

ABSTRACT

COREY, DONTE' ROACH. Army Wives and the Post Deployment Experience: An Interpretive Phenomenological Study. (Under the direction of Sylvia Nassar-McMillan.)

Army wives experience several challenges due to the nature of their husbands serving for our country. Research shows that soldiers return from war and present with several psychological concerns. This qualitative study was conducted to understand the lived experiences of Army wives during post war deployment as well as to find out what the factors are that effect emotional and behavioral stability during this transition. Understanding what these wives experience when their husbands return home from war is the best way to adequately assist them. Due to the phenomenological nature of this study, semi-structured interviews were performed. Findings indicated that specific stressors, signs of Posttraumatic Stress Disorder, marital and family adjustment, preparedness, coping strategies, and support effect Army wives' experiences during post war deployment. Most of the women experienced stress during post deployment and was able to utilize healthy coping strategies. However, most Army wives were unaware of what they did to minimize stress related feelings because they were mostly focused on trying to assist their husbands with feeling comfortable and stress free. There were positive and negative factors concerning marital and family adjustment found. Being mentally prepared for the soldiers' return and having support from others (military, other wives, helping professionals, friends/family, etc.) was found to be important to all of the wives. The findings suggested implications for Army wives and helping professionals. Outside support from helping professionals was lacking among the women of this study, however most agreed that communication with professionals and utilization of outside support when accessible probably would have been valuable.

© Copyright 2014 by Donte` R. Corey

All Rights Reserved

Army Wives and the Post War Deployment Experience: An Interpretive Phenomenological
Study

by
Donte` R. Corey

A dissertation submitted to the Graduate Faculty of
North Carolina State University
in partial fulfillment of the
requirements for the degree of
Doctor of Philosophy

Counseling and Counselor Education

Raleigh, North Carolina

2014

APPROVED BY:

Dr. Sylvia Nassar-McMillan
Committee Chair

Dr. Edwin Gerler

Dr. Angela Smith

Dr. Tuere Bowles

DEDICATION

This is dedicated to my parents, George and Madeline Roach and my husband, Jerome Corey. Jerome, thank you for always being there for me when I needed you the most. Thank you for being patient while allowing me to achieve one of my greatest goals. To my parents, thank you for teaching me to never give up. Your support and encouragement has truly helped me to be a better person personally and professionally. I would not be where I am today without the three of you backing me up every step of the way. I love you with all my heart!

BIOGRAPHY

Donte` R. Corey was born in Fayetteville, NC to George and Madeline Roach. Due to her father being active duty in the military, she and her sister, Daniell, moved several times during childhood to various locations with their parents. Donte` attended nine schools before attending college, which included elementary school in Naples, Italy.

Donte` earned her Bachelor of Arts degree in Psychology from the University of North Carolina at Greensboro in 2004. After taking a year off from her studies to gain experience in the counseling field, she then began her graduate studies at Appalachian State University, where she earned a Masters of Art degree in Community Counseling with a concentration in Marriage and Family Therapy in 2007. Currently Donte` is a Licensed Psychotherapist with mental health experience dating back to 2004. She has experience working with children, adolescents, adults, and families.

Donte` presently owns a private practice in Hillsborough, NC where she treats clients with a variety of concerns. Prior to opening her practice, she worked in settings such as hospitals, a group home, offices, homes, grade schools, a boarding school, and a community college. She is a member of the American Counseling Association, Licensed Professional Counselors Association of North Carolina, and North Carolina Counseling Association. She likes to exercise, travel, read, scrapbook, and spend time with family/friends.

ACKNOWLEDGMENTS

I would like to thank my Almighty Creator, God and Jesus Christ for always guiding me in the right direction. Thank you for giving me strength and a sound mind to keep going when things became difficult.

I would like to thank my advisor/committee chair, Dr. Sylvia Nassar-McMillan for your continued support and guidance from day one. I would also like to thank the other members of my dissertation committee. Thank you, Dr. Edwin Gerler for encouraging me to think outside the box and praising my efforts. Many thanks to Dr. Angela Smith for sharing your knowledge and allowing me to explore and learn many things about myself, inside and outside of the classroom. Dr. Tuere Bowles, thank you for taking the time to meet with me privately and continue to challenge me to be a better qualitative researcher.

I would also like to thank a few of my peers that have encouraged me and assisted me with completing my dissertation. Dr. Beth Glueck, thank you! You have been an instrumental part in the completion of my dissertation. Thank you for supporting me, encouraging and allowing me to ask you as many questions as needed. I would also like to thank Dr. Jill Krahwinkel for your upbeat attitude and confidence in me every step of the way. Dr. Syntia Santos, thank you for being there for me and allowing me to use your talents and knowledge as a guide as I completed this dissertation.

Without the assistance of Barry and Natasha Lipscomb, this dissertation may have taken a little longer to complete. Thank you, Mr. and Mrs. Lipscomb for assisting me with participant recruitment. You truly got the ball rolling and opened doors for further

recruitment. I would also like to thank the study participants that took the time to meet with me for this study. Without you, I would not have been able to complete my dissertation.

Last, but not least, I would like to thank my best friend Mrs. Charla Adams. You are such a significant part of my life. Thank you for always being there for me. I appreciate your honesty and encouragement when I approach you with an issue. You have been a listening ear throughout this entire process and I love you for that.

TABLE OF CONTENTS

LIST OF TABLES	viii
CHAPTER 1: INTRODUCTION	1
Definition of Terms	1
Background of the Problem	2
Purpose of the Study.....	5
Importance of the Study	6
Research Questions	7
Mental Health and Deployment Policy	7
De-limitations and Limitations	8
Summary.....	9
 CHAPTER 2: THEORY AND LITERATURE REVIEW	 10
Family Stress Theory.....	10
Background.....	10
Main Components	11
Bioecological System Theory of Development	14
Background.....	14
Main Components	15
Literature Review	20
Coping Strategies	21
Marital Functioning.....	24
Psychological Symptoms.....	28
Military Support Practices	33
Synthesis	35
 CHAPTER 3: METHODOLOGY	 39
Research Design.....	39
The Researcher’s Role.....	40
Participants.....	42
Procedure	43
Instrumentation	44
Data Analysis	47
Summary.....	50
 CHAPTER 4: FINDINGS	 51
Description of Participants	52
Common Descriptive Characteristics.....	55
Research Question One	58
Family Adjustment	58

Marital Adjustment.....	63
Research Question Two	65
Preparedness	65
Stressors.....	69
Signs of PTSD.....	72
Coping Strategies	74
Support.....	78
Summary.....	82
CHAPTER 5: DISCUSSION.....	84
Discussion of Findings	84
Importance of Communication	84
Addressing Psychological Signs and Symptoms	86
Advice for Other Army Wives	86
Implications for Practice.....	87
Helping Professionals.....	87
Best Practices	88
Self-Care among Army Wives	89
Implications for Theory	90
Family Stress Theory.....	90
Bioecological System Theory of Development	92
Implications for Policy/Advocacy.....	93
Issues	93
Limitations of the Study	95
Participants.....	95
Characteristics of Participants.....	96
Recommendations for Future Research.....	96
Conclusion	99
REFERENCES.....	101
APPENDICES	104
APPENDIX A Informed Consent.....	105
APPENDIX B Demographics Questionnaire	107
APPENDIX C Interview Questions	109
APPENDIX D Debrief	111
APPENDIX E Recruiting Email	112
APPENDIX F Participation Email.....	113

LIST OF TABLES

Table 3.1 Linkage between Interview Questions and Research Questions	46
Table 4.1 Themes and Clusters	52
Table 4.2 Participant Demographics	57

CHAPTER 1: INTRODUCTION

Since the terrorist attack on the United States on September 11, 2001, the United States has been deploying a consistent and larger number of soldiers to war (Findell, 2006). Soldiers at war are presented with a variety of stressors daily due to the nature of their jobs. When these individuals come home they sometimes exhibit physical and mental health issues due to what they have experienced. This causes a problem for the entire family unit, especially the soldier's spouse.

Definition of Terms

For the purposes of this dissertation research, the following terms were used:

1. Military wife: a female who is currently married to a soldier in any branch of the military
2. Army wife: a female who is currently married to a soldier in the Army
3. Pre-war deployment: the period of time before a soldier goes to war
4. War Deployment: the period of time a soldier is away at war
5. Post war deployment: the 3-6 month period after a soldier comes back from his assigned tour of duty at war.
6. Civilian: a person who is not a soldier of the military.
7. Combat: two or more opposing military organizations, fighting for nations at war
8. Unit: a smaller organization regarded as part of a larger group
9. Military branch: Army, Navy, Marine Corps, Air Force, and Coast Guard
10. Active Duty: a full-time occupation as part of the military
11. Army National Guard: a component of the Army that deploys with the Army on a part-

time basis.

12. Army Reserve: a component of the Army that trains part time near home until needed, and soldiers deploy alongside the Army.

13. Army: a military branch of the United States, exclusive of other military branches

14. Reunion: when the soldier returns home from war deployment and is reunited with his family

Background of the Problem

Due to the Army primarily being exposed to ground combat zone missions, Posttraumatic Stress Disorder (PTSD) is prevalent among Army soldiers who have fought in war. PTSD is a diagnosable mental health disorder included in the Diagnostic and Statistical Manual of Mental Disorders (DSM IV TR). According to the DSM IV-TR (2000) individuals must meet the following criteria to be diagnosed with this disorder:

A. “The person has been exposed to a traumatic event in which both of the following were present:

(1) The person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others.

(2) The person’s response involved intense fear, helplessness, or horror.

B. The traumatic event is persistently re-experienced in one (or more) of the following ways:

(3) Recurrent and intrusive distressing recollections of the event, including images, thoughts, or perceptions.

(4) Recurrent distressing dreams of the event.

(5) Acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience; illusions, hallucinations, and dissociative flashback episodes, including those that occur on awakening or when intoxicated).

(6) Intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.

(7) Physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.

C. Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma), as indicated by three (or more) of the following:

- a. Efforts to avoid thoughts, feelings, or conversations associated with the trauma
- b. Efforts to avoid activities, places, or people that arouse recollections of the trauma
- c. Inability to recall an important aspect of the trauma
- d. Markedly diminished interest or participation in significant activities
- e. Feeling of detachment or estrangement from others

- f. Restricted range of affect (e.g., unable to have loving feelings)
 - g. Sense of a foreshortened future (e.g., does not expect to have a career, marriage, children, or a normal lifespan)
- D. Persistent symptoms of increased arousal (not present before the trauma), as indicated by two (or more) of the following:
- a. Difficulty falling or staying asleep
 - b. Irritability or outbursts of anger
 - c. Difficulty concentrating
 - d. Hypervigilance
 - e. Exaggerated startle response
- E. Duration of the disturbance (symptoms in Criteria B, C, and D) is more than 1 month.
- F. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning” (DSM IV-TR, 2000, p. 467-468).

During 2012, more soldiers took their own lives than died in combat, new Department of Defense figures show (Briggs, 2013). Briggs also reported that the Army's suicide rate has climbed by 9 percent since the military branch launched its suicide-prevention campaign in 2009, which means that the rates have continued to climb despite efforts made by the campaign. These statistics are factors that led to this dissertation focused specifically on Army wives.

From January through November 2012, 177 active-duty soldiers had committed suicide, compared to 165 during all of 2011 and 156 in 2010 (Briggs, 2013). Briggs also

reported that in all of 2012, 176 soldiers were killed in action-all while serving in Operation Enduring Freedom, according to the Department of Defense. Some Army families who recently lost soldiers to suicide criticize the branch for failing to change a culture in which soldiers will believe they'll be deemed weak and denied promotion if they seek mental health aid (Briggs, 2013). This is an ongoing problem for soldiers and their families because seeking counseling for mental health concerns is still considered a stigma in our society. If and when military wives see signs of PTSD presented by their husbands, they are at a loss for what to do because they do not have support from the military or society. Families also blame Army leaders for focusing more heavily on abandoning emotionally troubled soldiers to artificially suppress the branch's suicide statistics than to embrace and help soldiers who are exhibiting clear signs of instability (Briggs, 2013).

Purpose of the Study

Several factors led to this research. One factor is the lack of research regarding readjustment among military wives during post war deployment. Most research on post war deployment is based on soldiers' experiences during war and ways to help them readjust to civilian life. This study also attempted to identify professional best practices. Because research concerning this topic is limited, clinicians, practitioners, and other healthcare professionals may not have a clear understanding about how they can help. Understanding what these wives experience when their husbands return from war is the best way to adequately assist them. It is hoped that through this current research study, helping

professionals will have more knowledge of Army wives and the post war deployment experience.

Importance of the Study

Psychological changes from soldiers can cause several issues for Army wives. It has been suggested that spouses of soldiers may experience secondary traumatic stress, whereby they manifest the same symptoms experienced by the soldier with PTSD as a response to chronic stress that results from being in close proximity to the trauma survivor (Demers, 2009). The secondary traumatic stress experienced by wives can be seen as a variety of emotional symptoms, including depression, anxiety, and stress. Demers reported that although stress is not a cause of mental illness, exposure to stress increases the relative risk of experiencing mental health problems.

Excessive anxiety reduces the ability to cope just when coping is critical and therefore may result in further life stress (Rosen, 1996). These spouses undergo a particular kind of stress-producing life change (Lapp et al., 2010). Research suggests that anger, resentment, and marital conflict can occur. Wood, Scarville, and Gravino (1995) reported that marital estrangement, and behavioral problems among children may accompany reunion.

When unprepared for the strains of reunion, wives find themselves coping with unanticipated emotional strain and anxiety (Wood, Scarville, & Gravino, 1995).

Unfortunately, some wives are not prepared which results in several challenges. Stress is a natural bodily reaction, however, the danger of stress occurs when the body is not prepared or expecting the stress (Findell, 2006). The wives' inability to cope with stress during post war

deployment can negatively affect military families. Research suggests that preparation and patience from the wives are important to have when adjusting to post war deployment.

This dissertation research provides a better understanding of the transition from war deployment to post war deployment experienced by military wives. It is hoped that this research will lead to more support for wives during post war deployment by helping professionals. This research will also identify factors that cause all levels of stress (emotional, physical, marital, etc.) during this transition. Through this research there was a comprehensive view of how wives cope with the challenges faced during post war deployment.

