed voice to those largely neglected in military research. The studies that have questioned the partners or spouses on their relationship with their veteran are described below. It is important to note that all the studies below

indicate the non-veteran partner as being female. To my knowledge, no relationship studies have been conducted that focus specifically on male partners of military veterans.

Partners of veterans cite numerous difficulties as a result of living with a veteran. Many of these are similar to the challenges described in the previous section on veteran relationships. The most prominent theme that emerged from the studies is the evidence of disruptions in marital quality as experienced by partners of veterans (Dekel et al., 2005; Dirkzwager et al., 2005; Frederickson, Chamberlain, & Long, 1996; Hendrix, Erdmann, & Briggs, 2000; Lyons, 2001; Manguno-Mire et al., 2007; Solomon et al., 1992; Westerink & Giarratano, 1999). Disruptions are reported as a lack of communication, a decrease in emotional expression, a lack of affection and love, an increase in violence, and a marked change in marital roles. Again, these are usually noted in the presence of PTSD. The specific effects of these behaviours on relationship quality are described in detail below.

Solomon and colleagues (1992) studied partners of veterans who sustained a combat stress reaction (CSR) during the 1982 Lebanon War, and compared their marital quality to those veterans who participated in the same war but did not sustain a CSR. The authors defined CRD as a psychological breakdown during the war. Wives were asked to report reflections at four points in time: at the time of marriage, before the war, after the war, and the present. They found that, in the "after the war" report, wives of CSR veterans reported significant reductions in intimacy, consensus, expressiveness, and cohesion, resulting in a decrease in marital satisfaction and an increase in marital conflict. It appears that these declines in marital quality were only apparent immediately after the war, as the fourth time point (6 years after the war) reflected a leveling off to pre-war

levels. What is even more interesting, however, is that the two groups (CSR wives and non-CSR wives) reported significant differences in marital quality before the war. Specifically, wives of CSR veterans consistently viewed their marriage as having less consensus, less intimacy, less expressiveness, less cohesion, less satisfaction, more conflict, and poorer integration than non-CSR wives. These findings seem to indicate that the CSR couples' married lives were different (and perhaps more negative) than the non-CSR couples. Although retrospective studies can be tainted by present feelings and experiences, these findings suggest that CSR couples may have been less successful in negotiating the transition to marriage than non-CSR couples. It follows then, that marriages that are less supportive and less emotionally satisfying may be more vulnerable to break down when faced with extreme stress. Thus, marital quality as experienced by the female partner may be a critical factor in determining whether she has the ability to successfully cope with stressful experiences that have the potential to damage the intimate relationship.

Frederickson and colleagues (1996) also found decreases in marital quality as experienced by partners of veterans. These researchers conducted a qualitative study using a phenomenological approach and interviewed five women partners of Vietnam veterans. Although the design of phenomenological studies does not permit generalizable findings, this method does provide a detailed and holistic view of the long-term impact of marital experiences through personal accounts and first-hand observations. These researchers found that the partners experienced emotional numbing and disturbed communication patterns with their husbands, with effective interpersonal communication severely lacking, and interpersonal skills highly deficient. The women cited experiencing

a lack of affection, feelings, and emotional constriction from their veteran partners, culminating in a general belief that their husband did not love them. The women indicated that their husbands had an inability to initiate emotional interactions or to respond adequately to the initiations of others. Although the wives reported continuous attempts to show love and care towards their husbands, they experienced their husbands as being unable to respond to this love. Instead, communication patterns were marked by the veteran maintaining high levels of authority, dominance, and control, and violence and anger appeared to be an accepted part of everyday life. An additional theme that emerged was the role changes experienced by the partners. The women cited feeling as though the husband-wife partnership was non-existent, as though the husband was "missing", and with him, the sharing of household duties and any support. Thus, these women cited problems with veterans' self-disclosure, expressiveness, aggression, interpersonal skills, and relationship adjustment as very similar to the challenges outlined in the study by Solomon and colleagues (1992). This consistency reinforces the idea that women of male veterans in different countries and in different wars can have remarkably similar experiences.

Dekel and colleagues (2005) also conducted a phenomenological study, aiming to examine the significance that nine women ascribe to their lives as wives of Israeli veterans with PTSD. They found that the lives of these women revolved around their husband's illness, and that their total immersion in their husband's mental state drew them into his negative emotional world. Similar to the issues voiced in the above study by Frederickson and colleagues (1996), role changes were prominent for these women. They experienced their relationship as a mother-child relationship, not a husband-wife

partnership; thus, these women essentially experienced themselves as caregivers, not wives. They characterized their partners more as passive objects dependent on them for survival than as husbands, and cited extreme loneliness as a result of being married to "a living-dead husband" (Dekel et al., p. 30). The veteran partner was present physically, but was not the same person he was prior to going to war. The marital relationship was described as one in which the wife "is the strong partner who constantly gives herself to her weak and ill husband, whose existence depends on her" (p. 31). The boundaries between partners were cited as unclear, and the rules and roles that govern the marital relationship were also ambiguous. Thus, this study provides yet another example of the hardship experienced by partners of veterans with PTSD, and the many duties and challenges that characterize their marital relationship as a result of the veteran's psychological trauma.

Lyons (2001) provides additional evidence of partner distress from their phenomenological study of 10 women partners of Vietnam veterans suffering from PTSD. These women, similar to those cited above, indicated experiencing emotional numbing from their partner, as well as significant changes in marital roles as a result of their veteran partner's emotional issues. It was indicated that because the veterans were unable or unwilling to perform in their capacities as spouses, the women usually found themselves overfunctioning in every role, thus feeling more akin to a caregiver than a spouse. These responses are similar to those cited by the women interviewed in the study by Dekel and colleagues (2005). Similarly, Dirkzwager and colleagues (2005) studied partners of Dutch peacekeeping PTSD veterans and found that they reported their marital relationships as significantly less favourable than partners of peacekeeping veterans

without PTSD. Having a partner with PTSD symptoms was distressing for the women, and profoundly affected the quality of their intimate relationship. PTSD symptoms were found to put a severe strain on the marital relationship, such that partners found it difficult to provide the support that could be beneficial for the veterans' adjustment. These results indicate that even when involved in peacekeeping missions, veterans' experiences can profoundly affect their close relationships.

Hendrix and colleagues (2000) found similar results in their study of female partners of male Vietnam veterans 20 years after their war service. Their results indicated that veterans' escalating arousal and avoidance were negatively associated with the spouses' assessment of relationship functioning and relationship satisfaction. Less cohesion and less adaptability were experienced by the spouse, contributing to decreases in marital quality. These results indicate that the negative effects of combat experience can persist for many years, causing much suffering for both veterans and their significant others. Yet another study on Vietnam veterans and their spouses resulted in similar findings, with partners of PTSD veterans rating their families as having less cohesion, lower levels of expressiveness, a higher degree of conflict, and lowered support (Westerink & Giarratano, 1999).

Although some degree of psychological problems is usually present in veterans who experience troubled intimate relationships, physical injury can also present challenges. In a recent telephone survey conducted by three researchers at the University of Alberta (Fast et al., 2007), 142 veterans who had been released from active service with a high level of physical disability, and their supporters (94% of whom were the veteran's spouse), were contacted. The veterans' survey included questions about their

health status and functional abilities, the types of tasks they required assistance with, their unmet needs, and basic demographic information. The supporters' survey asked about their own health and functional status, duration of the veteran's disability, type and amount of support provided to the veteran, and the impact of providing that support on self and family. The emphasis of the investigation was on the experiences of the supporters as a result of the veteran's severe physical disability, although the majority of these veterans (84.2%) also reported battling psychological difficulties. Seventy-four percent of these veterans reported their health to be only fair or poor, and the majority reported long term physical and/or mental conditions that interfered with their abilities to do things at home. Ninety-four of these veterans identified their spouse as their primary supporter, and of the spouses interviewed, 55% reported spending five or more hours every day helping their veteran. As a result of this burden of care, spouses experienced immense stress associated with decreased employment, lowered income, insufficient outside support, and strained family relationships. The researchers end their report with a list of recommendations that flow from their key findings. These include a shift of focus from the veteran as a sole entity to the veteran's family in order to determine their economic, health, and social needs, as well as increasing access to services.

As can be noted from the above studies, research focusing on the experience of the spouses of veterans has focused on those whose veteran suffers from PTSD. Research exploring the experiences of non-PTSD couples is lacking, leaving a gap in the literature. Although the literature available on PTSD veteran couples is important and relevant, it is also essential to focus attention on those without a psychological disorder, to explore the experiences of those spouses.

Positive Outcomes

The negative influence of veterans' experience on the relationship quality as expressed by their partners has emerged in the studies reviewed here. Decreases in communication and positive behaviours associated with high relationship satisfaction are sadly lacking in many of these accounts. Additionally, findings appear to be similar across years of research, types of research methodologies, and different wars and peacekeeping missions. These studies lend support to the idea that the experiences of female partners of male veterans are similar. However, research in this area is not all negative, nor are the experiences of veterans' partners all characterized by doom and gloom. In fact, several positive factors contributing to high relationship qualities have been cited, and are reported below.

Positive feelings and behaviours of wives were found in a few of the studies mentioned earlier. For example, Dekel and colleagues (2005) as well as Frederickson and colleagues (1996) found that female partners cited husbands' personal strengths and good qualities as positives in the spousal relationship. The psychological difficulties experienced by the veterans appeared to, at times, increase their sensitivity and caring, leading some women to state that they felt their connection with their husbands was much stronger than it had been previously (Dekel et al., 2005). Favourable memories of the past also helped motivate the wives to keep going, and served as "the foundation for current marital relations, nourishing them and allowing the women to give positive meaning to aspects of a burdensome marriage" (Dekel et al., 2005, p. 32). The women in this study stressed that separating from or divorcing their husbands were not choices they would

consider. Women interviewed by Lyons (2001) also hesitated to leave their husbands, even though their lives were characterized by a fair number of negative changes. The women in this study who stayed with their husbands cited love for their partners and feeling needed as some reasons to stay; those that made the decisions to leave did so only after a number of years.

Having a supportive partner or spouse also appears to considerably reduce the negative impact of combat, and greatly aid in the recovery and healing process of the veteran (Monson et al., 2005; Shehan, 1987; Solomon et al., 1991). Specifically, having a partner who can facilitate the process of working through the delayed stress associated with combat is most likely to have a positive impact on the veteran's wellbeing. The support offered by the partner's loving presence can be very powerful and deeply appreciated by the veteran, even if words are not spoken (Matsakis, 2007).

Finally, Almagor (1991) investigated the relationship among physically disabled male veterans and the couples' extent of agreement regarding their marital satisfaction. It was found that couples with disabled spouses were significantly more in agreement over major marital dimensions, resulting in a more cohesive relationship unit. Additionally, the wives with physically disabled veteran husbands did not differ from wives of non-physically disabled veteran husbands on their report of marital satisfaction. The researcher suggests that these results may be due to the fact that families with a disabled spouse feel somewhat isolated from society due to the disability. This may lead the couple to experience greater closeness, resulting in a convergence in feelings and attitudes. Although these wives still had to cope with a disabled veteran, the experience brought them closer, as opposed to pushing them apart. Thus, these women managed to

find positives in their relationship, strengthening their will to continue their support and care for their husbands.

My Study

The preceding literature review has demonstrated the many effects that military employment can have on the romantic relationship of military members and their partners. Difficulties can begin with military training and can increase throughout the soldier's deployment, exposure to combat, and return to civilian life. Veterans may experience difficulties as they attempt to navigate a life they are no longer accustomed to. Their challenges will naturally affect the people they are closest to; namely, their partner. These individuals struggle not only with assisting the veterans with their psychological and/or physical disabilities, but also cope with the consequences of the war on themselves and their relationship. The research that has focused on partners has demonstrated that these individuals can experience a variety of struggles, although some positive aspects have also been cited. Although the experiences of these partners as highlighted in these studies is helpful and important, another essential area – their romantic relationship with the veteran – has often been neglected. As evidenced by Goleman's (2006) words, "humans are social creatures and wired to connect", and individuals can thrive and succeed, wither and fail as a result of their intimate connections. Thus, it is important that research on veterans and their partners focus on what can help and hinder their relationships.

