

**An Investigation of the Impacts of Locus of Control on Marital Satisfaction Among Wives
of Combat Veterans with PTSD in the U.S.**

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ABSTRACT

Posttraumatic stress disorder (PTSD) is a significant cause of marital instability and divorce among PTSD veterans, which researchers have cited in the field of psychological disorders. The current study investigated the psychological structure of how marital satisfaction was related to the locus of control among wives of veterans with PTSD diagnoses. No prior studies have explored this relationship, as shown from an extensive search in current literature. The study compared the reported marital satisfaction of women with the locus of control to fill this gap. The family systems theory was applied to guide this research study. In addition, the study further evaluated how marital satisfaction was influenced by stress level and demographic factors (and years of marriage and number of children). The research adopted an experimental study design and simple random sampling. The primary method of data collection was the survey questionnaire. Quantitative data from the primary respondents were analyzed using descriptive statistics, correlation, and regression analysis with SPSS V.20 software. The findings were presented using pie charts, bar graphs, and tables.

Keywords: locus of control, relationships, personality traits, marital satisfaction, veteran, and Posttraumatic stress disorder (PTSD).

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List of Abbreviations

PTSD- Posttraumatic Stress Disorder

V.A.- Veteran Affairs

CHAPTER ONE: INTRODUCTION

Overview

This chapter elaborates the study's background information in full detail. Additionally, the chapter examines the study's problem statement, the aim, hypothesis, objectives, and the research's significance. Nonetheless, the limitation, delimitations, study's nature, and definitions were also entailed in this chapter.

Background of the Study

The United States (U.S.) military was called on to fight on many war fronts worldwide in this age of increasing strife and global conflict. The fight is outside the typical human experience for veterans' service on the battlefield (Military.com, 2006). War effects are experienced when veterans with their spouses, friends, and families try to resume their everyday life. For instance, Vietnam War veterans experienced mental problems after the war, impacting their day-to-day operations (Yambo et al., 2016). PTSD and its impact on the veterans' wives are currently unknown. PTSD's development follows an appalling ordeal that entails the danger of physical harm. People can acquire PTSD if they are involved or witness an adverse incident (National Institute of Mental Health, 2013). During the war period, combat stress is imminent due to devastating and traumatizing battle events. PTSD can be categorized as shellshock, combat exhaustion, heart military, and surgical exhaustion (Boehnlein & Hinton, 2016). Cognitive behaviors associated with this condition are commonly referred to as genuine psychiatric illnesses.

According to Xue et al. (2015), various battle stressors are presented to the military personnel and spouses, which ultimately cause PTSD. Many veterans come home with a different state of mind compared to when they left for the battle. When they come back, they

face various mental problems. The violent war experiences form part of the soldier's mind, continuously influencing individuals and family members. Pathognomonic PTSD indicators are conditioned emotional stimulants that cause veterans to react emotionally to negative war experiences (Everly & Lating, 2019). Some veterans suppress and ignore traumatic experiences, but others are overwhelmed. Common PTSD symptoms can be caused by typical occurrences, such as microwave popcorn, car backfire, explosions, thunder, and sirens. These occurrences often cause disturbing feelings and behaviors, including isolation, defensive behavior, enormous anger, fear, uttermost anxiety, attacks of panic, and nightmares of violence (Ashley et al., 2013). An intense, shocking response from a veteran in public can react to stimuli, causing him to defend and separate himself from triggers. Auxemery (2012) argued that such a reaction of neurobiological origin might be the most pathognomonic PTSD symptom. Veterans with PTSD-related combat experience exhibit a wide range of symptoms, but avoidance and extreme anticipation were the critical symptomologies for this research.

All symptoms can hurt personal relations. Avoidance and hyper-enthusiasm are essential for veterans' marital satisfaction, particularly women. Ruhlmann et al. (2019) contended that spouses are still not equipped to cope with PTSD behaviors alluded to combat experiences. An individual must respond to their spouse's emotional and mental state and assume the role of sustaining and moving family unity forward (Sayers, 2011). The wife looks forward to the veteran returning home after a deployment, hoping that the household's tasks and obligations will be met. Staccini et al. (2015) revealed that spousal attributes and dynamics of the family have a substantial influence in the functioning of the family. The dynamics in the family consist of people whose characters interact and influence one another.

When there are variations in family unit sizes, every member has a different status than the military ranking structure. Usually, the veteran and his wife are at the family unit top. Wives and personalities play a significant role in marital stability (Carlson et al., 2013; McManus & Saucier, 2012). Therefore, as a personality dimension, the locus of control plays an integral part in awareness and actions.

Lefcourt (2014) explained that the locus of control depends on whether an individual considers the reward discretionary and independent of their actions, whether rewarded or enhanced. The locus of control is essential in determining perseverance in individuals (Hill, 2011). It may affect marriage satisfaction between veterans' spouses diagnosed with PTSD. Since people do not have the power over what happens to situations or events in their lives, the importance of the locus of control as a predictor for marriage success necessitates investigation. Asgharianji et al. (2015) primarily dealt with the effect of locus of control on marital satisfaction. The researcher illustrated that a high external locus of control has a more significant connection with marital disappointment than a high internal locus of control. Women are highly superficial in unstable marriages, indicating that factors affecting their irregular marriages have little control over them. Nonetheless, PTSD can lead to disasters in marriage.

Further, Renshaw and Campbell (2011) stated that if a partner returns from battle with PTSD symptoms, higher pressures are normal and frequently contribute to marriage breakdown. Provided the different prospects between people with higher inside and exterior locus, a reasonable inference is that the locus of control will predict how a veteran husband's PTSD experiences become the wife's increased burden. Studies by Darshani (2014) and Roddenberry and Renk (2010) highlighted that individuals with a high internal locus of

control experience less stress than those with a high external locus of control. According to Darshani (2014), when wives have an internally high degree of control, they can manage marriage stressors. Equally, with an internally high locus of control, it can be assumed that their marriage's success is satisfactory. Veteran's wives are the leaders in the family life and may influence the veteran's ability to adapt when coming back from combat, depending on his orientation around the locus of control (external versus internal). Therefore, the current study focused on veterans who show fight-related PTSD symptomology, regulated by the locus of control.

Nonetheless, Keinki et al. (2016) found that people diagnosed with PTSD with a high internal locus of control have higher marital satisfaction rates than those with a high external locus of control. The current research was carried out in optimal settings without tension variables. The researcher investigated whether the locus of control in marriage between the wives and their veteran husbands contributes to marital satisfaction when PTSD was a variable causing stress. One common misconception is that people with solid internal control believe that they are entirely responsible for their situation. However, that does not have to be the case. People with high internal checks assume that they manipulate actions rather than variables to influence their situation. Therefore, triggers are less significant for people with a more internal orientation than external orientation (Hill, 2011). According to Hill (2011), in contrasting variables, higher-internal locus of control individuals analyzes stressors. The researcher assessed the best way of coping or addressing situations for achieving their goals. Many who have a higher external locus of control would understand the conviction forcing them to examine outcomes of conditions beyond what they can control. Nonetheless, Howatt (2012) highlighted that someone with a higher internal locus for financial crisis management

would assess their situations and choose the important action course using the available materials. Wang and Lv (2020) reasoned that people with a higher external locus would attribute their suffering to an external force, for instance, due to the will of God. Thus, when people go through a situation, they are controlled by outside powers they believe have significant influence. This view is incompatible with those who think they influence their future and strive to achieve their desired results.

Even if stress variables are present, a person with a high internal locus of control shows more commitment to achieving their desired result (Conley & You, 2014). Negrusa and Negrusa (2012) stated that divorce rates among military marriages have increased in the last nine years, where PTSD is the leading cause, as reported by most couples. Nevertheless, the symptomology of PTSD is not excluded from all military partnerships. In these marriages, stressors must be acclaimed in some way so that the union continues. Locus of control can be an essential variable that contributes, and it discusses the woman's treatment of uncontrollable stressors that disturb her marriage. The survey analyzed marriages with an unpredictable variable of veterans diagnosed with PTSD and whether a veteran's wife's locus of control was associated with marital happiness or discontent.

Hill (2011) noted that people with a high internal locus of control, including veterans' wives diagnosed with PTSD (for example, those in the U.S.), believe they can change the situation. They recognize the gap in handling veterans diagnosed with PTSD disorder, consider the best way to tackle the issue, and are less likely to conclude that the problem was from outside powers, for example, timing, the will of God, to chance. However, it should be remembered that the locus of influence is a continuum between the two ends of most people, i.e., internally or externally (Rotter, 1966). This research argued that women with a broad

internal locus of control of PTSD recognize and cope with the stressor of PTSD, which eventually contributes to better marital fulfillment than their peers who have a small external locus of control (Hill, 2011). The reason is that those with a high degree of internal control know more about the surroundings than those with a lesser external control function, who think that they have little to no control.

Previous studies suggest that those with an external locus of control are less likely than those with an internal locus of control to adapt to and cope with variables that cause stress while searching for greater satisfaction in marriages (Darshani, 2014). Understanding PTSD marriages are becoming more critical as the number of veterans suffering from PTSD rises (Baddeley & Pennebaker, 2011). Additional studies, such as those of Darshani (2014) and Baddeley and Pennebaker (2011), have shown lower marital satisfaction for people whose locus of control is higher externally than those whose locus of control is controlled higher internally in a marriage where stress variables are not present. Therefore, this research examined whether the same is true in a union where the husband had PTSD. The researcher hypothesized that although it is easy to control the PTSD in her husband, wives with a high external locus of control have a lesser likelihood compared to wives with a high internal locus of control to rate their marriage satisfying.

Further, the researcher hypothesized that marriage is more likely to be unsatisfactory whenever the wives' locus of control is higher externally. Therefore, they could not control the stress caused by their marriage. As a result, these wives are more likely to believe that they result in their low marital satisfaction (Rotter, 1966). Therefore, in this study, veterans' and their partners' life quality was enhanced by determining whether there is a contribution to

the marital satisfaction of women of a veteran due to locus of control and, in effect, may lead to care improvements and expected outcomes.

There was a wealth of research on the PTSD negative aspects, which showed the destruction of the ability of veterans to operate in areas where they have been deployed due to this condition. In seeking to enhance life quality, current studies have concentrated on the cause, response, and treatment of PTSD. PTSD disorder is a relatively new condition, and clinical progress has significantly impacted it. Often, it may be helpful to research how the PTSD response affects the behavior, precisely the locus of control. This aspect can help improve the Quality of life of many couples. For example, PTSD with stress levels in a family unit were associated (Dekel & Monson, 2010). As stress increases, the likelihood of an individual acquiring PTSD also increases. This research and other works of literature indicate the negative impacts of PTSD on relationships. When combating such intimate and personal adverse effects of PTSD over and above the current level of treatment, it should be a logically commencing area to see how the PTSD's effect on a person reacts to their circumstances.

Staccini et al. (2015) have shown how veterans react to treatment. Additionally, evidence from Renshaw et al. (2011a) has demonstrated that the family unit's climate affects veterans' response to PTSD treatment in the different family unit characteristics between the various members of the family. Staccini et al. (2015) provided examples of how veterans responded to treatment. Evidence has shown that the family unit climate affects the veteran's response to PTSD treatment. Renshaw et al. (2011b) note that households of the same family members have different features. The simulation of this association is mainly influenced by the husband's and wife's personalities. This view is evident concerning the most dominant,

submissive, or emotionally more assertive traits (Botello, 2015). The incredible details on how marriages have been affected by PTSD symptomology have been studied. The hypothesis accepted a relationship between marriage satisfaction in females since they are focused on their locus of control as a component to counteract how marriages have been negatively affected by PTSD.

Problem Statement

The problem that this research addressed is that veterans returning from PTSD-diagnosed combats can exhibit characteristic behavior, including but not limited to hyper-vigilance, unsafe health behaviors, irritability, feeling socially isolated, sleeplessness disorders, feeling depressed, and flashbacks (American Psychiatric Association, 2013). Symptomatic behavior due to PTSD may put an impossible strain on marriages. Previous research by Khaylis et al. (2011) revealed how high rates of PTSD and depression had been identified among the wives of soldiers returning recently from either Operation Iraqi Freedom or Operation Enduring Freedom. The extent of transition was partially correlated with the partner's reported PTSD and depression. The perception of an individual is linked to its characteristic features. The current research looked at the personality characteristics of locus of control in PTSD-related veterans' women and whether it does or does not suggest marital satisfaction. This research was motivated by the fact that despite rising marriage breakups in many families of veterans with PTSD, the factors associated with marital satisfaction have not been looked at in the recent literature.

Given that the locus of control may be seen as the predictor of how mental illness can be treated, it was intended in this study to find out whether there is marital satisfaction or dissatisfaction with a woman who is married to a PTSD veteran. After a thorough search,

there were no studies on the locus of control of a women's category to indicate marital satisfaction when marrying a veteran husband diagnosed with PTSD. This thesis examined veterans' symptoms of PTSD, together with the locus of control of their wives, as a crucial factor for a satisfying marriage. The internal and external ends of the locus of control have proven to be strong predictors of how a person is coping with a mental illness situation (Jain & Singh, 2015). Investigations that consider the locus of control as determinants of successful veterans' marriage are minimal. The relationship between symptomatic behavior due to PTSD and partners' locus of control is expected to improve treatment.

Purpose Statement

This study examined how marital satisfaction has been influenced by locus of control on wives of PTSD diagnosed veterans. Many works of literature have been published on how PTSD affects the veteran directly but lack information on how their marital satisfaction has been impacted by locus of control. The PTSD literature, job interactions, social assimilation, and how the veterans are affected by PTSD in the family are discussed (Adler et al., 2011; Campbell & Renshaw, 2012; Tsai et al., 2012). Further, this study quantitatively looked at how the number of children and married years affected wives of veterans' marital satisfaction. The study also evaluated how stress impacts marital satisfaction between veterans and spouses.

Significance of the Study

This research can lead to social change by offering an analytical understanding of how marital satisfaction among wives of PTSD-diagnosed veterans is related to the locus of control. The expected findings from this research could confirm the need for further investigations into how PTSD has affected wives. The implications of this study's findings

are resources for the agencies that support the community, providers of mental health, the United States Department of Veterans Affairs (V.A.), and other agencies offering support to veterans' families. Furthermore, the research is valuable to the limited literature on marital satisfaction and its contributing factors. The research is also beneficial to other researchers and academicians conducting studies on PTSD among the public, not only veterans.

Research Questions

The study was guided by the research questions illustrated below:

RQ₁: Is there a correlation between locus of control of women married to veterans with PTSD and marital satisfaction?

RQ₂: Is there a relationship between stress experienced by PTSD-related veterans' wives and marital satisfaction?

RQ₃: Do the demographics of the wives of PTSD-related veterans affect their marital satisfaction?

Research Hypothesis

The following null and alternative hypotheses were used to guide this study: The researchers conducted the investigation using a 5% significance level. Therefore, any possibility of the included measurements above this crucial value was deemed unsubstantial to this current research. These hypotheses are as outlined:

H₀₁: In wives of PTSD-diagnosed veterans, marital satisfaction cannot be predicted by locus of control.

H₁₁: In wives of PTSD-diagnosed veterans, marital satisfaction can be predicted by locus of control.

H0₂: There is no relationship between stress experienced by wives of veterans with PTSD and marital satisfaction.

