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HAVE YOU SHOT ANYONE? HOW COMBAT VETERANS MANAGE PRIVACY WITH FAMILY AND FRIENDS

This qualitative research project employed semi-structured interviews (analyzed with qualitative coding techniques) to examine how ($N = 22$) male American combat veterans manage privacy. The two-fold purpose of this study was to determine how combat veterans adhere to or deviate from the principles of communication privacy management theory (CPM). Secondly, to provide new knowledge that can shape counseling strategies and transition programs to account for how veterans manage their privacy. Some of the significant findings are that veterans believe that merely participating in combat implicitly creates a collective boundary that all veterans must maintain to protect the group. Secondly, the veterans did not use boundary coordination or privacy rule development. Instead, they relied upon internal rules that helped them craft a disclosure that minimized risk. Veterans reported having dense privacy boundaries by default, even towards members of their own family. These dense boundaries present significant obstacles to therapists working with veterans and their families.

Key words: Communication Privacy Management Theory, Combat Veterans, Rehabilitation and Reintegration, Moral Injury, Combat Trauma

Introduction

Many American combat veterans are asked, at some point in their lives, by a civilian if they had “shot anybody.” When this question arises, choosing the right answer can be complicated. Their response could impact their public image and even personal relationships, especially if they have killed someone. A variety of factors influence veterans in ways that do not affect most civilians. First, some national security laws prohibit certain forms of disclosure.

Furthermore, a sizable minority of combat veterans exhibit symptoms of a trauma-induced anxiety disorder known as post-traumatic stress (PTS). Disclosure by veterans with PTS may trigger severe symptoms (Hoyt & Renshaw, 2014). Veterans can also experience moral injury, where they have engaged in acts during combat that violate their beliefs about their own goodness or the goodness of the world (Frankfurt & Frazier, 2016). Thus, combat veterans might have a more complicated disclosure decision-making process than civilians. Despite these disclosure difficulties, Jeffreys and Nedal (2010) found that veteran disclosure of traumatic wartime events was an essential first step in seeking life changing therapeutic help.

The communication privacy management (CPM) theory explores how people manage privacy and disclosure in a variety of circumstances, especially marginalized groups; however, how combat veterans manage their privacy presents a gap in the literature (Petronio, 2002). Thus, the purpose of this study is two-fold. The first is to determine if and how combat veterans adhere to the principles of CPM, or if they deviate from them. Secondly, to provide healthcare professionals and other concerned stakeholders who help veterans and their families with new knowledge that can shape counseling strategies and transition programs to account for how veterans manage their privacy.

Review of Literature

Literature on veteran disclosure of trauma is abundant in the psychology and medical disciplines. One pioneering study found that for many veterans, their healthcare providers were the first recipients of the trauma disclosure. Much of this was driven by pressure from their social network to seek help (Leibowitz, et. al., 2008). A study of Israeli combat veterans found that PTS was associated with higher levels of intimate partner verbal aggression and avoidance of intimacy. Yet, when trauma disclosure was used as an intervention, it mediated the frequency and negative effects in those couples and disclosure has a proven role to play in veteran's family therapy (Solomon, Dekel, & Zerach, 2008). A more recent study replicated and expanded upon these findings with U.S. Air Force veterans. The level of disclosure about traumatic experiences by veterans to spouses accounted for most of the relationship between spousal support for and PTS symptom severity experienced by the veteran. The depth of disclosure was inversely related to levels of relationship distress (Balderrama, et. al., 2013). It is clear from this literature that disclosure of private information about traumatic events has proven mental health benefits for the veteran.

What these medical studies do not discuss is the communication mechanisms and processes that guide and shape disclosure by the veterans. Since privacy management and disclosure is inherently a communication process, these phenomena need to be examined from this perspective. There is a lacuna of

literature on the communication practices of military veterans, especially those with combat service. Some CPM work related to the military has been conducted. The most recent study about the use of CPM in military families found that children engaged in privacy management to protect their deployed parent from unnecessary stress (Owlett, Richards, Wilson, DeFreese, & Roberts, 2015). Joseph and Afifi (2010) found that military spouses did the same thing through protective buffering by omitting stressful family issues with their husbands in order to protect them. Clearly, more research on privacy management is needed to inform and assist mental health professionals facilitating healthy disclosure about trauma.