It is essential that partners be given voice to express and share their experiences in order to best understand the context of their experiences. The research that has been conducted in this area has asked only limited questions regarding their relationship, has

mostly used samples of partners whose veteran is struggling with PTSD or combat stress, and has occurred in other countries (mainly the United States). Although some Canadian research on military-specific relationships is available, a focus on veteran-specific relationships is lacking in this country. To my knowledge, the recent study by Fast and her colleagues (2007) is the first to focus on partners of Canadian veterans. Although this study highlighted extremely important and pertinent findings, the emphasis was on the spouse as a caregiver, not on the relationship between the veteran and his or her partner.

My study thus attempted to begin to fill this gap by interviewing partners of Canadian military veterans. I conducted this research using a qualitative method known as the critical incident technique (Flanagan, 1954). This research design enabled the highlighting of critical incidents described by the participants that have either helped or hindered their relationship with their veteran partner. Specifically, my research question was "What factors help and hinder the relationship between veterans and their partners, from the partners' perspective?" I chose not to limit my focus to a PTSD-specific sample and instead broadened my criteria to include those individuals whose veteran partners were not suffering from a psychological disorder. As past research has strongly favoured the inclusion of a PTSD-specific sample, I hoped to provide some information on those individuals who are perhaps less studied. It is my hope that findings from these interviews will not only serve to clarify the often neglected experiences of these individuals, but also shed light on both the positive and the negative factors contributing to healthy romantic relationships for these couples.

Chapter III - Methodology

Method

I selected the critical incident technique (CIT), a research technique that is recognized as an effective and trustworthy exploratory approach (Andersson & Nilsson, 1964; Butterfield et al., 2005). The CIT is an interviewing approach developed by Flanagan (1954) in his studies of U.S. Air Force pilots during World War II, and "consists of a set of procedures for collecting direct observations of human behaviour in such a way as to facilitate their potential usefulness in solving practical problems and developing broad psychological principles" (Flanagan, 1954, p. 327). Although it has its roots in industrial and organizational psychology, since its inception in 1954 the CIT has been utilized across a diverse number of disciplines, including nursing, medicine, and counselling. The two basic principles of the CIT are that "factual reports of behaviour are preferable to ratings and opinions based on general impressions and that only behaviours which make a significant contribution to the activity should be included" (Woolsey, 1986, p. 244). There are five steps to a critical incident study: (1) determining the aim of the activity to be studied; (2) setting plans, specifications, and criteria for the information to be obtained; (3) collecting data; (4) analyzing the thematic content of the data; and (5) reporting the findings (Flanagan, 1954).

The CIT fits into qualitative research inquiry, and purports to conduct research in a natural setting with the researcher as the key instrument of data collection, collect data through words by means of interviews or observations, analyze data inductively, and focus on the participants' perspectives (Butterfield et al., 2005), all characteristics that are required of qualitative research (Creswell, 2007). The general aim of qualitative research

is to "study things in their natural settings, attempting to make sense of or interpret phenomena in terms of the meanings people bring to them" (Denzin & Lincoln, 1994, p. 2). This research paradigm does not aim to identify causal predictions among different sets of variables, but rather to explore, describe and increase the understanding of a specific construct, phenomena, or experience.

Kvale and Brinkmann (2009) contend that qualitative research interviewing can be conceptualized using a metaphor of a traveller, where the interview-traveller "wanders through the landscape and enters into conversations with the people he or she encounters" (Kvale & Brinkmann, p. 48). There is no specific knowledge that is waiting to be uncovered; rather, the interview-traveler explores every new landscape, asking questions and encouraging participants to freely express their stories. According to Kvale and Brinkmann (2009), interview knowledge is thus socially constructed and co-authored through questions and answers between the interviewer and the interviewee, not merely found or uncovered. Interviews take place within an interpersonal context, and are largely influenced by the people involved; thus, knowledge obtained in one situation with one interviewer does not automatically transfer with knowledge gained from a different interviewer in a different situation. This conversational approach to research yields the potential for different meanings and different understandings.

The CIT deviates from other qualitative research techniques in that there is no extraction of themes from participants' narratives, nor is there any attempt to establish the essence of a phenomenon or the common experiences of individuals. Instead, the interview with participants literally results in critical incidents as described by the participants and co-created in conversation with the interviewer. These incidents are not

extracted from narratives of the interview (i.e., during the data analysis stage), but rather

are produced within the interview itself. The researcher's role is not to identify these

incidents after completion of the interview; instead, the interview specifically elicits these

incidents. The researcher's role is, then, to create categories so as to group the incidents

in a meaningful way.

As a qualitative research method, the CIT is mostly used for foundational,

exploratory and clarifying research (Woosley, 1986). To this end, my research did not

aim to make inferences on what causes a stable or unstable relationship among veteran

couples, but rather sought to understand participants' views of what behaviours and

events help and hinder this relationship. Thus, the CIT was an appropriate choice for the

research I conducted.

Participants

As the CIT is meant to be descriptive and exploratory, sampling requirements are

not as stringent as they may be for other methods of research. Very few limits are set on

the sampling, as the major purpose of the CIT is to provide a comprehensive

understanding of the content domain (Woolsey, 1986). With respect to sample size,

Flanagan (1954) states that in a CIT study the sample size is not determined by the

number of participants, but rather by the number of critical incidents and whether the

incidents adequately represent the activity being studied. There is no specific means of

establishing sample size, but it has been recommended that CIs be collected until

redundancy appears in the data. However, given the limits and time constraints associated

with a Master's thesis, I was not able to fulfill the requirement of redundancy.

Nonetheless, I do believe that the number of critical incidents I was able to collect

adequately represent the domain I explored. I found that the last two interviews I conducted contained many of the same incidents as the previous five, giving some grounds for redundancy.

Criteria for participation was as follows: (1) participants had to be married to, or in a relationship with, a Canadian Forces (CF) veteran for a minimum of two years, and either still be together or have since split up; (2) the veteran partner must be completely retired from the military; (3) while in the military, the veteran partner must have served full-time for a minimum of six months, in any capacity; (4) the veteran partner did not necessarily have to have been deployed overseas or have combat experience; (5) the veteran partner did not necessarily have to have been diagnosed with PTSD or another psychological disorder; (6) the couple must have been together during the veteran partner's employment with the military, and through retirement from the military; and (7) participants must never have been employed by the CF themselves.

Participants were seven female partners of male Canadian military veterans residing in Greater Vancouver and Courtenay, BC. All participants self-identified as being involved in a romantic relationship with their veteran partners for a minimum of two years. Specifically, six participants were married to their partners and one participant had been in a dating relationship with her partner for two and a half years. One of the women's husband had passed away approximately seven years ago. Relationship length ranged from 2.5 to 48 years, with a mean duration of 30 years and a median of 28.5 years. The six married participants had children; the unmarried one did not. Participants ranged in age from 26 to 76, with a mean age of 53 and median of 51. Two of the participants were retired, one was a student, and four others were still in the workforce. None had

been employed by the Canadian Forces at any time in their lives. Their veteran partners had been employed by the CF anywhere from 4 to 37 years, in the following occupations: avionics technician, equipment operator, paramedic, military policeman, aeroengine mechanic, navigation office, and general mechanic. Five had served overseas with the CF, and two had served in a war zone. Their time since retirement from the CF ranged from 4 months to 27 years. None of the veterans had been diagnosed with a psychological disorder. All identified as Caucasian.

Recruitment

Participants were recruited using a number of different strategies: Royal Canadian Legion branches were contacted in both Victoria, BC and Vancouver, BC; e-mails were sent to various veteran's organizations in Victoria (e.g., Operational Stress Injury Program), participants of a veteran's transition program located in Vancouver were informed, and word-of-mouth sampling was used. All organizations contacted were sent a letter of invitation that included an overview of the study, criteria for participation, and contact information. Posters were placed in three Victoria Royal Canadian Legion branches with permission from their directors. Six of the seven participants heard about the study through word-of-mouth, and one participant was recruited through the veteran's transition program in Vancouver. All participants who expressed interest in participating were placed in contact with me, and were given an overview of the study through a phone conversation. Interested individuals were asked specific questions to determine their eligibility, and if all pre-determined criteria were met they were invited to take part in the study. Six individuals were interested in participating but were not eligible for a variety of reasons, including: not having been with their husband during his transition out of the

military, the husband not having served full-time while in the military, and the husband currently still being employed by the military. Only one individual who met criteria and was invited to participate declined; this was due to the fact that her husband had exited the military approximately three weeks earlier, and she did not feel she would be able to contribute meaningful information to the study. Please see Appendix A for all recruitment materials.

Individuals who agreed to participate were e-mailed the consent form to review prior to the interview date. This occurred for all but one participant who did not have an e-mail address. To compensate, a greater amount of time was spent speaking to this participant on the phone in order to explain all facets of the interview. Participants were encouraged to ask any questions; all were answered. Please see Appendix B for a detailed script of the initial telephone contact.

Data Collection

A pilot interview was conducted with a colleague in the counselling department to practice the use of the critical incident technique. Reflections and questions arising from this interview were discussed with my supervisor prior to commencing the participant interviews. Participant interviews were conducted in person, in a setting that was comfortable, private, and convenient for the participant, yet still allowed for full confidentiality. Four interviews were conducted at a meeting room at local community centres, one interview was conducted at a meeting room in a church, and two interviews were conducted in the respective homes of the two participants. All interviews were audio recorded. Signed consent was obtained at the commencement of the interview, and limits of confidentiality were discussed. I also shared information about my interest in the

topic and previous research experience. This disclosure is in line with the nature of qualitative research, where the background and positioning of the researcher is always made evident and open to exploration (Creswell, 2007). Participants were then given an overview of the interview process.

Participants were interviewed using a semi-structured format (see Appendix C). To begin, the following basic demographic information was obtained: age of participant and her partner, length of relationship with current partner, number of children, nature and length of their partner's the military service, time elapsed since their partner's exit from the military, current employment status of participant and her partner, and ethnic background. This data was obtained purely for descriptive purposes to reveal the characteristics of the participants.

After demographic data were obtained, participants were asked to describe critical incidents that occurred after their partner retired from the military that either helped or hindered their relationship. Critical incidents (CIs) were explained as significant occurrences that affected the relationship in a positive or negative way. In order for an incident to have been considered critical, it "must occur in a situation where the purpose or intent of the act seems fairly clear to the observer and where its consequences are sufficiently definite to leave little doubt concerning its effects" (Flanagan, 1954, p. 327). The term incident was defined as any reported occurrence that could be translated into specific, observable, and behavioural terms (Bedi, Davis, & Williams, 2005). Participants were given the option of starting with either the helping or the hindering incidents, and were free to switch between these categories throughout the interview. This was done because it was found that participants' recollection was facilitated by

allowing them to switch back and forth between helping and hindering events. It was determined early on in the interviews that asking participants to describe all helping incidents and then all hindering incidents (or vice versa) was challenging for the participants and would likely have resulted in less incidents reported.

To determine the level of influence of the CIs, participants were asked follow-up questions such as "How or why did this help or hinder your relationship with your partner?" To facilitate the identification and exploration of CIs, I employed active listening skills such as open-ended questions, paraphrasing, and probing. If an incident was explained vaguely, I followed-up with clarifying questions such as "Can you describe the incident in more detail?" Throughout the interview I briefly wrote down the CIs as they were described, and read them back to participants at the end of the interview. Participants then had an opportunity to add, eliminate, or clarify any of the critical incidents on the list. The interview continued until the participant felt there were no additional incidents to report. Participants reported anywhere from four to seven CIs.

Participants were asked to think about critical events that occurred since the time their partner exited the military; thus, virtually all of the data collected consists of retrospective self-reports. I used my judgements to determine the clarity of the incidents, and where incidents were unclear, follow-up questions were asked to better understand their significance and impact. Specifically, the criteria for incident inclusion outlined by Butterfield and colleagues (2005) were followed: "(1) they consist of antecedent information; (2) they contain a detailed description of the experience itself; and (3) they describe the outcome of the incident" (p. 488). With the help of follow-up questions, all participants were able to clearly describe the importance and impact of the incidents they

were describing. Thus, I left each interview with four to seven critical incidents described clearly by each participant. These incidents were not created or extracted from a lengthy narrative resulting from the interview, but were established during the interview.