H1₂: There is a relationship between stress experienced by wives of PTSD diagnosed veterans.

H0₃: In wives of PTSD-diagnosed veterans, marital satisfaction may not be influenced by the number of children and marriage years.

H1₃: In wives of PTSD-diagnosed veterans, marital satisfaction may be influenced by the number of children and marriage years.

Nature of the Study

Researchers who want to gather knowledge and seek a more profound understanding from individuals with first-hand knowledge of a phenomenon tend to select their chosen research approach (Cleland, 2017). This research was suited for a quantitative approach, which allowed the researcher to evaluate the connection between marital satisfaction and locus of control, stress level, and homogenous factors (the number of children and marriage years). A quantitative methodology involved analyzing and interpreting variables by observations and statistics and showing the variables' association through correlation and regression analysis (Guetterman, 2015). Therefore, a quantitative approach was sufficient in the current study since it supported the relationships between variables analysis.

Limitations and Delimitations of the Study

The study was restricted to wives of PTSD diagnosed veterans who would decide to provide information willingly in the analysis and understand the instruments' reliability for collecting data and the participatory qualification requirements. The current research was limited to opposite-gender relationships and marriages. In addition, there were limited

research works published within five or fewer years. Therefore, the study included research articles over five years old. This inclusion enabled a broad scope of research and evaluation of whether the relation between the investigation variables has changed over time.

Assumptions

This analysis was based on four basic assumptions. First, each participant in the study was presumed to understand the confidentiality specified in this report fully. Secondly, there was an assumption that every individual would give answers to the questions asked correctly and effectively depending on their individual experiences. Thirdly, there was an assumption that the wives willing to participate in this research had no recognizable measure of stress before their veteran husbands returned from the deployment field by their admission. Finally, participants were assumed to be qualified to meet the study criteria by their acceptance.

Definitions

Marital Satisfaction: Marital satisfaction is contentment with marriage (Atta et al., 2013).

Locus of Control: A principle designed by Julian Rotter referring to an individual's perception regarding the fundamental causes of events in their lives is the locus of control (Hill, 2016; Rotter, 1966).

Veteran: a veteran is a service member who has all the hatred generated by an offensive, defensive, or friendly war with any adversary in any foreign theatre (Adler et al., 2011).

Posttraumatic stress disorder (PTSD): PTSD is the reaction to a severe traumatic stressor of the hallmark symptoms that a person directly experiences in an incident involving serious injury or threatened or actual death (APA, 2013)

Summary

Overall, the current study examined how locus of control impacts wives' marital satisfaction of PTSD diagnosed veterans. The study also evaluated how stress levels and demographic factors influence marital satisfaction. The introduction gives an overview of the problem under study. Veterans returning from war who are diagnosed with PTSD can exhibit symptomatic behavior, including but not limited to: hyper-vigilance, unsafe health behaviors, irritability, feeling socially isolated, sleeplessness disorders, feeling depressed, and flashbacks. These behaviors can actively influence their marital satisfaction with their wives. Therefore, the study examined how locus of control, stress level, and demographic characteristics influence the marital satisfaction of veterans diagnosed with PTSD. The above chapter introduces the study's problem; hence, much explanation based on evidence from other authors is discussed in the next chapter.

CHAPTER TWO: LITERATURE REVIEW

Overview

The literature review from previous findings of the given research questions are addressed in this chapter. One of the main goals of this chapter is to provide more in-depth insights into the marital contentment of wives of veterans diagnosed with PTSD with a focus on the locus of control in the United States. This chapter is divided into sub-sections based on common themes. First, it discusses literature search methods and theoretical framework, the history of PTSD, PTSD symptoms, and an overview of locus of control and marital satisfaction. Next, the section focused on how marital satisfaction has been impacted by locus of control. The section also highlights how stress and homogenous factors were associated with marital satisfaction. The literature used articles that act as evidence to support the current study. The researcher used CINAHL, Medline, Cochrane, PubMed, and Google Scholar databases to search for reviewed articles to acquire these materials.

Furthermore, to actively acquire the best articles, the researcher used Boolean connectors such as AND OR to identify the best research articles exploring the area of interest. Therefore, the study used terms such as "marital satisfaction" AND "locus of control" AND wives of veterans," AND "PTSD" OR," "Stress" AND "marital satisfaction," AND " wives of PTSD diagnosed veterans" to retrieve articles that have all the outline factors. The research articles comprised more than 150, and most were less than ten years old.

PTSD has occurred since soldiers were engaged in hostile combat conditions that affected their mental health, which later influenced their living (Birmes et al., 2003). The research of Birmes et al. (2003) intended to thoroughly address the notion that the PTSD

symptoms in veterans represent a problematic issue that could affect a marital relationship, and a partner's locus of control is a determining factor in its failure or success.

Conceptual or Theoretical Framework

Family System Theory

This study was based on family systems theory. Murray Bowen developed the family system theory to understand better how families interact (Wolman & Stricker, 1983). A family's attitudes, feelings, and behaviors are strongly influenced by one another as per this theory. Individuals solicit and receive one another's affection, assistance, and support and respond to one another's wants and needs (Haefner, 2014). Military veterans who have post-traumatic stress disorder (PTSD) influence their partners and their marriages because of the mental health issues that come with their diseases. Psychological or physical problems might damage a marriage. Human relationship structures are governed by a multi-billion-year-old emotional mechanism, according to Haefner (2014). The emotional system is the primary driving force for creating health conditions and impacts most human activities. Knowing how the emotional system functions in the home, job, and social environments provides new and more efficient approaches in each of these fields.

Returning American veterans took home issues with a more in-depth and more reliable perception of PTSD over time (Grinage, 2003). However, PTSD was unexplained for a long. Scientists and clinicians started to grasp PTSD well only in modern times. PTSD includes the following, as noted in the 5th Edition DSM-5 (APA, 2013): experiencing symptoms after contact with direct experience of extreme traumatic stress, including death, physical integrity threats, and severe injury, whether actual or endangered. Alternatively, it involves witnessing a traumatic incident involving death, disability, or other danger to

another person's bodily integrity, or knowledge of sudden or traumatic death, significant harm, or family member/other close associates injury or death (p. 463). Scientists now know what precisely infiltrates the psyche of veterans.

Related Literature

History of PTSD

Many troops returned from war with PTSD symptoms even before the American Psychological Association (APA) officially recognized it as a medical disease. Stress-related post-traumatic stress disorder (PTSD) symptoms can significantly alter a person's quality of life to the point where they become functionally impaired. Clinically, the symptoms can be divided into two groups: compartmental and emotional. War, sexual abuse, and other severe psychological trauma are all common causes of these symptoms. According to Rosenshield (2013), the Swiss Army Physicians were the first to understand what is now called PTSD. In addition, Rosenshield (2013) noted that fever, weakness in the physical body, sleeplessness, anxiety, and a lack of appetite were the most common symptoms (Dean, 2019). These Swiss doctors called it nostalgia. German doctors also recognized the condition almost similar period when the Swiss doctors identified PTSD. Germany's doctors called PTSD "homesickness" (Baran, 2010, n. p.). Similarly, it was also called Heimweh, as the soldiers longed to return home. Other nations have also begun investigating the PTSD phenomena. The French also called it "homesick," and the Spanish called it "roto," meaning "destroyed" (Baran, 2010, n. p.).

Loughran (2012) noted that Veterans of World War One returned home with very diverse outlooks due to their war experiences. As a result, no experimental treatments for shell shock were conducted despite this sickness being recognized as these veterans' ailment.

Speculation was solely the diagnosis and treatment of shell shock. Health professionals first claimed no evidence of physical exposure to shell shock due to the central nervous system (Boehnlein & Hinton, 2016). However, Shell-shock veterans displayed signs like today's PTSD combat-related, including hallucinations, anxiety, irritability, astonishment, and apprehension (Raymond, 2011). The APA entity formally recognized PTSD as a global problem (Hennes & Rodes, 2011). The condition is now legally accepted.

According to Grubaugh et al. (2011), PTSD is a severe mental illness that affects people other than those diagnosed after long-term exposure. The environmental effects of PTSD are alarming. Lombardo and Gray (2005) said, "PTSD may be influenza if the depression is a common cold in behavioral disturbances" (p. 3). Veterans with PTSD showed severe public health problems (Ramchand et al., 2015). In addition, they had trouble acclimatizing to a not-hostile climate when returning from a hostile world, partially because the military operates and succeeds in a hostile environment with excellent working conditions and preparation for members, making them dependent on returning to a non-hostile climate (Ramchand et al., 2015). According to this study, veterans often have difficulty acclimating to non-hostile environments after returning from a hostile world.

The Army uses four basic training methods. These include brutal oppression, classic status, labor conditions, and role modeling involvement (Jackson et al., 2012). These activities in training seek to break people down, eliminate their current beliefs and expectations, and establish a new set of principles that believe that life is a feature of death, devastation, and aggression (Mead, 2013; Vergne, 2012). Service members advance through preparation and the shifts in nature to match their military skills. Getting a service member to accept brutality as normal and acceptable in his new violent environment is the purpose of

this training. Due to anticipated hardships in the real world, there is effective training for the military's service members. They desensitize people to suffering, but they do little to make them live in a non-hostile climate. Veterans often go without care, and their families need to survive after the deployment for several reasons (Gerlock et al., 2014). One of these reasons includes helping with conflict resolution that prevents forming and preserving an intimate relationship.

Combat stress can drive a person to their emotional boundary (Esposito-Smythers et al., 2011). American warriors faced combat stress themselves without any assistance for long. As a result, family members had frequently said that their loved ones came back from the battle entirely different from those left. Veterans returning from war cannot cope with PTSD in combat and experience symptoms that significantly affect families, friends, and spouses (Jordan, 2011; Sayers, 2011; Sullivan & Elbogen, 2014). Generally, combat brings a total transformation of a service member that may make it difficult to cope with everyday life.

PTSD and its Symptoms

Research indicates a greater likelihood of physically violent outbreaks directed at partners and other family members due to fighting presentation (Elliott et al., 2011). The main component of relationship problems among combat veterans was physical aggression, resulting in a higher divorce rate (Gerlock et al., 2014). Backward family cohesion, inadequate communication, increased relationship dissatisfaction, and impaired family transition are the source of physical conflict with veteran combatants (Dudouet et al., 2012). In addition, Operation Enduring Freedom and Operation Iraqi Freedom veterans have reported a higher incidence of outbreaks of anger (Corazalla, 2013; Sweezey, 2018). Such

outbursts of rage subsequently exacerbate other signs, such as household abuse. The survey conducted by Margolies et al. (2013) revealed that the V.A. behavioral health program had recorded mild to moderate partner abuse to more than half of Operation Enduring Freedom and Iraqi Freedom veterans. On the same note, Weaver et al. (2013) indicated that partner abuse is in line with the previous generation of PTSD-diagnosed war veterans. In most cases, the onset of coldness in a combat veteran results from specific triggers that stimulate traumatic recurrence (Edwards, 2014). The explosive displays of anger can reduce the efficacy of marriage contact and the ability to overcome problems and social support (Carlson et al., 2013). Longitudinal research studies indicate that alleviating symptoms of PTSD has seen veterans with battle-induced PTSD turn to means of self-medication such as taking alcohol (Duranceau et al., 2014; Surette, 2017; Torchalla et al., 2014).

Additionally, as noted by Meis et al. (2010), veterans' alcoholism directly connects with the marital dissatisfaction that causes high divorce rates, interaction negatively with families, and, ultimately, high distress. Social retirement is a PTSD symptom among veterans that makes marital relationships more difficult (Yambo et al., 2016). The above research focuses on the soldier, but their partner has little or no interest in social retirement. So far, the marital partnership complexities have no significant research explored from the spouse's perspective. This fact is not entirely surprising, as researchers have not yet fully understood PTSD and its impact. After the Vietnam War, citizens who had PTSD increased (Marmar et al., 2015). Although the nature of PTSD and how it affects the military are generally better known, recent work tends to concentrate mainly on the latter (Elliott et al., 2011). Some studies have been focusing on the family unit in recent years. The most recent work focuses on relationships between parents, family engagement, and family cohesion. No studies

illustrate how PTSD has affected the partner and the resulting successful or insufficient adaptation and handling characteristics.

The veteran diagnosed with PTSD is usually directly linked to the family and friends, not only those diagnosed who struggle alone. According to Renshaw et al. (2011a), the risk of the symptoms of PTSD is increased in individuals closely connected with the veteran. On the same note, Renshaw et al. (2010) indicated that the external force could impact this partnership's future from a control point of view (Green, 2011). Therefore, it depends on the spousal's control position and if the influence of this external force is a determinant. This research explored problems from women's viewpoint and their perception of how PTSD unwittingly influenced their husbands' lives.

Concept of Locus of Control

This is a principle designed by Julian Rotter (1966), which refers to a person's perception regarding the actual events caused in their lives. Rotter wanted to investigate to what extent people think they can monitor events in their lives. For example, does a person believe he/she controls his destiny, do external forces, or do others control his fate? Internal regulation is when an individual believes that events in their existence and, to a large extent, their influence can be controlled. According to Cummings and Swickert (2010), individuals with external forces assume the forces are responsible for events in their lives. The fundamental question about the locus of influence is: "I influence, or can I control my life?"

The locus of control is significant because it affects many people's convictions (Ahlin, 2014). According to Borghans et al. (2011), control is a significant identity feature in psychology. The full title of constructs is the position of reinforcement control. Conduct is mainly driven by improvements such as incentives and penalties (Kormanik & Rocco, 2009).

The name represents the principle of Rotter of psychological and cognitive bridging, and Rotter believed that human action is motivated by circumstances, such as rewards and penalties (Rotter, 1966). Kormanik and Rocco (2009) stated that people have confidence in what they do; therefore, these values control the attitudes and actions of people. The locus of control is a one-dimensional spectrum extending from outside to within (Zigarmi et al., 2018).

According to Ahlin (2014), an individual with an internal locus of control thinks that he/she controls his/her life. However, persons whose external locus of control assume that situational forces influence their actions and events they have little influence over, such as God or chance. Looking at the full spectrum of locus of control, one might question if an internal locus of control is advantageous. Typically talking, an internal locus of control is psychologically sound to believe that you have power over others you can affect as a general locus of control (Cheng et al., 2013). A person who has an internal locus of control can be regarded as optimistic, controlled, or determined. Studies by Borghans et al. (2011) have shown that males are more internal than females as they travel around corporate structures. The internal orientation should not be mistaken as someone with complete control of their lives, but as someone who may feel that they can regulate the situation to obtain a particular result.

On the other hand, it is appropriate to consider some critical subtleties and complexities regarding the locus of control, either external or internal. The internal guidelines should include equality of self-efficacy, competence, and opportunity to achieve locus of control (Rotter, 1966). Cheng et al. (2013) indicated that when people have an internal orientation and do not have the ability, effectiveness, and potential to succeed, they

may be unsatisfied, worried, and depressed. Persons with internal exposure will consider their power circle and work within it to succeed in life. People whose locus of control is external lead to a very comfortable and satisfying life as they prefer to delay or prevent problems. Research shows that people with an external locus of control are happier when looking for opportunities and taking advantage of them (Ahlin, 2014; Galvin et al., 2018). The other end of the spectrum tends to be more successful and usually seeks more for people with a more internal locus of control (Green, 2011).