Communication Privacy Management

Communication privacy management theory examines how people make decisions to disclose private information to others and the coordination of this process. Its fundamental assumption is that everyone experiences a simultaneous need to both disclose and withhold private information (Petronio, 2010). This process causes interpersonal tension about how to manage these competing needs. The theory has five core principles: (1) personal ownership of private information, (2) control of private information, (3) regulation through privacy rules, (d) co-ownership of private information, (e) and turbulence caused by violations of private information (Petronio, 2002).

Ownership of Private Information

The first principle is that people believe that they own their private information and maintain the right to either disclose or withhold it from anyone (Petronio, 2002). Individuals may be harmed by disclosure. Once private information is disclosed, the person loses ownership of it, and the recipient may spread it to other people (Petronio, 2000). This fear of undesired disclosure is the root cause of the following management behaviors as people might react negatively to a disclosure. This subsequently inhibits people from actually disclosing private information (Greene & Faulkner, 2002). What a person considers to be highly private information is unique to them. Consequently, what combat veterans consider to be highly private probably differs from civilians. Thus, the first research question (RQ) is posed below.

RQ 1: What types of information about their combat service do combat veterans consider to be private?

Control of Private Information

Secondly, because people feel that they own their information, they have a right to control it. Boundaries describe who is and who is not allowed access to information. To determine the appropriate level of control to protect their private information, people construct boundaries with varying degrees of

permeability that guide policy for disclosure. This is represented by a metaphor of a wall. When a person has impermeability, or dense boundaries, they rarely disclose information; however, when boundaries are permeable they are more open to disclosure. The permeability of a boundary can vary between different types of confidants. Boundaries can be collective when more than one person has the information, such as with families or employees in a company. In these cases, all co-owners must agree upon the boundaries (Petronio, 2010). Combat veterans might employ unique methods of constructing and maintaining boundaries to determine who does and does not have access to private information about their combat service. Therefore, the second research question is posed below.

RQ 2: What types of boundaries do combat veterans create to protect their private information about their combat service?

Privacy Rule Development

The third principle is that people develop and employ a rule-based system to control the release of private information. People may decide that they need to expand their privacy boundary to provide access to new people. The development and usage of rules guides a person in deciding who to disclose to, how, when, and under what circumstances to expand these boundaries. Once the boundary is expanded, rules are established or negotiated to guide the confidant about how they are supposed to control private information. Privacy changes when circumstances warrant it (Petronio, 2010). Combat service, in itself, warrants a change in privacy rules. A veteran returning from combat may not be willing to share private information about their service with their family, even though the rules for non-service related private information may not change.

When an individual is deciding how and with whom they will grant co-ownership of private information, they rely upon an internal decision-making process influenced by five criteria. First is the cultural criteria, which can include cultural prescriptions for privacy to moral rules dictating what behavior is acceptable (Thorson, 2009). Veterans may be reluctant to disclose if they believe that their actions during combat violate cultural norms. Gendered criteria are the influences of gender upon disclosure, and gender factors impact men who avoid disclosing emotionally sensitive issues to avoid displaying weakness and having their masculinity questioned (Bowman, 2009). Combat veterans might want to avoid disclosure of emotionally sensitive information to avoid appearing weak.

The motivation criteria also influences disclosure by examining how it could satisfy their wants and needs. A desire to make a new friend, or to gain support, are typical motivations. This relationship formation may be threatened by disclosure, prompting a person to take actions that protect this private

information (McKenna-Buchanan, Munz, & Rudnick, 2015). People also rely upon contextual factors inherent in the current situation to determine disclosure. Verbal and non-verbal cues present in the environment like symbols displayed, the emotional warmth of the people involved and other factors create the context. The final criterion is a risk-benefit ratio, where they assess if the costs of disclosure outweigh potential gains. This criterion is prominent when the private information considered for revelation could seriously harm the discloser (Romo, 2016). Thus, the third research questions is posed below.

RQ 3: Which of the five privacy rule development criteria do combat veterans use when considering whether to disclose private information about their combat service?