Data Analysis

The process of analysis and understanding of the CIs began prior to the completion of data collection; specifically, I began sorting through and attempting to categorize the CIs after the first interview conducted, and continued throughout the data collection phase. This is a process suggested by Flanagan (1954). I met with my supervisor after my first two interviews to review my interview method and ensure I was appropriately employing the critical incident technique. Throughout the data collection phase I routinely transcribed all the critical incidents after the completion of each interview. I worked directly from these transcriptions and the audiotapes to identify all critical incidents described by the participants.

At the completion of data collection I reviewed all the CIs and wrote a brief version of each CI on file cards, making sure to include the most pertinent element of the CI as described by the participant. To accomplish this, I reviewed the transcripts and selected verbatim portions from each transcript that reflected the incident. These quotes were most often taken from the end of the interview, where each incident was reviewed, refined, and clarified with the participant to ensure comprehension. Thus, I did not create the incidents during the data analysis, but rather copied the description that the participants had given me. In order to maximize understanding I deleted pauses and inserted some words to ensure fluidity and comprehension. However, my insertions were minimal as it was important to maintain the essence of the critical incident as described

by the participant. I then proceeded to create and refine the categories. I began by sorting

the critical incidents into two main categories: helping incidents and hindering incidents.

I analyzed the data by sorting the CIs according to an open-ended, inductive process of

categorization, with the aim of developing mutually exclusive, comprehensive categories.

The purpose was to create categories that summarized and described the incidents in a

useful yet simple manner, while sacrificing as little as possible with regard to

comprehensiveness and specificity (Butterfield et al., 2005). Within the two broad

headings of helping and hindering, the incidents were then sorted into further categories.

I then created brief descriptions for each category, ensuring that the description was

reflected in all of the incidents included within that particular category. Modifications of

the description of the categories, as well as the inclusion of new categories, occurred as I

continued to sort the CIs. The categories were modified as needed, and this process

continued until all the incidents had been classified. Thus, the data analysis process

followed more of a distilling, trial-and-error procedure, which is typical of critical

incident studies (Flanagan, 1954). It was important to continue working with the category

system until I felt that the items fit together in a clear fashion (Woolsey, 1986). After

consultation and independent confirmation, I finalized the data analysis when I felt that

the final chosen categories indicated a comprehensive, mutually-exclusive, and logical

organization.

Data Trustworthiness

As a qualitative research method, the trustworthiness of a CIT study is established

through a process that is built into all aspects of the research design (Bedi et al., 2005).

The first trustworthiness check occurred during the interviews, and satisfied the

requirements for interpretive validity, defined as the extent to which the phenomena is

comprehended from the participant's, or "emic", perspective rather than the researcher's,

or "etic", perspective (Maxwell, 1992). Throughout each interview I briefly wrote down

every critical incident described by the participant. At the completion of the interview, I

read the incidents back to the participants, allowing them to modify the incidents if

needed. This allowed me to determine whether I had properly understood the incident as

described by the participant; if I had not, the participant was able to re-state the incident

to clarify my comprehension. The second trustworthiness check ensured I satisfied the

requirements for descriptive validity, which in qualitative research has to do with the

accuracy of the accounts (Maxwell, 1992) and the extent to which the researcher refrains

form distorting the data. To accomplish this, I audio recorded all interviews, transcribed

the CIs from each interview, and worked directly from the transcriptions to accurately

reproduce participants' words. Third, I reviewed my first two interviews with my

supervisor regarding correct utilization of the critical incident technique. Lastly, I had

four independent judges sort through all the critical incidents and place them into the

categories I created. The first independent judge was considered a pilot testing and

included the 41 incidents with a resulting 73% agreement rate. After a discussion with

this individual it was deemed that this low agreement was likely due to the sparse amount

of information used to define the categories. All the categories were thus revised to

provide clearer and more comprehensive descriptions with more context. The second

judge, my supervisor, then proceeded to sort the 41 incidents into these more descriptive

categories, with a resulting 95% agreement rate. The two incidents that were sorted

incorrectly pertained to the miscellaneous category. After further discussion with my

supervisor, it was decided that the four incidents that I had classified in the miscellaneous category would be removed from further incident-sorting tasks, as they did not fit under any of the categories I had created. The titles of the categories were also discussed and some were slightly altered in order to more comprehensively capture the meaning of the category. Finally, two more judges (a colleague in the counselling program and an individual with no experience in counselling psychology, relationship literature, or military culture) independently sorted the 37 incidents into these categories, both achieving an agreement rate of 100%. This high agreement rate provides support for the accuracy of the categories I have created and indicates that other individuals, when presented with the incidents, agreed with my categorization and interpreted the incidents in exactly the same way.

The participants themselves were not included in this final part of the trustworthiness checks, as the resulting categories and 41 incidents were not sent to them for verification. This was due to two main reasons: I did not include this possibility in my ethics form, and I was under time-constraints to complete my thesis. In discussions with my supervisor it was deemed that this was acceptable, as a trustworthiness check had already occurred in the interview by asking participants to clarify each incident. Naturally, it would have been interesting and fruitful to have my participants undergo the categorization task; however, I believe I still fulfilled adequate trustworthiness checks by having four judges sort through the categories.

Ethical Considerations

I provided a clear and comprehensive overview of the process prior to each interview so that participants were informed of the content and expectations of their

participation. In all but one case (due to unavailable e-mail address) I e-mailed the

consent form to participants prior to the interview date and encouraged them to read it

before our meeting. Interview questions were discussed prior to the interview, and sample

questions were included in the written consent form. The consent form also included

possible drawbacks and risks of participation, including experiencing fatigue and

emotional upset. Participants were informed, both on the phone and at the time of the

interview, of their right to temporarily or permanently end the interview at any time, and

to withdraw from the study at any time without explanation or penalty. Before

commencing the interview I informed participants of the possibility of taking breaks or

ending the interview completely. Throughout the interview I was attentive to signs of

upset in participants; there was only was occasion where I noticed significant emotional

upset and asked the participant whether she wished to take a break, or end the interview.

The participant opted to continue the interview.

Limits to confidentiality were fully discussed at the commencement of the

interview, and the consent form was reviewed in detail out loud. Interviews did not

commence until participants had agreed to and signed the consent form. Participants were

assured that a participant ID would be used at all points in the data collection and

analysis, and that identifying information would not be included in any write-up. They

were informed that pseudonyms would be used in all write-ups. No participants chose to

stop the interview or withdraw their data.

As both a researcher and a counsellor-in-training, it was imperative that I

maintain a professional and ethical stance with all participants. Participants disclosed

highly personal information that at times was emotional distressing; when this occurred I

retained my role as researcher to safeguard the interview from becoming a counselling session. However, I still made use of common active listening skills throughout the interview, such as summarizing and using empathic reflections. I believe this helped to demonstrate my interest in and appreciation for their stories.

The participants were not contacted again for further information, nor were the results of the study or a research summary communicated to them. Two participants asked to receive a copy of my thesis once completed, and this request will be honoured.

Chapter IV – Results

Forty-one critical incidents were identified in the seven interviews conducted; specifically, 24 hindering incidents and 17 helping incidents were shared. Six categories were created to encompass 22 hindering incidents, and five categories were created to encompass 15 helping incidents. Two hindering and two helping incidents did not cluster to form any comprehensive category, and thus were placed in a miscellaneous grouping. Pseudonyms are used to maintain the anonymity of all participants, as well as their family members. Each incident is identified by the pseudonym of the participant who endorsed it.

Participants from this point onwards are referred to as "husband" and "wife" as opposed to "partner" in order to facilitate comprehension and labelling of actions. This was done with the understanding that one participant was not married to her partner at the time of data collection. Pseudonyms are used in lieu of actual names to preserve the anonymity of participants and their family members. A table is included, below, to represent the different categories. A detailed explanation of each category, with the inclusion of all incidents within each category, follows the table.

Helpful Categories	Number of Incidents	Hindering Categories	Number of Incidents
Providing support when needed	4	Communication difficulties	6
Collaboration	4	Aggressive and intimidating behaviour	4
Reconnecting	3	Burdened with responsibility	4
Positive time apart	2	Inconsiderate behaviour	4
Willing to sacrifice	2	Failure to provide support	2
Miscellaneous helping factors	2	Feeling ashamed of husband	2
		Miscellaneous hindering factors	2
Total	17		24

Helpful Categories

Providing support when needed. This is described as the husband taking charge of

a difficult situation and displaying supportive behaviours towards his wife,

children, or other family members during difficult and challenging times.

Supportive behaviours include reaching out and assisting the wife, children, or

other family members with difficult situations and effectively dealing with

uncomfortable or stressful situations, all while maintaining a calm demeanour.

The wife perceives these behaviours as helpful and supportive and is grateful for

her husband's assistance. The difficult situations are made easier because of the

husband's support. Four incidents were included in this category

> **Becky:** So I had to stay with this guy that I had hurt, and he was shaking
>
> and couldn't talk properly. And the ambulance came. And I called Jake –
>
> he wasn't working at that time. So I called him and he came right away, he

just came to get me. He said it was going to be okay, and I just kept on….ahh my dad's car crashed…so he came and he looked at the windshield and said there's no hair embedded, there's no blood…that means the concussion couldn't have been that bad, don't worry, he'll be fine. He really took care of me, really supported me through it.

Jill: When one of our boys got in a car accident. Just the way he handled the situation. Making sure that everything was in line with the police, and saying "he's fine, the car's replaceable, it was just a stupid mistake". He just assured me, assured everyone that it was okay, he took the control a person would, like a policeman.

Jill: My son was off, he had broken his hand…his work told him that he wasn't going to have a job anymore…and Jack got very depressed, and I kind of got worried about him, and when I talked to my husband he actually phoned Jack and dealt with it, and then phoned me back again so that I wasn't worried. That was a positive, at one time he would have got mad at Jack and what did you do wrong whereas this time he phoned and said to you know well this is what we can do, and we'll help you out in this way and that way.

Lisa: My dad is in a care home and I have a brother who takes care of him. And I have an older aunt who just does not see what my brother does for my dad, it's very difficult to try and change an 84-year old's mind in what she sees and what she perceives. So there was this one time, Ken (husband) was very good with her, he explained to her exactly what my

brother does. It really helped everyone out when he did that. He was able

to support everyone involved and really get through to her.

Collaboration. Collaboration is described as the couple working together to solve a

problem, make an important decision, or cope with a difficult situation that affects them

both. Behaviours include the couple communicating with one another to share their

respective thoughts and ideas, listening to one another, making decisions together, and

generally working as a partnership. Further behaviours include the husband being

inclusive and seeking out his wife to help him with difficult decisions, as well as the wife

perceiving a mutual understanding between herself and her husband. Four incidents were

included in this category.

> **Sarah:** We saw a house. And I'm thinking there's no way I'm living in
>
> this shack and buying it. And he walked me through it and talked me
>
> through it, saying you know, "we could do this". He could envision what it
>
> would be once he was done it, and I envisioned it for what it was. He was
>
> very good about the way he approached me on that, like he didn't just say
>
> "I'm buying it and that's it", he didn't make the decision on his own. I
>
> heard what he had to say and he heard what I had to say, together we came
>
> to that agreement.

> **Sarah:** He decided he was going to quit drinking and then there was an
>
> incident with work where he could possibly have lost his job because of it.
>
> I got home from work and he said "let's go for a drive", and we went and
>
> sat at the beach and he explained this to me. And I said, "well let's deal
>
> with this, let's work on this", and we had a really good conversation about

it. He listened to what I had to say and I listened to what he had to say, and we came up with solutions of how we deal with this. We came up with a solution together.

Lisa: We both had to be on the same page on how we were going to move forward in dealing with our kid during that time. I needed Sam to be behind me, to work together on this with me. He was really good in organizing this stuff, and then we would just try to come up with how we could help these kids. We came up with ideas together, then shared them with the other parents. Sam and I would discuss things together, it helped a lot.

Mary: Our son suffered a head injury and was in the hospital for some time. During that time, Bob and I were very much involved and very concerned. Bob and I know each other so well and he knew how I felt. I knew he cared as much as I did. Whatever I wanted to do, like we stayed in Kelowna for a month, there was no "oh, this is costing a lot", there was none of that. It was just something we had to do. We worked through it together, because we had to. Our son was first and foremost and there was nothing else we thought about. We just worked together to make ends meet.

Reconnecting. Reconnecting is described as the partners spending quality time together away from the daily hassles, and being able to truly connect with one another. The incidents in this category describe the couple being away on holidays together or being alone together, and experiencing a bond while doing so. Behaviours include appreciating

each other's company and feeling as though they are getting to know each other again. This reconnection is, in some cases, experienced after a period of time where a connection was not felt. Three incidents were included in this category.