Marital Satisfaction Concept

Marital pleasure is one of the basic principles used to evaluate happiness and stability in a marriage. The quality of marriage and married couples' satisfaction are much more significant than marriage itself. Tavakol et al. (2017) has defined marital satisfaction by considering all aspects of marriage as a sense of happiness, pleasure, and joy experienced by a husband or wife. It is a significant indicator of life satisfaction and performance in a family. Marital satisfaction occurs in couples' lives because it requires the respect of the tastes, the knowledge of the attributes of the individual, the creation of rules of conduct, and the development of patterns. Young (2020) contended that as marital relations for most pairs are the primordial sources of social support and protection against physiological and psychological distress, marital satisfaction has implications for physical and mental health, life satisfaction, work success, and social intercourse.

Schoenfeld et al. (2017) defined marital satisfaction as enjoyment and happiness that a married couple enjoys when they take all aspects of their life together into account. This aspect captures each married couple as a member (Amrelahi et al., 2013). Marital happiness involves many facets, including sexual satisfaction, partner support, decision-making,

connections with the partner's family, family protection, emotional well-being, and life satisfaction. Marital satisfaction is among the most crucial components of family life, and marriage quality is critical to such satisfaction (Bloch et al., 2014). Heshmati et al. (2016) argued that obtaining marital happiness is one of the essential marriage goals. Marital satisfaction is a dynamic and multidimensional concept that has been thoroughly studied in the most diverse scientific fields (Rebello et al., 2014). According to Carr et al. (2014), marital satisfaction is a global marital status assessment and represents the functioning and happiness of marriage.

Marital satisfaction can affect their physical and intellectual well-being, a function of biology, academia, societal ability relationships (Tavakol et al., 2017), and the development of the children (Cummings & Swickert, 2010). Marital satisfaction (also known as marital quality) is a multidimensional and subjective term described as a favorable attitude to one's marital relationship (Robles et al., 2014). An individual's marital satisfaction in their marriage can be measured by how satisfied they are with their decision to tie the knot with a specific individual (Narimani et al., 2015). Carr et al. (2014) pointed out that happy couples earn more benefits and lower marital costs.

For marital satisfaction, gender is another indicator of great importance. Factors affecting or contributing to marital satisfaction tend to vary between different cultures. For instance, Zainah et al. (2012) indicated that the husband's income is a more significant variable in Japan than in the United States concerning marital satisfaction. Pakravan et al. (2013) and Narimani et al. (2015) argued that individuals seek a happier life after marriage; hence marriage success and marital happiness are more important than marriage itself. According to Mirfardi et al. (2010), the search for happiness leads to an inappropriate

dysfunctional family and a divorce environment, resulting in declined marital satisfaction. Therefore, it is vital to know the success of marital satisfaction factors that reinforce the foundation for married life. They include the value of balancing family functions and preventing breakup (Copen et al., 2012). From the standpoint of American women whose husbands are diagnosed with PTSD, this research aimed to study the factors that successfully influence marital satisfaction.

Locus of Control and its Impacts on Marital and Satisfaction

Many studies have often investigated the functions of the locus of control in an individual's everyday life. For instance, Ganji and Navabinezhad (2012) explored marital satisfaction, locus of control, and relationship. The research findings revealed that partners' internal locus of control and marital satisfaction had significant relationships. Higher internal locus of control in individuals was positively linked to higher marital satisfaction rates. Similarly, Mlott and Lira (1977) investigated 44 veteran wives and found that stability and instability in marital conditions did not vary. However, variations were found between partners in dysfunctional marriages, with women more affected than their husbands. Equally, Bugaighis et al. (1983) found that women in unstable marriages have a solid external influence and assumed that their irregular marriages were outside their reach.

Mostadim (2016) examined whether a person may contribute to their marital satisfaction by providing a locus of control orientation (both external and internal). The study found that an individual's locus of control could predict marital satisfaction. The results illustrated that individuals whose locus of control was internally are more likely to report greater marital satisfaction. Sawai et al. (n.d.) explored the relationship between locus of control with marital satisfaction and marital stability using a sample of 278 newlyweds. The

participants completed a Marital Dysfunction Index (MDI), the Kansas Marital Satisfaction (KMSS) scale, and a demographic information sheet. Correlation analysis was used to analyze and test the relations between the variables. The results illustrated that the association between marital satisfaction and external locus of control was negative and significant, but marital satisfaction and external locus of control did not significantly associate. However, the two control variables and marital stability had a negligible relationship. Solaimani (2014) also compared the quality of life and locus of control in married women with low or high marital satisfaction. The trial included 35 low and 35 high matrimonially satisfied married partners. The result showed a lower satisfaction degree in marriage in an individual's external locus of control.

In a retrospective survey of 44 years, Kahler (2017) evaluated the association between the locus of control and marital satisfaction. It was projected that marital satisfaction would be lower if the locus of influence had an external orientation. Marital satisfaction scores were forecasted, and gender, income, educational achievement, reputation, and military service were critical factors (Kahler, 2017). The presented theories were partly endorsed, discussed, and measured in mid-adulthood, and the locus of control positively predicted contemporary marital satisfaction. Nevertheless, none of the control variables (gender, income, educational achievement, reputation role, and military service) substantially forecast marital satisfaction compared to previous studies.

Mole (2013) designed a comprehensive study to investigate locus of control linkages and fulfillment in romantic adult relations and compared intact and separated family members. The sex, age when parents were divorced, and present age were examined based on the following assumptions: Firstly, parental divorce would have more external LOC in

early childhood. In contrast, parental divorce would produce a more internal LOC in older years. Secondly, women respondents had a greater external LOC and a higher internal LOC than older participants. Thirdly, the researchers hypothesized that an internal LOC would increase connection satisfaction for both intact and divorced participants. On the same note, parents' offspring separated from an external LOC in the present relationships was predicted to be the lowest satisfaction. Lastly, those from intact LOC families reported the most pleasure in the relationship. There were no statistical significance ties between LOCs and age, LOCs and gender, LOC and divorce ages, LOCs and satisfaction in relationships, or parental marital status.

Ganji and Navabinezhad (2012) found that the locus of control between husbands and women involved in marital therapy was statistically different. The study indicated that women report a more external LOC than their husbands in marital therapy. Doherty (1981) used robust marital quality measures to examine the variation of locus of control among newly wedded wives using a simple correlation design. He concluded that marital discontentment is more likely if a wife has a more significant external locus of control than the husband. Doherty (1983) indicated that divorce due to marital dissatisfaction and the locus of control preference was not connected in a separate study that tracked women longitudinally for seven years. Extending the case should be based on both sides in the marriage and on the divorce's initiator to complete an analysis of the causal relationship, the locus of control, and divorce.

The measures of the locus of control unique to the marital relationship in this study were used in a simple correlation design for married couples for 18 years or more ($M = 26.2$ years). An honor's research thesis by Gabelman (2012), published on the website of Ohio

State University, is the sole additional study that measured the quality of marriage and locus of control association from the literature available. This analysis supported that marital satisfaction and the locus of control had a significant relationship. The subsequent literature study found that marital satisfaction positively correlated with the internal locus of control. Thus, a spouse's internal locus of control was still interconnected to a lesser extent (Camp & Ganong, 1997). Locus of control was correlated with the care of their intimate partner by heterosexual men. Locus of control was the best indicator of males' hostility towards their female counterparts. Investigations indicate that women are more vulnerable to men with a more external locus of control. According to Cowan and Mills (2004), the external locus of control is associated with unfavorable personal sentiments and poor self-esteem. The researcher concluded that it is safe to assume low self-esteem impairment, heightened antagonism, unclear feelings, and reported relationship quality between males and females. According to Groth et al. (2019), women with an external locus of control have an increased chance of being satisfied with their marriage. In addition, women with a high internal locus of control are more likely to cope with and fix problems and avoid bad relationships. Further, Groth et al. (2019) stated that women with an internal locus of control tend to be more self-esteem and less desperate and distasteful.

Locus of control is essential for romantic relations because it is sensitive to society, responsiveness, and attention (Bugaighis et al., 1983). Some researchers have examined the locus of control in the satisfaction of romance. Results demonstrate that marital satisfaction rates are lower when one partner perceives the external locus of control while the other perceives the external locus of control. Marital satisfaction increases whenever the two partners have an internal locus of control. Higher levels of engagement (instead of evasion)

in solving marital-related issues can explain this increased marital satisfaction. Bloch et al. (2014) revealed that wives who perceive more internal locus of control are less likely to divorce their partners. Myers (2014) concluded that a position of internal control is an individual factor that tamps up the harmful influence of marital difficulties and might find people in excellent or poor relationships. In addition, Meltzer et al. (2014) showed greater marital satisfaction for women whose locus of control is internally high than those whose locus of control is externally high. Evidence suggests that when assessing the rate of satisfaction in marriages, locus of control is a strong independent factor, but this research investigated marriages that do not pose transparent hindrances such as PTSD.

In analyzing marital satisfaction with a significant transition, the study of Goff (2011) implemented the PTSD variable in the marriage relationship, using the same theoretical approach as Botello (2015). The study showed that locus of control is a precise predictor of marital satisfaction without apparent difficulties. The study explored the concept of a locus of influence in a marriage where PTSD creates mediating conditions or is not a reliable predictor of marital satisfaction. Bowling and Sherman (2008) argued that rational thinking and human interaction experiences indicate that the veteran's actions seriously influence the veteran's partner.

The Relationship between Marital Satisfaction and PTSD

The nature of PTSD requires that veteran experiences become permanent memories of traumatic events while in a fighting situation (Brewin, 2011). As a result, many veterans exhibit symptomatic behavior, while some do not suffer from symptoms immediately after exposure. This trend is because of the difference in intensity of the encounter in their mind (Figley, 2014). For others, the memory remains superficial so that they quickly remember the

traumatic events, have horrific dreams and feel the day-to-day stimuli that reminisce of the traumatic event. Such experiences can inhibit regular functioning daily and other symptoms (Tendall & Fishler, 2006). Depression, anxiety, and alcohol use are the most common mental and behavioral problems among veterans with PTSD.

Veterans with PTSD have many symptoms and damage their marriage (Renshaw et al., 2014). For instance, Lady Percy laments how her husband has nightmares and cannot enjoy life following his service in the Henry Army (Kulka et al., 1990). She also stated that her husband isolated himself from anybody. She said how her husband's sounds caused aggressive behavior. Based on these results, the symptoms of PTSD, which render a person's actions deficient under this disorder, can be predicted. Studies with Vietnamese combat-related veterans found that people with PTSD display irregular behavior and increased physiological stimuli that indicate their fighting experience (McLay et al., 2011). Such veterans were more capable of avoiding public and social interactions, behaving aggressively, and sleeping with difficulty. Veterans with PTSD have a higher anxiety vulnerability, as shown by their higher heart rate and blood pressure due to exposure to battle sounds (Chou et al., 2018). Bosco et al. (2013) found that avoidance activity is a coping mechanism to minimize veterans' discomfort with a specific stimulus. Therefore, keeping away from them is a means of keeping the veteran from becoming unsafe in the circumstances. Lamb et al. (2017) examined a link between PTSD and central and autonomous nervous system changes. The findings revealed that the sympathetic nervous system was hyper-excited.

Invitation and excessive anticipation may negatively affect a veteran wife's marital satisfaction with combat-related PTSD encounters (Gordon et al., 2020). Such self-defeating

coping conduct ultimately leads to help and intervention. However, the requirements of the spouses are seldom met and often ignored. Longitudinal studies of soldiers returning from Iraq show significant concern about their interpersonal issues (Brown et al., 2011). Alongside veterans suffering relationship-related problems, the study proposes that combat-related PTSD is linked to their wives' psychological distress. Some cases can lead to PTSD-like symptoms developed by a woman's distress level (Campbell & Renshaw, 2012). The wife is sometimes exposed to behavior that creates a hostile family environment with the return of the veteran of PTSD (Elbogen et al., 2014). Ultimately, wives continue running the households because their veteran husbands are not in the right mental state. For husbands who have PTSD, Renshaw et al. (2011b) noted that witnessing their wives' pain and learning how to deal with their psychological difficulties is even more challenging. As a result, partners continuously face psychological problems that harm their relationships and emotional health.

More than half of America's armed forces are service leaders who are married (Peterson et al., 2011). Unfortunately, veterans and their partners have reported high health-related symptoms following mission deployment that negatively affects veterans' relationships and family ties, potentially leading to divorce (Vogt et al., 2017). Veterans with PTSD can encounter interpersonal problems or emotions that quickly convey hostility. However, they are not restricted to sexual intimacy, divulgation, and family cohesiveness. Such conducts have a remarkable effect on marriage (Skowronski, 2019). Previous research by Kulka et al. (1990) contrasted such factors in the relationship between veterans with and without PTSD partners deployed in Vietnam. Another study revealed a high degree of tension and changes in wives whose veterans' husbands have PTSD (Ahmadi et al., 2011).

The tension factor in the marriage was exceptionally high for wives married to PTSD-related veterans.

Psychoeducation is an effective option for combating and fighting PTSD symptoms. Nonetheless, more programs, including the Oklahoma City VA Family Mental Health program, have been introduced to educate veteran families with PTSD with time. It offers family and couple treatment. According to Sherman et al. (2011), the Special Education Professionals (SEP) initiative comprised an education curriculum and enabling workshops for veterans' family members living with PTSD, further expanding their services. Effective couple therapy can help veterans understand how their condition affects their partners and allow them to deal with trauma-related depression more effectively. According to Kohlmann (2015), the spouse understands the veteran's condition better and sympathizes with the behavior, confusing intimacy. Research by Baddeley & Pennebaker, (2011) revealed that veterans who shared how they felt were happier with their marriage in a study carried out at the University of Texas. The research contained a written speech as it was being used. The couple's feelings and emotions were provided in writings, which resulted in less stress and greater marital satisfaction.

The veteran and the wife must be as conscious as possible of PTSD related to combat and its emotional effect on their marriage. In tandem with a war veteran diagnosed with PTSD, marital frustration is one of the more severe symptoms (Vogt et al., 2017). The couple's chances of getting depressed increase dramatically once the degree of dissatisfaction becomes serious. Unfortunately, it may take long before one's wife, veteran, or both seek medical attention.

Marital Satisfaction and Stress Factor

Although PTSD has been accepted as a medical disorder, current scientific work has concentrated mainly on the battle effects of PTSD on the service member. Recently, new research has focused on various aspects, including how the family is involved, in fighting-related PTSD. To date, however, there are only a limited number of reports. Some of these findings on the transition influence on PTSD diagnosed veterans' family members have been completed. Reducing the emphasis on the veterans' intimacy and partner ties has less significance. Nonetheless, there is no proof that studies have been undertaken from the veteran's spouse's perspective with PTSD, where their feelings regarding their wives and the locus of control are considered.