Privacy Rules

The fourth principle is that once the decision is made to disclose private information to someone, that person becomes a co-owner of the information. The privacy boundary expands from an individual to a collective boundary, which fundamentally changes the nature of the relationship. The discloser and the confidant need to negotiate rules for how they are going to manage the collective boundary. Three privacy rule conditions guide the collective development of these rules: (1) coordinating linkage rules, (2) coordinating permeability rules, and (3) coordinating ownership rules (Petronio, 2010). Linkage rules are concerned with joining one boundary with another, such as when someone joins a new group and adopts their privacy rules. Several factors can influence linkage rules such as the choice of the topic to disclose, or personality characteristics of the discloser and the confidant (Petronio, 2002).

Permeability rules are parameters for how much private information others are permitted to know. To coordinate the permeability of the collective boundary, privacy protection rules are negotiated and assume the form of specific strategies. These strategies can be topic avoidance and rules protecting confidentiality. These privacy rules can be stated explicitly, such as instructing someone not to share the information. They can also be implicit and delivered casually through hints, and research shows that implicit strategies are more commonly used (Steuber & McLaren, 2015). Finally, coordinating ownership rules is an agreement between the discloser and the confidant over how much control they have to manage the private information (Petronio & Bantz, 1991). Given the reviewed literature, the fourth research question is offered.

RQ 4: What privacy rules do combat veterans use to disclose private information about their combat service in order to maintain boundaries that control the information?

Boundary Turbulence

The fifth principle is that when a confidant violates the privacy rules, boundary turbulence happens which can have serious repercussions for the discloser and the relationship. Turbulence can lead to dissolution of the relationship, especially for friendships, which are more fragile than other types of close relationships (Oswald & Clark, 2003). Turbulence presents such a serious threat that disclosers will often engage in more intensive and deliberate rule making negotiations (Kennedy-Lightsey, et al., 2012); however, disclosers can recover from turbulence and preserve the relationship by recalibrating and adjusting privacy management rules and boundaries (Steuber & McLaren, 2015). The fifth principle leads to the final research question.

RQ 5: How do combat veterans handle boundary turbulence when confidants violate the privacy rules and reveal private information to unauthorized people?

Methodology

The retrospective interviewing technique (RIT) was used to gather data from combat veterans. This is a common technique for qualitative research projects exploring interpersonal communication. The technique requires participants to recall certain periods of time, significant events, and turning points during that time frame (Huston, et al., 1981). The RIT has been used successfully to access research participants' perspectives on intimate relationships and account for changes across relational histories (e.g., Baxter, Braithwaite, & Nicholson, 1999). The veterans were asked to recall incidents where a civilian friend or acquaintance asked them about their combat service. The questions were semi-structured, and the interviewer used probes where appropriate.

The interview protocol was designed in a deductive fashion, based upon theoretical principles from CPM that were reflected in each research question. Accordingly, each interview question attempted to provide evidence for a specific research question. After the first six interviews, some of the protocol questions were revised to explore theoretically relevant phenomenon that were not expected by the researcher. Once the interviews were transcribed, a three-step process of coding was employed with individual sentences as the unit of analysis.

Coding

The steps of open and axial coding were borrowed from Corbin and Strauss' (2008) grounded theory process because they are reliable and proven coding methods. Nevertheless, grounded theory was not used as the theoretical framework. Additionally, the third step of selective coding is irrelevant to this project since it is not concerned with finding a common unifying variable. The first step of open coding allows for more authentic meanings

created by the participants to emerge from the data. During open coding relevant data are named, classified, and segmented into meaningful expressions described by short sequence of words. Further, relevant annotations and concepts are then attached to these expressions. Open coding was executed through a thorough line-by-line analysis of sentences and paragraphs in order to identify and record communication signals about participant beliefs, attitudes, endorsed behaviors, and their motivations among others. Open coding is largely inductive, but the second step of axial coding introduces deductive analysis (Straus & Corbin, 1988).

Axial coding is the process of relating codes, conceptualized as categories and concepts, to each other. This is done through a combination of inductive and deductive thinking. Grounded theory recommends following an axial coding scheme to identify theoretically important information and evidence to answer your study's questions (Straus & Corbin, 1988). This started with analysis of individual transcripts from the veterans. Subsequently, all of the transcripts were simultaneously analyzed by the individual questions. Thus, patterns and trends were identified for the whole sample in response to each theoretically specific question.