> **Becky:** Travelling together in general was really good. We got to reconnect with each other in a way that we hadn't been able to in a long time. Be together all the time and realize that we like that, and we get along really well and we enjoy the same kinds of things.

> **Becky:** We waited up on the mountain while everyone went down, and it was just us and maybe 3 other people. There was something about just both wanting to appreciate nature and stay out there on our own for that little bit extra, and there was no real discussion about it, we didn't really talk about whether we should go down or not. It was special, being up there with him, I felt really connected with him, although I'm not really sure why.

> **Jill:** Being on holidays for a week with him and him becoming a totally, totally different individual. He was so much more relaxed, it was amazing. We were able to connect with each other and really enjoy each other's company.

Positive Time Apart. This category encompasses incidents that reflect the couple spending a significant amount of time apart from each other during challenging times in their relationship. This time apart is achieved by the husband obtaining a job in a geographical location far from his wife, and the wife feeling relieved and thankful for the

distance. The time apart served to help the couples' relationship and kept it from falling apart. Two incidents were included in this category.

> **Jane:** The Air Canada job helped our relationship through distance and time. He moved to Montreal for it. I needed the space, I needed him to be not there, because that wasn't working anymore.

> **Lisa:** So I don't know if that was a realization to both of us because he actually went away to work in Moosejaw for two years. He was commuting every couple of months, we never separated, but I think the distance helped.

Willingness to sacrifice. This is described as the husband's recognition of his wife's sacrifices over the years, and reciprocating accordingly by compromising his desires to align with hers. Behaviours included the husband putting aside his own wishes in order to do something that he realized was important to his wife. The incidents also encompass the wife perceiving that the husband engaged in these behaviours because he recognized the many sacrifices she has had to make during his time in the military. Two incidents were included in this category.

> **Becky:** He got back from Afghanistan, he was tired, and I think he would have been perfectly happy to just come home and stay at home. Instead, he raced around the world trying to meet me wherever I was. I think he recognized that I had made some sacrifices to be with him while he was away, and so he was willing to also make some sacrifices too.

> **Jessica:** When we came back, he wanted to live in Langley and I wanted to live in Cloverdale because my family was there. And we ended up

finding something in Cloverdale. It meant a lot that he was willing to do

that, because my family is here and we are very close. He came around

to my way of thinking! To me, it meant that he was willing to sacrifice

his own feelings for mine. Putting my wishes before his. It showed that

my staying with him in the 20 years, and moving all over the place, that

he was sort of repaying me in a way, for what I had done.

Miscellaneous helping factors. This category encompasses all the stand-alone helping

incidents; in other words, incidents that could not be grouped in a comprehensive and

descriptive fashion. Two incidents were included in this category.

> **Jane:** I heard that Josh had told his friend that we had separated, although
>
> we never had. Coming home that day, my friend asked me if I was going
>
> to go home and rip Josh apart for saying that. And I thought about it for
>
> awhile, and I finally said to her "you know what, I'm just relieved that he
>
> had someone to talk to". That he talked to someone about something, that
>
> he must have shared with this one person that there were problems. My
>
> neighbour thought it was terrible that Josh would tell someone that we
>
> were splitting up, and I didn't. And the realization that I guess I cared
>
> enough about him that no matter what it was about, that he had someone
>
> to talk to, that you know, I'm just happy he had someone to talk to. That
>
> realization was really positive.
>
> **Lisa:** He was unemployed for a while, and that was a big thorn in my
>
> sight. During that time we could have just gone our separate ways, but for
>
> us we made a commitment and it's for better or worse, vows that were

sacred to us. During that time I prayed more than usual to have guidance, to have patience. It helped me be more forgiving, trying to look past what's really just silly things that seem to be annoying you. Helped me to keep going when he wasn't looking for a job in those six months and I was getting very frustrated.

Hindering Categories

Communication difficulties. This category describes incidents where the couple experienced significant and noticeable difficulties in their communication. Behaviours included the husband shutting down and not being clear about how he is feeling or what he is thinking, the husband visibly not connecting with his wife or family, the wife engaging in behaviours that purposefully cause a communication break-down, or both members decreasing their emotional and verbal connection. A diminished sense of connectedness and partnership are also experienced, and the wife and husband are not able to discuss the problem or reach a solution. Six incidents were included in this category.

> **Jane:** The whole family went to Mexico in the summer of 2007 for a week, and he just talked to anyone but us. He spent the week being with anyone but us, it was very strange for me. Watching him communicate with other people – that he really could talk to other people and communicate with them solidified that realization. He wasn't part of our family, he wasn't connected with our children, and he wasn't connected with me. He actually preferred to talk to other people instead of us. There was a complete break in our communication.

Sarah: Two years ago he was quitting smoking, and they told him to take this new drug to help you quit smoking. That was probably the closest we ever came to separating. Because his whole being changed. He was so completely different from anything he had ever been. You couldn't talk to him, you couldn't reason with him he just wouldn't listen to anything you said. It just got to the point where I couldn't even talk to him anymore.

Jane: It probably was on a day that we were having a pretty good day, that things were feeling much better and okay that we were more of a couple than we'd been. It had always been there for me that he never understood so yeah, I think I simply brought it up, probably at lunch time, middle of the day, and just "do you understand now", and he answered "no, I don't understand why you needed to know when I was going out." And that was that, there was no further communication about it and I felt that we could really have talked about it further, but we didn't. Neither of us brought it up again.

Sarah: I'd thrown this party with my daughter and he clearly didn't approve. But he wouldn't tell me what he was thinking, he wouldn't talk, he just got to the point where he got very quiet and you know "You shouldn't do this and you shouldn't do that" without being specific at all. So we just didn't even talk about it anymore, because we weren't communicating anyways.

Lisa: Sometimes when I get really mad about something I'll do the quiet treatment for a day or so. So I remember this one time I did that. It killed

him because he's not like that. If we have some disagreement usually he's

apologizing with a few minutes or half an hour, but I'm the type of person

who kind of just keeps things here and is hard to let go for a while. That

was really difficult for him because he wasn't able to communicate with

me.

Jessica: After six months we moved into the house we had built, and that

was when I felt it, during that first little while in the new house. I felt that

we didn't have the closeness that we had had in the military. We just

stopped talking about stuff. We were joined at the hip, and then we

weren't joined at the hip anymore. I went my way and he went his way,

and we weren't as close, as bonded as we were when in the military. It

was like suddenly we were drifting in opposite directions; we weren't

even talking that much anymore.

Aggressive and intimidating behaviour. This category encompasses incidents that

depict the husband exhibiting aggressive and intimidating behaviour towards

either the wife or the children. This behaviour is surprising, unexpected, and

sometimes violent. The wives report a strong aversion to these behaviours, as they

are uncommon and, in their opinion, uncalled for. Four incidents were included in

this category.

Jane: We were walking along the boardwalk in Paris and came to this

restaurant, walking through the restaurant and apparently there was a fork

that stubbed his toe, and one of my children laughed, and he smacked her.

And I don't think he's ever smacked her, and I wouldn't call it something under abuse, just he never touched the children before that I know of.

Becky: So he was making food and I was kind of getting in the way a little but and he just sort of snapped actually, it was really weird and not something I had ever seen before. He took my shoulders and went "stop it. I asked you to stop, stop." And it was really…he scared himself.

Jessica: One time, Kelly did something at the table and he didn't like it. She reached for something before it was handed to her or something, and he thought she was being rude and he snapped at her really harshly and he made her go stand in a corner. The punishment was definitely worse than the crime. She wet her pants because she was so scared.

Jessica: One time the girls were playing in the yard, and he thought Jane was being a bit of a bully so he went and he grabbed her by the arm and brought her into the house. And my next-door neighbour thought that he was being much too rude, too abusive, so she mentioned it to me later, saying it was really rough.

Burdened with responsibility. This category describes the wife feeling as though she is responsible for the majority of family life, including household labour, scheduling, finances, and dealing with crises involving extended family. This burden of responsibility was either linked to a specific period of time or was pervasive over months and/or years. These incidents depict the wife feeling resentful towards her husband for his lack of contribution and his perceived indifference to the many responsibilities and duties that she holds. The husband is

described as not contributing to the household labour, not contributing additional income, not making an effort to adapt his schedule to fit the family, or not doing his share with regards to extended family in need. Four incidents were included in this category.

> **Jill:** His new job with customs he was working shift work, same as when he was in the military. When he was first starting, there were a few months that were really difficult. Basically there was only me, only one parent going every which way, constantly having to adjust schedules and make sure everybody gets what they need, because he's not there to do that. He's just not around at normal hours, so I had to do it all.

> **Lisa:** He didn't work for 6 months, and this was while I was working full-time. I grew up with the idea that the man is the breadwinner, so it was like a role reversal and I just resented it because that's not what I was used to. It was like "you can't be in retirement, you have children". And I think because I was working, that was the worse time, when you consider how resentful I was. I just felt it was unfair, it wasn't a 50/50 split. I think it lasted about 6 months until I said "you know this isn't going to work".

> **Mary:** Bob's sister-in-law was in hospital, and her youngest son committed suicide. That was horrible time. I think I cared more than Bob did. For him it was just a big annoyance. I thought he could have done more, kept in contact with his sister. I was always the one doing the calling during that time. I shouldn't have to do it all, is what I'm saying. He should take some responsibility. I was taking on all the burden. He

could have spent more time with her and dealt with the help she needed. Instead, I had all the responsibility.

Jessica; I came home from work and tired, and he was watching a hockey game and I wanted to discuss the day or whatever. He watched his hockey game and I would be the one in charge of the household and taking our youngest son to all different functions. It made me resentful that he could sit and watch TV while I was busy doing the laundry and the meal for the next day, and planning menus for the week, that sort of thing. And he had the time to sit and watch his hockey game.

Inconsiderate Behaviour. This is described as the husband engaging in behaviours that the wife perceives as purposefully inconsiderate and disrespectful towards her. Behaviours include selfish acts, putting the wife in uncomfortable and embarrassing situations, impeding the wife from getting important information, and not understanding or following through with the wife's request. This category excludes behaviours where the husband neglects to do his share of the work, as those are included in the previous category. In all situations, the wife feels disrespected and of little importance, and displays frustration and sometimes anger at her husband's behaviour. Four incidents were included in this category.

Jane: One specific day I went to look for him and he wasn't there. It was like five or six hours later he came back. He'd been biking and hiking cause that's what he does seeking out just to be alone, isolation, to be gone for hours. So I finally said to him all I want of you is to tell me that you're leaving. And he said no, I don't need to do that, there is no reason for you

to need to know. It was like he didn't care that I would want to know. It was so inconsiderate of him, I really couldn't believe it.

Sarah: There was one Christmas I remember, we were living in Alberta and I wasn't working at the time so we were on his income and he decided to go out and play poker with the boys one night and he came home one night and he had lost all of our Christmas money. I was in disbelief at how inconsiderate he was towards me and the kids by doing that.

Mary: When we'd talk to the neurosurgeons Bob interfered a lot, saying "oh no, you're wrong". And I wanted to let the professionals talk. So I told him, you've got to not talk. It really annoyed me; I felt he wasn't being considerate to the doctors or to me, because he was not allowing me to hear what the neurosurgeon had to say. I wanted to know what was happening and what to expect, and Fred was just not letting me get the information I needed.

Mary: The first day I learned how to golf was terribly hindering to our relationship, I felt like an idiot. He took me out, it was a Ladies' day, and he told me to join them, and I couldn't even hit the ball properly. I was so angry at him, that he would even consider sending me out to a big golf course when I didn't even know how to golf. How could he be so inconsiderate! Did he think I was going to learn on the spot? I was pretty angry! Of how could you do this to me, embarrass me like this, put me on the spot like this? I felt so embarrassed, and felt like an idiot, and he had put me in that situation.

Failure to provide support. This category describes the wife feeling unsupported by her husband specifically while she undergoes a very stressful and challenging period in her life. In particular, behaviours include the husband not understanding what the wife is going through and not providing her with the appropriate support she needs as she goes through a very difficult time. Further behaviours also include the husband not trying to understand the reason underlying his wife's difficulties, a lack of effort towards his wife, and an inability to comprehend the problem and help her with it. Two incidents were included in this category.