Research has shown that PTSD causes higher stress levels (Donovan, 2004). There is stress when standards in the relationship are disrupted (Donovan, 2004). The way the woman handles stress largely depends on her personality. People with a higher internal control position were less stressed than people with a higher external locus of control (Schwarzer & Luszczynska, 2012). Reduced stress levels exist within a more outstanding internal control mentality because they control their situation and search for solutions (Myers, 2000). Conversely, persons whose locus of control is externally higher are developing a sense of hindrance and capitulating to stress. Myers and Booth (1999) indicated that PTSD causes high stress. Based on this finding, her control orientation dramatically influences how the wife handles stressful situations. Stress is an unquestionably marital condition caused by husbands with PTSD (Littles, 2016). Roddenberry and Renk (2010) have shown the impact of locus of control mediated by the influence of stress among students. The research found that people whose locus of control is externally high correlates with increased stress level, while those whose locus of control is internally higher correlates with lower stress rates.

Homogenous Factors and Marital Satisfaction

Personality is influenced by several factors, and locus of control is among these factors. Nonetheless, there is no assumption that a single factor can be attributed to an individual's actions. The locus of control is the primary variable, and certain factors are considered due to their existence. A marriage is a dynamic association influenced by many issues, and so the solutions can often be tedious when problems arise within marriage. All these factors may be associated with marital discord. Additionally, homogenous factors will include the woman's age, educational degree, years she is married to her husband, children number, and the household's annual income.

Demographic factors focusing more on couple education, age, marriage age, marriage span, the life of working females (Zainah et al., 2012), and their existence, number, and economic situation (Zanjani, 2014) are linked to marital satisfaction (Maghsoodi et al., 2011). Cohen and Strong (2020) noted that the marriage age might be a significant and fundamental factor in creating marriage impacts shaped by unique circumstances in the environment, economy, and culture of the given societies. Most studies have found that partnership relates to a thriving quality of life, but it is different for partners who are less than 20 years old for men and 18 years old (women) and a decline in the stable state of marriage. Marriage at those ages can increase divorce rates. (Cohen & Strong, 2020) Some studies have shown that young and old married persons are dissatisfied with married life. However, according to Yazdanpanah et al. (2015), among young married couples, dissatisfaction is higher. The required marriage age tends to be affected by culture and geography-related factors (Shahhosseini et al., 2014). Similarly, studies indicate that a woman who marries when over 24 is more likely to succeed in a marriage (Manning et al., 2010). The results

showed that fear was the most significant variable among women below 24 years. They are afraid that their marriage will lead to divorce. Women over 24 years demonstrate more stability and trust, making them stay in their marriages (Manning et al., 2010). A higher level of education was a standard variable among older women.

A significant but needless factor that affects life and marital happiness is the age gaps with spouse or age appropriateness. There were statistically significant negative variations between age and marital satisfaction (Jackson et al., 2014), while in other studies, there are statistically significant positive differences (Zaheri et al., 2016). Interestingly, a female should be 2 to 4 years younger than a male. However, the experts concluded that the 6 to the 8-year gap was enough to have a safe life. The age difference is not common among cultures. This problem could be described in the sense of cultural and geographical frameworks (Shahhosseini et al., 2014) and depends on each nation's social criteria and traditions.

For every marriage, period and distinctive phases are specified. The presence and motivation to determine marital happiness are different phases of marriage. The lack of complete consensus regarding the first five years on essential issues such as child-raising, financial difficulties, and relationships with relatives seems to be the product of unhappiness and incompatibility (Lavner et al., 2016). However, marital satisfaction is created when children are separated from their parents and families are independent.

The appropriateness of the education levels and the homogeneity between higher education universities can be a positive and essential mutual understandings factor since they provide an appropriate incentive and cultural context for spiritual and verbal interaction (Wilkins & Huisman, 2015). Some U.S. surveys found positive associations between education and marital satisfaction (McNulty et al., 2016). The spouse's education was an

essential factor in choosing suitable partners for young adults (Allendorf & Ghimire, 2013; Shahhosseini et al., 2014). In addition, education would be a significant test component for marriage. Nonetheless, Isen and Stevenson (2010) indicated that women who graduate from college tend to have the perception of getting married when they are older, often after graduation and starting their careers. Therefore, women with an undergraduate level of education continue to demonstrate an improved internal control role. According to Miu (2010), these women are more likely to marry for love and pleasure than for protection. One seems to have greater self-assurance and a more secure financial services career.

A variable that affects all people is socioeconomic status. The financial factor is essential and the development of marriage. Jobs and sufficient revenue received by a man are linked to improved quality of life, and unemployed men are more vulnerable to life-spinning and marital satisfaction reduction (Yazdanpanah et al., 2015). In addition, women working and a man's income will help boost quality of life and other marital satisfaction dimensions. Good socioeconomic status has been shown to alleviate stress and help bring harmony and tranquility in marriage to increase focus. Nonetheless, there is anxiety and marital conflict with low socioeconomic status (Hallday-Hardie & Lucas, 2010). In Tower and Dilks's (2015) study, the correlation between marital satisfaction and employment status (formal employment or tuition employment) for female teachers was significant because Life satisfaction for the structured job type was higher than for intuition jobs.

Gender plays a vital role in many aspects of life, different views on the happiness of women and men and the relationship between a woman and a man. According to most women, communication, intelligence, family ties, understanding, and income between both partners constitute influential factors for marital satisfaction. Contrarily, to a man, spousal

education, income between spouses, comprehension, family interactions, and communication are influential marital satisfaction factors (De Beer, 2016). However, most studies have highlighted the relationship between marital satisfaction and gender, which is not statistically significant (Pedro et al., 2012). Gender stereotypes were also used to describe disparities in marital quality and well-being attitudes (Robles, 2014). Several studies have shown that men are happier with marriage than women are (Dew & Wilcox, 2011; Vanassche et al., 2013). Mark and Murray (2012) proposed two potential reasons for gender disparities in marital relations. The first interpretation is based on women's and men's different positions in a marriage. Marriage satisfaction is higher in women than in males because women have higher intimacy and emotional support standards in marriages (Zaheri et al., 2016). Men and women are often socialized differently, and evidence suggests that emotional and affective spousal help foresees greater marital fulfillment (Rostami et al., 2014).

There are two marriage types: Marriage between family and non-family and formal and informal matrimonies (Askarian et al., 2015; Swennen, 2020). Though it may be more substantial due to greater intimacy and better cohesion in resolving financial issues, maternal marriage has a negative side that may involve interference with relatives and expanding family disputes to marriage. In a study by Boerner et al. (2014), marital satisfaction is higher in modern than earlier marriages, and this gap in the men's category has been statistically significant. Today, views towards children have changed with an increased level of education. Children, particularly boys, are no longer necessary for families. Most families have two children satisfaction, despite their sex. As it relates to the financial variable, the number of children in a couple is essential. Commonly, custody of children has been automatically granted to the mother when the marriage ends in divorce. Units in families

continue to evolve and adapt themselves to rising environmental impacts. The family provides two incomes where both the mother and the dad work (Braver et al., 2011). Several different factors are considered by courts when giving custody of children to parents who divorce, with time and money being the most important variables (Braver et al., 2011). When a woman contemplates divorce, she considers her variables. For example, if she feels that she might not take care of themselves or fear losing custody of their children, they are not getting divorced. Improved education and advertising have made families more involved in providing quality childcare than those without or insufficient (Kuo et al., 2018). Onyishi et al. (2012) showed substantial statistical differences in children's numbers and marital satisfaction.

Research Gaps

Most of the above research is concerned with general connections between the locus of control and marital satisfaction. The proposed research study sought to examine veterans with PTSD symptoms. Research studies addressing the same subject/idea were published many years ago. Therefore, the proposed research determined whether the locus of control on marital satisfaction has changed over several years since the last publication. Much research concentrates on the marital satisfaction of the general couple's husbands, which causes prejudice. Most men do not open the way women do whenever their wives are PTSD-diagnosed veterans. Therefore, the current proposal used women to be more eager to open up. The results of prior studies did not give much attention to how stress and demographic factors influence the two variables under investigation. Hence, with a vast amount of knowledge derived from the literature, the proposed study extended this knowledge and evaluated the following research question:

RQ₁: Is there a correlation between locus of control of women married to veterans with PTSD and marital satisfaction?

RQ₂: Is there a relationship between stress experienced by PTSD-related veterans' wives and marital satisfaction?

RQ₃: Do the demographics of the wives of PTSD-related veterans affect their marital satisfaction?

Summary

Locus of control and PTSD are two well-studied and well-reported emotional topics. Conversely, variables that affect each other have never been studied. As a personality characteristic, locus of control certainly affects a person's life. The achievements, ambitions, and expectations have primarily focused on their influence and relationship. When one recognizes a person's control role, one might predict a person's behavior patterns. As argued in the review, the locus of control continues to impact people closely related to veterans. Thus, there is an argument that an individual locus of control could influence the likelihood of marriage failure or success. PTSD study affirms its devastating impact on the person and the surrounding people. However, it was not until PTSD was considered an actual emotional disorder that a legitimate study was carried out. The spectrum of PTSD studies is broad and reveals the consequences of the person's symptomatic behavior. The PTSD study has also shown how symptomatic behaviors, including but not limited to depression, personal relationships, and the work environment, can influence the marriage life. None of the earlier research concentrated on or discussed the effect of marriage on a veteran's symptomatic actions with fighting PTSD and his spouse's control. This research proposal explored how

their marriage's satisfaction is influenced by their wives' locus of control, whose veteran husband is diagnosed with PTSD.

CHAPTER THREE: METHODS

Overview

This section summarizes the research techniques used in this study. The research philosophy, approach, and design, in particular, are explained in detail. Additionally, the participants, sampling designs, sample size, data collection strategies, approaches used in

data analysis, the validity and reliability of the research instruments, and ethical consideration are also provided in detail.

Research Design

The research design is a technique or an approach that is relied upon when selecting a study source or format. A research design demonstrates the relationship between study variables (Wahyuni, 2012). According to Kumar (2019), experimental research design strictly follows scientific investigation. The experiment includes a hypothesis that the investigator can manipulate, and empirical testing with actual, calculable, and equivalent variables, particularly in a controlled setting. The scientist collects data, and the findings endorse or deny the hypothesis. Cohen et al. (2013) argue that an experimental design aims to construct a relationship between dependent and independent variables. After completing the experimental study, a correlation between a particular feature and the studied variable is endorsed or denied. This research was empirical because it aimed to explain how marital satisfaction among wives of PTSD-diagnosed veterans is associated with the locus of control.

Research Questions

RQ₁: Is marital satisfaction related to the wife having an internal or external LOC, and how does it relate to the husband's PTSD?

RQ₂: Is there a relationship between stress experienced by PTSD-related veterans' wives and marital satisfaction?

RQ₃: Do the demographics of the women of PTSD-related veterans affect their marital satisfaction?

Hypotheses

H0₁: In wives of PTSD-diagnosed veterans, marital satisfaction cannot be predicted by locus of control.

H1₁: In women of PTSD-diagnosed veterans, marital satisfaction can be predicted by locus of control.

H0₂: There is no relationship between stress experienced by wives of veterans with PTSD and marital satisfaction.

H1₂: There is a relationship between stress experienced by wives of PTSD diagnosed veterans.

H0₃: In wives of PTSD-diagnosed veterans, marital satisfaction may not be influenced by the number of children and marriage years.

H1₃: In wives of PTSD-diagnosed veterans, marital satisfaction may be influenced by the number of children and marriage years.

Research Approach

A quantitative analysis approach was relied upon to review the respective variables. The goal was to evaluate how marital satisfaction among wives of PTSD diagnosed veterans has been impacted by locus of control. This research also answered how stress affected marital satisfaction and the influence of demographic factors by conducting a quantitative comparative analysis. Williams (2007) notes that quantitative methods help measure the interaction of studied variables. Furthermore, quantitative research is effective when analyzing numerical factors due to its ability to provide quality information, making the interaction between variables easily comprehensible. The quantitative approach helps researchers generalize and repeat results with objectivity and numeric accuracy (Williams,

2007). Finally, the quantitative approach supports the correlations of cause and effect, making it the best data processing method (Creswell & Creswell, 2017). The researcher adopted the positivism model, which is quantitative because it could better understand the social phenomena and causal relationships.

Participants and Sample Setting

The research included women of veterans who displayed symptomatic PTSD behavior as the participants. Survey information was distributed, and all study participants gave informed approval. This informed agreement clarified the objectives, the study protocol, and risks. The study was voluntary, and participants were free to decline invitations anytime without consequences. The form of the informed consent and all the raw data obtained for the analysis will be kept safe using the researcher's sole possession for a few years. For the research, there was no participants' compensation. The study's results were expected to lead to a rise in understanding of the adverse effects of PTSD in marriage. Since the survey was anonymous, participants were asked to affirm their husbands' diagnosis of PTSD in the demographics questionnaire and verified by their honesty alone. The participants were over 18 years, in legal marriages, and were married in heterosexual marriages for at least one year.

A sample design is a precisely defined strategy to obtain a sample from a specific group of people (Palinkas et al., 2015). The current research study was based on simple random samples. A random sample is a substructure of a statistical population with the same probability that each subset member is selected (Baskarada, 2014; Daniel, 2012). A simple random sample reflects a population without discrimination (Levy & Lemeshow, 2013). It is a rational sampling method and, when corrected, helps eliminate any biases in research sampling. Smaller samples can generally be selected for the larger population. The

investigator does not have to know the data obtained beforehand. The researcher can simply ask a question to avoid being a topic expert. The simple random sampling method is a straightforward participant sampling tool (Levy & Lemeshow, 2013). Technical expertise is not needed, and essential listening and recording skills are available. Asiamah et al. (2017) indicate that a 10 percent population sample is appropriate for experimental research. The target sample determined a proportion of the population. The selected sample was wives of PTSD-diagnosed veterans with a correlational method to assess the degree of association between the variables using the sample size composed of randomly selected respondents.

Sample Size Determination

The study used G*Power Software to calculate the sample size needed. Applying the G*Power 3 often included four steps: selecting a statistical experiment suitable for the issue, designating one of the different power examinations, and furnishing the recommended specifications essential for the research. Once completed, the calculations must be clicked to acquire the outcomes (Faul et al., 2007). Applying the two-tailed t-test with two independent groups of equal size using $\alpha = 0.5$ and $\text{Beta} = .2$, the test family (t-tests) and the statistical test (means: the difference between two dependent means) matched pairs were calculated.

$$\textit{The effect size} = 0.2$$

$$\textit{error prob} = 0.05$$

$$\textit{Power} (1 - \textit{B err prob}) = 0.8$$

Output:

$$\textit{Non - Centrally parameter} - 2.8213472$$

$$\textit{Critical t} = 1.9720175$$

$$\textit{Df} = 198$$

Total Sample size = 199.

Instrumentation

As Terrell (2012) points out, instruments can be fitted with proper data gathering and statistical approaches. These variables and objects can be quantified and recorded in real-time while collecting data with this method. Therefore, methods for data collection data and the circumstances under which they were employed for the target respondents are included in this tool (Terrell, 2012). Researchers in this study used an instrument they devised to gauge how marital contentment was influenced by the locus of control.