The first step is to define the phenomenon under study, which in this project were the five core tenets of CPM as represented in the research questions. Second were the context conditions, intervening -structural- conditions or causal conditions related to that phenomenon. Thus, for RQ five, which asked about boundary turbulence, I searched for evidence in the codes that would explain how a veteran experiences boundary turbulence. Third are the actions and interactional strategies directed at managing or handling the phenomenon. Once the veteran identified experience boundary turbulence, I searched for evidence of a response strategy. Finally, I assessed the consequences or interaction effects of the phenomenon. In the instance where veterans reported boundary turbulence and reacted to it, I identified what meanings they assigned to its occurrence (Straus & Corbin, 1990).

Following this analysis, the codes were compared and consolidated into fewer and more comprehensive codes. This axial coding began with constant comparison of codes between participant transcripts for each question. In the final step, master codes or themes were developed as quality control. A specific axial code had to be present in at least five of the samples to become a theme. This was to ensure that a code present for only 20 percent of the participants would not be used to represent the whole sample.

Participants

The study collected data from ($N = 22$) combat veterans living in the North American states of Missouri and Texas. All study participants had unique service histories with considerable variance between the veteran's units, dates of service, occupational specialties, and actual duty experience. Veterans were recruited

through personal contacts within the researcher's social network. I told all participants that I was also a combat veteran during my study recruitment efforts. Some participants stated that their only reason for participating in this study was their trust that I would not harm them. They also indicated that a non-veteran researcher would have been either denied access or provided with superficial answers. The interviews took place in a location the veterans specified would be comfortable for them, which in most cases was a place like the local Veterans of Foreign Wars (VFW) hall or the University Student Veterans office.

Only male participants were selected for a couple of reasons. First, while women are gradually being given more diverse roles in combat, only a small percentage of them have actually engaged in fighting. Additionally, given the atrocious problem of sexual assault against women in the military, women's experiences might be substantially different from men's. As the researcher is a male, women veterans might be reluctant to be open about how they manage this private information. The demographic data for participants is displayed below in Table 1.

Table 1. Participant Demographic Data

Age	#	Race	#	Branch of Service	#	War	#	Disability	#	Participation in Fighting	#
18-29	8	Caucasian	10	Army	11	Vietnam	6	Wounded in action	5	Frequent Direct Engagement with Enemy	7
30-45	6	African American	5	Marines	7	Desert Storm	4	VA Disability not wounded	13	Occasional Direct Engagement with Enemy	5
46-65	5	Hispanic	7	Navy	2	Iraq	7	Not Disabled	4	One or Two Engagements	6
65+	3			Air-Force	2	Afghan	5			Indirect Engagement	3

Findings

The first research question asked: What types of information about their combat service do combat veterans consider to be private? Thorough analysis revealed the presence of three themes describing what veterans considered being private information: classified information, casualties, and non-sexual intimacy. The most obvious type of private information possessed by combat veterans are those protected by federal laws, military regulations or policies from disclosure to unauthorized persons. However, only six of the participants indicated this as a reason for privacy. All study

participants were Iraq-Afghanistan veterans. Vietnam and Desert Storm veterans believed that their experiences were no longer classified. The next theme was the non-sexual intimacy shared between comrades. This included practical jokes that are often part of a cynical, dark, military style of humor, which many civilians would consider politically insensitive. It also included deeply emotional conversations about trauma, love, and life shared as an effort to cope and bond under the intense stress of combat.

The most common theme was what veterans considered private information concerning casualties. These included enemy casualties whom the veterans killed or wounded, as well as American and allied casualties. They had a variety of reasons for keeping information about casualties private such as avoiding having to remember that traumatic incident and the negative feelings it may provoke. For enemy casualties, fear of being judged by civilians is a prevalent motive. As one veteran stated, "It's just not something you are ever supposed to talk about" (#18). For American casualties, privacy was a matter of respecting and protecting the image of their fallen comrades.