> **Mary:** Moving back to Comox after Rob left the military; that first week was really tough. It was his choice but of course I had to go along with it. I was annoyed that we were living here at that time, and away from our son who was in university out east. I didn't like being so far away. The beginning was very stressful. I didn't feel that I was on the same page as Rob at all about the move. Rob knew how I felt, but he had his head in the sand, saying it would all blow over. I didn't really feel that he truly was supportive of how difficult I found it. At that time he didn't understand and was not supportive of how I felt about the transition

> **Mary:** The first winter here, I did not anticipate that amount of rain, and I found that extremely difficult for the full three winter months. I didn't want to do anything, go anywhere, I didn't even want to get up in the morning. I lost complete interest in everything, it was depression I think. This lasted about three months. That whole time, I don't think Bob knew what to do since he couldn't change the weather. He wasn't supportive at

all of the way I was feeling. I was down, just feeling terrible, and his

response wasn't helpful because he just didn't get it and so how could he

be supportive? He had no idea what to do.

Feeling ashamed of husband. This category describes the wife feeling ashamed of her

husband and perceiving him as being of less value. These feelings are largely experienced

by the wife when she is around friends, and arise from the husband displaying

embarrassing behaviours when in the company of others, and/or obtaining employment

that is below the wife's accepted standards. Two incidents were included in this category.

Jane: There was a friend, one day she wanted to go to Wal-Mart and my

husband wasn't working at the time, and I remember it being…not so

comfortable and normally I would share with people that my husband

works here and I didn't, because I was embarrassed and wondered what

my friend would think. It was really a shocker to me, me who, the person

who cares about everybody, the social side of myself that I think everyone

is important, everyone has value, and yet to feel that my husband had less

value in working at Wal-Mart.

Sarah: We went to a friend's house to play cards and he just got to the

point where he couldn't play anymore because of how much he had to

drink. It wasn't fun anymore, it got miserable. Those events made it so I

didn't want to be with… the booze, the alcohol, the behaviour when he

was drinking. He was miserable. Just the way he acted, and he was silly

and stupid, not just miserable. It was embarrassingly awful. It really

brought him down a notch in my books.

Miscellaneous hindering factors. This category encompasses all the stand-alone

hindering incidents; in other words, incidents that could not be grouped in a

comprehensive and descriptive fashion. Two incidents were included in this category.

> **Jill:** Well being a wife in the military really made you grow up fast, being
>
> a young mom with no support, so I became really strong. However, my
>
> becoming so independent was a problem too, when Tom came back. He
>
> couldn't accept that I was as strong as I was and could manage everything
>
> no problem.
>
> **Jill:** There was this one time with the kids…he got all disconcerted
>
> because it should be his way…he became very strong in what he believed
>
> was right and just could not see things from their point of view. It was like
>
> he just wouldn't budge, it was his way and no other way. There wasn't
>
> even the possibility that things could be interpreted another way, that there
>
> could be another way of dealing with it. It was really black and white
>
> thinking on his part.

Summary

In this chapter, the categories emerging from the critical incidents were

presented. The helping categories encompassed 17 critical incidents and were

entitled: providing support when needed, collaboration, reconnecting, positive

time apart, willing to sacrifice, and a miscellaneous category. The hindering

categories encompassed 24 critical incident and were entitled: communication

difficulties, aggressive and intimidating behaviour, burdened with responsibility,

inconsiderate behaviour, failure to provide support, feeling ashamed of husband,

and a miscellaneous category. The next chapter is a discussion related to these

research findings.

Chapter V – Discussion

The purpose of this study was to identify the critical incidents that help and hinder the relationship between Canadian Forces (CF) veterans and their partners, from the perspective of the partners. This study was intended to be exploratory and descriptive rather than confirmatory or explanatory. In other words, I sought to increase our understanding of the factors that are helpful or hindering contributors to veteran relationships, and I do not offer any causal claims. Together, the categories provide information regarding what veteran partners regard as important contributing factors to their relationships.

It is important to note that while my results identify whether participants had one or more incidents within each category, this information is included only for the sake of interest. The critical incident technique does not look for common experiences, but rather for critical ones. If a category includes only incidents provided by one participant (such as the category "failure to provide support", where Mary was responsible for both incidents), it does not diminish the importance or relevance of that particular category. Rather, it shows that that relationship factor is less common and may be specific to that individual, and that the incidents are less typical and may be extreme or highly idiosyncratic (Andersson & Nilsson, 1964). However, that does not make the category or the incidents within it any less critical. Similarly, a category that includes a greater number of incidents by more than one participant (such as "communication difficulties", which included six incidents provided by four participants) is no more important than one that has fewer incidents. Rather, this category or factor can be seen as being more of a common experience among the participant. In other words, it is important to remember

that the number of incidents within a category, or the number of participants within a category, does not lead to a conclusion of that category's greater or lesser importance. Instead, it provides interesting information with regards to the number of people who may consider that same factor as critical within their relationship. Categories that are supported by a greater number of incidents may serve the study more by informing theory regarding what specific factors help and hinder veteran relationships.

In this chapter, I present each category and discuss its link to knowledge and research regarding important relationship factors and links to military employment. I begin by discussing the categories with the greatest number of critical incidents and proceed to the ones with the least number of incidents; thus, I fluctuate between helpful and hindering categories.

Connections to Literature

"Communication difficulties" was a category encompassing six incidents by four participants. This hindering category was defined as the couple experiencing significant difficulties in their communication patterns, with either the husband or the wife shutting down and not sharing thoughts and feelings. Participants explained these incidents as creating a distance between themselves and their husbands, in most cases a distance that had not previously been experienced to this extent. Although this was often perceived as being caused by the husband, at times the women reported they also were less communicative, thus initiating or perpetuating the cycle and increasing the lack of connectedness within the relationship. The importance of communication is a factor commonly cited in literature investigating relationship quality. Having the ability to communicate effectively has been linked to successful problem-solving abilities,

decreased conflict, and stronger connections among couples. For example, Gottman

(2001) found that couples are constantly attempting to emotionally connect to one

another through multiple means of communication, both verbal and nonverbal. These

connections do not have to be groundbreaking; rather, it is the everyday, typical plays for

connection couples engaged in that, if reciprocated, lead to healthy and stable

relationships. He explains that when couples fail to connect, their relationship suffers and

may head towards disintegration. After researching and observing hundreds of couples,

Gottman (2001) has concluded that failing to connect with a partner can have

significantly dire consequences on relationships, perhaps more so than any other factor.

Similarly, Egeci and Gencoz (2006) found that communication skills and an ability to

understand one another was significantly associated with couples' higher relationship

satisfaction. Feeling understood by one's partner was found to be even more important

that decreasing negative conflict (Cramer, 2003). Stonewalling behaviours, also known as

listener withdrawal, has also been named as a contributing factor to lowered

communication between couples, and a predictor of divorce (Gottman et al., 1998). It is

clear that effective communication is a vital factor that is highly influential with regard to

the quality of a couple's relationship, regardless of the unique characteristics of the

couple (i.e., veteran or civilian).

"Providing support when needed" was a helping category encompassing four

incidents provided by three participants, while "failure to provide support" was a

hindering category with two incidents provided by one participant. Specifically, the

women in my study described what they perceived as supportive behaviours on the part

of their husbands, as evidenced by words or actions. The women noted that the

supportive behaviours at times included their husbands taking control of a situation when it was clear that the women required additional support and assistance. In most cases, the women described their partner as being strong and in control, and taking charge. Conversely, the hindering incidents depicted the wife feeling completely unsupported by her husband while undergoing a difficult and/or stressful period. These categories bear relevance to past literature, especially from past studies directly focused on veteran relationships. Matsakis (2007), in her research on military and veteran families, found that a positive consequence of combat experience is the desire to help others and effectively deal with the situation needing attention, particularly in times of crisis. Military training instils the ability to effectively take control of difficult situations (Westwood et al., 2008), and when brought into civilian life this mindset can, when appropriate, allow the wife to relinquish control to someone who may be better equipped to deal with a crisis. Notably, the four incidents included in this category revolved around a crisis-like situation involving an accident, an injury, or a serious family conflict. Thus, it is clear that the women who endorsed these incidents truly appreciated being able to rely on their husbands for support in times of turmoil. Literature not specific to veteran relationship also reflects the positive influence of supportive behaviours. For example, Cramer (2003) found that couples who are generally more supportive of one another may have higher relationship satisfaction than those who may engage less in negative conflict but not be as supportive. His findings suggest that increasing supportive behaviours may be more important than decreasing negative conflict. Although this claim is not reflected in my findings, my results do reflect the importance and benefits of having a supportive partner.

A further hindering category encompassing four incidents by three participants was that described as "husband exhibiting aggressive and intimidating behaviour" towards the wife or the children. The women describing these incidents all expressed shock at their husband's unexpected behaviour, and reported feeling as though their husbands had overreacted during the incident. The negative impact of aggression, anger, and violence has been frequently documented in past research. These sudden, unexpected, conflictual behaviours have been linked to marital discord (Galovski & Lyons, 2004). Aggressive and intimating behaviours within relationships have also been connected to lowered relationship satisfaction, greater conflicts, and increased marital dissolution (Rogge & Bradbury, 1999; Shortt et al., 2006). This literature, however, typically comments on the ongoing presence of aggressive and intimidating behaviours. In contrast, my incidents are select and isolated events reported by participants, and I cannot extrapolate pervasive aggressive relationship patterns from these events. Having said that, it is clear that these select incidents were hindering to the relationship of these participants, even if occurring only once.

An additional hindering category endorsed by four critical incidents and four women was "wife feeling burdened by responsibility", including rearing the children, providing income, and handling family conflicts. These women reported feeling burdened by the unequal division of labour, stating that their husband's unhelpful behaviours produced feelings of resentment that did not easily disappear. Research investigating the well-being of partners of veterans has alluded to similar experiences. Specifically, the wives of Vietnam vets interviewed by Frederickson and colleagues (1996) described having to maintain many aspects of the household duties with minimal support. Dekel

and colleagues (2005) obtained similar reports from wives of Israeli veterans, who described their marriages as exhibiting a mother-child partnership as opposed to a wife-husband partnership. These unions were characterized by the wife taking care of the husband and of the majority of household duties, instead of both members of the couple engaging in a relatively equal division of labour. Finally, Lyons (2001) also found that wives of Vietnam vets experienced their husbands as taking on less responsibility. These women described themselves as the ones in charge of the majority of daily life. The importance of sharing duties and responsibilities as a couple, including working together to rear the children, has been noted in past relationship literature not specific to veteran couples. For example, Pina and Bengston (1993) found that women who perceived unequal division of labour within their relationship exhibited lowered marital satisfaction over those who perceived the division of labour to be equal. Similarly, researchers exploring the impact of children on relationship satisfaction have highlighted that an unequal division of roles and responsibilities related to rearing children can have deleterious consequences on the spousal relationship (Belsky & Hsieh, 1998; Lavee et al., 1996).

Given the hindering consequences of the wife feeling as though she is burdened with much responsibility, it comes as no surprise that a helpful category supported by four incidents and three women was labelled "collaboration". The women endorsing this category cited incidents that highlighted a partnership between themselves and their husbands. The incidents involved some form of back and forth communication between partners, where each felt they were contributing equally and working together to solving a problem or handling a situation. The women reported experiencing their relationship as

an effective team as opposed to two separate individuals working independently. The importance of collaboration is supported by past research that consistently links this factor to higher relationship satisfaction (e.g., Fitzpatrick & Sollie, 1999). Collaboration may exert an influence on the quality of the union because of the specific behaviours that it involves; most notably, sharing and respecting opinions, involving one another, self-disclosing, and partnering on decisions. These behaviours usually involve some form of active listening, a verbal and nonverbal exchange that has been linked to happy marriages (Gottman et al., 1998). Thus, collaboration demands the existence of other effective and positive relationship behaviours that, when present, work together to enhance the experience of partnership.