Research Questions

1. What are the lived experiences of Army wives during post war deployment of their husbands?
2. What factors influence emotional and behavioral stability for Army wives during post war deployment of their husbands?

Mental Health and Deployment Policy

Military leaders are keenly aware of the stresses facing our soldiers both during deployment and at home (Army Public Affairs, 2007). The military has taken strides in assisting soldiers and their families with mental health needs during all stages of deployment. According to Army Public Affairs (2007), deploying soldiers undergo pre-deployment health assessments, post-deployment health assessment during the redeployment process, and post-deployment health reassessment after three to six months after redeployment. Additionally,

screenings are done throughout the deployment phases to make sure all mental health needs are met. If mental health services such as counseling and/or medication is deemed necessary for a soldier or his family members, they are encouraged to seek assistance with local mental health providers. Best practices and programs regarding mental health policies will be addressed later.

De-limitations and Limitations

This study had several de-limitations and limitations. This researcher was able to control many factors regarding this research. Participants in this study had to be at least 18 years of age. All participants' husbands must have been deployed to war at least once and have returned home. This factor is very important because this study is focusing only on post war deployment periods and not periods of pre-deployment or deployment. I also ensured that all participants' husbands were a soldier in the Army, Army National Guard, or Army Reserve.

Some of the women participating in this current study have experienced more than one war deployment of their husbands. This is a factor that will provide richer layers of data due to the ability to explore if the wives felt more prepared for the reunion after experiencing more than one post war deployment period. One factor that this researcher was unable to control was the city in North Carolina where the participants live. Although there is one Army base in North Carolina, military families do not always live on or near the base.

As illustrated above, there are more de-limitations than limitations. Due to the nature of this study and the qualitative approach used, this researcher needed to have control over

several aspects, including the population being sampled and the general location of the participants. As noted above, these limitations are not factors that will hinder the study, but are factors that will add to the consistency of the study.

Summary

This chapter illustrated the need for this current study. It focused on the purpose of this study as well as the foundation in which this study was conducted. The next chapter of this manuscript will focus on theory and literature related to military wives and post war deployment. The remaining chapters will focus on the methodology of the research, the study findings, and a discussion based on what was found in this study and implications.

CHAPTER 2: THEORY AND LITERATURE REVIEW

This chapter will discuss the post war deployment experience among military wives and several factors related to this topic. The chapter will first focus on family stress theory as well as the bioecological system theory of development and the components that speak to the post war deployment experience. Specific components of the family stress theory include crisis, stress, and resources. The specific components of the bioecological system theory are the microsystem, mesosystem, exosystem, macrosystem, and chronosystem. The main factors that these theory components will relate to are coping strategies, marital functioning, and psychological symptoms. Seven studies will also be reviewed to highlight these factors and how they relate to the post war deployment experience among military wives. This chapter will also contain a synthesis section that will include conclusions about and gaps in theory and research, and implications for future study.

Family Stress Theory

Background

Family stress theory was initially developed after World War II, to examine families' responses to war, war separation, and post war reunion. The concept of stress was first introduced into family studies by researcher's examining impacts of the 1930s Great Depression (Plunkett, n.d.). Research suggests that significant factors within stressors are: changes in daily routines, the number of changes in daily routines, and the length of time since there were changes in daily routines (McDonald, n.d.). Military wives undergo several changes in their daily routines when their husbands return from war. Not only are daily

routines changed, the wives' lives are changed, leading to potential stressful adjustment processes. How long a stressor lasts is also a significant factor in the family stress theory. Acute stressors last for a relatively short period of time, and chronic stressors last for long periods of time and their disruption is much more difficult to resolve given the ongoing nature of the stress (Williams & Williams, 2005). Since post war deployment can last anywhere from three months to six months, this can be considered a chronic stressor.

There are a few possible limitations to this theory. One assumption of the family stress theory is that predictions are based on a recurring experience. The more a person observes and experiences successful coping and managing, the less vulnerable they will be to the next challenge, whatever it turns out to be (Boss, 1992). Regarding deployment, for military families this is not always true. Repeated deployments can sometimes cause more stress and vulnerability due to the repeated readjustment. The theory also seems to clump all families together regardless of their religious beliefs, ethnicity, race, etc. This is a weakness of the theory because certain groups do not have the same access as others to certain resources.

Main Components

Reuben Hill identified facts that seem to influence and affect the family's reaction to a crisis (Robinson, 1997). He created the ABCX model, which emphasizes stressors, resources, and perception as being continually in motion (Williams & Williams, 2005). This model is a comprehensive approach to the many variables involved in understanding how families cope with stress. This model also views stress as a normal and inevitable part of family life, and

when it occurs it disrupts the balance or equilibrium of family functioning (Williams & Williams, 2005).

The *A* represents the stressor event that can be either negative or positive depending on the family's interpretation of the event. Components *B* and *C* explain how a family deals with the stressor event. The *B* refers to the resources available to the family as they attempt to cope with the stressful event. The *C* refers to the family's perception or definition of the stressor. The *X* represents whether or not the family will reach the point of crisis.

Coping strategies. The family stress theory pulls from the individualistic and collectivistic outlooks. The theory examines how stress affects individuals and families, as well as family coping and individual coping. Individuals use cognitive processes to adjust to a continually changing environment, and the environment is progressively modified by the individual in the process of change (Smith, 1984). Smith reported that families have been assumed to be holistic systems that grow and change over time as a result of individual, family, and community interactions.

Depending upon many factors, including socioeconomic class and cultural background, a variety of resources may be available to families coping with stressors (Williams & Williams, 2005). A family of low socioeconomic status may have a harder time coping with stress, due to a limited number of resources available to them. Resources include anything the individual or family has to enable them to cope with the stressor. Past research has stated that military wives do not always have the resources that they need to cope with stress during post war deployment, due to lack of social and community support.

Marital functioning. Change is by its very nature a disturbance in the status quo and thereby, at minimum, neutrally stressful (Boss, 1992). McDonald reported that if a family experiences multiple stressors *and* (1) members are socially isolated and emotionally disconnected to one another, *and* (2) they are depressed, hopeless, and disempowered, then they will be at increased risk for illness, accidents, child abuse and neglect, and substance abuse, delinquency, and school failure. Military wives sometimes experience an emotional disconnect when their husbands return home from war, due to not having been around their husbands for an extended period of time. The disconnect that is experienced can result in feelings of depression and hopelessness, which puts this military couple at risk for several negative situations such as marital dissatisfaction and conflict. Boss's conceptualization of family stress theory links the ideas of learned helplessness, just-world theory, and mastery to better understand how families construe their realities as they experience negative stress.

Psychological symptoms. In addition to physical injuries among soldiers, there has been an increase in the attention placed on mental health concerns such as Posttraumatic Stress Disorder (PTSD). A variety of studies have looked at PTSD experienced by soldiers. In addition, researchers should look at soldiers' abilities to recognize mental health symptoms and the effects these symptoms may have on family relationships. It has been found that soldiers suffering from PTSD reported a high level of anger. Anger-related symptoms of PTSD are related to domestic violence, family conflict, and problems with coping with the stressor. Research suggests that PTSD has a major effect on the committed relationships of military couples and their families.

Bioecological System Theory of Development

Background

Urie Bronfenbrenner created the ecological systems theory, which he has renamed the Bioecological System Theory fairly recently [before his death] (Boemmel & Briscoe, 2001). The Bioecological System Theory of Development is based on five systems that may potentially support or hinder human development. This theory looks at a child's development within the context of the system of relationships that form his/her environment (Paquette & Ryan, 2001). The bioecological system is the combination of the child's biological disposition and environmental forces coming together to shape the child's development (Boemmel & Briscoe, 2001). The systems included are the microsystem, mesosystem, exosystem, macrosystem, and chronosystem.

Urie Bronfenbrenner argues (1994) that in order to understand human development, one must consider the entire ecological system in which growth occurs. This is very true for military wives and in understanding their experiences during post war deployment. Although most of the systematic theory-building in this domain has been done by Bronfenbrenner, his work is based on an analysis and integration of results from empirical investigations conducted over many decades by researchers from diverse disciplines, beginning with a study carried out in Berlin in 1870 on the effects of neighborhood on the development of children's concepts (Bronfenbrenner, 1994). The systems all have a part in shaping the development of a child. Paquette and Ryan reported (2001) that changes or conflict in any one layer will ripple throughout other layers and to study a child's development then we must

look not only at the child and his/her immediate environment, but at the interaction of the larger environment as well. These systems are very important when discussing post war deployment adjustment of a military wife. Military wives need certain things within each of these systems to develop successfully during post war deployment. Although this theory was originally based on the development of children, it applies to all human beings—children and adults.

Main Components

The microsystem encompasses the settings in which a person lives, which includes the family, peer groups, neighborhood, and school life (Warren, 2010). According to the bioecological theory, if the relationships in the immediate microsystem break down, the child will not have the tools to explore other parts of his environment (Paquette & Ryan, 2001). During post war deployment, the soldier returning to the home can be an immediate break down of normalcy that the military wife had while her husband was gone. The mesosystem is the relationship between the microsystems and relation of family experiences to the microsystems. This system can be related to how the military wife's interaction, during post war deployment, with her husband can affect her interaction with her children, co-workers, etc.

In the exosystem, the individual has no active role in determining the settings but the settings have direct influence on the individual (Warren, 2010). Regarding the military wife, she does not have a say-so in where her husband gets deployed to or when her husband returns home. This can be especially stressful for a military wife that has a husband who is

possibly transferred to another state as soon as he comes back from being deployed to war. The wife not only has to experience the post war deployment process but also has to experience being in a new and different environment during post war deployment.

The macrosystem is caused by the ideology in the society or the culture of the society, which influences the individual directly but the individual has less in determining her settings. The military wife has to experience the military ideology. The macrosystem may be thought of as a societal blueprint for a particular culture or subculture (Bronfenbrenner, 1994). Military culture is definitely a different culture than civilian culture. Society paints a picture of what military life is and how it is experienced very falsely, at times. Easterling and Knox reported (2010) that those outside of the military community often view the post war deployment stage as the honeymoon stage of deployment wrought with joy and few complications. This belief can cause military wives frustration and anger due to the many challenges and difficulties involved within post war deployment.

The chronosystem is developed as a result of the individual's experience in her life, this includes environmental events and transitions in the individual's life (Warren, 2010), which includes post war deployment. A chronosystem encompasses change or consistency over time not only in the characteristics of the person but also of the environment in which that person lives (Bronfenbrenner, 1994). After being without her husband for an extended period of time, the military wife accepts certain roles and routines that become very consistent. Once her husband returns, she is faced with a challenging transition that interrupts this consistency.

Coping strategies. Bronfenbrenner reported (1994) that it is within the immediate environment of the microsystem that proximal processes operate to produce and sustain development, but their power to do so depends on the content and structure of the microsystems. The structure of the military wife's microsystem is compromised when her husband returns from being deployed. Stress results when the reality that now the spouse has to live with someone that she had been living without occurs. This shows that proper coping strategies are needed at the very beginning of post war deployment.

The microsystems interrelate with each other and this can be seen with the relationship of the military wife and her family. These systems are important when discussing post war deployment readjustment and military wives. The amount of support and interactions within these systems vary among military wives and can possibly predict post war deployment readjustment success. It has been found in numerous studies that support from other military wives and those who were going through the same thing as them is helpful when attempting to cope with negative emotions during this period.

When discussing resources and availability of resources, it is important to acknowledge the difference between active duty soldiers, reservists, and the national guard. Active-duty families often live in military communities where more resources are available to address their needs. In contrast, because Reserve or National Guard members are typically activated from civilian jobs and from communities where relatively few others may be deployed, they and their families may find fewer resources to support them. However, societal and cultural subsystem norms can either mitigate or hinder adaptive coping and response whether

resources are available or not.

Marital functioning. There are two propositions that specify the defining and comprehensive properties of the model. Bronfenbrenner reported (1994) that proposition 1 states that, especially in its early phases, and to a great extent throughout the life course, human development takes place through processes of progressively more complex reciprocal interaction between an active, evolving biopsychological human organism and the persons, objects, and symbols in its immediate environment. To be effective, the interaction must occur on a fairly regular basis over extended periods of time. Such enduring forms of interaction in the immediate environment are referred to as proximal processes (Bronfenbrenner, 1994). Bronfenbrenner reported (1994) that proposition 2 states that the form, power, content, and direction of the proximal processes effecting development vary systematically as a joint function of the characteristics of the developing person; of the environment—both immediate and more remote—in which the processes are taking place; and the nature of the developmental outcomes under consideration.

The effect of deployment on spouses and other family members is significant, and multiple deployments have greatly increased this type of stress. Deployment can lead to temporary effects for children that include coping with an absent parent and adjusting to new roles and responsibilities as well as the stress of a returning parent (e.g., Mari, Roche, Sudhinaraset, & Blum, 2009). Microsystem effects include increasing rates of divorce, more behavioral problems in children, greater family violence, and other changes in family functioning. Stress related to family and home was the most common reason soldiers sought

psychological assistance in the war zone, and “failed relationships with spouses or intimate partners” is the highest risk factor for suicide (Levin, 2008, p. 1). A growing concern is that characteristics and skills of soldiers that are functional in war may make them dysfunctional once home. While at war, these soldiers did not have to deal with the issues of their households; instead they had to handle issues related to war, which are very different.

Psychological symptoms. Depression and PTSD rates are higher in reservists versus active-duty troops (25% vs. 17%). Although much of the research focus has been on PTSD, recent studies show that a significant proportion of individuals exposed develop a range of stress-related disorders beyond PTSD and that the level of exposure (dose response) contributes to a higher prevalence of distress (Srinivasa, 2007). A new and enduring consequence of recent wars is the high rate of nonfatal traumatic brain injuries (TBIs), primarily because of the effects of roadside bombs. At least 30% of U.S. troops involved in active combat in Iraq and Afghanistan are estimated to have TBIs, which translates to hundreds of thousands individuals. TBIs in soldiers who have gone to war are linked to impairment in personal functioning, leading to interpersonal and occupational difficulties (Glasser, 2007). These interpersonal difficulties directly effect the soldiers' wives and their own psychological well-being.