A questionnaire was utilized to obtain demographic information such as their ages, the number of children, and years of marriage for the participants. In educational research, questionnaires are widely used to gather information about students' opinions, beliefs, attitudes, and other forms of data. A population's characteristics can be derived from the survey responses of research participants or the sample (Rowley, 2014). According to Zohrabi (2013), questionnaires allow interviewers to assess their performance without a third-party observer. Because the questionnaires are inexpensive, many people can be reached at once. Using the same set of questions, all respondents are asked identical things. They can efficiently address a wide range of concerns and queries, and the likelihood of receiving a positive response is excellent. Questionnaires are also designed to gather information from participants by asking them questions and summarizing their thoughts. Surveys can be emailed to participants for completion (although there may be a lower rate of responses). The demographic information of the respondents, for example, age group, the highest level of education, the number of children, annual income, and years they have been married, was also required to be indicated.

To determine the explanatory variable, which is the locus of control, the Duttweiler Internal Control Index was used (Duttweiler, 1984). As a 28-point instrument, the Internal Control Index is developed to calculate the locus of control of a person. The Internal Control Index considers two variables in assessing the locus of an individual's control: independent actions and self-assurance, regardless of social pressure. Students from both genders were used as the sample and were made of 1365 in size with a medium split up by age, sex, community, ethnicity, level of education, and socioeconomic levels. The ranges from 99.3 to 120.8 were produced and tested for the internal control index. Intensive psychometric analysis arose if there first implementation of the Internal Control Index. The analyzes were based on the field tests (N = 684) and the administration validation (N = 133). The Internal Control Index can be assessed on a five-point Likert scale where A-Seldom (under 10 percent), B-often (around 30 percent), C-often (almost 50 percent of the time), D-always (approximately 70percent of the time), E-typically (over 90 percent). The Internal Control Index includes 50% of the items written in order for individuals whose locus of control is internally solid to reach the standard ends, and the second half the "rarely" ends. Those who react to the opposite are known as being highly external. There are no subscales in the Internal Control Index, and the findings are based on the overall outcome.

The Kansas Marital Satisfaction Survey (KMSS) was applied when determining the dependent variable, marital satisfaction. This test can quickly evaluate marital satisfaction in three different ways (Schumm et al., 1983). First, the KMSS uses the 7 points scale of the Likert: 1 — Highly Unhappy, 2 — Very Unhappy, 3 — somehow Unhappy, 4-Mixed, 5 — Somehow Happy, 6 — Very happy, and 7 — Extremely Happy. Then, the respondents had to make a selection in order to respond. This scale determines the cumulative value of the

individual objects. In Kansas, the KMSS has been applied in various studies. These studies show Cronbach's alpha in a range of .84-98. Finally, the discriminative of KMSS validation was assessed due to the correlation between it and the scale of Dyadic adjustment. According to Crane et al. (2000), the elements used for the correlation ranged from a low value of .39 ($p < .04$) and a higher value of .76 ($p < .001$).

The Perceived Stress Scale (PSS) is the most frequent psychological tool to assess stress perception (Cohen, 1988). It measures how difficult circumstances are measured in one's life. Things are built to highlight that respondents are volatile, uncontrollable, and overloaded. The scale also incorporates a set of clear questions about current stress levels. The PSS has been developed to use group samples of at least junior secondary education because responses are easy to understand. Moreover, the questions are general and thus relatively free of any sub-population category material. In each situation, people are asked how much they feel. Cohen (1988) indicated that 4 = Very, 3 = Fairly, 2 = Sometimes, 1 = Almost Never, and 0 = Never measures were often used in the Perceived Stress Scale (PSS).

Procedures

The data collection procedure used a sample questionnaire to collect the data to ensure that all the information about the respondents was captured. Different focus areas for personal context information and questions about various tariffs were covered in the survey questionnaire. The subtitles were made available to ensure there was no ambiguity. The study used a questionnaire so that many respondents could answer queries quickly. The institutional review board of Liberty University approved this research report. The website's address with the materials used in the survey was given to participants. The website was used to gather data and maintain the participants' privacy. The starting page was a consent form

when participants signed onto the website. Respondents had to agree to participate in the survey and to give consent. Unless they had given their consent, accessibility to the survey instruments was not permitted. Questions were articulated so that multiple choices were contained, and respondents had to select answers from the available options.

Reliability

Reliability refers to calculating how good the test scores are (Heale & Twycross, 2015). Cronbach's Alpha may determine the reliability of test statistics in quantitative studies. Internal BDI-II quality varies between .73 and .92, with a mean of .86. For the 13-item short-form, related reliabilities were found (Groth-Marnat, 2009). Therefore, the measures between .73 and .92 were reliable in the study. Similarly, the KMSS has performed various studies. The Cronbach's alpha in these studies ranged from .84 to .98. Therefore, those measures of marital satisfaction between .84-and 98 were considered reliable. The alpha test by Cronbach was performed for this analysis to assess whether the study results were accurate.

Validity

For the validity of the test results, coherence and credibility were required. Validity is crucial as it determines that surveys can validate the researcher's calculation (Cypress, 2017). Validity controls are critical for assessing the virtuousness of a metric. The researcher ensured the consistency of the contents of the experts' tool. The researcher played an essential role in explaining whether the questions were suitable for the survey. A validity table was also completed to map each question from the related studies. The first was the measurement of Kaiser-Meyer - Olkin (KMO). The KMO calculated sampling adequacy. The Kaiser-Meyer-Oklin sampling adequacy measure (KMO) could predict whether the

sample size was sufficiently large to extract factors reliably. This research was based on a 5% significance level to validate the collected measurements. Two types of errors could arise: A Type II error defined as not rejecting a false null hypothesis, and a Type I error that occurs when a true null hypothesis is rejected. Hence, the study avoided these errors to have concise hypothesis testing.

Variables

Dependent Variable

The dependent variable in this research was marital satisfaction. Kansas Marital Satisfaction Survey (KMSS) measured the variable.

Independent Variables

The independent variables in the current study included the locus of control, demographic factors (number of children and married years among the participants), and stress level.

Data Analysis

Data analysis entailed evaluating the collected data following the completion of the questionnaires by each respondent. Data collected were presented using tablets to establish relationships between study variables by editing, sorting, and coding (Johnston, 2017). Data were reviewed to confirm missing data, ensuring that all variables' values were completed accurately. For instance, a questionnaire with above 50 percent whose information was were required to be deleted to avoid the potential of bias associated with this kind of data. Data were imported into SPSS, where variables were defined and classified as significant categorical variables. The study investigated data using inferential and descriptive statistics. Descriptive analytics presented the data to summarize the demographic characteristics of

wives of warriors diagnosed with PTSD and the study factors. Descriptive statistics specifically demanded the use of dispersion measurements and central tendency. The primary variables were synced using frequency distribution, minimum, maximum, median, mean, and Standard Deviation.

All extreme values and outliers were deleted before undertaking the critical analysis. Standardized data assumptions were made to establish if there was an implementation of parametric or non-parametric testing. This procedure could result in parametric testing if normality assumptions were met or non-parametric tests were otherwise performed. Inferential statistics were extensively applied in this study to solve research issues. Inferential statistics were relied upon to answer the research questions actively. For example, factors that influenced marital satisfaction among women with veteran husbands diagnosed with PTSD were calculated using inferential statistics. Essentially, data analysis methods relied upon were affected by the nature of the investigation.

Pearson's r correlation was used to show whether the locus of control, demographic factors, and stress level were positively or negatively associated with marital satisfaction. According to Bishara and Hittner (2012), Pearson's correlation test is helpful because it summarizes the relationship between study variables. The Pearson's r correlation has a range of results from -1 to 1. The closer a value is to 1 and -1, the greater (Ary et al., 2014). While explaining the significance of the association between collected data, the correlation value was considered "inferior" if it ranged between 0.0 and 0.19, "soft" if it fell between 0.20 and 0.39, and "moderate" if it ranged between .40-.59. The correlation coefficient between 0.60 and 0.79 was considered "strong," while 0.80 and 0.10 was considered "very strong." Regression application was then used to determine the relationship between the variables

involved in the study. Multivariate assumptions were conducted before the inferential analysis was carried out to assess the validity and suitability of the results. Finally, collected data were analyzed using various measures, including normality, multicollinearity, and homoscedasticity.

The applied regression equation used in the analysis was:

$$Y = a + bx + e$$

Where: Y = marital satisfaction, X = (locus of control, demographic factors, stress level), a or Beta = the constant or the value of marital satisfaction when the locus of control, demographic factors, stress level = 0, b or Omega = the variance of X (this is the degree to which marital satisfaction changes when each unit changes in either locus of control, demographic factors, or stress level), and e = the sum of error the predict the marital satisfaction change/value.

Ethical Consideration

The current study examined the presence and potential connection between the locus of control and marital satisfaction. It also examined the relationship between marital satisfaction, stress, and demographic factors. It was vital to remember that responders would not be engaged in activities outside the regular study time. The investigator informed the participants about the intended use of the survey and voluntary participation. Additionally, the informed consent form stated that participants were not asked to provide explanations for their refusal to be engaged in this research. The research ensured that information gathered was kept from the associated research private and prevented explaining each respondent's features. The researchers used pseudonyms like "participants" and "respondents" to guarantee anonymity during the data collection and presentation of results.

Summary

Overall, the current study examined how marital satisfaction of wives of diagnosed PTSD veterans was influenced by locus of control. This research also evaluated how stress levels and demographic factors influence marital satisfaction. The research used primary data, whereas a web-based questionnaire was issued for demographic data. The locus of control was assessed by the Duttweiler (1984) Internal Control Index, while a Kansas Marital Satisfaction Survey (Schumm et al., 1983) assessed women's marital satisfaction. Stress was measured by the Perceived Stress Scale (PSS). (Cohen, 1988) The study ensured that respondents would not engage in operations beyond the standard study period. In addition, participants were alerted about the survey use and requested to participate without any compensation. The researcher used SPSS v.20 for data analysis. Before analysis, validity and reliability tests were conducted. In addition, normality, multicollinearity, and homoscedasticity tests evaluated whether the multiple regression model fit the collected data. Finally, correlation and regression analysis were performed, and their outputs were compared to a 5% significance level to establish a statistical association between factors influencing marital satisfaction. After data analysis and interpretation, the results are presented in the next chapter.

CHAPTER FOUR: FINDINGS

Overview

This section aims to present the results from the data collected to answer the research questions and test the outlined research hypotheses. Descriptive statistics, for example,

frequencies, charts, and graphs, were used to provide general information and present the participants' demographic information. Inferential statistics were used to test the given research hypotheses. This section starts by stating the research questions and hypotheses that guided the study and then presents the results.

Research Question(s)

The following research questions were the main focus of this study:

RQ₁: Is there a correlation between locus of control of women married to veterans with PTSD and marital satisfaction?

RQ₂: Is there a relationship between stress experienced by PTSD-related veterans' wives and marital satisfaction?

RQ₃: Do the demographics of the wives of PTSD-related veterans affect their marital satisfaction?

Null Hypotheses

The following null and alternative hypotheses were used to guide this study: The researchers conducted the investigation using a 5% significance level. Therefore, any possibility of the included measurements above this crucial value was deemed unsubstantial to this current research. These hypotheses are as outlined:

H₀₁: In wives of PTSD-diagnosed veterans, marital satisfaction cannot be predicted by locus of control.

H₁₁: In wives of PTSD-diagnosed veterans, marital satisfaction can be predicted by locus of control.

H₀₂: There is no relationship between stress experienced by wives of veterans with PTSD and marital satisfaction.

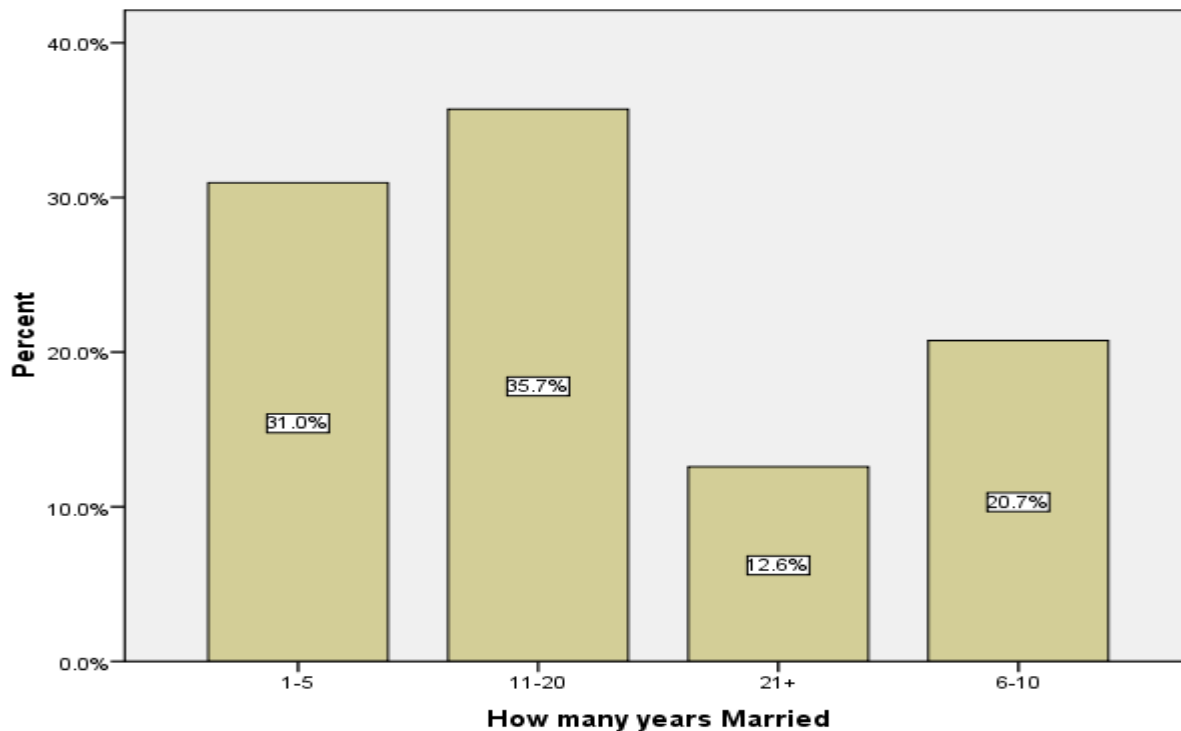
H1₂: There is a relationship between stress experienced by wives of PTSD diagnosed veterans.

H0₃: In wives of PTSD-diagnosed veterans, marital satisfaction may not be influenced by the number of children and marriage years.

H1₃: In wives of PTSD-diagnosed veterans, marital satisfaction may be influenced by the number of children and marriage years.