Defining Privacy Boundaries

The second research question asked: What types of boundaries do combat veterans create to protect their private information about their combat service? Two dominant themes, relational closeness and veteran status, were present to describe the boundary construction process. Starting with relational closeness, veterans stated, "It had to be someone real close to me, like a spouse or really close family member" (# 3). In general, most of veterans endorsed having generally dense boundaries, and impermeability appears to be the default position. In the case of civilian acquaintances, co-workers and especially strangers, the boundary is impermeable. The veterans endorsed three common types of constructed privacy boundaries for information about their combat service: immediate family, close friends and other veterans. This finding is supported by another CPM study (Caughlin & Golish, 2002) which found that people with extensive boundary impermeability make frequent use of topic avoidance strategies to avoid disclosure.

Very close friends were usually ones who pre-date combat service. A veteran stated, "My friends that I have known for a very long time, ones that are closer to me than some of my family, I'll talk to them about Iraq because I know they care about me and would never hurt me" (#16). They all endorsed that these friends were deeply trusted, even more so than non-immediate family members. However, very few veterans stated that they had discussed combat with their close friend in any depth. One quote clarifies this phenomenon, "My best friends understand that there are certain things that you just don't ask veterans and they understand not to ask me any bad questions" (#20). When disclosure to close friends did happen, it was usually triggered by a question about the veteran's feelings over current events involving the military. None

of the veterans identified that their close friends asked them about casualties, the most sensitive aspect of private information.

Most of the veterans incorporated their immediate family in a moderately permeable boundary. They were usually more open with their wives than siblings or parents. One veteran specified, "My wife needs to know about my experiences so she understands the reason why I sometimes get into a bad mood or angry" (#12). A dozen other veterans responded similarly by indicating that disclosures to spouses are influenced by motivational criteria to maintain the relationship. Several of the unmarried veterans were probed about disclosure to a future spouse. A typical response stated, "If I've been dating someone for a significant amount of time and thinking about it may go the next step, I may share it with them" (#4). This implies that relational closeness would be an imperative pre-requisite for disclosure. Regarding parents, the veterans endorsed less permeable boundaries, unless the father was a veteran. One common statement was, "I don't want my mom to worry about me, so I don't tell her very much-- just the basics. My dad was in Vietnam, so he understands. I have told him most of what happened and he reassures me" (#20). In contrast, one veteran was the first person in his family to have ever served in the military. He stated, "My parents are just like every other civilian, they can't understand. I don't want them to worry about me and what I did, so I don't tell them the truth. I only tell them what they need to hear" (#14).

In the case of siblings, there was a parallel with close friends. They were usually more open with their sibling than parents since they were not concerned that their sibling would worry about them. One veteran stated, "I will tell my sister some stuff, like stories about friends I lost and my interactions with local Afghans, but I don't give her any gory details because that would freak her out" (#13). If the sibling was a veteran, which was somewhat common, they felt free to discuss everything, as when the father was a veteran. A veteran whose brother served in Iraq at the same time said, "My brother was an MP and he saw all the carnage, so we have talked about the sandbox a bit. He understands what it was like and neither of us have told our sister much about it, other than the basic stories" (#6). However, in general, the siblings were similar to close friends; they didn't request very much private information and demonstrated respect for their brother's boundaries.

The largest boundary was extended to fellow veterans, especially those who served under similar conditions. The implication was that shared combat experience was itself a type of collective boundary. One participant said, "It's a bond between two brothers in arms, whether it's female or male, it doesn't matter. We're of like mind sharing" (#1). The burden of combat service automatically creates this collective boundary. Two interesting outliers existed amongst the participants. One was an Afghanistan veteran who worked in intelligence. He believed that almost everything about his service was private and refused to share anything with civilians. Even with veterans,

he was very selective about what he shared and who the recipient was. The other was a Vietnam-era veteran who did not consider anything to be private. Interestingly, in the two decades after Vietnam he also considered everything to be private. With age and maturity, he simply stopped caring about what other people thought of his involvement in Vietnam.