The rate of psychological and physical effects for the Afghanistan and Iraq wars are higher than previous wars. Soldiers experienced higher levels of exposure because of more and lengthier deployments than in any other war in which the United States has been involved. Regarding the chronosystem and development, because the rate of diagnosed mental health

problems increases dramatically with time since deployment, the influence of individual and environmental factors over time on returning military personnel is salient.

Literature Review

The suicide rate among active duty soldiers has increased since 2011. As previously stated, during 2012, more soldiers took their own lives than died in combat, new Department of Defense figures showed (Briggs, 2013). Psychological changes in soldiers when they come home from war can cause psychological changes for their spouses. Spouses have reportedly experienced secondary traumatic stress due to being in close proximity to the trauma survivor.

This literature review will discuss articles that detail studies regarding the post war deployment experience and military wives as well as the factors that may make this experience challenging. Issues of focus throughout this chapter are psychological symptoms, coping strategies, and marital functioning. Also explained in this section are practices used by the military to assist military families with these issues. These issues are being highlighted due to the gaps in current empirical research as well as findings within this research. Psychological symptoms in the form of PTSD have been found to be prevalent among soldiers that returned home from war, which can possibly contribute to poor marital functioning and lack of healthy coping skills by the wives to properly adjust during post war deployment. A comprehensive review of relevant literature was found through online journal databases such as NC Live, and Psych Lit through North Carolina State University as well as previous research conducted by me.

Coping Strategies

Easterling and Knox (2010) facilitated a study that examined different stages of deployment (pre deployment, deployment, and post-deployment) and military wives' feelings about each stage. The researchers also focused on which of these stages may be the most difficult for military wives. The researchers use the ambiguous loss theory to guide their hypothesis. The article reveals that deployment was the most difficult deployment stage and that talking with other military wives was the most helpful strategy for coping with deployment. The article also discussed effective coping strategies.

Explored were wives' perceptions of challenges to military life, challenges during deployments, and successful coping strategies through the stages of deployment. Open-ended questions were used in a survey to obtain this information. The study was designed to be exploratory in nature, with the quantitative analytic strategy focused around description (Easterling & Knox, 2010). The findings from this quantitative analysis were used as a preliminary basis for qualitative analysis. Easterling and Knox (2010) hypothesized that based on the ambiguous loss theory, deployment will be the most difficult stage of deployment, with feelings of fear and sadness as most relevant. It was also hypothesized that military wives will utilize various social networks to cope with the difficulties of deployment.

Researchers reported that the sample was non-random and confidential. The military wives were distributed the survey via email using a snowball sampling method. Respondents

were obtained through researchers' personal acquaintances and personal affiliation with formal military wife networks and Internet groups.

Respondents were asked to respond to a series of surveys regarding transition to military life, coping strategies, and feelings. The scales were based on questions included in the 2003 Air Force Community Assessment, previous research on military families, and informal discussions with military spouses. The respondents were also asked open-ended questions to provide elaboration on their answers to the quantitative questions. After thorough examination of open-ended responses, the researchers were able to identify multiple recurrent themes stemming from the personal responses of military wives participating in the study. The researchers then grouped the responses by common themes and explored them in the context of the literature, quantitative findings, and implications.

This study focused on the emotions and coping strategies used by military wives during various phases of the deployment of their husbands (Easterling & Knox, 2010). The quotes of the military wives used throughout the article supported the findings and provided evidence of the findings. Easterling and Knox (2010) examined whether the following coping mechanisms were helpful during post war deployment: employment, talking with friends, talking with family, talking with other military wives, religious activities, shopping, keeping a journal, living with a family, participation in base activities, counseling, volunteering, exercising, drinking alcohol, taking medications, and having an affair. The three most successful coping mechanisms were support from other military wives, work, and religion.

There are limitations to this study, including threats to generalizability. The data for this study were from a non-random sample, and wives with husbands in the Marines were overrepresented. The participants were all "computer savvy" and English speaking as well. The researchers also reported that minorities were grossly underrepresented in this sample. Over 200 military wives responded to the surveys; however, the researchers did not discuss how many military wives were asked to participate. Although themes among the responses to the open-ended questions were explored, the coding and transcription processes were not explained in the article. The researchers also did not report any strategies used to ensure validity and reliability. This could possibly pose an ethical issue that could have been considered.

Lapp et al. (2010) interviewed 18 spouses to identify sources of stress and coping strategies. They found that military wives experience stress during post war deployment, due to their husbands' having become different people, as shown by different attitudes and behaviors. One spouse reported that she felt stressed due to "not being able to understand what he went through and the things he saw or did, and I want to." This same spouse also reported, "I want to be there for him, but don't know how."

Lapp et al. (2010) found that reunion briefing sessions offered by the National Guard and Reserves were helpful in coping with stress during post war deployment. These gatherings are held close to the time of a unit's return, where families are helped to prepare for what to expect. Lapp et al. found that the women seemed to appreciate receiving this information. Participants in this study reported that this form of social support is helpful, but

they perceived that "no one can really understand their experience unless they have been through it." It was found that the spouses coped with the stresses of post war deployment by talking to other spouses experiencing the same, as well as keeping busy. Researchers reported that although many reported staying busy as a coping strategy, many experienced physical and/or emotional weariness that may be caused by too much activity.

The researchers of this study did a good job of explaining the sources of stress and coping strategies used during different stages of deployment. However, explanation and detailed information concerning the post war deployment stage were limited. There were only a few coping strategies reported by the spouses pertaining to the post war deployment stage. The researchers did not report any recommendations for practice or further research.

Marital Functioning

Newby (2005) examined whether military deployment resulted in domestic violence during the post war deployment period. The researchers used the Conflict Tactics Scale (CTS) to identify incidents of domestic violence. The researchers reported that spouse and child abuse are often thought to be related to deployment through a variety of factors that increase stress before, during, and after the deployment. However, the researchers found that deployment is not always a predictor of domestic violence. The purpose of this study was to determine whether a deployment of six months to Bosnia predicted domestic violence against wives of deployed soldiers and wives of non-deployed soldiers in the Army during the post-deployment period (Newby, 2005). There were 368 wives of deployed soldiers and 528 wives of non-deployed soldiers studied.

Once study invitations were accepted by the spouses, they were sent a questionnaire. Newby reported that in the questionnaire, participants were asked to identify incidents of domestic violence committed against them by their husbands and whether a given incident occurred before or after the deployment period. The CTS, which had been used in previous studies of domestic violence in the Army, was used to measure self-reported incidents of violence toward spouses (Newby, 2005).

Newby found that each type of violent event was reported at approximately the same percentage by both sets of spouses. He also found that military deployment was not related to domestic violence during the first 10 months of the post-deployment period. There were, however, substantial differences in domestic violence with age, as determined by the logistic regression model (Newby, 2005). Newby reported that it is important that future studies determine the risk for domestic violence before and after deployment, to control for pre-deployment domestic violence. He also reported that intervention programs should address young persons who have had previous domestic violence incidents.

The researcher does not give many recommendations for future practice. The researcher reported that spouses of deployed and non-deployed soldiers were mailed an invitation for the study. However, the article does not report how these spouses were chosen or where spousal information was obtained from.

Gambardella (2008) conducted a study to determine the effectiveness of applying role-exit theory concepts in the counseling of military couples experiencing marital discord following extended periods of deployment. Gambardella reported that separation can create

re-entry problems for the marital couple when the spouse returns expecting to resume the relationship that existed prior to deployment; the return to a changed environment and relationship can affect marital status and life balance. This study used four stages of the role-exit theory to assess and intervene with 10 couples who presented in couples counseling due to marital discord. These couples were introduced to this theory and explored their roles during the different stages of deployment. The researcher examined the effectiveness of the role-exit theory and related interventions for increasing military couples' satisfaction.

Gambardella (2008) examined factors affecting marital satisfaction following deployment, such as strength of marital status pre-deployment, communication during deployment, religious beliefs, and ability of the spouse left behind to develop new skills and achieve a sense of independence. The acquired sense of independence was difficult to abandon once husbands came back home, and the new-found skills made the post war deployment transition and negotiation of household roles more challenging for the wives.

The 10 couples were each studied as separate entities through case methodology approaches, and data collected was cross-matched to determine trends and common threads in outcome (Gambardella, 2008). The population sampled was chosen randomly. The couples in this study identified themselves by coming in to receive outpatient counseling for marital discord. Couples presented for treatment for marital difficulties in an urban, multidisciplinary private practice in the mid-Atlantic region of the United States (Gambardella, 2008). Couples were assessed and diagnosed using standing therapeutic interview methods as experiencing

marital discord with role issues (Gambardella, 2008). The researcher gave the couples an opportunity to self-identify roles before, during, and after deployment.

Gambardella (2008) studied 10 military couples experiencing marital discord following extended periods of war deployment. The theoretical constructs of disengagement, dis-identification, and re-socialization inherent in Ebaugh's (1988) stages of role-exit concepts served as the foundation for the counseling interventions utilized with the couples by Gambardella (2008). Separation can create re-entry problems for the marital couple when the husbands return home and expect to resume the relationship that existed prior to deployment. This is important to know because the status of the marriage relationship prior to deployment is a critical component of adjustment following war deployment (Gambardella, 2008). Newby (2005) examined whether military deployment resulted in domestic violence during the post war deployment period. Although war deployment was not found as a predictor of domestic violence, it was found that wives who experienced domestic violence during pre-war deployment also experienced it during post war deployment.

Gambardella (2008) reported that 6 out of the 10 couples self-reported improvement in their marital relationship following intervention counseling using a role-exit theory framework approach. The researchers also examined the factors that affect marital satisfaction following deployment, which added to the reliability of the results found. Gambardella (2008) reported that role conflict within the couple relationship could benefit from the application of role-exit theory, and the application provides an evidence-based model for professional intervention.

Suggestions for future research were not discussed in this article. The coding and transcription process was not discussed in the article, which means that advantages and disadvantages of this are unknown. The researcher did not report on any ethical considerations. However, there did not seem to be any ethical issues within the study. The researcher gave limited data to support her findings. She shared one quotation from one of the spouses and reported improvement but did not report much on actual statements made by participants or incidents from field notes.

Psychological Symptoms

Allen, Rhoades, Stanley, and Markman (2010) examined whether a recent history of war deployment and PTSD symptoms affect marriages. Deployment and combat exposure can lead to the development of PTSD symptoms, which may undermine positive communication and connection between the couple (Allen, Rhoades, Stanley, & Markman, 2010). The purpose of this study was to find out if PTSD symptoms are associated with poor marital functioning. In a sample of Army husbands and civilian wives, they compared couples with and without recent deployment on marital satisfaction, negative communication, positive bonding, parenting alliance, confidence, dedication, and satisfaction with sacrifice.

Allen et al. used the PTSD Checklist, which measures the DSM-IV symptoms of PTSD. They concluded that husbands with recent deployment were significantly higher on PTSD symptoms and that symptoms of PTSD were related to virtually all aspects of marital functioning for both husbands and wives. They found that helping couples with communication skills and positive bonding is a particularly effective intervention to help

protect and/or restore a couple's relationship from the effects of PTSD. The avoidance/numbing and hyper-arousal symptoms of PTSD seem most attributable to marriage readjustment problems (Allen et al., 2010).

The researchers predicted that PTSD symptoms were associated with poor marital functioning. To explain theoretical links between military demands and marital outcomes, Karney and Crown (2007) proposed an integrative model in which military experiences such as deployment can directly affect the adaptive processes of the couple (Allen, Rhoades, Stanley, & Markman, 2010). The researchers explained that adaptive processes include all the ways that spouses interact, communicate, resolve problems, provide support, and understand each other. They also reported that this model indicates that deployment can have both direct impacts on the adaptive processes of the couple, as well as indirect effects via emergent traits such as PTSD, and these changes in adaptive processes are posited to affect marital satisfaction.

Allen et al (2010) included a wide range of relationship factors that may be affected by deployment. The sample consisted of 434 married couples comprised of an active duty Army soldier and a civilian wife. The participants were taken from a sample of 476 couples who were enrolled in a marriage workshop. Recent deployment was assessed with a single question asking about deployment within the last year. PTSD symptoms were assessed using the PTSD Checklist, which is a 17-item self-report measure. The researchers used eight measures to assess relationship functioning.

To test the research questions and hypotheses, the researchers compared couples responses using t-tests. They then examined whether husbands' PTSD symptoms were related to husbands' and wives' reports of marital functioning using correlations. After examining these bivariate relationships between PTSD symptoms and marital functioning, the researchers used a series of regressions to test whether adaptive processes mediated the associations between PTSD symptoms and marital satisfaction.

The researchers found that husbands with recent deployment reported significantly more PTSD symptoms than husbands without deployment. However, a history of recent deployment was not associated with differences in any aspect of relationship functioning measured in this study. In support of their hypothesis, the researchers also found that husbands' PTSD symptoms were significantly correlated with all indices of marital functioning for both husbands and wives, with the exception of wives' satisfaction with sacrifice.

This study was related closely to a model developed by Karney and Crown in 2007. Consistent with pathways delineated by the model, the researchers sought to evaluate the degree to which adaptive processes, such as communication and positive bonding, account for the relationship between recent deployment/PTSD symptoms and marital satisfaction (Allen, Rhoades, Stanley, & Markman, 2010).

The researchers did not report any recommendations for practice or further research. There were potential generalizations of the findings made in this study. As participants in this sample, all joined a research study explicitly focused on their marriage, with a 50% chance of

being assigned to a marital intervention (Allen et al., 2010). Thus participants in this sample may have been especially invested in their relationships and are not representative of all Army couples (Allen et al., 2010).

The relation between life events and psychological symptoms among wives of soldiers deployed was examined by Rosen (1996). Psychological symptoms were measured, using the 25-item Hopkins Symptom Checklist, when soldiers were away and several months after soldiers returned. The sample consisted of deployed soldiers' spouses who had participated in a mailed survey during the deployment. The Army Spouse Life Events Scale was also utilized. This scale is a 24-item life event checklist with specific applicability to Army spouses. Also utilized was the ODS Events Checklist and the Deployment Distress Scale.