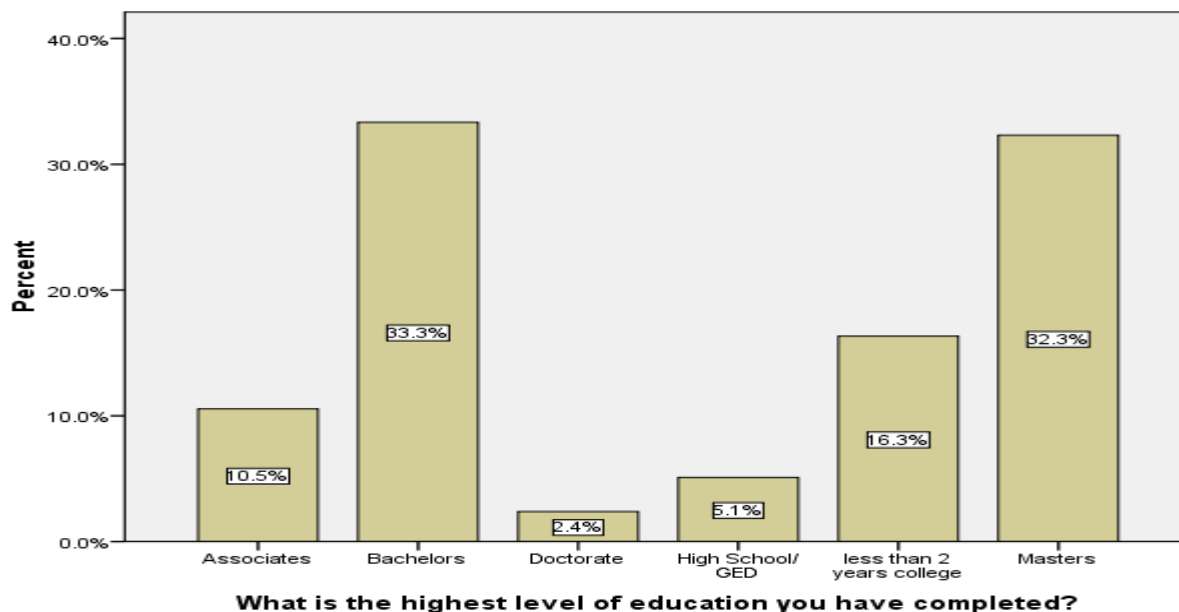
Demographic Information

Research findings indicated that 55.1% of the participants fell in the 35-44-year age bracket (see table 1), while 23.1% were aged between 25 and 34. 16.3% fell in the 45-54 age category among the participants. In addition, those in the age brackets of 55-64 had a proportion of 2.7%. Finally, participants above 65 and between 18 and 24 years were represented by 2.4% and 0.3% each. The results suggest that most participants fell in the 35-44-year age bracket representing the marriage bracket and the time for active involvement in military missions. Therefore, this age gap could give clear feedback concerning their spouses.

Figure 1: Number of Married Years

The results illustrate that most of the participants were married for 11 - 20 years (see figure 1), representing 35.7% of the total sample, while those married for 1-5 years accounted for 31.0% of the participants. Those married between 6 and 10 years were 20.7%. Equally, the results illustrated that 12.6% represented participants in marriage for 21 years and more (see figure 1). The results imply that most of the wives have stayed with their spouses for many years, which means they have seen their behavior after returning from harsh environments in the military.

The number of children distributed among the participants involved in this study varied. Most participants (46.9%) and (42.9%) had 1-2 and 3-4 children. Few participants (7.5%) had five or more children (see table 2). The results imply that most participants had at least children with their spouses, indicating that this number of children could also contribute to their marital satisfaction.

Figure 2: Level of Education

The bar chart in figure 2 above shows the highest level of education for the participants in the current study. As shown in figure 2, most participants (33.3%) had the highest level of education attained as a bachelor's degree, while 32.3% had earned a master's degree. Among the participants, 16.3% had attended college for less than two years. However, those who had attained high school/GED only and doctorate represented 5.1% and 2.4%, respectively (see figure 2). The findings imply that most participants were well educated and had come across research in their respective institutions. Therefore, they knew the purpose of the study, which enabled them to provide sufficient information on the questions asked, enhancing the higher reliability of the results.

Research Validity

Before establishing how locus of control, stress level, and various demographic factors influence the marital satisfaction of wives of veterans, it was essential to determine

whether the measures of these influencers were valid to predict marital satisfaction.

Therefore, factor analysis was applied to identify whether said items were valid.

Factor Analysis

The approach was used to evaluate the structural validity of all measures of the dependent and independent variables. Generally, factor analyses establish structural size. Two metrics support the conclusions of the factor analysis. The first is Olkin Measurement - Kaiser-Meyer (KMO). The sampling adequacy measurement Kaiser-Meyer-Olkin is a statistical measurement that shows the variance proportion in the variables generated by factors. In general, high scores (near 1.0) indicate that the data can be relevant for factor analysis. However, factor analysis results are less likely to be informative if Kaiser-Meyer-Olkin (KMO) value is less than 0.50. The Bartlett sphericity test checks the hypothesis of the identity matrix in the correlation that the variables are unrelated and hence not suited for the detection of a structure. Smaller significance values (less than 0.05) imply that the data can be used for factor analysis (Kothari, 2017). The KMO shows a square correlation ratio between variables and a partial-square correlation of factors (Kothari, 2017). Whenever KMO is practically 0, a factor is difficult to identify. For the current analysis, a factor loading above 0.3 was considered based on load volume influenced by the sample value uniformity.

Validity of Items of Marital Satisfaction. To determine the validity of items used to measure the variable of *Marital satisfaction*, a Kaiser-Meyer-Olkin (KMO) and Bartlett sphericity test were used, as shown in the table below.

Table 1: Kaiser-Meyer-Olkin (KMO) and Bartlett Sphericity Test for Marital Satisfaction

| | |
|--|-------|
| Kaiser-Meyer-Olkin Measure of Sampling Adequacy. | 0.762 |
|--|-------|

| | | |
|-------------------------------|--------------------|--------|
| Bartlett's Test of Sphericity | Approx. Chi-Square | 601.19 |
| | Df | 3 |
| | Sig. | 0 |

As shown in table 3, a Kaiser-Meyer-Olkin (KMO) value of 0.762 and the Bartlett sphericity test of $p=0.00$ were obtained, indicating that the items were significant since $p<0.001$. The findings showed that evaluating factors measurement for Marital satisfaction was sufficient for analyzing the associations.

Table 2: Principal Component Analysis of Marital Satisfaction Items

| | Component |
|---|-----------|
| | 1 |
| How satisfied are you with your husband as a spouse? | 0.929 |
| How satisfied are you with your relationship with your husband? | 0.93 |
| How satisfied are you with your marriage? | 0.926 |
| Extraction Method: Principal Component Analysis. | |
| a. 1 component extracted. | |

The varimax rotated principal component analysis in Table 2 above showed no deletion of any item as they had loading factors that were all greater than 0.3. These findings illustrate that the answers given by the respondents were valid and could be used in the evaluation of the hypothesis represented by these items.

Factor Analysis for Stress Level Items. To identify the validity of items used to measure the variable of *stress level*, the Kaiser-Meyer-Olkin (KMO) and Bartlett sphericity test was used, as shown below.

Table 3: Kaiser-Meyer-Olkin (KMO) And Bartlett Sphericity Test for Stress

| | |
|--|---|
| Kaiser-Meyer-Olkin Measure of Sampling Adequacy. | 0.884 |
| Bartlett's Test of Sphericity | Approx. Chi-Square 1.14E+03 df 28 Sig. 0 |

A Kaiser-Meyer-Olkin (KMO) value of 0.884 and the Bartlett sphericity test of $p=0.00$ indicated was significant at $p<0.001$ (see Table 3). These results showed that evaluating factors measurement for stress level on marital satisfaction was sufficient for analysis. Thus, the feedback given by the participants on different items was valid and could be used to calculate the factor of stress level.

Factor Analysis of Locus of Control. In assessing the factor analysis of the measures of Locus of Control, the Kaiser-Meyer-Olkin (KMO) and Bartlett sphericity test was used, as shown below.

Table 4: Kaiser-Meyer-Olkin (KMO) and Bartlett Sphericity Test for Locus of Control

| | |
|--|---|
| Kaiser-Meyer-Olkin Measure of Sampling Adequacy. | 0.752 |
| Bartlett's Test of Sphericity | Approx. Chi-Square 3.54E+03 df 378 Sig. 0.00 |

Table 4 above illustrated a Kaiser-Meyer-Olkin (KMO) value of 0.752 and the Bartlett sphericity test of $p=0.00$, which indicated that the items were statistically significant at $p<0.001$. The results implied that evaluating factors measurement for Locus of Control was sufficient to test the hypothesis.

Research Reliability

Reliability denotes the extent to which data gathered for the study question was presented with the analytical methodologies. Cronbach alpha helped determine items' internal reliability. Per George and Mallery (2003) argued that reliability is excellent when the value of items is $>.9$, good if $>.8$, satisfactory if $>.7$, uncertain if $>.6$, and terrible if $>.5$. Accordingly, it is regarded as unacceptable when the value is $<.5$.

Reliability of Marital Satisfaction Items

The findings illustrated in table 7 below show that the Cronbach's Alpha coefficient is $>.9$. The result indicates that the reliability of measurement scales of this variable was excellent, implying higher internal consistency, and these items were acceptable to be applied in the analysis.

Table 5: Reliability Statistics of Marital Satisfaction

Reliability Statistics

| Cronbach's Alpha | N of Items |
|------------------|------------|
| 0.923 | 3 |

Reliability of Locus of control Measurement Scales

The table below shows that the reliability of variables' items was good since the Cronbach's Alpha is $>.8$ (see Table 6). Thus, the results imply that the survey items have a higher internal consistency and are acceptable in the analysis.

Table 6: Reliability Statistics of Locus of control

Reliability Statistics

| Cronbach's Alpha | N of Items |
|------------------|------------|
| 0.804 | 28 |

Reliability of Stress Level Items

The findings illustrated in table 7 show that the reliability of variable items was good. These items had a higher internal consistency (Cronbach's Alpha coefficient was $>.8$), implying that survey items were acceptable to be used in the analysis.

Table 7: Reliability Statistics of Stress Level Items

| Reliability Statistics | |
|------------------------|------------|
| Cronbach's Alpha | N of Items |
| 0.827 | 8 |

Correlation Analysis

Before assessing the research hypotheses, the investigator used correlation analysis to identify the orientation and strength of the association between marital satisfaction and its potential influencers. The results illustrated that marital satisfaction and locus of control were positively and significantly associated with an above-average strength ($r = .716, p < 0.01$) (see table 8). Contrary, marital satisfaction and stress had a negative and significant connection ($r = -.274, p < 0.01$) (see table 8). Also, results illustrated that marital satisfaction and the number of years in marriage were positively and significantly connected ($r = .248, p < 0.01$) (see table 10). However, in the case of the association between marital satisfaction and the number of children, results showed that these variables were positively and insignificantly connected ($r = .093, p < 0.01$) (see table 10). The results implied that the marital satisfaction with the locus of control and number of married years move in a similar direction and thus, have an implication that the higher locus of control and increment in the number of married years, the higher their marital satisfaction. In addition, results also implied that marital satisfaction is associated with different stress levels, indicating that higher, unlike lower stress levels, lower the couple's marital satisfaction.

Table 8: Correlation analysis between Marital Satisfaction, Locus of Control, Stress Level, Number of Married Years, and Number of Children
Correlations

| | | Marital satisfaction | Locus of Control | Stress level | How many years Married | How many children do you have? |
|--------------------------------------|------------------------|-------------------------|------------------------|-----------------|---------------------------------|--|
| Marital Satisfaction | Pearson Correlation | 1 | .716** | -.274** | .248** | 0.093 |
| | Sig. (2- tailed) | | 0 | 0 | 0 | 0.126 |
| | N | 294 | 294 | 294 | 257 | 272 |
| Locus of Control | Pearson Correlation | .716** | 1 | .486** | 0.026 | -0.054 |
| | Sig. (2- tailed) | 0 | | 0 | 0.675 | 0.374 |
| | N | 294 | 294 | 294 | 257 | 272 |
| Stress Level | Pearson Correlation | - .274** | .486** | 1 | 0.071 | -0.084 |
| | Sig. (2- tailed) | 0 | 0 | | 0.26 | 0.165 |
| | N | 294 | 294 | 294 | 257 | 272 |
| How many years Married | Pearson Correlation | .248** | 0.026 | 0.071 | 1 | 0.118 |
| | Sig. (2- tailed) | 0 | 0.675 | 0.26 | | 0.067 |
| | N | 257 | 257 | 257 | 257 | 241 |
| How many children do you have? | Pearson Correlation | 0.093 | -0.054 | -0.084 | 0.118 | 1 |
| | Sig. (2- tailed) | 0.126 | 0.374 | 0.165 | 0.067 | |
| | N | 272 | 272 | 272 | 241 | 272 |

** . Correlation is significant at the 0.01 level (2-tailed).

Analysis of Multiple Regression

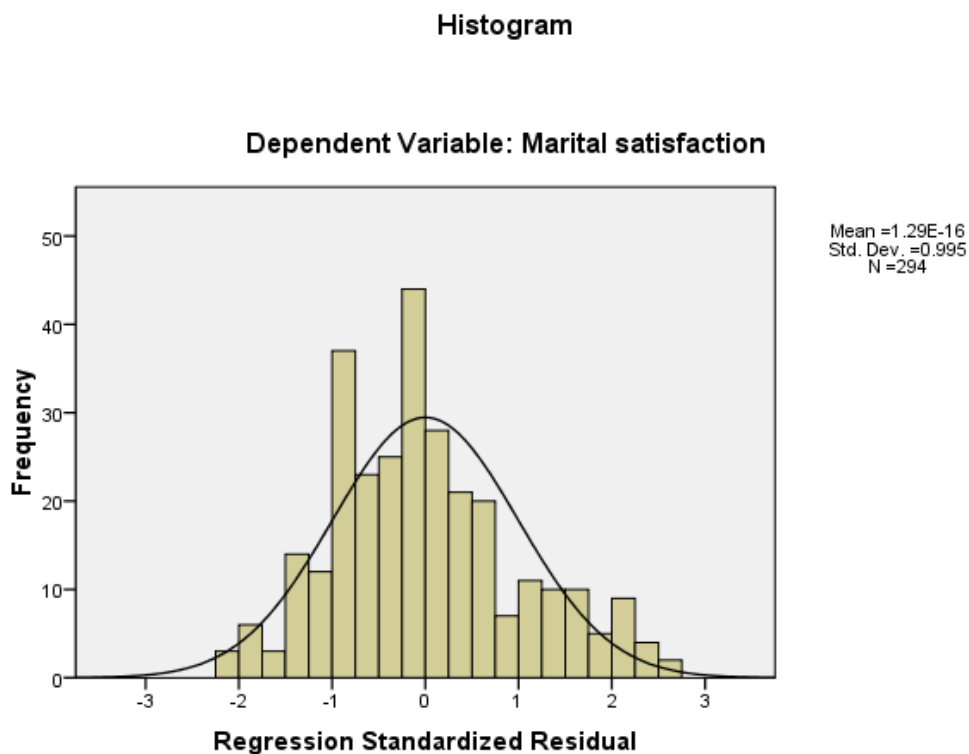
According to Kelley and Bolin (2013), while determining the association between several explanatory variables and a single dependent variable, Multiple regression analysis is the best fit mode of analysis.

Assumption of the Multivariate Testing

Normality, homoscedasticity, and multicollinearity tests were among the assumptions tested to affirm whether the multiple regression model fit the collected data.

Normality Test. When conducting a parametric statistical study, investigators should employ the normality test to examine the assumptions behind the multiple regression analysis (Ernst & Albers, 2017). A true representative of the population must follow a similar trend to assess the population to estimate population aspects accurately. The data gathered was utilized to generate a histogram of the residuals, which was used to evaluate the data's normality assumption. Figures 3 show that the regression residuals had a uniform distribution that follows the normal distribution. Therefore, the normality assumption was made.