Rule Development

The third research question asked: Which of the five privacy rule development criteria do combat veterans use when considering whether to disclose private information about their combat service? Three themes were dominant: military culture, image protection and risk-management. The veterans provided evidence that they used four of the five CPM criteria for rule development. The criterion lacking evidence was gender. This doesn't mean that gendered the criterion had no role in their decision-making, only that I couldn't find evidence for it in the data. The first criteria of culture appeared to have the most important impact in two ways: aspects of military culture and western moral rules about killing and violence. Military culture still exerted some influence upon the veterans, even those who served in Vietnam half a century earlier. The principle of protecting your comrades by "watching their back" (#14) exerted a powerful, long-lasting influence. Protecting the image of veterans, in general, and specific veterans from reputational threats was a common theme. Another significant cultural criterion were western moral values regarding killing. The veterans who had participated in killing or wounding people during combat felt as if they had violated civilian morals, but consistently mentioned that the circumstances of combat compelled them to violate these norms. One statement was, "If a terrorist places a bomb on a child and you have to kill him, is it your fault or the asshole who gave him the bomb. Civilians just can't understand this; they view you as a child killer" (#5).

The theme of image protection offered motivational criteria for disclosure to civilians and veterans. Most of the veterans endorsed the idea that their infrequent disclosures to civilians were motivated by a desire to provide them with a truthful perspective about war and veterans' issues. One specified about disclosing to civilians, "I want them to know that I am just a normal guy" (#21). Additionally, all veterans in the study indicated that they would use disclosure as a tactic to help a fellow veteran who was struggling emotionally. Their personal disclosure was intended to prompt reciprocity, which was an avenue to offer help.

The themes of image protection and risk management influenced contextual criteria for veterans. Many endorsed the timing and manner in which someone requested information as an important criterion. When a civilian asked a question about their service in a direct manner, they were often denied access. One veteran stated, "The way he asked raised red flags

for me. His motives didn't seem innocent" (#16). However, if the question emerged naturally from a friendly conversation, it was often answered. One veteran had a service dog, which triggered questions from civilians much more frequently than other veterans. He stated, "Whether or not I answer them, it depends on how they ask, what mood I am in, and how evasive they are about it. If they are polite, I am more willing to talk to them" (#9).

The risk-benefit calculations were endorsed as a criterion, but primarily applied to private information about casualties or other sensitive information that could be used to harm the collective reputation. A frequent question that veterans asked themselves is "Why does this person want this information, and what is their motivation for asking." Most of them described trying to assess if a potential confidant was sincere and honest. The tone and body language of the potential confidant was frequently evaluated. An example of this is, "They don't understand. So why in the world are they asking me about what I did anyhow. Are they going to make a bigger deal out of it than what it really is?" (#7). This is a process of risk assessment, and if they decided that the requester was low risk, then they would often choose to make some form of disclosure. In regard to potential benefits, the recurring theme of protecting the collective image of veterans was frequently cited; however, protecting their own image and that of their comrades with whom they served was a prominent concern. One participant specifically mentioned, "I don't want people knowing my friends like that. I think, at a certain point, the public should have all the gruesome details, and the other thing is I don't necessarily want someone to come up with a new idea of who I am" (#4).

Rules in Use

The fourth research question asked: What privacy rules do combat veterans use to disclose private information about their combat service in order to maintain boundaries that control the information? The primary themes were fear of judgment and risk management. None of the veterans endorsed using any explicit or implicit boundary coordination, privacy or ownership rules with their confidants, even when they were specifically probed about it. While they used a number of internal rules, they did not see the need to instruct or negotiate with their confidant about how to handle the information. The primary internal rule was, "Do they need to know" (#22). This represents a form of risk management actually used in all branches of the U.S. military. They decided if the prospective confidant had a need to know, then how much they needed to know, and finally they made the appropriate disclosure. Once the decision to disclose was made, they revealed the private information and trusted that they had made the correct decision.

All were asked if disclosing private information made them feel vulnerable, and most participants responded, "yes." Fear of being judged by civilians for transgressions of western moral codes was a common theme for

vulnerability. A common response was, “If I tell this person what happened, they just won’t be able to understand, and they’ll think that I am a monster when I was only trying to survive” (#17). However, each participant structured their disclosures to prevent themselves from providing information that could place them in a compromising situation.

When they disclosed to other veterans, they indicated that they simply expected other veterans would instinctively protect the collective boundary. When probed further about this, they indicated that other veterans would implicitly use topic avoidance or confidentiality protection rules. Several stated that they were being honest in their answers on the interview protocol only because the researcher was a fellow combat soldier and would have their back. One veteran stated, “I mean, once you share that experience with someone that’s been through it, they won’t share that with anybody else” (#5). Interestingly, this assumption of boundary protection also extended to doctors. One insightful comment by a veteran about boundaries, “But other veterans and other professionals are bound by their code of ethics to keep it private” (#4).