The participants were divided into four groups: (a) those who were asymptomatic during deployment and after the soldiers returned, (b) those who were symptomatic during deployment, but asymptomatic after the soldiers returned, (c) those who were symptomatic at both times, and (d) those who were asymptomatic during the deployment but symptomatic after the soldiers returned. The researchers found that predictors of symptoms during post deployment were deployment events, post deployment events, and soldier's rank.

This study carried a few questions unanswered. The researchers were examining psychological symptoms by using the Hopkins Symptom Checklist. However, these symptoms were not specified or reported in the article. Also, the researchers reported that the

participants were recruited from an initial survey sent out. However, it was not clarified how the participants were identified for the first survey.

Corey (2013) examined the depression, anxiety, and stress levels among military wives during the post war deployment period of their husbands. The purpose of this study was to explore the post war deployment experience among military wives while investigating psychological symptoms that may be experienced. The Depression, Anxiety, and Stress Survey (DASS) was utilized in this study. The DASS is a 21 item self-report scale. Corey investigated depression, anxiety, and stress levels among 12 military wives. One participant's response was excluded due to an incomplete DASS. All of the participants were Army wives, except for one Navy wife.

Also examined were possible factors that contributed to the three psychological symptoms. Participants were asked to explain any DASS score of three. A score of three meant that the statement applied to the participant most of the time during post war deployment. It was found in Corey's study that these military wives had normal levels of depression and anxiety but had an abnormal level of stress based on the severity level ratings defined by the DASS.

Participants had an opportunity to explain factors that led to these symptoms; however, factors were not examined in detail, which posed a limitation for this study. Another limitation was the fact that there was a low number of participants that participated in the study.

Military Support Practices

The military continues to provide services for soldiers and their families, however the question that remains is how effective are these programs. Unfortunately, limited research is provided associated with which programs are favored over others based on effectiveness statistics. Due to the lack of research about these programs, some are lead to believe that the military is using unproven mental health programs. Despite extensive research, a panel of experts could not find any proven Department of Defense programs to prevent domestic abuse, for example (Fox, 2014). Fox (2014) also reported that while there are approaches that do work — such as restricting access to firearms to discourage suicide and murder or making it harder to get alcohol — the military is not using them, instead relying on easy but unproven internet tools or “events.”

There are a few programs and initiatives that are mentioned throughout research more than others. For example, a widely advertised service organization among military families is Military OneSource. Military OneSource assists with several phases of military life such as new to the military, deployment, family life, single life, and retirement. Confidential services, including non-medical counseling and specialty consultations, are available through Military OneSource. Eligible individuals may receive confidential services at no cost (Military OneSource, 2014). Counselors at Military OneSource provide face-to-face, telephonic and online counseling services.

Wounded warrior programs are also well known within the military culture. The military's wounded warrior programs provide assistance and advocacy for severely wounded,

ill, and injured service members, veterans, and their families. These programs assist service members and their families as they return to duty or transition to civilian life (Military OneSource, 2014). Services include medical and non-medical assistance.

The Substance Abuse and Mental Health Services Administration (SAMHSA) is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. SAMHSA's mission is to reduce the impact of substance abuse and mental illness in America's communities (SAMHSA, 2013). SAMHSA began an initiative in 2011 that included services and programs for military families due to studies showing high rates of substance abuse and mental health concerns among soldiers returning from war. SAMHSA's National Child Traumatic Stress Network (NCTSN) was established to improve access to care, treatment, and service for traumatized children and adolescents exposed to traumatic events. In addition to the NCTSN, provided is also a Military Family Resource Area and Knowledge Bank that provides access to information for military family members, mental health and medical providers, educators and others on the stressors facing military families and children (SAMHSA, 2013). It provides effective options for coping and intervention as well.

As illustrated above, the military provides a variety of programs and services to assist military families with a range of needs. Programs geared towards assisting military families are very important to the well-being of these families. More importantly, part of researching the effectiveness of the programs is examining attendance and utilization statistics, as well as short and longer term impacts of the services. If these programs and services are not utilized,

then we are left with the same problems as before. In addition to participating in services, knowing if these programs are effectively assisting military families is vital to understanding what is helping and what is not helping.

Synthesis

In one of the studies, deployment in the past related to higher levels of current PTSD symptoms for husbands, and husbands' current PTSD symptoms were associated with lower marital satisfaction, confidence in the relationship, positive bonding between spouses, parenting alliance, and dedication to the relationship for both husbands and wives. This shows that military wives are affected by their husbands' PTSD symptoms during post war deployment. According to the family stress theory, the deployment is seen as an internal stressor event, which can create an interaction between husband and wife known as a crisis.

In another study, it was reported that younger wives and those who were victims of pre-deployment domestic violence were more likely to report post war deployment domestic violence. The military wife's experience with pre-deployment violence creates a pattern for her and affects her during post-deployment of her husband. According to the family stress theory, this shows maladaptation within the family unit. The family has begun to engage in processes leading to poor adaptation to deployment.

Another study examined military wives' experiences during all three stages of deployment. It was reported that deployment is the most difficult stage and that talking with other military wives is the most helpful strategy for coping with deployment. Seeking out other military wives is an action consistent with the resources aspect of the Family Stress

Theory. Military wives strive for support from other military wives during stages of deployment to cope with stress that is experienced.

Researchers of another study found that counseling based on the role-exit theory can benefit military couples who experience marital discord due to role issues following extended periods of deployment. Family adaptation is the concept of the Family Stress Theory that explains this role issue. The military couple is trying to achieve a new level of balance during post war deployment but is struggling due to changes in roles. During deployment, the wife has to take on roles that culturally and/or socially are more fitted for her husband. When her husband returns, he tries to take back these roles, which causes the crisis due to the wife's being accustomed to the roles.

There has been very limited research involving military wives and post war deployment readjustment. There is much more research available based on military wives and deployment. Some literature was found related to coping strategies that benefit these wives during post war deployment, but further research should be conducted concerning this topic.

Several questions were answered as various aspects of post war deployment were explored throughout the above studies. However, more research is needed to gain a full understanding of what is experienced during this stage of deployment. Due to limited research concerning Army wives and post war deployment experience, the above literature was based on military wives with husbands serving in all branches of the military. This chapter has discussed psychological symptoms, coping strategies, and marital functioning.

According to research studies, stress during post war deployment for military wives has been consistent over the past several years.

This current study seeks to clarify sources of stress, and coping strategies, as well as attempts to understand the level of preparedness during post war deployment. As mentioned above, research regarding this topic is limited, which leads to the need and importance of the current study. We know that post war deployment is a stressful time for Army wives; however, we still do not know the factors that make this transition stressful. This current study was conducted to find out those stress-related factors as well as how Army wives cope with this stress and develop a sense of preparedness for post war deployment.

Summary

In conclusion, this chapter focused on previous research and theory that assist in the understanding of military wives and their lived experiences during post war deployment of their husbands. The Family Stress Theory explains how families are effected by stress and how their perception and lack of resources can result in the development of a crisis situation. Based on the literature and Family Stress Theory, military wives and their families can face crisis during post deployment when healthy coping strategies are not used and marital functioning is low due to psychological symptoms. The Bioecological System Theory of Development shows an individual's layers of functioning based on interactions with surroundings and other individuals. Based on literature and the Bioecological System Theory of Development, healthy development among military wives, in most cases, is strongly related to appropriate coping strategies when marital functioning is low and psychological

symptoms are present.

CHAPTER 3: METHODOLOGY

The purpose of this study was to explore the post war deployment experience among Army wives. This chapter discusses the research design of the study, the researcher's role, how participants were identified and contacted, interview logistics, interview content, and how findings were analyzed.

Research Design

This study took a qualitative phenomenological approach to understanding the post war deployment experience among Army wives. More specifically, this study took an interpretive phenomenological approach. The aim of interpretive phenomenological analysis (IPA) is to explore in detail how participants are making sense of their personal and social world, and the main currency for an IPA study is the meanings particular experiences, events, states hold for participants (Smith and Osborn, 2007). The aim was not to test or confirm existing theories, but to encourage understanding by posing open-ended questions and following the data wherever they led.

According to Heidegger, the interpretive process is circular, moving back and forth between the whole and its parts and between the investigator's forestructure of understanding and what was learned through the investigation (Wojnar and Swanson, 2007). Interpretive phenomenology is also known as hermeneutic phenomenology. The goal of hermeneutic inquiry is to identify the participants' meanings from the blend of the researcher's understanding of the phenomenon, participant-generated information, and data obtained from other relevant sources (Wojnar and Swanson, 2007). Phenomenology is the study of human

experience and of the ways everything presents itself to us in and through such experience (Sokolowski, 2000). Phenomenology focuses on the complex, multifaceted, layered, concrete experience of everyday life and on the insights that can be gleaned from paying attention to what is happening in the moment (McLeod, 2011).

Because the phenomenological approach seeks to find the essence of the phenomenon, this approach is appropriate for this study. During this research, I sought to explore the accounts of human experience among the participants. Understanding and co-creation by myself and the participants is what made interpretations meaningful. IPA also emphasizes that the research exercise is a dynamic process with an active role for the researcher within that process (Smith and Osborn, 2007). Phenomenology shows that the mind is a public thing; that acts and manifests itself out in the open, not just inside its own confines (Sokolowski, 2000).

The Researcher's Role

As a Licensed Professional Counselor, I have developed clinical skills that are applicable to conducting research. I interact with my clients in a way that helps establish rapport, and I develop trust by listening empathetically during individual and family counseling sessions. I work with children, adults, families, and couples. Individuals seek out counseling services with me due to suffering from a variety of mental health concerns. As a counselor, I use cognitive behavioral therapy techniques to assist clients with emotional instability and negative behaviors. As the principal investigator in this research study, I am

aware of my personal and professional knowledge regarding Army wives. I am also aware that my professional and personal experiences contribute to my perceptions and worldview.

During this research, I had both insider (emic) and outsider (etic) perspectives. My emic perspective stemmed from my father having been in the Army throughout my entire childhood. I lived at home with my mother, father, and older sister during this time. My father served for less than two months in Operation Urgent Fury, which was the U.S. invasion of Grenada. I was only one year old, so I do not remember his deployment. Since I was so young when he deployed, this does not affect my emic perspective, however I am familiar with Army wives because my mother was an Army wife and she interacted with other Army wives. While growing up, I was able to witness these interactions and become acquainted with these Army wives. Being a child of a soldier in the Army as I grew up has given me some knowledge of the military culture, which can be an advantage and disadvantage. The main strength of the emic role is that the behavior described is seen from the perspective of cultural insiders and in constructs drawn from their self-understandings.

My etic perspective is due to my having never been an Army wife. Although I did experience post war deployment, I was too young to remember anything that my mother might have experienced. My not being able to relate as an Army wife may lead to participants' lack of trust and unwillingness to engage in this research study, which can be a disadvantage. A strength of the etic role is that the behavior is described from a vantage point external to the culture and in constructs that apply equally well to other cultures. This role

also describes the ways in which cultural variables fit into general causal models of a particular behavior.

During this study I did not try to set aside prior theories and assumptions. Due to this process, I did not utilize bracketing or epoche. During this study, some of my assumptions and judgments regarding Army wives emerged. Being a child of an Army soldier might have guided my decision to study Army wives. My decision to only recruit Army wives was the understanding that the Army and Marine Corps experience the most ground combat situations while at war. I assume that this can possibly make post war deployment more challenging for wives, due to possible PTSD symptoms exhibited by the soldiers during post deployment. For this study, I did take notes of things that I became aware of about myself and about the participants after each interview and during the transcription process. For example, most of the participants were stay-at-home mothers. While interacting with the participants and transcribing the interviews, I realized that I have biases regarding women who do not work outside of the home. I also used these notes to form my own opinions about Army wives and military culture. For example, I noticed differences in lived experiences among these wives based on their ages. The younger participants seemed to engage in more unhealthy coping strategies and experience marital problems during post war deployment. However, this could have also been due to lack of deployment history.

Participants

The units of analysis in this study were Army wives that have all shared the experience of post war deployment. Criterion sampling was the sampling strategy used in this

study. All participants were chosen and accepted based on specific criteria. Army wives living in North Carolina were invited to participate in this research study. Social networking websites and email were utilized largely to recruit participants. Researcher specifically targeted groups on social networking websites that were limited to Army wives living in North Carolina (i.e. Ft. Bragg Army Wives). The email sent to prospective participants appears in Appendix E. There were no restrictions on a participant's race, number of children, socioeconomic status, number of years married to Army husband, or status of military involvement of the Army wives' husbands (Active Duty, Reserves, etc.). However, these characteristics were covered in the demographic questionnaire. Wives had to be at least 18 years of age and living in North Carolina to participate in this study. All participants had to be able to read and speak the English language fluently and their husbands had to have returned from war within the past three years. This study consisted of interviews with seven Army wives. While qualitative research is not intended to be generalizable due to sound generalizability requiring large populations (Colorado State University, n.d.), findings of this study may be relatable to Army wives from various cultural backgrounds as well as wives from other branches of the military.

Procedure

Once participants agreed to participate in the study, I emailed each participant a document confirming eligibility and to set up an interview place, date, and time. This document is Appendix F. Researcher also emailed a copy of the consent form. The consent form (Appendix A) was approved by the Institutional Review Board of North Carolina State

University. This consent form explained elements of the research such as the investigator, risks, and confidentiality. The participants were also informed that they would receive a \$25.00 gift card at the end of the interview. The participant and I jointly determined the neutral site for the interview that was most convenient and private. Data was collected through semi-structured interviews. A few days before an interview, I emailed to the participant a reminder and a second copy of the informed consent form.

The participants were given a pseudonym that I created. These pseudonyms were given as identification to link participant responses from interviews. Participants were then asked to complete a demographic questionnaire (Appendix B) that was used to develop participant profiles. This questionnaire was given to the participants and then I read it aloud. I reminded the participant that the interview will be audio recorded and activated the audio devices. I then began the interview that consisted of nine interview questions. Lastly, the participant was debriefed with reminders and instructions and thanked for her participation (Appendix D).