Figure 3: Histogram of Marital Satisfaction



Multicollinearity Test. The variance inflation factor (VIF) was applied to explanatory variables when measuring multi-linearity. However, as shown in the table below 9, all the VIF values were smaller than 10; as seen in table 9 below, the four factors were not very strongly associated, and therefore no multicollinearity appeared.

Table 9: Multicollinearity coefficient

| Coefficients | | Collinearity Statistics | |
|---|--------------------------------|-------------------------|-------|
| Model | | Tolerance | VIF |
| 1 | Stress level | 0.75 | 1.334 |
| | Locus of control | 0.763 | 1.31 |
| | How many years married | 0.973 | 1.028 |
| | How many children do you have? | 0.951 | 1.052 |
| a. Dependent Variable: Marital satisfaction | | | |

Homoscedasticity Test. A dispersion chart was utilized to display the patterns in the data. The scatter plot demonstrated that the data collected lacks a clear definition. Figure (4) below demonstrates how data values were disseminated uniformly around the plot region and thus illustrated how all remaining information was obtained from a continually shifting populace (homoscedasticity).

Figure 4: Homoscedasticity Test

From the multiple regression analysis assumptions above, the research illustrates that the data is fit for applying inferential statistics to identify the association of the variables.

Regression Analysis

Table 10: Model Summary

| Model Summary | | | | |
|---------------|-------|----------|-------------------|----------------------------|
| Model | R | R Square | Adjusted R Square | Std. Error of the Estimate |
| 1 | .254a | 0.065 | 0.061 | 4.265 |
| 2 | .454b | 0.206 | 0.192 | 3.955 |

a. Predictors: (Constant), Locus of Control
 b. Predictors: (Constant), Locus of Control, How many years Married, How many children do you have? stress level

As shown in Table 10 above, the results showed .065 as R^2 while adjusted R^2 was 0.061. The findings illustrate that the Locus of Control contributed 6.5% to a total change in marital satisfaction. The second model showed that .206 as the R^2 and .192 as the R^2

adjusted, implying that the initial predictor and the control variables contributed 20.6 % of the total change/variation in the wife of veteran's marital satisfaction. The findings above show that when the researcher predicted marital satisfaction with the only locus of control, it had a significantly smaller variation percentage in marital satisfaction. Additionally, combining the Locus of Control with the confounding variables, which, as stated above, indirectly affected marital satisfaction, improved the percentage of variation from 6.5% to 20.6%.

Table 11: ANOVA Table

| ANOVA | | | | | | |
|-------|------------|----------------|-----|-------------|--------|-------|
| Model | | Sum of Squares | df | Mean Square | F | Sig. |
| 1 | Regression | 300.418 | 1 | 300.418 | 16.514 | .000a |
| | Residual | 4347.707 | 239 | 18.191 | | |
| | Total | 4648.124 | 240 | | | |
| 2 | Regression | 956.141 | 4 | 239.035 | 15.28 | .000b |
| | Residual | 3691.983 | 236 | 15.644 | | |
| | Total | 4648.124 | 240 | | | |

a. Predictors: (Constant), Locus of Control
b. Predictors: (Constant), Locus of Control, how many years Married, how many children do you have? Stress level
c. Dependent Variable: Marital satisfaction

The ANOVA above indicated that this model was both valid and significant for utilization in the prediction of the locus of control, stress level, and homogenous factors on marital satisfaction; $F(1, 239) = 16.514, p = 0.000$ for the locus of control alone, and $F(4, 236) = 15.280, p = 0.000$ when stress level and homogenous factors were added. This result implies that these independent variables were fit to be utilized to predict the marital satisfaction of both models.

Table 12: Regression Coefficients

| Coefficients | | | | | | |
|--------------|--------------------------------|-----------------------------|------------|---------------------------|----------|-------|
| Model | | Unstandardized Coefficients | | Standardized Coefficients | <i>t</i> | Sig. |
| | | B | Std. Error | Beta | | |
| 1 | (Constant) | 21.123 | 2.634 | | 8.019 | 0.00 |
| | Locus of Control | 1.121 | 0.03 | 1.254 | 4.064 | 0.00 |
| 2 | (Constant) | 20.252 | 2.487 | | 8.145 | 0.00 |
| | Locus of Control | -0.057 | 0.032 | -0.119 | -1.791 | 0.075 |
| | stress level | -0.278 | 0.062 | -0.3 | -4.485 | 0.00 |
| | How many years Married | 266319.4 | 53265.48 | 0.293 | 5 | 0.00 |
| | How many children do you have? | -26.493 | 53.231 | -0.029 | -0.498 | 0.619 |

a. Dependent Variable: Marital satisfaction

Hypotheses

H₁: In wives of PTSD-diagnosed veterans, marital satisfaction cannot be predicted by locus of control.

The above research hypothesis was tested using regression analysis to show the actual effect size of the locus of control variable while measuring marital satisfaction. In Table 12 above, the regression analysis' outputs indicated that the locus of control positively and significantly influenced the overall marital satisfaction of wives of veterans with PTSD ($\beta=1.121, p < 0.05$). Furthermore, the results illustrate that whenever the locus of control changes by a unit, there is a 1.121 increment in marital satisfaction, implying that the locus of control

positively enhanced marital satisfaction. Therefore, the hypothesis testing below is examined at the 5% significance level.

$$H_0: \beta_1 \leq 0$$

$$H_1: \beta_1 > 0$$

Because the above test is a one-tailed (upper) test, any value above the crucial rejection value means that there was a rejection of the null hypothesis. Therefore, unless otherwise stated, there is acceptance of the null hypothesis. A *t*-test with a 5% significance level yielded a value *t*-statistic of 1.660. This computed *t*-value exceeded the crucial *t*-value. Therefore, the null hypothesis at a level of significance of 5% was rejected. Thus, it is concluded that the coefficient of locus of control is greater than 0 and could positively predict the wife of a veteran, marital satisfaction.

H1₂: There is a relationship between stress experienced by wives of PTSD diagnosed veterans and marital satisfaction.

The above research hypothesis was also tested using the results of multiple regression analysis, as shown in Table 12 above. As illustrated in Table 12 above, the stress level positively and significantly influences the overall marital satisfaction ($\beta = -.278$, *p*-value < 0.05). These findings imply that a unit change in the stress experienced by wives of veterans causes a 0.278 decrement in the wives of veterans' overall marital satisfaction, indicating that the stress experienced by veterans' wives negatively enhanced their marital satisfaction. When testing whether there was no relationship between stress experienced and marital satisfaction, the hypothesis testing below was assessed at a 5% significance level.

$$H_0: \beta_1 \leq 0$$

$$H_1: \beta_1 > 0$$

Since the above is a one-tailed (upper) test, any value above the crucial rejection value leads to the null hypothesis rejection. However, the null hypothesis is accepted if the other conditions are met. For example, a 5% significance level yields a critical t -value of 1.660. On the other hand, a value of -4.485 was a t -statistic, as shown in the regression result.

Therefore, the estimated t -value is lower compared to the critical one. As a result, the null hypothesis can be accepted at a 5% significance level. Therefore, the null hypothesis was confirmed since stress levels were lower than 0.5, but they were substantially associated with marital satisfaction.

H1₃: In wives of veterans who have PTSD, marital satisfaction may be influenced by age, employment, married years, and the number of children.

Finally, the study also sought to identify whether the demographic factors such as the number of married years and the number of children the couples had and the marital satisfaction of the PTSD diagnosed veterans' wives were significantly and positively related. The hypothesis was evaluated using regression analysis, and the results are presented in regression Table 12 above. The results showed that the effect of the number of married years on marital satisfaction was positive and statistically significant ($\beta = 266319.430$, p -value < 0.05). Also, the number of children with marital satisfaction was positive and statistically significant ($\beta = -26.493$, p -value < 0.05). The findings indicated that years of marriage positively and significantly influenced the marital satisfaction of the veteran's wives and a unit change in the numbers of married years; there was a 266319.430 change in the overall marital satisfaction. The results further illustrated that the number of children negatively and significantly affected the marital satisfaction of the veteran's wives, and a unit change in the

number of children led to 26.493 changes in the overall marital satisfaction of couples. In addition, when testing whether marital satisfaction may be influenced by married years and the number of children, the hypothesis testing was evaluated at the level of significance of 5%.

$$H_0: \beta_1 \leq 0$$

$$H_1: \beta_1 > 0$$

Since the above test is a one-tailed (upper) test, any value that occurs above the crucial rejection value leads to the rejection of the null hypothesis. As indicated earlier, the null hypothesis is accepted if the significance rejection value is lower. Therefore, at a 5% level of significance, there was a yield of a critical of 1.660. In the current regression results, the t -statistic value was 5.000 for the number of married years. For the number of children, the t -statistic value was -.498. Therefore, the calculated t -value exceeds the critical value in the number of married years. Thus, at a 5% significance level, the results imply the null hypothesis rejection. Therefore, it was concluded that the regression coefficient of the number of married years is greater than 0, and thus, marital satisfaction may be influenced by married years.

Nonetheless, the calculated t -value is smaller than the significant number of married years. Thus, the findings illustrate an acceptance of the null hypothesis at a 5% significance level. Therefore, the study concluded that the regression coefficient of several children is lesser than 0, and thus, marital satisfaction may be influenced by several children with a negative impact.

Summary

As illustrated in the results above, 294 women completed the demographics questionnaire, the Duttweiler (1984)'s Internal Control Index, and the Schumm et al. (1983)'s Kansas Marital Satisfaction Scale the research. A multiple regression by applying the stepwise approach to enter variables was undertaken to examine how marital satisfaction was linked with the locus of control and the number of children, the number of years in marriage, and stress level as the control variables in this evaluation. The multiple regression assumptions were tested, including the lack of multicollinearity, homoscedasticity, and normality. The investigation was divided into two halves. The researcher analyzed one covariate with the locus of control in the first block and the four covariates in the second block.

CHAPTER FIVE: CONCLUSIONS

Overview

The chapter explains how the research problem was linked to the data collected and evaluated. The current study sought to determine whether the locus of control, stress levels, and demographic factors, such as the number of children and years in marriage, were significant determinants of the marital satisfaction of women whose spouses were diagnosed with PTSD. The conclusion section summarizes results where the researcher looked at how current results stack up against past studies. In addition, the implications for practice and scholarship were also presented. Nonetheless, the limitations and suggestions for further studies were also illustrated. Finally, the summary of this section and closing comments of the current study is also provided.

Discussion

Families with a military spouse have long faced unique obstacles that average families do not. The military family has always differed in the barriers, advantages, and sufferings of military duty when they meet their organized armies from the battlefield for the first time. The combat soldier has long been subjected to situations that few individuals would ever encounter in their lives. Most troops return home from the battlefield due to being exposed, behaving strangely, and unable to adapt to society. This phenomenon has been dubbed various names, but it has never been researched experimentally. This issue was never formally acknowledged until the coining of the term "post-traumatic stress disorder" by APA to describe the condition. The negative impacts of PTSD, like those of other psychiatric diseases, are not restricted to war veterans. Family members and marriage relationships are

often affected by the disorder's negative impacts. Therefore, the military marriage with PTSD as a stressor was studied.

Nonetheless, unlike earlier studies, the focus of this study is the wives of PTSD soldiers' locus of control. Earlier studies have indicated that PTSD harms military marriages, with increased levels of separation or divorce as a result. The implications of how marital satisfaction and locus of control were related among soldiers' wives with PTSD were not examined in this prior study. This research aimed to see a link between marital happiness and locus of control among wives of PTSD-diagnosed veterans. In addition, the purpose was to provide insights into the current procedures to be put in place during therapy utilized to treat families and veterans themselves to enhance their life quality. Therefore, the discussion of the findings regarding previous studies is presented in this chapter. In particular, the section compares the current results to prior studies.

Research Question 1

Is there a correlation between locus of control of women married to veterans with PTSD and marital satisfaction? In assessing whether the marital satisfaction was substantially predicted by locus of control, results showed that marital satisfaction and locus of control of PTSD diagnosed veterans' wives were positively associated ($\beta= 1.121, p < 0.05$). The results illustrate that the Locus of Control was a significant determinant of how veterans' wives were satisfied with their marital satisfaction. Therefore, given that this was the newest research, it provides insight into how the two variables are related. In line with the above results, Ganji and Navabinezhad (2012) studied locus of control and marriage satisfaction and their connection. Internal locus of control and marital satisfaction was shown to have essential links in this study's findings. More contented marriages have been

connected to persons with a higher level of internal locus control. Contrarily, Mlott and Lira (1977) (in which 44 women participated) found no differences in the stability or instability of the marital situation. Couples in dysfunctional relationships with more independent wives were minor differences.

Similarly, another prior study by Bugaighis et al. (1983) explored how marital satisfaction and locus of control were associated among women. Results illustrated that women in unstable marriages had a robust external Locus of Control and thought their irregular marriages were beyond their grasp. In addition, the findings showed that women in unsafe relationships with resilient internal Locus of Control had more secure unions, indicating it significantly influenced marital satisfaction. Finally, in support of the current results, Mostadim (2016) investigated if a person's ability to provide a locus of control orientation (both external and internal) might improve their marital happiness. This research indicated that an individual's marital satisfaction and locus of control are plausible. According to the study's findings on the internal locus of control, people with an internal control orientation were happier in their marriages. Consequently, the results showed that marital pleasure was more closely linked to an internal locus of control.

Regarding marital pleasure and stability, Sawai et al. (n.d.) carried out a correlation study to examine the associations between the variables of marital satisfaction and locus of control. They found that newlyweds with a strong sense of Locus of Control over their relationships were happier in their marriage, indicating that marital satisfaction and locus of control of these newly wedded participants were associated significantly, thus supporting the current study results. Additionally, the findings illustrated that external locus of control is negatively associated with marital satisfaction. In contrast, the findings demonstrated no

connection between people's marital contentment with whose locus of control was internal. Solaimani (2014) researched the relationship between marital happiness and the quality of life of married women. Thirty couples with high marital satisfaction and 30 partners with poor marital satisfaction were tested in the study. The study showed that the relationship between the exterior locus of control and an individual's marital pleasure was lower than those with the internal locus of control.

Kahler (2017) conducted a 44-year and three-time point survey to examine how marital satisfaction and locus of control were related. This study predicted that there would be lower marital satisfaction if the locus of control were higher, indicating the association between the two variables was negative, therefore, contrasting with current results. In support, Doherty (1981) employed strong marital quality indicators to focus on the variance in the locus of control among newlywed spouses rather than between marriages of varying quality or tenure. According to his findings, a more robust external locus of control for a female than for a husband increases the likelihood of marital dissatisfaction. He surmised that wives had heightened their reliance on the husband's approbation from the outside instead of the husband's customary self-regulation.

Doherty (1983) studied whether divorce resulted from the locus of control due to marital dissatisfaction. The researcher found no link between a woman's propensity for the locus of control and divorce due to marital dissatisfaction in seven-year longitudinal research. According to Doherty (1983), one party should take up the initiative regarding divorce. Myers (2014) found that a position of internal control is a personal resource that tamps down the adverse consequences of marital troubles and may locate persons in either great or terrible marriages. According to a previous study conducted by Khaylis et al. (2011),

women who had just returned from either Operation Iraqi Freedom or Operation Enduring Freedom were found to have high rates of post-traumatic stress disorder (PTSD). It has been shown that symptom transmission contributes to marital conflict. Locus of Control is a crucial metric for marital satisfaction. Meltzer et al. (2014) found that women with a strong internal orientation are more satisfied with their marriages than women with a higher locus of control. Locus of control appears to be a powerful determinant of marital pleasure; however, this study focused on couples with no apparent obstacles, such as PTSD, in the spouses' lives.