The most common privacy protection tactic that veterans applied in disclosures to civilians was selective omission. They indicated that when they made a disclosure, they were completely truthful and did not make any false statements. They did not feel the need or desire to deceive the confidant; however, they structured their answers to provide just enough information to answer the question truthfully without providing any additional information that could be used against them. One participant stated, “I’ll tell them just what they need to know in a straightforward manner, but I won’t give them any details” (#12). Another mentioned, “I never discuss the details. Just the specifics of what really happened, because they don’t need to know those details, and they couldn’t understand anyway. All they can handle are the basic facts that they could get from any newspapers” (#14).

Boundary Turbulence

The fifth research question asked: How do combat veterans handle boundary turbulence when confidants violate privacy rules and reveal private information to unauthorized people. Fear of being judged and image protection were the dominant themes. Remarkably, only three of the veterans reported any boundary turbulence, and in all cases, the betrayal was by a journalist. These betrayals caused the veterans to feel that they were unfairly judged and that they had helped to harm the collective veteran image. One of these veterans stated, “When that SOB wrote that false stuff that I really didn’t say, I felt terrible for letting my buddies down” (#11). A few other veterans mentioned these potential problems as reasons why they avoided situations that enable boundary turbulence.

This lack of turbulence is a by-product of veterans’ dense privacy boundaries and their own internal rules that guide them to avoid the topic, or

to disclose as little as possible only to accomplish their goal. By their own accounts, their use of an omission strategy was effective at preventing high-risk civilians from gaining any information they believed risked their personal image and the collective ethos and reputation of all military veterans. In the three cases of betrayal by journalists, one happened while the veteran was in combat, and two happened after they left active service. All three reported that the journalist used quotations out of context and framed the story to fit a pre-determined agenda. As one veteran noted, "I told her some information (about Vietnam) and they turned it around and used it for whatever purpose they wanted" (#8). This prompted a follow-up probing question for the remaining 14 participants who indicated that they inherently distrusted journalists and assumed betrayal.

Discussion

This study of how combat veterans managed private information about their combat service has some interesting implications for CPM theory and practical implications for healthcare workers. The paper discovered some potential theoretical deviances from CPM, but it also corroborated that veterans adhere to it as well. First, regarding privacy management for friends and family, the findings endorse the concept of relational closeness as an antecedent for disclosure to family and friends (Dillow, Dunleavy, & Weber, 2009). One veteran exemplifies this point, "My cousins and uncles and aunts whom I am not close to, I am not going to tell them anything that I wouldn't tell any other civilian" (#21). The propensity for veterans to avoid discussing sensitive private information with their parents has precedent in the research literature (Guerrero & Afifi, 1995a; Guerrero & Afifi, 1995b). Given that close civilian friends who were included in the privacy boundary had been friends with the veteran for several or more years substantiates similar research findings (Kennedy-Lightsey, et al., 2012). Therefore, when it comes to family, the veterans are in compliance with the principles of the theory and literature.

Theoretical Implications

Two research findings pose a unique differentiation from the CPM literature and offer an interesting platform for future studies. The implicit assumption that shared combat service itself automatically created a collective boundary that other combat veterans would protect is a compelling finding. There is an indirect precedent for this through the concept of boundary ambiguity. For instance, disruptive events like divorce can cause a family to avoid boundary re-coordination. A study of children with divorced parents found that parents failed to provide the children with rules about how to manage privacy with the other parent and their new family. Parents simply assumed that

the children wouldn't reveal any private information and the children, out of confusion, responded with topic avoidance (Afifi, 2003). A similar process might be affecting veterans, but the differences are remarkable since the veterans are not an actual family and cannot possibly know that most other veterans are trustworthy. It is also possible that the veteran's assumptions of mutual boundary protection result as a socialization of pre-existing rules from the military (Petronio, 2002). Older veterans demonstrated that these rules are still internalized decades after their service ended.