Two further helping categories, "positive time apart" and "reconnecting", were endorsed by two and three incidents respectively. Two women described the incidents in "positive time apart", and two others (different from the former) described the incidents in "reconnecting". Although these can be viewed as opposite, the circumstances surrounding the incidents provide supportive explanations. Positive time apart encompassed incidents that allowed the couple to spend a significant amount of time apart from one another when the relationship was feeling strained and separation or divorce appeared to be the only option. The two women describing these incidents reported they felt this time apart saved their relationship from dissolution. Conversely, "reconnecting" was explained as the couple spending uninterrupted, quality together following a period of physical and/or emotional distance. Thus, depending on the quality, nature, and needs of the relationship, as well as the particular timing, partners may benefit from either actively seeking time and distance from one another, or making an

effort to spend a significant amount of time together away from the distractions and hassles of daily life. For military couples, reconnecting can be especially important after a significant time apart has elapsed, most likely due to deployment or training manoeuvres (Matsakis, 2007). It can be important for these couples to, when reunited, spend some time actively reconnecting with one another in order to maintain a strong relationship. At the same time, time apart caused by the demands of a military career can be constructive and helpful in alleviating difficulties within a couple's relationship (Matsakis). The need for couples to reconnect on a consistent basis has been found in past relationship research not specifically linked to military and veteran couples, as have the benefits of distance during stressful times in the relationship (e.g., Magnusom & Norem, 1999).

A further helping category was entitled "willing to sacrifice" and depicted two incidents by two women, in which the wife perceived her husband as appreciating her sacrifices and reciprocating accordingly. Both women described situations where they felt the husband disregarded his own wishes in order to support hers. The importance of compromising behaviours in enhancing relationship quality is supported in past literature that consistently links the absence of these behaviours to lowered relationship satisfaction (Marchand, 2004). Compromising tactics and the ability to put oneself in the other's shoes have also been linked to more constructive conflict resolution strategies, while the absence of such behaviours often leads to more severe and greater amount of conflict (Bouchard et al., 1999; Sanderson & Karetsky, 2002). Within military and veteran couples, the ability to understand and be grateful for the compromises and sacrifices made by one member has also been cited. Specifically, the women interviewed by Dekel

and colleagues (2005) as well as Frederickson and colleagues (1996) reported that their veteran husband displayed a greater appreciation for them and that this appreciation was related to more positive feelings in the relationship and a greater willingness to compromise desires and needs for the other.

"Inconsiderate behaviour" was a hindering category encompassing four incidents and three women, and defined as the husband showing a lack of respect and lack of consideration towards his wife or the family. The incidents within this category depicted events where the wife experienced feeling unimportant and irrelevant to her husband. These hindering behaviours have been discussed in past literature, indicating their negative influence on the quality and experience of the relationship (e.g., Jordan et al., 1992; Matsakis, 2007; Riggs et al., 1998). It appears that for relationships to maintain stability and cohesion, mutual respect and consideration must be displayed between the couple (Bouchard et al., 1999). In contrast, inconsiderate behaviours such as displays of constant criticism and disgust are processes that have been found to predict divorce (Gottman et al., 1998; 2003).

Lastly, the category "ashamed of husband' included two incidents and was described as the wife feeling ashamed of her husband and feeling as though he has less self-worth, particularly in social situations. One of the incidents in this category describing the excessive alcohol use of the husband is often discussed in the military literature. Researchers have established a connection between alcohol use and military involvement (Ames et al., 2007), suggesting that military employment can be correlated with excessive alcohol use. The detrimental impact of alcoholism on relationships

indicate that the excessive use of alcohol is related to low relationship satisfaction, more violent behaviour, and heightened stress, among other variables (Schamling, 2006).

The above categories provide an answer to my research question "What factors help and hinder the relationship between veterans and their partners, from the perspective of the partners?". The majority of the categories are supported by current literature examining either relationships in general, or relationships of military veteran couples. Although my study avoided the term "relationship satisfaction", it can be hypothesized that the hindering incidents are likely associated with decreases in relationship satisfaction, whereas the helping incidents are likely associated with increases in relationship satisfaction. When viewed in this way, the resulting categories can be understood as encompassing specific behaviours that influence relationship satisfaction in either a positive or negative way, regardless of the unique characteristics of the couple (i.e., veteran or civilian).

Lack of Military Impact

It is interesting to note that, unlike previous studies exploring the relationships of veterans and their partners, the women in my study made little reference to their husbands being CF veterans. Considering that my research question was specifically geared towards CF veteran relationships, and asked "what factors help and hinder the relationship between veterans and their partners, from the partners' perspective", this is an interesting result. In fact, an extremely low number of critical incidents were discussed as linked to their husband's past employment with the CF. Additionally, the women did not refer to the period during the husband's transition out of the military as a particularly challenging time. Only one participant cited difficulties specific to her husband's release

from the military, and this was due to the geographical move she was forced to undergo in order to follow her husband to his place of choice. Two women mentioned that, in their opinion, some of their husband's behaviours were linked to their involvement with the military (one husband reportedly had problems with alcohol, and another reportedly exhibited black-and-white thinking); however, the links they made were tenuous and, from these women's perspective, the military had little impact on the relationship. On one hand this is not surprising: I was exploring relationships, and regardless of the specific population sampled, all relationships are likely to share similar helping and hindering factors, factors that are frequently supported by relevant literature. On the other hand, prior to commencing the interviews I had high expectations with regard to the number of times the military would show its impact on these relationships. These expectations developed from the literature I had read specific to this population. Although no definite conclusions can be made with regard to the lack of a strong military presence in my interviews, some possible explanations are presented below.

To begin, the nature of the population sampled may provide some clues. Specifically, my study did not actively seek to interview partners of vets diagnosed with a psychological disorder. The result was that none of the women interviewed were in a relationship with someone who had been formally diagnosed with a psychological disorder, and only one participant stated that she felt her husband had undergone a period of (undiagnosed) depression. Conversely, past studies have frequently focused on partners of veterans who have been diagnosed with a psychological disorder, most notably PTSD (e.g., Dekel et al., 2005; Lyons, 2001; Manguno-Mire et al., 2007). In these studies, researchers have found that the female partners of these veterans

experience greater marital conflict, increased avoidance, decreased communication and emotional interactions, and greater anger, hostility, and violence. Thus, perhaps what is most important is not the impact of the military per se on relationships, but rather the impact of psychological and physical ailments on the quality of relationships. This speculation is supported by literature linking mental health and physical illnesses to relationship satisfaction, regardless of employment type (e.g., Abbey, Clopton, & Humpreys, 2007; Cramer, 2004; O'Conner et al., 2008). Hypothetically, then, those individuals retiring from the military with no psychological or physical difficulties may not exhibit relationship characteristics specifically linked to military employment. This is substantiated by researchers indicating that veterans without PTSD tend to have relationships characterized by more cohesion, more expressiveness, less conflict and less violence than veterans with PTSD (Jordan et al., 1992; Riggs et al., 1998), and are twice as likely to not have been divorced (Jordan et al.). The nature of military employment increases the chances of experiencing trauma symptoms (Matsakis, 2007; Westwood et al., 2002), and it is likely that the unions of these trauma-affected veterans are susceptible to significant hindering relationship factors (Jordan et al.; Riggs et al.). Perhaps if I had restricted my criteria to include only partners of vets diagnosed with a psychological disorder, the military's presence may have been felt more substantially. However, my study's deviation from the typical focus on PTSD-affected veterans and families has merit. The current over-focus on PTSD and the military does not necessarily serve the veteran community as a whole. Perhaps it is time to expand the lens and begin to include veterans in general as opposed to just PTSD sufferers.

An additional possibility for the lack of a military presence is the reported strength of the relationships of the participants interviewed. None of the participants had separated or divorced their veteran husbands; thus, except for one woman whose husband had passed away, all participants were still in committed relationships. Interviewing individuals who were no longer with their veteran partner may have yielded different findings. Although I did change my criteria to include these individuals, my recruitment strategies did not yield any participants who had been at one point married to a CF veteran but had since split up. If I had been able to interview these individuals, I may have obtained responses supporting a greater military presence. As previously stated, research has demonstrated that military/veteran marriages have a higher percentage of marital dissolution (Jordan et al., 1992). Thus, perhaps the relationships that stay together are the ones that have been less impacted by the influence of the military, while the relationships that break apart may do so in large part because of the repercussions of one partner's military employment.

A final potential explanation for the lack of a military presence is the research method I employed. Asking participants to recall specific helping or hindering incidents since their partner exited the military does, in some way, preclude them from expressing pervasive relationship patterns that may have been influenced by their time in the military. Requesting the description of a single, isolated event limits the amount of information that can be obtained surrounding the event. If, on the other hand, I had requested that participants narrate their relationship experiences from the moment their partner exited the military to the present day, I may have obtained a better understanding of the influence that the military had on their relationship. The progressive sequence of

events obtained through a different research approach might identify whether specific changes in the relationship occurred over time. In other words, it may have allowed an understanding of whether participants' relationships experienced a change after their partner's exit from the military. Conversely, the critical incident technique provides snapshots of an individual's relationship, limiting the connections that can be made to the potential influence of couples' previous experiences.

In sum, the women I interviewed made little reference to their partner's involvement in the military when recalling and describing critical incidents. There are some potential explanations for this occurrence, all of which can provide some insight; however, they are only speculations. Although this limits the connections I am able to make between the emerging categories and military involvement, it does not detract from the knowledge gained regarding factors that help and hinder these relationships.

Helpful versus Hindering Incidents

It is interesting to note that participants recalled and discussed a greater number of hindering incidents over helping incidents (24 versus 17). This does not necessarily imply that the relationships of the women I interviewed are characterized by a higher frequency of negative versus positive behaviours; in fact, six of the seven women described their relationships as both happy and strong. I can only speculate as to potential explanations for this phenomenon. It may be that past negative events may have more impact than positive events, and thus be more easily recollected than positive events. This hypothesis is supported by some literature; specifically, researchers have found that negative information tends to be weighed more heavily than positive information in impression-formation studies (e.g., Dreben, Fiske, & Hastie, 1979), and attentional resources tend to

be disproportionately allocated to negative information versus positive information (e.g., Fiske, 1980). Additionally, it appears that a negative stimulus creates greater conscious activity than a positive stimulus, making a more profound impression on the individual and thus becoming more accessible for recollection (Robinson-Riegler & Winton, 1996). It is possible, then, that negative events not only have a greater impact when they transpire, but are more likely to be retained and remembered long after they have occurred. This may explain why almost all participants had an easier time recollecting and recounting hindering incidents.

Implications for Practice

My study presents eleven factors that were deemed helpful and hindering to veteran relationships. My findings are not supportive of the results of previous researchers who have indicated that relationships involving a military veteran partner ought to require unique supports and services. Instead, I suggest that veteran couples – specifically, those characterized by non-PSTD sufferings vets – struggle with issues that are commonly experienced in all relationships, regardless of their unique experiences. Thus, on the basis of my results I do not advocate for a different counselling approach to be taken with veteran couples. Rather, if counsellors are well-versed in common relationship difficulties and effective communication and conflict-resolution skills, they should be able to effectively work with and assist veteran couples in much the same way. It is important to remember, however, that my results are based on the experiences of seven women who are in relationships with CF veterans. Although the findings provide interesting information, these results cannot be generalized to other veteran couples, nor to women in general. Additionally, although I was not able to corroborate specific links

to the military, it is important not to discount past research and instead incorporate past

literature with current knowledge. Thus, I would advocate for counsellors working

closely with military or veteran couples to become well-versed in their understanding of

the military culture while keeping an open mind as to what challenges the couple may be

facing.

Relationship enrichment programs usually focus on teaching couples how to

identify factors that may impair effective communication, how to rectify these factors,

and how to change dysfunctional patterns of conflict (Egeci & Gencoz, 2006). More

recently, couples therapy programs have begun to integrate the enhancement of prosocial

behaviours such as social support, empathy, and forgiveness, using these processes to

foster intimacy (Cobb, Davila, & Bradbury, 2001; Rogge et al., 2002). As evidenced by

the literature reviewed on relationship satisfaction, the presence or absence of conflict is

not the sole determinant of relationship quality. Thus, there is a clear need for

intervention methods that not only decrease destructive conflict but also increase the

presence of affection, support, trust, and positive affect. Additionally, Bradbury and

Karney (2004) suggest that effective intervention strategies should be tailored to the

characteristics of program participants. This approach postulates that populations known

to have specific risk factors for marital dysfunction should be targeted for interventions

that tailor to their individual needs. These programs prepare couples to deal with stressful

events before they actually experience them, enhancing their coping mechanisms and

protecting their relationships as they face adversity. These programs may be applicable to

military and veteran couples and may assist them in dealing with negative events

occurring both during military involvement and after retirement, especially if psychological or physical diagnoses are present.