Research Question 2

Is there a relationship between stress experienced by wives of PTSD-related veterans and marital satisfaction? In assessing whether stress experienced by wives of PTSD-related veterans and marital satisfaction and whether stress-controlled how marital satisfaction and locus of control are related, current results showed a negative and significant association between stress and marital satisfaction. The results imply that wives subjected to a stressful relationship have a higher possibility of marital dissatisfaction, which indicates that the two variables were negatively associated. In support of these results, Donovan (2004) showed that stress levels rise in those with PTSD. In addition, Donovan (2004) indicates that tensions rise when the relationship's norms are thrown off. Personality primarily influences the way a woman responds to stress.

Similarly, the results were also in line with Schwarzer and Luszczynska (2012), who indicated that higher internal control positions were less stressful than higher locus of control positions. In contrast to the above results, Myers (2014) showed that stress levels are lower in those with a better sense of self-control and who actively seek solutions to their problems. As a result, those with a more locus of control may feel unable to cope and succumb to stress.

Myers (2000) also noted that stress caused by PTSD was more prevalent in married couples in a similar vein. The finding suggests that the wife's control orientation significantly impacts her coping with stress to enhance marital satisfaction. Littles (2016) highlighted that an unstable marital state is associated with PTSD and high-stress levels. Stress as a controlling factor negatively influences marital satisfaction and locus control. On a similar note, Roddenberry and Renk (2010) researched whether stress induced the Locus of Control among the students. The findings of this research illustrated that Locus of Control had a moderate impact on students' stress. Furthermore, the results demonstrated that an External Locus of Control was associated with greater stress levels, whereas an internal locus of control was associated with lower stress levels.

Research Question 3

Do the demographics of the wives of PTSD-related veterans affect their marital satisfaction? No one factor is responsible for marital contentment in a relationship. In this study, homogeneous elements that are frequent in marriage were recognized. These factors were examined both with and without the influence of the locus of control. When only the homogeneous variables, the number of children, and years in marriage were used to investigate the marital satisfaction level as indicated by the wives, the effect of these predictor variables was insignificant, whether evaluated jointly or independent from one another.

When the locus of control was incorporated, the findings showed that this variable was significant in forecasting marital happiness. In support of the above results, Onyishi et al. (2012) conducted a study to evaluate whether the number of children that the couple had

and marital satisfaction were associated. The results showed substantial statistical differences in children's numbers and marital satisfaction.

In contrast with these results, Cohen and Strong (2020) suggested that the age at which a couple marries might be a crucial and essential component in determining how marriage impacts are molded based on environmental, economic, and cultural factors. Results showed that marriage is linked to a higher quality of life. However, women under 18 years and men under 20 years often experience low-quality marriage life. In some research, Jackson et al. (2014) argued statistically significant negative differences between marriage years and marital satisfaction. Equally, Zaheri et al. (2016) illustrated that marriage year and marital satisfaction were statistically significant, and marriage years controlled how marital satisfaction and locus of control were associated.

Implications

People performing therapy might be free to concentrate on an individual's abilities during counseling, formulating approaches that enhance their locus of control orientation to improve their marital satisfaction. This investigation showed that the locus of control is a legitimate psychological concept. Therefore, locus of control can predict marital pleasure on a bigger scale, leading to other conclusions. Some factors include veterans receiving PTSD treatment, the likelihood of successful re-assimilation into the community after service, family connections and satisfaction after deployment, and suicidal thoughts. Nonetheless, the advantages extend even beyond the military. As a result, acknowledging the locus of control and how it influences a person with conditions of stress that are a component of living should assist the civilian community.

Comprehending the locus of control and its effects on people might be a valuable tool for therapists and psychologists working with the families and veterans themselves on a regular schedule. Creating and administering a treatment with an awareness of how an individual might conduct the therapy process prior, during, and after can lead to a considerably greater success rate. The therapy system can become more effective when using the locus of control. Therapists will now have access to valuable information that will aid them in making recommendations to their patients. The current findings are essential in giving spouses on the edge of divorce or separation.

Limitations

The present study included a few drawbacks to point out areas for further investigation. First, the information gathered in this study was self-reported. Due to the likelihood or desirability of the society, demand features, and response sets that may impact participant replies, self-report assessments can have low reliability. It is indeed possible that a participant answered the poll more than once, albeit this is highly improbable. Another issue is that other possibly confounding variables might have influenced the outcome. For instance, stress experience and perception are relative rather than absolute characteristics and tolerating stress changes from person to person. In addition, the children's age, whether the youngsters were living at home, and where the spouse lives in their primary house are all possible confounding variables. Other factors that were not adequately considered that might have a restricting influence comprise, but are not restricted to, are either spouse's past marriages, physical health, and religious convictions.

Recommendations for Future Research

The study's variables were all a broad type. Future scholars may wish to build on this research by dissecting the variables employed in this study. Perhaps a more thorough list of confounders, for example, whether the children are biological or adopted, the number of marriages the participants have engaged in, and participant educational level should be provided. In addition, the current research examined the link between marital satisfaction and the Locus of Control of wives of soldiers with PTSD. Therefore, this research might be expanded to look at the relationship in males whose wives are veterans diagnosed with PTSD.

Future studies should look at wives' personal and societal expectations roles in a marriage that might influence locus of control orientation. In addition, future research might look at the spousal locus of control and marital happiness similarities and variations. Because the results have illustrated that Locus of Control is a strong predictive factor of marital happiness, it may be worth looking into it further in terms of its impact on the decision of veterans to pursue and maintain PTSD treatment. Therefore, assessing locus of control as a determinant in the efforts of a veteran to receive medication might be beneficial in more ways in the healing process. Isolation is a common PTSD symptom. Therefore, using locus of control to anticipate if a veteran would seek medical help or not might be a valuable tool in treating withdrawal.

Summary

The research study filled a gap in the present literature by studying how marital satisfaction and the locus of control orientation among soldiers with PTSD were related. Since it was a groundbreaking study that looked at the relationship between these two

variables and involved predictors such as homogenous factors, this is initial research to investigate how locus of control with marital pleasure are related while controlling this relationship with other factors such as stress. As a result, the goal of this quantitative research was to further the investigation of PTSD and its negative consequences for veterans and their families. Wives of PTSD soldiers volunteered to participate in the study by filling out online questionnaires through SurveyMonkey. According to the current findings, this research showed that Locus of Control had a substantial influence, which accounted for almost 6.1 percent greater variation in marriage satisfaction than using only control factors. The findings of this study have contributed to the existing literature on the consequences of PTSD on spouses. This study provided a fresh perspective that can significantly increase the rate of success and qualities of therapies for many marriages dealing with PTSD. This research is beneficial to psychologists and therapists who work with soldiers and their wives by providing a theoretical foundation for the locus of control to aid in diagnostic assessment. An effective therapy plan may be designed and implemented if the spouse's locus of control orientation is better understood. The treatment method may be tailored to support the spouse's strengths in attaining marital success by identifying her locus of control orientation. The VA and other treatment centers that serve veterans and their families will benefit from this research.

Furthermore, this was the newest research to look at how marital satisfaction and Locus of Control were associated while controlling this association with variables such as homogenous and stress level, which could pave the way for future investigations into other areas where the locus of control and those control variables might play a role. Such areas include veterans seeking treatment, the likelihood of completing a therapy program, and

suicide ideation predictability. Lastly, this research is beneficial to society because it raises awareness of the personality characteristic of locus of control, which significantly influences every individual, frequently without their knowledge. However, although this study gathered valuable data on the target group, further research is needed in this area by including more confounding factors such as the number of marriages or the use of males as the participants.

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APPENDINCES

Appendix A: Demographics Questionnaire

| Question | Answer |
|---|--|
| 1. Are you married? | Yes {} No {} |
| 2. Years married? | (Select One) 1 – 40 |
| 3. What is your age range? (Tick appropriate age group) | |
| | 18– 30 years: [] 31 – 40 years: [] 41 – 50 years: [] over 50years:[] |
| 4. What is your highest education level? | |
| | Primary: [] Secondary:[] College/University: [] |
| 5. Number of children? | (Select One) 1-10 |
| 6. Years of Education | (Select One) 1-12 |
| 7. Does your husband have PTSD? | Yes {} No {} |

Appendix B: PSS measurements

| | | | | | |
|--|---|---|---|---|---|
| 1. In the last month, how often have you been upset because of something that happened unexpectedly? | 0 | 1 | 2 | 3 | 4 |
| 2. In the last month, how often have you felt that you were unable to control the important things in your life? | | | | | |
| 3. In the last month, how often have you felt nervous and “stressed”? | 0 | 1 | 2 | 3 | 4 |

| | | | | | | |
|--|---|---|---|---|---|---|
| | | 0 | 1 | 2 | 3 | 4 |
| 4. In the last month, how often have you felt confident about your ability to handle your personal problems? | | | | | | |
| | 0 | 1 | 2 | 3 | 4 | |
| 5. In the last month, how often have you felt that things were going your way? | | | | | | |
| | 0 | 1 | 2 | 3 | 4 | |
| 6. In the last month, how often have you found that you could not cope with everything you had to do? | | | | | | |
| | 0 | 1 | 2 | 3 | 4 | |
| 7. In the last month, how often have you been able to control irritations in your life? | | | | | | |
| | 0 | 1 | 2 | 3 | 4 | |
| 8. In the last month, how often have you felt you were on top of things? | | | | | | |
| | 0 | 1 | 2 | 3 | 4 | |
| 9. How often have you been angered because of things outside your control in the last month? | | | | | | |
| | 0 | 1 | 2 | 3 | 4 | |

Appendix C: BDI - II Assessment

Instructions:

This questionnaire consists of 21 groups of statements. Please read each group of statements carefully. And then, pick out the one statement in each group that best describes how you have been feeling during the past two weeks, including today. Circle the number beside the statement you have picked. Suppose several statements in the group seem to apply equally well; circle the highest number for that group. Be sure that you do not choose more than one statement for any group, including Item 16 (Changes in Sleeping Pattern) or Item 18 (Changes in Appetite).

1. Sadness

0. I do not feel sad.

1. I feel sad much of the time.

2. I am sad all the time.

3. I am so sad or unhappy that I can't stand it.

2. Pessimism

0. I am not discouraged about my future.

1. I feel more discouraged about my future than I used to.

2. I do not expect things to work out for me.

3. I feel my future is hopeless and will only get worse.

3. Past Failure

0. I do not feel like a failure.

1. I have failed more than I should have.

2. As I look back, I see a lot of failures.

3. I feel I am a total failure as a person.

4. Loss of Pleasure

0. I get as much pleasure as I ever did from the things I enjoy.

1. I don't enjoy things as much as I used to.

2. I get very little pleasure from the things I used to enjoy.

3. I can't get any pleasure from the things I used to enjoy.

5. Guilty Feelings

0. I don't feel particularly guilty.

1. I feel guilty about many things I should have done.

2. I feel quite guilty most of the time.

3. I feel guilty all of the time.

6. Punishment Feelings

0. I don't feel I am being punished.

1. I feel I may be punished.

2. I expect to be punished.

3. I feel I am being punished.

7. Self-Dislike

0. I feel the same about myself as ever.

1. I have lost confidence in myself.

2. I am disappointed in myself.

3. I dislike myself.

8. Self-Criticalness

0. I don't criticize or blame myself more than usual.

1. I am more critical of myself than I used to be.
2. I criticize myself for all of my faults.
3. I blame myself for everything bad that happens.

9. Suicidal Thoughts or Wishes

0. I don't have any thoughts of killing myself.
1. I have thoughts of killing myself, but I would not carry them out.
2. I would like to kill myself.
3. I would kill myself if I had the chance.

10. Crying

0. I don't cry any more than I used to.
1. I cry more than I used to.
2. I cry over every little thing.
3. I feel like crying, but I can't.

11. Agitation

0. I am no more restless or wound up than usual.
1. I feel more restless or wound up than usual.
2. I am so restless or agitated, that it's hard to stay still.
3. I am so restless or agitated that I have to keep moving or doing something.

12. Loss of Interest

0. I have not lost interest in other people or activities.
1. I am less interested in other people or things than before.
2. I have lost most of my interest in other people or things.
3. It's hard to get interested in anything.

13. Indecisiveness

- 0. I make decisions about as well as ever.
- 1. I find it more challenging to make decisions than usual.
- 2. I have much greater difficulty making decisions than I used to.
- 3. I have trouble making any decisions.

14. Worthlessness

- 0. I do not feel I am worthless.
- 1. I don't consider myself as worthwhile and useful as I used to.
- 2. I feel more worthless as compared to others.
- 3. I feel utterly worthless.

15. Loss of Energy

- 0. I have as much energy as ever.
- 1. I have less energy than I used to have.
- 2. I don't have enough energy to do very much.
- 3. I don't have enough energy to do anything.

16. Changes in Sleeping Pattern

- 0. I have not experienced any change in my sleeping.
- 1a I sleep somewhat more than usual.
- 1b I sleep somewhat less than usual.
- 2a I sleep a lot more than usual.
- 2b. I sleep a lot less than usual.
- 3a I sleep most of the day.
- 3b I wake up 1-2 hours early and can't get back to sleep.

17. Irritability

0. I am not more irritable than usual.

1. I am more irritable than usual.

2. I am much more irritable than usual.

3. I am irritable all the time.

18. Changes in Appetite

0. I have not experienced any change in my appetite.

1a My appetite is somewhat less than usual.

1b My appetite is somewhat greater than usual.

2a My appetite is much less than before.

2b My appetite is much greater than usual.

3a I have no appetite at all. 3b I crave food all the time.

19. Concentration Difficulty

0. I can concentrate as well as ever.

1. I can't concentrate as well as usual.

2. It's hard to keep my mind on anything for very long.

3. I find I can't concentrate on anything.

20. Tiredness or Fatigue

0. I am no more tired or fatigued than usual.

1. I get more tired or fatigued more easily than usual.

2. I am too tired or fatigued to do a lot of the things I used to do.

3. I am too tired or fatigued to do most of the things I used to do.

21. Loss of Interest in Sex

0. I have not noticed any recent change in my interest in sex.
1. I am less interested in sex than I used to be.
2. I am much less interested in sex now.
3. I have lost interest in sex completely.

Total Score: _____

Appendix D: The Kansas Marital Satisfaction Scale

The Kansas Marital Satisfaction Scale has three main items, which will ask the following

| | Extrem ely Dissati sfied | Very Dissati sfied | Somew hat Dissati sfied | Mi xed | Some what Satisfi ed | Very Satis fied | Extreme ly Satisfied | |
|---|-----------------------------------|--------------------------|----------------------------------|-----------|-------------------------------|-----------------------|----------------------------|--|
| It e m | 1 | 2 | 3 | 4 | 5 | 6 | 7 | |
| "How satisfied are you with your husband as a spouse?" | | | | | | | | |
| How satisfied are you with your marriage? | | | | | | | | |
| How satisfied are you with your relationship with your husband as the three different target variables? | | | | | | | | |