Another important finding is that the veterans did not engage in any boundary coordination or privacy rule development with chosen confidants. Boundary coordination is a core principle of CPM and represents an interesting exception to previous CPM research. There is precedent in the literature that some people simply either forget or neglect to establish rules with confidants (Petronio, 2010). However, a case where all participants belonging to a specific group who both neglect coordination and fail to see a need to do so seems unprecedented. It is probable that other groups of people also exhibit a tendency to neglect boundary coordination and subsequently have not been identified through research. It is also probable that this tendency is a by-product of socialization of military culture. This study was limited to combat veterans and future research examining military veterans who did not participate in combat might clarify if this tendency is a product of military culture.

Practical Implications

The practical implications of this research can specifically benefit healthcare professionals. Combat veterans appear to have dense privacy boundaries by default, even with family members. It could be claimed that this is similar to a CPM process of privacy management through non-disclosure. A study of HIV infected Chinese adults used a blanket non-disclosure policy by refusing to disclose their diagnosis to anyone for fear of rejection (Xiao, 2015). Non-disclosure strategies are arbitrarily pre-determined decisions common among people with very socially sensitive health problems (Schrimshaw, Downing, Cohn, & Siegel, 2014). While these veterans differed from previously studied non-disclosing groups, they rarely employ strict non-disclosure policies. Their partial disclosure practices were very strategic in nature and may also represent military culture and training.

Psychological literature indicates that disclosure about traumatic experiences is inherently beneficial for the veterans (Jeffreys & Nedel, 2010). Nevertheless, their fear of judgment for wartime actions is a powerful motivator for maintaining strict boundaries. They feel that civilians who lack this shared experience cannot understand why they behaved as they did, and will inappropriately use western moral codes to contextualize where they do not apply. Disclosure might be best induced through constructing a context that communicates to veterans that they will not be judged. Furthermore,

the prospective confidants should probably specify what privacy rules they will follow before the disclosure to make the veteran feel safe. Finally, physicians seem to have an implicit expectation of trust and professionalism from the veterans. Therefore, they must take special care to sustain this trust during initial and subsequent interactions with veterans.

Limitations

The most obvious limitation for this paper is that the researcher is a member of the group being examined, which creates an opportunity to introduce some bias into the analysis. Specifically, the researcher could impose his own beliefs and experiences as a veteran onto the data. To correct against this bias, the researcher had someone interview him using the same protocol. Additionally, three of the participants read the final draft of the paper to check for bias. They found the paper to be accurate and fair in their opinion.

This research identified some novel findings that were found in previous CPM literature, thus discovering some evidence that could impact the theory. Since this was an inductive qualitative design, the findings cannot be generalized to all veterans. Additional research may find that veterans do engage in privacy rule development with confidants. Given the sparse amount of research on how combat veterans communicate, it is hard to compare these findings with others that might be relevant.

Conclusion

This research project started with the assumption that combat veterans did, in fact, manage private information differently than other groups examined by CPM research so far. This was a reasonable assumption to make since combat veterans have experiences that exist far outside of what is considered normal for civilians. It was not known exactly how these differences would manifest in light of CPM theory; therefore, the research questions were rather generic, having been developed from the five core principles of CPM. The major findings of this project present some theoretically important questions for CPM theory. This rather small and non-random sample of combat veterans appears to be a theoretical outlier, deviating from previous literature and the prescriptions from CPM. Consequently, additional quantitative and deductive research is needed to verify if the findings of this paper hold true for combat veterans as a population. Furthermore, if one outlier group exists, it is probable that others do as well. How should the theory be developed to explain this occurrence?

From a practical standpoint, the serious problems that many combat veterans face in re-adjusting to civilian life is a noble problem for researchers to tackle. While abundant literature on veterans exists in the disciplines of psychology and sociology, the topic is understudied within communication

research. This paper is one valuable offering in the currently slim corpus of existing literature. The way veterans manage their privacy appears to be one ingredient for the causes of re-adjustment issues. The other ways that veterans use communication in interpersonal, family and small group contexts might also impair their re-adjustment to civilian life. Finally, if future research indicates that combat veterans communicate differently than civilians in other contexts, it opens the door to another fascinating research problem: How much effect does military culture and the combat experience have upon a veteran's life-long communication behavior?

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