Strengths of Study

Through my study I was able to provide initial understandings regarding several factors that help and hinder the relationship between CF veterans and their partners, from the perspective of the partners. It is the first of its kind focusing on Canadian participants and thus provides interesting and novel information with respect to this population. Although not representative of a larger sample, the critical incidents derived from the seven women interviewed provide rich, descriptive information regarding helpful and hindering relationship factors. The CIT interview method allowed the women to share details of their experiences, thus providing a comprehensive understanding of the factors underlying their critical incidents. This facilitated further understanding of these relationships and provided the opportunity for these women to discuss their experiences.

Interviewing women ranging in age from 26 to 76 allowed for varying relationship perspectives to be obtained. Although, being a qualitative study, the range of ages does not necessarily add to the representativeness of the results, it does perhaps vouch for their importance. The fact that women both young and old share common themes within their helpful and hindering relationship factors provides interesting information, as does the fact that commonalities were found for women whose relationships range from two to 48 year commitments.

Limitations of Study

Through my research I have provided but a glimpse into seven women's perspectives of the many factors that help and hinder their relationship with their veteran

partners. The inherent aspect of qualitative research – the in-depth exploration of the experiences of a small group of women and the provision of rich accounts accessing their subjective experiences – can also be seen as a limitation. Both qualitative and quantitative research approaches provide invaluable information, albeit in different ways. The goal of qualitative research is to explore and understand participants' unique experiences; although this provides rich and detailed information, it does not allow for comparisons to other individuals not included in the study. Thus, generalizations to other groups of wives married to veterans, or wives in general, cannot be made. Nevertheless, I do provide an initial understanding of the factors that contribute to helping and hindering Canadian veteran relationships.

The incidents brought forth by the seven women interviewed should by no means be interpreted as encompassing all the significant events transpiring over the course of their relationships. It is possible that participants may have chosen to omit sharing particular incidents due to personal reasons. For example, no incidents arose related to sexual intimacy, even though this has been deemed an essential aspect of romantic relationships (e.g., Schachner et al., 2003). Having said that, participants self-selected into the study after obtaining a detailed explanation of what the interviews involved, and every effort was made to ensure participants of the anonymity of their data. My impression was that the participants were fairly forthcoming throughout the interviews; in fact, I left each interview surprised and grateful at the level of detail the women were willing to share. Additionally, as evidenced by the similar number of incidents in the helping and hindering categories, participants did not have a more difficult time sharing

negative versus the positive incidents. Nonetheless, it is possible that the participants recalled incidents they were not comfortable sharing.

The trustworthiness of my study would likely have been strengthened by having the participants undergo the categorization task that was done by four independent judges. If the participants had done this and the task had resulted in a high agreement rate such as that found with the judges, my categories could have been deemed even more trustworthy. However, as mentioned in the methodology section, this was not done due to time constraints and lack of ethics approval. I do believe that the high agreement rate resulting from three of the four judges does nonetheless vouch for the strength of my findings. Additionally, asking the participants to verify the critical incidents during the interview is a trustworthiness check that ensured I was accurately understanding and recording the critical incidents.

Reflections on the Methodological Process

Qualitative research techniques encourage researchers to reflect on and document their own process throughout the progress of the study (Creswell, 2007; Kvale & Brinkmann, 2009). Thus, I made sure to take time after each phone conversation and at the completion of each interview to reflect upon and document the interaction. This exercise offered me the opportunity to think about reactions I was experiencing throughout the research process.

I spoke to a number of individuals who did not fit my criteria and thus were not eligible to take part in the study. Most frequently, individuals were not eligible to participate because they had not been with their current husband while he was in the military. In other words, their husband's first marriage had failed after their return from

the military, and they had since entered into a second marriage. This same story was repeated frequently, indicating that perhaps a certain number of marriages fail when the military partner retires from the military. This is substantiated by literature stating that veteran marriages have a greater propensity for marital break-up (e.g., Galovski, 2004). This highlights the possibility that the transition back to civilian life is wrought with a significant number of challenges that cause many marriages to fail. Again, it may be that the population sampled by my study represents the strongest veteran relationships. I experienced difficulty in recruiting an appropriate number of individuals; this may be an indication of the difficulty in accessing this population.

I also found that all the women who did participate expressed a strong desire to speak about their relationship experiences during the period of their partner's service with the CF. As most participants reported, they found that time to be far more challenging than the time after their partners retired from the military. In fact, more than one participant expressed her surprise at my wanting to focus on her experiences after her partner's military retirements, as the general consensus was that things calmed down at that point. The majority of the women reported that the struggles within their relationship occurred mostly while their partner was serving, and that once retired, many negative aspects of their relationship disappeared. I often had to re-direct some participants to incidents that happened after their husband's retirement as opposed to incidents occurring during their CF involvement. Furthermore, participants remarked that they would have had a much easier time recalling incidents that happened during their partner's CF career instead of after his retirement. This eagerness in wanting to familiarize me with their life experiences while their husbands were in the military resulted in a portion of the

interview or pre-interview phone conversations dedicated to describing the struggles and challenges encountered while in the military. The women cited moving and employment as the biggest challenges, as well as the need to become independent as a result of their husband's deployments and constant manoeuvres. This information sheds some light on the experience of military spouses and lends support for possible directions for future research.

I found that most participants, although given a comprehensive overview and explanation of the research question at least one week prior to the interview, found it challenging to recall specific critical incidents. However, as they began recounting one incident, others followed in quick succession. If the participant was feeling stuck, I probed using examples given to me by previous participants. Participants found it challenging to focus on specific events and often discussed a pervasive relationship pattern that occurred not once but many times throughout the course of their relationship. It was a struggle for me to consistently attempt to understand whether there had been a specific time that was critical over and above the day-to-day behaviours. In retrospect, I wonder if significant helpful and hindering relationship patterns were missed due to my need to focus specifically on critical, isolated events. Due to my research technique, in this document I was only able to comment on the specific critical incidents as described by the participants; however, there was additional contextual information that might have broadened my results, had I been able to include it. I did find that at times, participants would describe an incident containing both helping and hindering factors. However, with the use of clarifying questions, incidents were separated and easily identified as contributing to the relationship in either a helpful or hindering way.

Interviews lasted anywhere from 1.5 to 2.5 hours, with all interviews experiencing a natural ending point when participants could no longer recall additional incidents. All participants expressed positive reactions at the completion of the interview; additionally, three participants indicated that the interview had enabled them to view things in a different perspective, and reported they had gained new awareness of their behaviour and their relationship. I felt both privileged and amazed at the richness of detail that participants were willing to disclose, and experienced strong feelings of gratitude at the completion of each interview. I truly enjoyed speaking to these seven women about their experiences and believe that the counselling skills I have gained throughout my degree served me well. I found that I was able to maintain a researcher stance yet still employ basic active listening skills, such as gentle probes and empathic reflections, to allow participants to feel heard and respected. I do not believe that my lack of direct experience with the veteran population was a hindering factor in conducting my research. Rather, having no prior experience with military or veteran communities allowed me to approach each interview with openness and curiosity. At the start of each interview I made sure to provide each participant with a brief overview of my background and interest in the research topic. Participants were receptive to this and did not appear to show discomfort in speaking with me about their experiences.

Future Directions

This study is the first of its kind in Canada, and thus provides an initial glimpse into the important relationship factors between CF veterans and their partners, from the perspective of the partners. In addition to providing interesting information about this population, it is hoped that this research will act as a springboard for future studies

exploring and assessing partners' experiences. It is essential that the partners of military veterans continue to be included in research, as their perspectives and experiences deserve attention. As past explorations in this area have been limited, directions for future research are plentiful. For example, it would be interesting to explore the experience of individuals who were once married to a veteran but have since split up. All the women who participated in my study were still in a relationship with their partners, except for one woman whose husband had passed away, and thus had survived the husbands' military employment and his transition from the military to civilian life. Exploring the experiences of those who have split up from their veteran partners may produce interesting and different findings.

The majority of the women I interviewed referred to the time during their husband's military employment as the most challenging, and recalled their husband's retirement from the military as the start of calmer, less stressful time. Thus, it would be interesting to research the helpful and hindering relationships factors from the perspective of individuals whose partners are actively serving in the CF. These studies might highlight the effects of one partner's military employment onto the other partner, and might provide support for the crossover or spillover theories related to high-risk employment and reviewed in chapter two. Findings from this research could assist couples counsellors working with this unique population. Additionally, exploring the experiences of these individuals beyond their relationships (i.e., challenges with employment due to their CF partner's constant relocation) could help in developing supports and services geared towards the specific needs of these individuals.

Although I placed no restrictions on the participation of male partners of female veterans, all the responses I received were from female partners of male veterans. It would, therefore, be interesting to research the experiences of men who are in relationships with women CF veterans. Additionally, it would be interesting to explore the experiences of individuals in same-sex relationships where one partner is actively involved in, or has retired from, the military.

Conclusion

This study used the qualitative critical incident technique (Flanagan, 1954) to identify the factors that help and hinder the relationship between CF veterans and their partners, from the perspective of the partners. Various categories were created to encompass the myriad of helpful and hindering incidents arising from the interviews. The participants' stories revealed the importance of interpersonal relationship factors such as connection, understanding, support, and collaboration, and stressed the negative impact of factors such as disconnection, misunderstandings, and inconsiderate and embarrassing behaviours. These factors highlight the importance of positive and effective interpersonal relationship; however, little support was found for the impact of military employment or the transition from military to civilian life on relationships. Instead, it was found that the factors exhibited in my study have often been highlighted in past studies exploring relationships, and are not specific to military or veteran couples. Future research directions include a continued focus on partners of either active-duty members or veterans to advance current understanding.

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Appendix A

Recruitment Materials

Letter of Invitation

Dear Prospective Participant,

I am writing to offer you the opportunity to participate in a research project entitled

"Factors that help and hinder the relationship between Veterans and their partners: The

partners' perspective". You have received this email/letter because you were identified by

others in the community as someone who may be interested, or you may know someone

else who may be interested, in participating in this research project.

The purpose of this study is to explore and better understand the many factors that help

and hinder the relationship between Canadian Forces Veterans and their partners, from

the perspective of the partners. I am particularly interested in the experience and

perspective of the partner, as these individuals have often been overlooked in research

involving military Veterans. With this research I hope to allow your stories to be told,

and to identify the best ways to intervene and support partners of Veterans. This research

is part of my Master's work in Counselling Psychology at the University of Victoria, and

is being conducted under the supervision of Dr. Tim Black.

For the purpose of this study I am recruiting individuals who:

a) Are currently married to or in a relationship of at least 2 years with a Canadian

Forces Veteran and were with this individual when he/she left the military

OR:

Were married to or in a relationship of at least 2 years with a Canadian Forces Veteran and were with this individual when he/she left the military, but have since separated or divorced

Potential participants must not have been employed by the Canadian Forces at any time in their life. Their Veteran partner, however, must have served in the Canadian Forces full-time for a minimum of six months, and no longer be serving.

Participants will be asked to participate in a single 1.5 – 2 hour face-to-face individual interview that will be audio taped and transcribed. The researcher (Chiara Papile) is able to travel to Vancouver and potentially other locations to interview participants. The only individuals who will have access to the tapes and transcripts will be Chiara Papile and Dr. Tim Black. All identifying information will be removed from transcriptions and not appear in any final documentation or reports. Participation in this research is completely voluntary and you may withdraw from the study at any time, or refuse to answer any questions, without penalty or consequence.

If you would like to participate in this study, or would like more information, please contact Chiara Papile at (250) 588-0913 or via email: cpapile@gmail.com. Dr. Tim Black can be reached at the University of Victoria by calling (250) 721-7820 or via email: tblack@uvic.ca.

Thank you in advance for your time and interest.

Sincerely,

Chiara Papile, M.A. (Cand.)

Is your partner a Vet?

Are you interested in participating in a study about relationships?