Instrumentation

This research utilized open-ended inquiry to explore the experiences of Army wives. This inquiry is known as the hermeneutic circle. Rapport and Wainwright (2006) described the 'hermeneutic circle' as 'the manner in which interpretation through understanding is achieved by the circular process of continuous re-examination of propositions'. The aim is to ask relevant questions to ascertain the meaning of being. To capture the meaning behind these wives' lived experiences, semi-structured interviews were conducted. The interviews

lasted between 30 minutes and 60 minutes. Such an interview is similar to a conversation; however, the interview requires the researcher to carefully listen for context and meaning of what is being said and to attempt to understand the worldview and lived experience of the participant (Rubin & Rubin, 1995). A semi-structured interview is open and allows new ideas to be identified as a result of what the participant says.

A few ethical considerations were inherent during this study. As stated above, I attempted to effectively inform all participants about the nature of the study. The risk of unanticipated harm was reduced by explaining that questions may cause feelings of sadness and/or anxiety and by providing the national crisis hotline phone number. This hotline employs trained mental health professions that can speak to anyone that is having suicidal thoughts or is in a crisis situation and needs assistance. Researcher also had a listing of mental health providers in each area available for each participant. To protect participant information, all of it was kept on a password-protected jump drive. The interviews were recorded using two digital voice recorders. The interviews were then transcribed within three days after the interview was completed.

The semi-structured interview consisted of nine questions (Appendix C). Each research question was used to develop one or more interview question. The interview questions were intended to address the research questions and find emergent themes. The linkage between the interview questions and the research questions is shown in Table 3.1. The eighth question was asked to give the participant an opportunity to give advice to other Army wives. Along the same lines, the ninth question was asked to give the participants an

opportunity to elaborate on anything already said and to share any additional information. All questions are based on the family stress and bioecological system theories. The demographic questionnaire (Appendix B) consists of questions used to develop profiles for each participant.

Table 3.1 Linkage between Interview Questions and Research Questions

Research Question	Related Interview Questions
<p>What are the lived experiences of Army wives during post war deployment of their husbands?</p>	<p>Walk me through a typical day/week of yours during the post war deployment period</p> <p>What were some things you did during the post war deployment period to minimize negative feelings/stress-related feelings?</p> <p><i>Probe: How much time did you spend doing these things?</i></p> <p><i>Probe: Were there any things you did that you feel were harmful or unhealthy?</i></p> <p>Describe the communication between you and family/friends during post war deployment.</p> <p><i>Probe: What forms of communication were used?</i></p> <p><i>Probe: Did this make the reunion easier or harder? How so?</i></p>
<p>What factors influence emotional and behavioral stability for Army wives during post war deployment of their husbands?</p>	<p>Describe your level of preparedness for the post war deployment period.</p> <p><i>Probe: What would have helped you feel more prepared?</i></p> <p>What was the most significant incident during post war deployment?</p> <p><i>Probe: Describe the easiness or difficultness in terms of multiple war deployments regarding this incident.</i></p> <p><i>Probe: Describe the easiness or difficultness in terms of length of deployment(s) regarding this incident.</i></p> <p>Describe the communication between you and your husband during war deployment?</p> <p><i>Probe: What forms of communication were used?</i></p> <p><i>Probe: Did this make the reunion easier or harder? How so?</i></p> <p>During post war deployment of your husband, what if any signs of Posttraumatic Stress Disorder did you see?</p> <p><i>Probe: How did you respond to these symptoms?</i></p>

Data Analysis

The constant comparative method (Glaser & Strauss, 1967) is a data analysis method that involves the constant comparison of data as it is received. This was done during the interview, during the transcription process, and during the coding process. Also utilized was the memo technique during the interviews as a means to compare what was being said and what may have been observed during the interview.

Data analysis was completed through a series of coding interview transcripts. Before coding began, I utilized member checking. Each participant was asked how she wanted to receive (email, mail, in person, etc.) her transcription after the interview. Member checking was done by reading the transcriptions twice for accuracy then providing the transcription to the participant, so that she could verify it. Member checking is used in qualitative research to increase credibility and validity. There were three coders (including the principal investigator) involved with this study. The other two coders have Ph.Ds in Counselor Education. All coders were initially trained during a 15 week qualitative methods course at North Carolina State University. The course trained coders in elements of qualitative research such as creating the research design, data collection, transcription, and the coding process.

Coders met with the principal investigator before beginning the coding process to discuss the study and information needed to be a part of the team. This study used Colaizzi's systematic data analysis procedures of significant statements, meanings, and themes. McLeod (2011) reported that phenomenologists examine the meaning of short statements. Horizontalization was used during data analysis. This term is used to refer to data reduction.

This process helps the researcher to identify which of the participants' statements are meaningful and relevant to the study and which are not in terms of creating a common experience of the phenomenon that is being researched. In this stage of the analysis process, it is essential for each of the participant's statements to have equal weight. After horizons were constructed, any statements that were irrelevant to the topic were deleted which leaves only "nonrepetitive and nonoverlapping" (Moustakas, 1994, p.122) statements to be clustered into themes.

Textural descriptions were found and were used to reveal what happened during post war deployment. Structural meanings were then used to reveal how the phenomenon was experienced. After the coding team individually identified codes found among the interviews, they met to develop clusters of meanings among the codes. The team compared and contrasted texts to identify and describe shared practices and common meanings to create themes. Thematic coding was used as the team met once for an extended period of time to condense themes. Codes were not determined in advance but were defined as they surfaced from the data in relationship to the research questions, the literature review, and the conceptual framework. An advantage to having multiple coders is the increase in the reliability rate. A disadvantage to multiple coders is the possibility of developing too many themes that may cause more time spent.

It is impossible to judge the validity and reliability of qualitative research within the traditional framework such as that of quantitative research (Griffiths, 2009). However, it is still important to review the validity and quality of qualitative research but by specific criteria

which are appropriate to it (Smith and Dunworth, 2003). During this study, the interviews were recorded using two digital voice recorders and were transcribed within three days after the interview was conducted. I also owned my own perspective. I was aware of my assumptions, interests, and beliefs before and during the study, which played a role in understanding the phenomenon. Situating the sample is also important within qualitative research. The demographics of the sample were described along with the life circumstances or experience to which they were being investigated/interviewed, to allow the reader to understand who the findings of the research may be relevant to (Griffiths, 2009). During this study, participant demographics and experiences were reported.

Also used for this study was an auditor. Smith, Flowers, and Larkin (2009) stated that an independent audit can be used to assess the validity and quality of qualitative research. An audit consists of a paper trail that demonstrates a logical or credibly step-by-step path that leads from the initial raw data of transcripts and coding to the final analysis (Smith, Flowers and Larkin 2009). The use of a coding team and auditor increased the credibility and trustworthiness of these study findings. The auditor has a PhD in Counselor Education as well as the same training as the coding team. The auditor was provided with the study's information regarding, methodology, procedure, participants, and data analysis. The auditor was also provided with my journal and interview notes and the seven transcripts with combined meanings created by all three members of the coding team. The auditor was given these documents electronically for convenience purposes. After reviewing all documents, the

auditor verified that there was credibility and trustworthiness in the process and that the final interpretative themes were supported in the transcripts.

Summary

This chapter has discussed the qualitative research design that was used in this study as well as the logic for the research design, participant recruitment information, the study procedure, the analysis of the data, and the instrument. Chapter four will reveal the findings of this research study.

CHAPTER 4: FINDINGS

This chapter will discuss the findings of the current study and how these findings were used to explore the phenomenon. This chapter will describe the phenomenon at length as it relates to the participants' lived experiences. The individuals that participated in this study will be discussed and described at length through participant profiles. These profiles were formed from demographic information shared by each participant. This study was conducted to answer two research questions. As stated before, the qualitative questions that guided this study are as follows:

1. What are the lived experiences of Army wives during post war deployment of their husbands?
2. What factors influence emotional and behavioral stability for Army wives during post war deployment of their husbands?

During the analysis of the data 14 clusters were developed. From those clusters, seven themes were formed. The clusters that were developed are: (a) Positive family adjustment (b) Negative family adjustment (c) Positive marital adjustment (d) Negative marital adjustment (e) Healthy coping strategies (f) Unhealthy coping strategies (g) Stressors (h) Military support (i) Family/friends support (j) Other military wives support (k) Helping professional support (l) Signs of PTSD (m) Feeling prepared and (n) Not feeling prepared. These 14 clusters were used to form seven themes which were (a) Family adjustment (b) Marital Adjustment (c) Stressors (d) Support (e) Coping strategies (f) Signs of PTSD and (g) Preparedness. The formation of the clusters into themes is depicted in Table 4.1.

Table 4.1 Themes and Clusters

Themes	Clusters
Family adjustment	Positive family adjustment Negative family adjustment
Marital adjustment	Positive marital adjustment Negative marital adjustment
Stressors	Stressors
Support	Military Family/Friends Other military wives Helping Professionals
Coping strategies	Healthy strategies Unhealthy strategies
Signs of PTSD	Signs of PTSD
Preparedness	Felling prepared Not feeling prepared

Description of Participants

This study consisted of seven civilian female participants currently in the state of North Carolina. All of these women are over the age of 18 and are married to men serving in the United States Army. The participants' husbands must have returned from war within the past three years. Each woman was required to be able to speak and read English. The following are descriptions of each individual that was interviewed during this study.

Jane Miller. Jane is a 28 year old Black female with two children (son and daughter) living at home. Jane and her family live on the Army base, Ft. Bragg. Her interview was conducted at a local library in her area. She is a physically active female that participates in play groups with other mothers and their children. Jane is unemployed and new to the military lifestyle. She described herself as not being the “typical” Army wife. She is not currently employed but she is a student in a Master’s program at a university out of state.

Jane expressed that she was not prepared for post war deployment, but it was a lot easier than she expected it to be.

Sally Brown. Sally is a 29 year old White female with one daughter living at home. Sally is a working mother living with her family in Cabarrus county, North Carolina. Her interview was conducted at the local YMCA in her area. Before the interview, Sally reported that she was nervous but still willing to participate. Sally seemed very outgoing and cheerful, however became emotional while talking about her husband's PTSD signs when he returned home from war. Sally expressed that she was not prepared for post war deployment and it was a challenging experience due to her husband's behaviors.

Diana Williams. Diana is a 31 year old White female living on the Army base, Ft Bragg, with her family. The interview was conducted at a local library in her area. Diana has two children (daughters). Her oldest daughter has been diagnosed with high functioning Autism. Diana is a nurse by trade, however currently she is unemployed due to the couple's decision that her being a "stay at home mother" was the best for the family. Diana described her post war deployment experience as being very difficult due to her husband returning as a different person. She internally struggles frequently about asking for professional assistance due to her husband's signs of PTSD.

Karen Jones. Karen is a 32 year old Black female living with her family on the Army base, Ft Bragg. The interview was conducted at a local library in her area. Karen has one daughter and is currently working and is a student seeking a Masters degree. Karen is not new to the military lifestyle. She shared that while growing up, her father was in the Army

and she used to be in the Army. She reported minor signs of PTSD while her husband was back from war. Karen expressed that having a support system was important to her, which made post deployment much easier for her family.

Deborah Johnson. Deborah is a 32 year old Latina female living on the Army base, Ft. Bragg. The interview was conducted at a local library in her area. Deborah has two children (son and daughter) and is currently working and in pharmacy school. She also used to be a member of the Army, so she is not new to the military culture and lifestyle. Deborah expressed feeling prepared for her husband's most recent return from war due to him being deployed before. During the interview, Deborah became emotional while talking about her parents usual support not being present due to them being deceased.

Chelsea Smith. Chelsea is a 36 year old Hispanic female living on the Army base, Ft. Bragg. The interview was conducted at a local library in her area. Chelsea has three sons and is a stay at home mom. Chelsea described herself as being independent and sticking to herself. She prefers to spend most of her time with her husband and her children. Chelsea shared that previous deployments and post deployment experiences helped her feel more comfortable with this most recent post deployment. Chelsea expressed lack of support from all areas including family, Army, and other Army spouses, however she described post deployment as challenging but easier than before.

Helen White. Helen is a 47 year old White female living in Rowan county, NC with her family. The interview was conducted at a local library in her area. Helen has five children (daughters). One of Helen's daughters is adopted. Helen is a stay at home mom and very

active in her church. She is also very active with her daughters and has them enrolled in various extracurricular activities such as dance. Helen shared that her most recent post deployment experience was fairly easy due to her husband being deployed before and returning home. She described her most recent post deployment experience as being a good experience.

Common Descriptive Characteristics

All of the women in this study are over the age of 25. Five of the participants' husbands are Active Duty while the other two are in the National Guard. A majority of the participants have been married to their husbands for 0-5 years with the exception of two of them that have been married longer. The number of years that the participants' husbands have been in the military was varied among the participants. Three of the participants reported their husbands being in the Army for 0-5 years. The other four reported either 6-11, 12-17, or 18+ years.

All of the wives have at least one child at home of various ages. Three of the participants' husbands have been deployed to war once while two of the soldiers have been deployed twice. The other soldiers had been sent to war three and four times. The participants' husbands have returned from their most recent deployment between February 2011 and October 2013. Five of the participants reported their husbands being gone to war 12-17 months while the other two reported 6-11 months. Employment among these women varied. Four of the participants are unemployed while the other three work. The annual household income among the participants varied as well. Three of the participants reported a

household income of \$61,001 or more. The other participants reported lower amounts. Four of the participants' husbands' rank is E-5 while the other three reported ranks of E-6, CW-2, and E-7. This demographic information is illustrated in Table 4.2.