Criteria:

- Have been married to or cohabited with your Veteran partner for minimum 2 years

- Not be a CF member or Veteran yourself

Contact **Chiara Papile** (graduate student researcher) at **cpapile@uvic.ca** or **(250) 588-0913**

(Supervisor Dr. Tim Black can be reached at tblack@uvic.ca)

Appendix B

Initial Telephone Contact Script

Thank you for your interest in my research. I am a Master's student in the Counselling program at the University of Victoria, conducting my thesis on the romantic relationship between veterans and their partners. Specifically, I am interested in the experience and perspective of the partners, as they have often been overlooked in research involving military veterans. To this end, my study aims to determine what helps and hinders the relationship between veterans and their partners. If you agree to participate, I will ask you to meet with me in order to conduct an in-person interview. The interview will take approximately 1.5 hours, and we can jointly determine the location of our meeting. Throughout this process, you are free to decline answering any questions you are not comfortable with, and you are free to withdraw your participation at any time without explanation or penalty. A pseudonym will be utilized to ensure full confidentiality, and no identifying information will be used. Do you think you would be interested in participating? (If yes, continue).

I need to ask you a few questions to determine your eligibility in the study. Would that be okay? How long have you been with your partner? Are you married or dating? Is your partner retired from the CF? When he was serving, did he serve full time for a minimum of six months? Where you with your partner while he was employed by the CF, and during his transition out of the military? Were you ever employed by the CF?

(If not eligible):

Thanks for answering those questions. Unfortunately you are not eligible to participate in this study due to (insert reason). I appreciate your interest regardless. Do you have any questions?

(If eligible):

Thanks for answering those questions. You fit the criteria for my study. Let me tell you a bit about the procedure for the interview. Upon our first meeting, I will go over a consent form with you. I will send you this form over e-mail prior to our meeting so that you can look it over. Once you completely understand all that is involved and are still interested in participating in the study, I will have you sign the form. From there I will ask you some demographic information, and then I will ask you to think about critical incidents that have either helped or hindered your relationship since you partner exited the military. By critical incidents I mean significant, isolated occurrences or events in your relationship. I am most interested in specific behaviours and other observable events, and these can be things that either you or your partner did, things that you did together, or something else that happened to influence your relationship. You are free to think back on things that happened today, yesterday, weeks, months, or years ago. However, all the incidents must have occurred after your partner exited his involvement with the military. You are encouraged to start thinking about these prior to the interview, as it might help bring them back to memory.

Do you have any questions? Let's set up a time for our interview.

Appendix C

Interview Script

Thank you for agreeing to meet with me and giving up some of your time. I very much

appreciate you sharing your experiences with me to further my research.

Before we get started on the interview, I would like to have you look over and sign the

consent form, which is a requirement for all studies conducted at the University of

Victoria. Although you have already seen this as I sent it over email, I'd like to go over it

with you right now to make sure the content is clear, and to answer any questions that

may arise.

(Go over consent form out loud, and have participant sign. Answer all questions.)

I would like to tell you a little bit about myself before we start the interview. As I already

mentioned when we first spoke on the phone, I am a Master's student at UVic, in my

second year in the Counselling Psychology program. I am conducting this study as a

thesis requirement for my degree. I have previous experience interviewing couples in

regards to their romantic relationship. I have found that the information I obtain is

extremely interesting and important to research. I am now interested in turning my focus

to look at the romantic relationship between veterans and their partners, from the

partners' perspective. As you have already read in the consent form, this is an area

considered to be extremely important and relevant to our society today.

Our interview today will be focused on events that have helped and hindered your

relationship with your partner. I will ask you to think back over your relationship, and I

will ask you to focus on critical incidents that have helped and hindered your

relationship. By critical incidents I mean significant occurrences in your relationship. I

am most interested in specific behaviours and other observable events, and these can be things that either you or your partner did, things that you did together, or something else that happened to influence your relationship. You are free to think back on things that happened today, yesterday, weeks, months, or years ago. However, all the incidents must have occurred after your partner exited his involvement with the military. Examples of incidents can be things like:

- A few months ago, your partner told you how much he appreciated your support in the months following his release from the military

- A week ago, your partner had a nightmare about his combat experiences but was unwilling to talk to you about it, and as a result you felt excluded

Please describe each behaviour or event completely and in as much detail as possible. I will likely ask you some follow-up questions to ensure I get a clear idea of each incident and the impact it had on your relationship.

Do you have any questions?

The interview will likely take 1 hour to 1.5 hours, and, as I mentioned previously, will be audiotaped. This is done so that later, I can listen to the tape and ensure I captured your responses properly. Throughout the interview I will also take notes regarding the events you are describing. I will also ask you periodically whether you would like to take a stretch break. At the completion of the interview I will briefly go over with you the incidents you've described (and that I have written down) and give you the opportunity to modify your responses. If at any time during the interview you are feeling upset, please do let me know and we can either take a break, terminate the interview and continue at a later time, or you can withdraw your participation completely.

Do you have any questions?

To start then, why don't we cover some basic demographic data. This information will be used in a purely descriptive way, and will be aggregated with other participants' information. No identifying information will be used.

(Ask demographic questions).

Okay, now let's get started. You can feel free to think about either helpful or hindering incidents, and alternate between these. Again, I'm looking for specific behaviours and other observable events. I will ask you to describe the context of the incident and will ask you about what happened before, during, and after the event, with a specific focus on actions, words, thoughts, and feelings that occurred.

(After helpful and hindering incidents have been described):

Thank you for sharing your experiences with me. What I'd like to do now is read out to you the incidents that I noted down as you were talking. I'll first review the incidents that hindered your relationship, and then I'll review the incidents that helped. For each one, I'd like you to tell me whether what I say reflects the incident properly. You can feel free to make any adjustments. Is that clear?

(Go through all incidents).

Thank you for re-visiting those with me. I believe I have a good idea of what events have been helpful and unhelpful to your relationship. Again, I appreciate you sharing those experiences with me.

This completes our interview today. Before we end off, do you have any last questions?

Thank you again for your help in contributing to my research. If any questions come up, please do not hesitate to contact me.

Appendix D

Consent Form

Factors that Help and Hinder the Relationship between Veterans and their

Partners:

The Partners' Perspective

You are invited to participate in a study entitled **The Factors that Help and Hinder the**

Relationship between Veterans and their Partners: The Partners' Perspective that is

being conducted by Chiara Papile.

Chiara Papile is a Master's student in the department of Educational Psychology and

Leadership Studies at the University of Victoria and you may contact her if you have

further questions by e-mail at cpapile@uvic.ca and by telephone at (250) 588-0913.

As a graduate student student, I am required to conduct research as part of the

requirements for a Master's degree in Counselling Psychology. It is being conducted

under the supervision of Dr. Tim Black. You may contact my supervisor by email at

tblack@uvic.ca and by telephone at (250) 721- 7820.

This research is being funded by the Social Sciences and Humanities Research Council of

Canada and the Sara Spencer Foundation.

Purpose and Objectives

The purpose of my research is to explore, through the qualitative critical incident

technique, the relationship between veterans and their partners, from the perspective of

the partners. The main research question is: What factors help and hinder the relationship

between veterans and their partners, from the perspective of the partner?

Importance of this Research

There has been little research conducted on how partners of military veterans are affected by the experiences of the veteran. Prior research conducted in the U.S. has highlighted the difficulties experienced by some civilian partners, including caregiver burden, lowered quality of life, increased stress, and decreased relationship satisfaction. My research aims to focus on Canadian experiences by focusing on the partners of veterans to better understand their perspective on what helps and hinders their romantic relationship. It is hoped that results of this research will assist in developing appropriate and necessary resources and services for this population.

Participants Selection

You are being asked to participate in this study because you are a civilian partner of a Canadian Veteran, and have been married to or have cohabited with your partner for a minimum of two years. Additionally, your Veteran partner served in the military in a full-time capacity for a minimum of six months.

What is involved

If you agree to voluntarily participate in this research, your participation will include a 1.5 - 2 hour initial interview. The interview will be audiotaped.

The main interview questions are: What significant events have helped your relationship with your partner? What significant events have hindered your relationship with your partner? Further questions include: How did that specific event help or hinder your relationship? Can you explain that in more detail?

Inconvenience

Participation in this study may cause some inconvenience to you; specifically, having to donate approximately 1.5 - 2 hours of your time.

Risks

There are some potential risks to you by participating in this research and they include the possibility that you may experience some fatigue, stress, or emotional reactions as a result of discussing your relationship. To prevent or to deal with these risks the following steps will be taken: The interview questions will be discussed with you prior to commencing the interview, will be sent to you prior to the interview through email or mail, and you have the right to temporarily or permanently end the interview or to withdraw at any time without explanation or penalty. You also have the right to refuse to answer any questions. Short breaks in the interview will be suggested if you are feeling tired at any time. As the researcher, it is my duty to be attentive to signs of upset during the interview, and to offer the option of temporarily or permanently ending the interview. If you appear to be fatigued, stressed, or quite emotionally affected by the content of the interview, I will be prepared to assist you in debriefing, in developing a list of further debriefing contacts, and providing a referral to free and low-cost local counselling agencies for any further assistance.

Benefits

The potential benefits to you of your participation in this research include the opportunity to reflect on personal experiences with regards to your relationship with your partner. The potential benefits to society include an opportunity to help others in the veteran community better understand their relationships. Additionally, it is hoped that learning

about and sharing your experiences will influence the development of resources for your

specific population (partners of veterans).

Potential benefits to the state of knowledge include the opportunity for you to contribute

new knowledge in the area of Canadian veteran relationships. This will not only increase

current understanding, but may also generate future areas of research study.

Voluntary Participation

Your participation in this research is completely voluntary. If you do decide to

participate, you may withdraw at any time without any consequences or any explanation.

You may also refrain from answering any questions. If you do withdraw pre-maturely

from the study, you will be asked for permission to keep the data you have already

provided. You may accept or decline.

On-going Consent

To make sure that you continue to consent to participate in this research, I will remind

you of the voluntary nature of participation and your right to withdraw at the beginning

of the interview. Should you decide to withdraw at any time after the initial written

consent form is signed, all data pertaining to you will be permanently destroyed unless

you indicate that you agree to the use of your data.

Anonymity

In terms of protecting your anonymity, your name will be replaced in the data (on labels

and transcripts) by an identification number and a pseudonym.

Confidentiality

Your confidentiality and the confidentiality of the data will be protected. In the case

where you are involved in word-of-mouth participant recruitment, only partial anonymity

can be maintained, as others that you recruit will know of your involvement in the study. However, full confidentiality of your interview data will be maintained.

Efforts to maintain your anonymity will include the following: your name will be replaced in the data (on labels and transcripts) by an identification number and a pseudonym. Your name and any identifying information will not appear on the data, thesis, published articles, or any other material used in presentation to others. Signed consent forms will be kept separate from any data, and only the researcher and her supervisor (Dr. Tim Black) will have access to the data and the signed consent forms. There are circumstances that limit confidentiality. In these circumstances it is my duty as a Canadian citizen and as a researcher to disclose participant information. There are two specific ways in which such a duty may arise:

1. You disclose an intention to harm yourself or someone else.

2. You disclose previously unreported information regarding the abuse or serious neglect of a child under the age of 19. This also includes a child under the age of 19 witnessing abuse.

Dissemination of Results

It is anticipated that the results of this study will be shared with others in the following ways: directly to participants and groups involved (i.e. the military and veteran communities) through presentations and pamphlets; and to the academic community through a thesis, published articles, and presentations at scholarly meetings.

Disposal of Data

Data from this study will be disposed of in the following way: tapes will be erased at UVic Computer Services; written transcripts, notes, and consent forms will be shredded

through UVic confidential shredding; and all computer files will be deleted and back up disks destroyed through UVic Computer Services.

Compensation

As a way to compensate you for any inconvenience related to your participation, you will be given a $10 gift card to a local coffee shop. If you agree to participate in this study, this form of compensation to you must not be coercive. It is unethical to provide undue compensation or inducements to research participants. If you would not participate if the compensation was not offered, then you should decline.

Contacts

Individuals that may be contacted regarding this study include: Chiara Papile and Dr. Tim Black, whose contact information can be found at the top of this form.

In addition, you may verify the ethical approval of this study, or raise any concerns you might have, by contacting the Human Research Ethics Office at the University of Victoria (250-472-4545 or ethics@uvic.ca).

Your signature below indicates that you understand the above conditions of participation in this study and that you have had the opportunity to have your questions answered by the researchers

| _Name of Participant_ | _Signature_ | _Date_ |

A copy of this consent will be left with you, and a copy will be taken by the researcher.

Withdrawal – This section to be used in the case of premature withdrawal

In the case of your premature withdrawal from the study, do you give permission for your data to be used (following the anonymity criteria described above)?

☐   ☐

Yes   No

| _Name of Participant_ | _Signature_ | _Date_ |