Table 4.2 Participant Demographics

	Age	Soldier's age	# of years married	# of years in military	Ethnic Background	Children in home (ages)	Military Status	How many times deployed	When he returned from most recent deployment	# of months deployed in most recent deployment	Employed	Annual Household Income	Solder's Rank
Jane Miller	28	31	0-5	0-5	Black	9 months 3	Active Duty	1	11/2012	12-17	No	\$31,001 – \$40,000	E-5
Sally Brown	29	30	0-5	12-17	White	1	National Guard	2	2/2011	12-17	Yes	\$41,001- \$50,000	E-6
Diana Williams	31	29	0-5	0-5	White	4 9	Active Duty	1	10/2011	12-17	No	\$21,001- \$30,000	E-5
Karen Jones	32	33	0-5	0-5	Black	5	Active Duty	1	4/2012	12-17	Yes	\$31,001- \$40,000	E-5
Deborah Johnson	32	35	0-5	12-17	Latino	3 9	Active Duty	2	9/2012	6-11	Yes	\$61,001 +	CW-2
Chelsea Smith	36	32	6-11	6-11	Hispanic	12 13 15	Active Duty	4	10/2013	6-11	No	\$61,001+	E-5
Helen White	47	44	18+	18+	White	3 9 15 16 19	National Guard	3	2/2011	12-17	No	\$61,001+	E-7

Research Question One

Research question one stated the following, “What are the lived experiences of Army wives during post war deployment of their husbands?” Two themes emerged related to this question. The first theme discussed is family adjustment, which includes adjustment among the participant, her husband, and their children. Positive and negative factors of family adjustment were found. The second theme discussed is marital adjustment, which includes adjustment among the participant and her husband. Also found among this adjustment were positive and negative factors. Positive adjustment is defined here as an adjustment period that is desirable to the family and the marital unit and is filled with desirable factors. The family members felt secure as they moved through a constructive growth process. Negative adjustment is the opposite of a positive adjustment and is defined here as an undesirable experience that is filled with undesirable factors. The family members felt insecure as they moved through an adverse growing process. As stated before, meanings were found among the significant statements made by the participants. To develop positive and negative clusters related to adjustment, 82 meanings were formed. Among these 82 meanings, 45 were positive and 37 were negative.

Family Adjustment

Positive factors. From the interviews, it was clear that the soldier coming back from war effected the family’s adjustment. All participants reported that the return affected family adjustment in a positive way. A few participants shared that having their husbands back was a good thing because they were now able to get a break from the children. When asked about

the easiness of post deployment Karen explained, “I’ve learned to kind of back off and let him have....when they’re interacting and he feels like she needs to be disciplined, I go ahead and let him handle that instead of me stepping in and trying to rescue her, I feel like we’re more on the same page now.” Chelsea stated something similar when asked about easiness. She stated, “Well, it was easy to....I guess have the support...the help. Me wanting to go somewhere without kids was wonderful. So, I think that was the easy part just being able to get up and go.” It was evident that the participants that expressed happiness over their husbands being able to give them a break from their children, valued the added support that they did not have when their husband was deployed.

All of the participants discussed some kind of routine during post deployment. Some participants were able to maintain a similar routine with their family once their husband had returned. Chelsea felt that parental roles needed to stay the same once her husband returned. She replied, “My husband earns the money but I am the one that takes care of the bills, I take care of the children whether he’s deployed or not because at first it was confusing my boys.” Jane shared, “Well, I kind of stayed busy and I had my kids involved in a lot of activities. So, I just continued on with those activities.” She described her post deployment week as a “typical week.” Diana reported, “Um, normally he gets up for PT, he sleeps through his alarm so the morning starts with me yelling at him...this is every day.”

A part of family adjustment is also family dynamics. Since the soldier is back in the home after being gone for an extended period of time, the dynamics of the family can change or stay the same. Chelsea described being able to maintain the same activities and structure

once her husband was home. She reported, “Even though he took a new position where he is not going to be deployed for three years, it would be more difficult for me if I try to let go of even discipline because it’s going to be harder on my boys. ‘Instead of asking daddy, now I have to ask mom’, so now they just ask me and then I include my husband.” Chelsea perceived no changes in dynamics of her family, which was as a positive factor for her. Allowing her husband to be involved in decision-making was important to the dynamics of her family.

Negative factors. All of the participants shared the negative effects of family adjustment. Due to the soldier missing out on things while he is deployed, reuniting with his family can negatively affect the family’s adjustment. Diana felt that it was difficult for her husband to return and adjust to their autistic daughter. She reported, “My nine year old was diagnosed right before he left with Autism. Their relationship has never been the same. She was very distant from him when he got home. He doesn’t know what to do to interact with her.” Due to her husband not being there to learn about his daughter’s disability, it was difficult for him to adjust to her behaviors and mannerisms when he returned from war. Deborah shared, “She [their young daughter] was shy and when he first got back she wouldn’t go to him.” Helen expressed, “There are things that I feel like for him that he misses because I don’t miss anything. I’m at every dance competition. I’m at every dance recital. I’m at every school function for public school. I went with [daughter] to get her driving permit and rode with her the first time. Um, so just anything like that, I mean I’m there, he misses it. It’s hard for him. It’s hard for the girls. At times it’s hard for me.”

For some of these women, family dynamics were negatively affected when the soldier returned. Adjusting to another person being in the home was a common issue among the participants. Jane shared, “I guess readjusting to an additional person in the house and actually accepting his feelings and his concerns [was difficult] because while he was gone it was just me and the kids.” Deborah talked about the challenges of an extra person physically being in the home but she also pointed out the transition from being a ‘single parent’ to a two-parent household. She stated, “So, I guess the hardest part is readjusting because, you know, whereas when he was gone, I only had to pick up after two people and when he gets back I have to pick up after three and all his war stuff is everywhere.” She also shared, “I was a single mom for a while and the hardest part about that...whenever me and my husband got together...the hardest part about us getting back together...or getting together was, you know, him living in the house and there’s another person that likes to do his own way whereas everything was done my way because I was the adult in the house and now there is two adults in the house.”

The structure of the home and the family routine was also negatively affected by the soldier’s return among some of the participants. Diana shared the uniqueness of her day as being routine in the mornings before her husband went to work but then unpredictable once he came home from work. She reported, “We don’t have a typical day. It depends on how his day was at work as to how our day goes at home.” Diana expressed that if her husband came home and was in a bad mood then the family would have a bad evening. Karen shared, “I think just getting back into a routine [is difficult]. I think the thing with me is, when you have

a child, you know, you have your way of doing things and they have their way of doing things, especially when it comes to discipline. I got used to being the sole disciplinarian and then when he came back I kind of wasn't really comfortable or happy with his techniques." It was difficult for Chelsea to adjust to her husband's "deployment routine" when he returned. She shared, "The most difficult transition is that when he is deployed and he comes back, he is set on his routine that he had over there (at war). So work, gym, video games, no family." Deborah shared her feelings about there always being a constant change. She reported, "I would definitely have to say the readjustment [is difficult], especially the shorter deployments. My husband was deployed for fifteen months at one time and he's gone, you adjust to him being gone and then you get to live like that for a while and then you readjust when he gets back but with the shorter deployments, just as you're adjusting to him being gone, he comes back so you have to readjust again. So, it's a constant change."

The participants and their children were not the only individuals within the family unit that had a difficult time readjusting to the soldier being home. The soldier also exhibited challenges with readjusting. Sally shared, "When he first got home he was just quiet and to himself. I guess because he just got used to being quiet and to himself when he was over at war. His adjustment period [was difficult]. His adjustment back to...um...trying to get a job and be around people like crowds without him feeling like he needed to be on high alert." Being physically in another environment was challenging for Diana's husband. She reported, "So the first six months [of deployment] he was in Afghanistan, he was in a really small outlining C.O.P (Command Observation Post) at the base of the mountains on the border of

Pakistan. It was like 50 people there and it was all males because it was strictly infantry and artillery out there. So, coming home and living with me was a shock to him. We had already been living together but he spent a year not being around a woman at all.”

Marital Adjustment

Positive factors. Not only was the family unit affected during the post deployment period, the marital unit adjustment was also affected. Almost all of the wives shared about their experiences with their husbands that affected their marriage. All but two of the participants expressed positive effects on marital adjustment.

Deborah described the post deployment period as the “honeymoon” phase. She reported, “I mean of course the first part is the honeymoon phase. You get a couple of days off. You go and take him to his favorite places, make him his favorite foods then that wears off and it’s back to the old routine.” Diana felt similarly due to her comments regarding knowing her husband’s favorite foods and activities. She shared that this made reintegration easier. She shared, “Now there’s a lot of things that were real easy. I still know his favorite foods, he still likes to go play golf, so that stuff was easy. That first month, I made everything that I know he likes to eat.”

A positive factor that was mentioned by a few of the participants was the fact that deployment was over and their husbands were home. This made reintegration easiest because they were no longer worried about their husbands safety. Sally expressed, “Having him back...having him just where I could just touch him [was the easiest thing about post deployment].” Jane reported that aspects of her husband’s personality changed, which

resulted in her and him having better communication. She shared, “He would make some decisions, like before it was like, ‘Where do you wanna eat?’ ‘Where do you wanna eat?’ ‘But I asked you first’. That type of thing. Now it is like, ‘What do you want to eat?’ ‘I want chicken.’ ‘Ok, then lets go to this chicken place.’ You know, so it’s like he is more direct. He knows what he wants. So, I like that.”

Negative factors. All but one of the participants reported on the negative effect that post deployment had on their marriages. This negative effect changed the dynamics of these marriages. Diana shared information about the changes that she saw in husband’s attitude and behaviors that negatively affected their marriage. She reported, “So, you know, we’ll fight because he never took the trash out and that goes with his laid back [personality] because I’ll tell him to take the trash out and I want him to take the trash out and he’ll get to it in an hour or so and I’m like, ‘You didn’t take the trash out yet.’ Then his anger comes out because I got onto him and then we fight. We never fought about taking the trash out before. Even if he didn’t take it out right away and I nagged him about it, we didn’t fight about it.” She also shared about conversations that she has with her husband when he becomes angry. She stated, “So then he’s like, ‘You don’t love me?’ And I’m like, ‘That has nothing to do with it. I absolutely love you. I don’t love you right now. I don’t even like you right now. I love the person that I married. I love the person that left for Afghanistan. I loved the person you were yesterday, when you were acting normal. Whatever this is....no. This isn’t even you. Sometimes I look at you and think I really hate you right now.’”

Post deployment forced these participants and their husbands to readjust. Helen reported, “So, it becomes an adjustment and that’s probably one of the biggest challenges....adjusting from having a partner who is there to not having them there to back to having them there. Again, it’s just a matter of commitment. Jane expressed, “I think the difficulty was just readjusting to that additional person and making sure his needs were met as well and fulfilling and satisfying.” Chelsea seemed to feel that she is unable to fully enjoy her husband because she knows that he is going to leave again. She shared, “It’s like we are living with each other, we are happy with each other, it’s just that it’s hard to actually have him as a husband 100% because then it makes it more difficult for me when he does leave on deployments.”

Research Question Two

Research question two stated the following, “What factors influence emotional and behavioral stability for Army wives during post war deployment of their husbands?” Five themes emerged to answer this question. The themes that will be discussed are coping strategies, support, preparedness, stressors, and signs of PTSD.

Preparedness

Feeling prepared. A significant part of post war deployment is the wife’s level of feeling prepared for her husband’s return. Among the women who reported having felt prepared, there were a few that actually realized that they were not prepared once their husbands were back. However, those that felt prepared and were truly prepared commented on what assisted them with being prepared. Based on the significant statements, there were

27 meanings formulated that resulted in feeling prepared. Some of the women commented on the importance of being mentally prepared for whatever might happen during post deployment. Deborah shared, “Um, I think you prepare mentally a little bit...like you kind of prepare yourself and forget about the negative parts. You just have to realize that whenever they are gone for extended periods of time, you change as a person, they change as a person, you know, your kids change and....so there’s really nothing you can do to prepare except for just being aware.” Sally commented on not only mental awareness but mental strength. She shared, “You have to be able to stand on your own. If you don’t think you can...like my sister knows she could not ever marry Army because she says she could not take it.” Jane explained how not being prepared assisted her with feeling mentally stable because she did not have people telling her the negative things that she could possibly experience. She liked being able to experience post war deployment without previous assumptions and judgment from others. She shared, “I think unpreparedness was a good thing because I didn’t know what to expect so I didn’t have all the negativity or all the talk.”

Past deployments were also discussed as factors that assisted the women with feeling more prepared for post deployment. Helen simply replied, “We’ve been around the block a few times. We kind of knew what to expect.” Chelsea reported, “Yeah [I felt prepared], because it’s his fourth deployment.” Jane discussed her plan to be more prepared the next time her husband comes back from deployment. She shared, “Yes. I will be very well prepared. I would actually probably have a party this time. I wouldn’t say like a big big party but I would know when he’s coming home, what to expect, the time frames...different things

like that. I know what questions to ask and what not to ask and who to ask. So, I think I would be very much so prepared this time.”

All of the participants discussed how communication with their husbands during deployment assisted them with feeling more prepared during post deployment. Karen shared, “It felt like we had that constant connection with each other. We stayed in communication so when we reunited it wouldn’t feel like I was with a complete stranger.” Jane reported, “I felt a sense of how he was feeling and what was going on [while he was gone].” Sally expressed, “It’s like we didn’t miss...we know we missed time but we didn’t.” Chelsea commented on how the communication during deployment helped with her emotional connection with her husband. Helen also commented on the emotional connection. She shared, “I’ve talked with wives that really didn’t communicate. So when they got home, they had lost that connection and had a hard time communicating. So they had to reconnect and get to know one another again. So if he had anything that had happened that changed the way he was thinking about something, I already knew...where they [those other wives] had to find out, which makes a big difference.” Deborah talked about how deployment communication helped her daughter with reuniting with the soldier. She shared, “We tried to Skype as often as possible so she knew him. I tried to expose him to her as much as possible and let her hear his voice so she knows who her dad is.” Diana also mentioned utilizing Skype and how it took away the surprise of her husband seeing that she was losing weight. She expressed, “I had lost a lot of weight while he was deployed but he saw me every day [on Skype]. So, it kind of took away the surprise of it. There was no nervousness. I mean I was nervous to see him but there was

none of like...like with my sister since we didn't know what to expect from her since we weren't able to communicate with her for two months at a time [while she was deployed].”

Not feeling prepared. Based on the significant statements, there were 15 meanings formulated based on negative factors of preparedness. These negative factors of preparedness caused the participants to feel a lack of preparedness. Out of all of the wives, Jane seemed to be the most unprepared for post deployment. Not only had she never dealt with a previous deployment of her husband's, she also had not experienced deployment by a friend or family member. She shared, “I didn't know anything about the Army. My husband enlisted about a year ago. He had gone through training and he got out of training in July. We moved to Ft. Bragg on August 16th...he got back on July 26th. He was then deployed in September. I didn't know anything about Army language...anything about lingo. I didn't know what unit he was in. I didn't know absolutely anything.”

A few participants commented on how past post deployment experiences did not prepare them because those experiences were different. Helen reported, “Well this third deployment was different because when he came from his civilian job, he had been laid off. So, um we went from him being out of the house 24/7 during deployment to in the house 24/7 during the lay-off. So it was very very different.” Diana was an example of a participant that had experienced post deployment with a family member and thought she was prepared for her husband's return but was not. She expressed, “I thought I was really, really prepared. I have a sister that got out of the Army after being in for 12 years and she had been to Iraq three times so we've gone through it all with her. Her and I are really, really, really close so I

really thought that all of my previous experience with her would help me with him but it just was a complete different thing with him.”

The soldiers returning home and “being different” was also a factor that resulted in a few wives not feeling prepared. Jane shared, “I was unprepared. I was not prepared at all because my husband came back and he was different. It wasn’t like a bad different but my husband wasn’t really a talker before and when he came back he was more verbal.” Deborah reported that she tried to be mentally prepared but she feels that no one can ever truly be prepared. Diana agreed with this and shared, “I think the biggest part of that is as much as they [the Army] really try to do everything they can to make reintegration easier is that there’s no compensating for not knowing who is coming home. There’s no fixing that. If I was reintegrating with him as exactly who he was before he left then it would have been a breeze. That’s what I was preparing myself for....was reintegrating with the guy I knew. So I just don’t know if there is any level of anything you can do to prepare for reintegrating with basically a new person because it’s not really reintegrating.”

Stressors

Throughout the seven interviews, all of the participants reported on various stressors that resulted in an adverse experience during the post war deployment. Based on the significant statements, 23 meanings were developed based on stressors. A few of the participants expressed extended family and lack of extended family as a stressor. As stated earlier, Chelsea reported that she only heard from her husband’s family when they needed money, which caused stress for her because she felt like his family was not understanding.

She shared, “They are not understanding, I don’t think. I don’t agree with a lot of the stuff so I just stay to myself. Just so that drama won’t be in the house because then it’s gonna be difficult on him.” Diana mentioned aspects of adjusting to being away from family and her husband’s job as significant stressors for her. She shared, “Our first duty station was only a four hour drive. We could go home on the weekends, so he was really miserable [during last post deployment], really far from home, really hated the way they did things here and that’s when it got really bad.” Not having certain family members around caused stress for one of the participants. Helen reported, “Well this last time, it was our third deployment, so it wasn’t....we had been around that block a few times. Um, this was the first one without my dad because my dad passed away after the second deployment. So, that was an interesting dynamic....simply because he would pick [husband] up, they would go do things.”

As illustrated above, lack of support from external family and distance caused stress for some of these women. Concerns within the immediate family, more specifically the marriage, caused stress as well. Some of these participants perceived their interactions with their husbands and their home environment stressful during post war deployment. Diana shared, “But there’s still always where I’m waiting for him to just get mad. Then we’ll start fighting because he’ll say something and I think he is having one of those moments, then I’ll get defensive, and it’s not [one of those times] and I’ve gotten defensive for no reason. So, then we fight and again he gets mad so easily these days that I set him off unintentionally, trying to keep from setting him off. At some point something is going to have to give because we can’t keep doing this.” As stated earlier, Karen shared that when she and husband got

angry with each other, they would yell and at times ignore each other. She reported this process to be very stressful and is working with her husband to improve their communication skills. Chelsea reported on the stress regarding the intimacy level between her and her husband. She shared, "I think the only difficult part of him coming back is the intimacy level because you haven't been touched, you haven't been around anybody. It's kind of like you are starting all over. I'm thinking, 'Hold on, you gotta ease me into it even though I know we have been together for nine years.' And he's like, 'Why is she holding back? Why isn't she ready for me?' I think that's the most complicated."

A variety of stressors were mentioned among the wives that affected the immediate family (wife, husband, and children) and how they functioned. Diana commented on the decision to become a stay at home mother due to the stress from her daughter's mental health treatment. She shared, "We were going through the diagnosis process with my oldest for the Autism, we just had a baby so it was like, 'I'll stay home.'" Chelsea reported that her most recent experience of post war deployment was different from previous deployments and more stressful due to her being unemployed this time. She reported, "This is the first time I don't work, so I think that is why it was more difficult too. Because working takes your mind off it [stress] and your busy." Jane reported a change in her husband's sleep pattern due to the time changes, which was a little stressful for the family because he did not want to be as physically active with them as before. She shared, "His sleep pattern he had was different because of the different time zones. So, I wasn't prepared for that."

Signs of PTSD

There were 30 meanings derived from the significant statements made by the participants regarding signs of PTSD. Some of the participants reported signs, however was not aware that these signs were possible signs of PTSD. Other participants knew their husbands were presenting with signs of PTSD. Diana reported the most regarding PTSD and her husband. She shared about her husband's anger, feelings of hopelessness, and his feelings being hurt easily. She shared, "Since he came home from his deployment, if he's had a bad day at work, it comes home with him. He'll yell and cuss at all of us. He is easy to get angry. Whereas, he really was a very laid back person before deployment." Chelsea also reported on her husband's emotional symptoms. She mentioned how difficult it is for soldier to mentally ease back into normal life.

A few of the women reported on other psychological concerns they noticed presented by their husbands. Certain noises and loud sounds was a common factor among their concerns. Karen reported, "One thing he said was that sometimes loud sounds, you know, that would kind of like alert him or for instance even like....we live on post so sometimes like a cannon would go off or something and it hits home too much." Jane shared, "The other strange thing that I noticed was certain soundshe would react a certain way. He'd be looking over his shoulder at different things then he would finally catch himself. So then he kind of explained to me that you have to be on your guard when your deployed. The area that he was in there were different sound effects so he hadn't gotten used to." She also mentioned that he was sensitive to a song that was playing on the radio because the amount of bass that

was in the song reminded him of sounds he heard while at war. Sally became emotionally while commenting on her husband's hyper-vigilance. She reported, "Any loud noises when he got home made him very alert. I went to the restroom one night and the vent was right beside the commode. I got cold so I was pulling the towel off the rack to put over my legs and it banged the door. He came around the corner and had his pistol. It scared me to death. He just heard the bang and it scared him. He jumped up and he didn't know." She also shared, "So, like when he first got home....riding down the road going somewhere, if something is on the side of the street...like one time we saw a bucket on the side of the street, and he swerved into the other lane. Over in Iraq, they drive....what he does is drive the transportation trucks and that's how they would hide bombs, is like in random debris on the side of the road. At home he was driving down the road and he would always look for stuff that he was looking for in Iraq."

Participants also reported on their husbands' struggle with being around others. Sally shared, "He really just sat at the house and played video games but he didn't say a lot. He was very distant. So, anytime I tried to hold his hand or anything, he just really didn't want anything to do with it. So he was....um....he didn't show a lot of affection." She also reported, "His adjustment back to trying to get a job and be around people like crowds without him feeling like he needed to be on high alert [was difficult]. Chelsea also reported that her husband struggled with social interactions. She shared that her husband has always been "not very social" but he seemed to stay to himself even more after deployment.

Sleep patterns and being less active were also mentioned as a concern once their husbands were back. A few of the women commented on how their husbands slept a lot during post deployment. Karen reported that her husband was home most of the day but slept while he was there. Jane reported, “We used to do things together but he wanted to relax more instead of go out. We were very outdoor active people like biking, hiking, doing things outside. He kind of wanted to be more relaxed and.....but he was still willing to do those things just not as often as we used to.” Chelsea expressed, “Before he used to watch a lot of movies, be on his own and do work but now he is sleeping more.” Chelsea also commented on her husband’s behavior while he is asleep. She shared, “This deployment, with him sleeping I’ve noticed a lot of.....he just mumbles stuff. The one that I heard the most....I don’t know if he is thinking of when he was in danger over there but he does a lot of moans like he is crying but then it’s not a cry.”

Coping Strategies

Healthy strategies. There were 60 meanings developed from the participants’ statements related to healthy stress reducing coping strategies. These are strategies that the participants felt were good for them and would not cause damage or strain to their lives. Among these meanings, participants reported that spending as much time with their husbands once he was back was a way they coped with stress-related feelings. Karen shared that she tried to stay busy but also went out on dates with her husband. She reported, “I think I just...I was just buried in studying, doing schoolwork. We tried to just, you know, spend more time together. Made sure we went out on dates and things like that. I think that’s mainly what it

was.” Another trend among these healthy strategies was trying to “keep the peace” with their husbands and not taking anything personal. Chelsea shared, “I heard him. I listened to what he was saying. Like the smallest thing about him wanting to sit down on the toilet and smoke. Yeah, I’m going to go ahead and let him. I’m not going to argue back. Basically, put the petty stuff aside. Give him time to adjust.” Deborah reported, “It’s....I mean....of course it’s the honeymoon phase. Nothing he does is wrong but after that it’s just hard. I mean, I would try to keep my mouth shut. Like I wouldn’t be like, ‘you didn’t pick up your underwear or you didn’t hang up your towel’, you know. Stupid stuff because in retrospect, you should just be glad that he is there to leave them on the floor, you know, because that’s something you would miss if he didn’t come back.” Sally mentioned that she tried to keep things as “regular” with her husband as possible. She reported, “I kind of just tried to live regularly so that he could just, you know, hopefully move into living regularly with me.” Sally also shared, “I actually worked with a lady, her boyfriend is in the same unit as my husband and we’ve talked about how it has effected them differently before. You got to let them do their thing and don’t take it personally because it’s not about you.” Diana mentioned something very similar. She reported, “I’ve gotten to the point where I don’t take it personal anymore because I know I’m not the one that made him mad. Whatever it was that happened at work, it just followed him home and he’s still in a bad mood.”

Spending time with their family (husband and children) was also among the healthy coping strategies. Karen reported that she and her family tried to have family night every Friday, which included watching a movie. Similarly, Chelsea also planned weekly family

activities to get their minds off of stress related feelings. Jane expressed, “Um, gosh, it [communication with extended family] was limited. I kind of focused on just he, I and our kids.” She also shared that she tried to keep her family busy. She mentioned, “Well, I kind of stayed busy and I had my kids involved in a lot of activities. So, I just continued on with those activities.” Diana and her family spent a lot of time at the beach. She stated, “We’re from the coast of Texas, so we would go home and spend a weekend on the beach and I’m fine, I’m good to go.”

Although spending time with their families was important to reduce stress related feelings, the participants also felt the need to get time alone. Deborah reported, “So, we do our normal routine, whatever it is....a play date, school, and then I get to take a break and do some personal stuff when he gets home.” Karen reported that she spent a lot of her alone time exercising. Jane expressed that getting a break from her children was very important to reduce feelings of stress. She reported several positive activities that she did alone. She shared, “Twice a month I go get a massage. I go get my hair done or something like that at least once a month. I also like eating a great dinner without sharing and cleaning up some mess.” Helen shared, “But when daddy is there it is easier because then I can say, ‘I’m gonna go take a bath, go talk to your daddy.’” She also stated, “Instead of ‘momma, momma, momma’, which they still do that because they are so accustomed to it being momma but when they ask I can say, ‘your daddy’s home, go talk to him and leave me alone for a minute.’”

A few of the participants felt that it was important to reach out to others to reduce stress related symptoms. Of these few, helping others was more helpful than getting help themselves. Chelsea expressed, “I do a lot of support for the other people, but I tend not to depend on anyone. I am very independent. I like to do my stuff because I know it is going to get done the way I want it to get done.” Jane reported, “I would have to say I did more support for them [Army wives]. Um, gave them more support than what I received. I don’t drink. I don’t smoke. I don’t go partying. I don’t take my husband’s money and just go spend it. I’ll watch their kids and make sure they good while they have their hangovers.” Helen reported coping in the form of reaching out to her spiritual connection with God. She shared, “Be anxious for nothing. But with all things with prayer and supplication submitting your desires to the Lord.”

Unhealthy strategies. There were 23 meanings developed from the participants’ statements related to unhealthy stress reducing coping strategies. The participants identified coping strategies that could potentially cause harm to their lives in the long run. One of the unhealthy coping strategies was negative verbal communication with their husbands. A few of the participants reported yelling at their husbands. Diana reported, “I tell him to shut up and stop.” Sally expressed, “He couldn’t see the change in his personality from on it to off it [his medication]. So, maybe a little bit of hollering was not healthy.” Karen mentioned, “I think like when I would get upset with him about things I would yell or we would just ignore each other, which I know is not healthy.” Diana also threatened her husband during verbal altercations due to his anger towards her. She shared that she told her husband, “One day,

you're gonna come home and I'm just gonna be gone. You'll have like a tv and a frozen pizza in the freezer. Pack up the kids and I'm just gonna leave because I'm fed up with your crap."

A few participants reported on physical strategies that they participated in to reduce stress related symptoms that were unhealthy. Diana reported that she drank alcohol, however, she downplayed her drinking. She stated, "I drank a lot of wine, but again I'm Bohemian and I swear we are born drinking." Jane shared, "I would say I'm very health conscious and I watch what I eat. I would have to say, that kind of left. So, I would say that was something that was unhealthy. You know, snacks were so much easier and quicker....I guess the convenience of things was what made it unhealthy. I guess lack of exercise. I used to be more active and that was not in the picture as often." Some of the participants shared that they did not do anything or were not aware of doing anything to lessen stress related feelings. Sally shared, "I didn't go talk to anybody or anything like that. I just figured in time it would work itself out, but I didn't know it would take that long." When asked what she did to minimize stress related symptoms, Deborah stated, "I don't know if I consciously did anything."

Support

Family/Friends. The participants felt that they received support from various entities during post war deployment. All of the women shared that their extended family was supportive during post war deployment most of the time. Helen stated, "My family is a big support and his family is a big support." Diana and Jane reported that consistent visits with their families were needed. Diana shared, "We would go home probably every other

weekend.” Jane shared, “My family will just show up and knock at the door.” Chelsea reported, “I am very close emotionally to my family. I have a big bond emotionally even though they are far away.” Karen mentioned that she is very family-oriented and family has always been an important part of her life. She reported, Deborah shared that her deceased parents showed great support during past post deployment periods, so she feels that they would have this time if they were still alive. Sally shared that family “backed off” a little when her husband came back but they were still available to them.

A few of the wives also commented on lack of support from family members due to distance but felt that they would have been supportive if they could have been. For example, Chelsea mentioned her husband’s family being close but still did not provide much support. She expressed, “His family is in Georgia but no one has come to see him even though they are so close even though I volunteered to go pick them up. They just never been there for him. Nobody has ever seen him re-deploy. The only time I hear from them is when they need money.”

Army. Some of the women talked extensively about the Army and how they are and are not supported by the Army. Majority of the women were able to experience support from the Army. These women spoke mainly about the meetings that the Army has for the families of the soldiers. Deborah shared, “I think the Army has done a pretty good job, I mean if I had have participated. They have lots of, you know, like briefs and clinics and stuff like that you can go to to help prepare you for your husband’s deploy or while their gone or when they come back.” Jane also reported on the meetings that the Army conducts with the families.

She reported, “So, they said that they had workshops and different things that was there to prepare you for pre-deployment, deployment, and post deployment. I did end up going to one of the little retreats that they had which was very helpful.” Diana expressed, “They offered...and I went to them because I was an FRG (Family Readiness Group) leader. FRG does like reintegration seminars and stuff. I went to them and we even went to a couple of them after he got home but it’s like....they give you the generalities of what to expect and what not to expect. They explain the Army side of it. Like seeing stuff on the side of the road might scare him.”

A few of the participants expressed the Army’s lack of support. These women felt that the Army did not do a good job of supporting them during post deployment. Diana expressed her concerns of the Army’s method of sending wives away when they ask for mental health assistance for their families. She reported, “As far as the Army support....no. They talk a big game and preach that they are here for the family but no they’re not. They are full of crap. They are here for you until you really need something and then you better figure it out on your own. You can talk to any official Army person and they can tell you that that is not true but that is very true. You can go to the chain of command and say, ‘Hey, I am having these issues with my spouse. I am really concerned about him.’ And they are like, ‘Oh, Call Military OneSource.’ That is the extent of their advice to you, which is good advice. You are this soldier’s commander, though. Make him go to mental health.” Chelsea shared, “They have that FRG. FRG is basically a group of....you know when they deploy there is usually some left back in the unit, so it’s those doing kind of like updates on how

their deployment is going and information. Kids get together and all that stuff. The only thing is that, he has been deployed four times and I haven't had any of that going on." Jane also expressed her concern with the lack of communication that she received from the Army. She shared, "I wish I had have gone through a class or two to understand what is going on because I didn't know when he was leaving, how he was going to leave or return and I didn't know where to go."

Other Army wives. A few of the participants reported on the support that they received from other Army wives. This support was extremely helpful because these wives had already experienced post war deployment and could identify. Diana expressed, "So, as far as outside support....friends and stuff, other spouses who have been there, definitely [were supportive]." Helen shared, "I would say more my military family [than biological family] because they either lived it previously or they are living it at the same time and they understand the issues."

Some of the participants talked in length about the lack of support and relationship with other Army wives. Chelsea shared, "Not because I don't want to reach out to anybody but because of the whole aspect on....everybody is looking to become your friend and there is always a motive. They wanna be your friend because they do all this selling. A lot of Army wives do a lot of selling. Where it be Pampered Chef, Avon, Mary Kay, so they want to do a meet and greet. Then every time you get with them they want to sell you something." Diana expressed, "Army wives are like mean girls in high school. It is like the movies 'Mean Girls'. I don't like women. I have always just been that girl....I don't get along with

women. I don't like cattiness. I don't sugar coat crap." Jane expressed feeling like she is not the typical Army wife and different than many of them. She shared, "Army wives are interesting. I'd have to say that I never really could connect well with them. I guess the only way I connect with them is, I'm an Army wife too. We all have kids, but I'm not a typical Army wife. So, I would have to say I did more support for them."

Helping professionals. Chelsea reported on how the support is present during deployment but not during post deployment. She stated, "Even the doctors, if they know your husband is deployed, one of the things they ask you is 'Are you depressed?' They don't ask you, 'So, I know your husband is back from deployment, how is he doing?' They don't do any of that." Sally commented on the fact that her husband received support from professionals in the form of medication management but she did not feel that she was supported or assisted with ways to manage her husband's PTSD symptoms. She shared, "So, I wasn't with him when he went to the doctor and they didn't send any paperwork home. They just, I guess talked to him and told him 'da-da-da-da' and here's your medicine. So, I didn't really get any help."

Summary

This chapter reported the findings of this qualitative study that explored the experiences of seven Army wives that have experienced post war deployment of their husbands in North Carolina. This chapter has also introduced the clusters and themes that were developed based on the findings. Chapter five will examine insights gained from research questions, limitations, policy/advocacy and implications for theory, and practice.

Also discussed will be advice the participants shared for other Army wives experiencing post war deployment and recommendations for future research

CHAPTER 5: DISCUSSION

This chapter provides a summary of findings from the study in relation to prior research and conceptual and theoretical frameworks. The clusters developed and the themes produced from these clusters will be explained as well as how these relate to implications. This chapter also includes limitations, and recommendations for future research and practice. The purpose of this phenomenological study was to describe the essence of the lived experiences among Army wives during the post war deployment experience. To accomplish this goal, semi-structured interviews were conducted. Two research questions guided this study: (a) What are the lived experiences of Army wives during post war deployment of their husbands? (b) What factors influence emotional and behavioral stability for Army wives during post war deployment of their husbands?

Discussion of Findings

The following themes emerged during this study: family adjustment, marital adjustment, stressors, support, coping strategies, signs of PTSD, and preparedness. These themes developed were based on the findings that lead to the discussion of implications in this chapter. The themes that emerged guided implications for practice, theory, policy and advocacy and future research.

Importance of Communication

Marital and family adjustment were affected in positive and negative ways due to communication. Communication within all areas of deployment was mentioned as being very important to continue the emotional bond between the wife and the soldier. Communication

between the wife and soldier during pre-deployment is important in order for the individuals preparing themselves to be away from each other for an extended period of time.

Communication during deployment is key to the couple's continued connection due to the soldier missing out on significant events while being away at war. Continued communication during this time will assist in preparing the soldier for his return home. Communication during post deployment is crucial in assisting the wife with being aware of her husband's behaviors as well as providing him with support when needed.

Communication among the soldier and his children is also very important during post war deployment. As mentioned earlier, it can be difficult to insert oneself back into an environment that they have been away from for an extended period of time. The soldier readjusting to children and children readjusting to the soldier is difficult due to the change in the family dynamics. Including the soldiers in family gathering and decision making regarding the children can be beneficial in assisting with effective communication among the soldier and the children.

Communication also was found to effect the Army wives' level of preparedness for post war deployment. The Army wife's communication with the Army is key during all deployment transitions. Understanding her husband's unit and how it operates is an essential part of being an Army wife. Knowing how the Army operates is necessary when understanding and living the Army lifestyle. More specifically, during post deployment, the Army wife needs to know all resources that are available to her family in the case of a more than challenging experience once her husband returns.

Addressing Psychological Signs and Symptoms

Having support and being aware of their husbands' signs and symptoms of PTSD were also major themes found throughout this study. It is uncertain whether or not Army wives are able to address specific behaviors that their husbands may exhibit during post deployment. During this study, some of the participants experienced psychological symptoms of their husbands and some did not. Among those that addressed what they saw, they sought out professional mental health assistance. These individuals also remained patient and allowed their husbands to share their experiences while at war. Among those that did not address signs and symptoms, they ignored them. These participants may have asked a few times about the signs but for the most part ignored them in hopes their husbands would get better. Ineffective communication such as yelling at the husband was also utilized when undesired behaviors were witnessed.

Advice for Other Army Wives

All of the participants shared their suggestions regarding other Army wives. They shared their advice to other Army wives that will go through post war deployment. Supporting the soldier when he returns is necessary during this time. Participants advised the importance of listening to the soldier and being aware of his reactions to certain things like sounds. Being open and to not take anything that he may say personally out of anger was mentioned. However, if signs of PTSD are seen, Army wives should not be afraid to ask for support and assistance with their husbands. Communication with the soldier was stated to be very important. Being able to maintain open communication and stay positive throughout the

post deployment period is significant. Including the soldier in decision making regarding the family is also very important to the adjustment period. Along with communication comes patience. The participants reported that they had to be very patient with their husbands when they returned home due to not knowing what type of mental state their husbands were going to be in. As stated before, listening to him tell his story is important, however the soldier should not be pushed to talk. Listening, acknowledging his feelings and assisting him with working through any issues is appropriate. Giving him time and space to adjust is key.

Implications for Practice

The purpose of this current study was to inform professionals of what factors contribute to emotional and behavioral stability of Army wives during post war deployment of their husbands. The findings suggested implications for Army wives and helping professionals (i.e. counselors, social workers, primary care physicians, etc.).

Helping Professionals

During the interviews, the participants were asked to share about what would have helped them feel more prepared for their husbands return. Participants also commented on outside support that would have been helpful if utilized during pre and post deployment. Most of the participants reported having the opportunity to attend briefings/meetings with the Family Readiness Groups (FRG). Most of the participants did not attend these briefings but reported that they probably would have been helpful if they had attended. Support from the Army seemed to be something that would have been helpful for all Army wives but it was not always accessible except for during these briefings. More importantly, communication

with their husbands' units before and during deployment seemed to be required if one wanted to be prepared for her husband's return, if communication with her husband during deployment is limited.

Communication with mental health professionals (psychiatrist, counselor, etc.) was lacking among these participants when dealing with their husbands' possible PTSD signs. Visiting the psychiatrist or primary care physician with their husbands' when they are receiving medication is helpful for the Army wife. Understanding the signs and symptoms of PTSD and medication that treats these symptoms is something that Army wives need. Increasing the soldiers' and their wives' knowledge of PTSD is also a way to normalize concern and support them when they are thinking about mental health assistance for the soldier or for the family.

Best Practices

According to NCCP (2007), to improve service capacity, access, and quality of the federal government, the Department of Defense (DoD), and the state and local mental health officials should increase training in and of the use of evidence-based or empirically supported practices in clinical settings for military families. Clearly, all military personnel need to receive suicide prevention training - and that is happening, but beyond that, soldiers need to get to know each other so they will be more likely to spot someone who is depressed or suicidal and thus make sure that the person receives help (Caruso, n.d.). This is important due to one of the participants sharing that her encouragement to her husband to obtain professional help only angered him and put a strain on their marriage. Encouragement to seek

help coming from a fellow soldier may possibly get more soldiers to comply. It is crucial for leaders to decrease the stigma associated with seeking help, improve access to care, continuously incorporate suicide prevention training throughout the deployment and life cycle and encourage those who have displayed suicidal tendencies to immediately seek help (Army Public Affairs, 2007).

A few participants stated that they were unsure if what they were seeing their husbands exhibit was signs of PTSD or not due to lack of knowledge regarding PTSD. Another aspect of support that is needed for military families is enhancing community partnerships regarding mental health. Military families need better access to community-based behavioral health care through coordination among TRICARE and DoD so that they are educated on signs and symptoms of PTSD and other mental health diagnoses (Elmore, 2013). In addition to enhancing community partnerships, developing specific effective and targeted intervention strategies for sub-groups of military families, paying attention to the developmental span, reserve component status and diverse ethnic and cultural groups is important. Interventions tailored to the unique needs of certain populations enhance the likelihood that these practices will be adopted and supported (NCCP, 2007).

Self-Care among Army Wives

Addressing stressors and coping strategies to deal with these stressors were major themes throughout this study. Finding ways to cope with stress related feelings is key among Army wives during post deployment. Most Army wives are unaware of what they do to minimize stress related feelings because they are most focused on trying to assist their

husbands with feeling comfortable and stress free. However when stress related feelings are present, most Army wives utilized positive/healthy coping strategies. Included in these coping strategies are spending time by themselves or spending time with their husbands doing something relaxing and meaningful. Army wives could also benefit from participating in self-help groups to assist with stress management and emotional regulation. Groups also focusing on effective communication styles would also be useful. Some wives in this study mentioned not having the time to attend the readiness programs that the Army provides, so seeking out online groups may be the most accessible.

Implications for Theory

Family Stress Theory

The theoretical framework of this study was based on the Family Stress Theory, the Bioecological System Theory of Development, related literature, and previous research on coping strategies, marital functioning, psychological symptoms and PTSD. According to the Family Stress Theory, major stressful life events, particularly those that have chronic hardships, create a crisis for families that often leads to reorganization in the family's style of functioning. A major factor in this reorganization is the meaning the family gives to the stressful event. Often the meaning extends beyond the event itself and leads to a changed view of the family system and even to a changed view of the world (Patterson and Garwick, 1994). All of the participants reported a change in the family system once their husbands returned. Adjusting to the soldier being back was difficult for most but easier for some. Readjusting to another person, their belongings, and their personality was viewed as a

stressful event among the participants. Due to the same factors, the marital dynamics changed with caused changes in marital functioning. For most of the participants, their family system immediately was reorganized when the soldier returned home. According to the family stress theory, events within the families, and defined as stressful, are more disruptive than stressors that occur outside the family, such as natural disasters (Hill, 1949).

As mentioned earlier, the ABCX Model was developed to illustrate how families cope with stress. The B and C components explain how the family deals with the stressor event (A). The B refers to the resources available to the family as they attempt to cope during the stress event. The C refers to the perception of the stress event. It remains uncertain if adequate resources are available for Army families experiencing post war deployment. The Army provides FRG (Family Readiness Group) programs for Army wives and their children before, during and after deployment. These meetings are held to assist families with the deployment transitions. Most of the wives in this study did not participate in these meetings for various reasons. Reasons to not attend included feeling that they would not be helpful, unable to make the time to go, and not knowing about them. According to these participants, other than the FRG meetings and support from other Army wives, no other known resources are available to Army wives and their families during post war deployment. This confirms the importance of supportive resources during the stress event to increase the feeling of preparedness and decrease the perception of the stress event as a crisis (X).

Lack of previous experience with the stressor event leads to increased perceptions of stress (Hill, 1949). Previous deployments give Army wives some sense of what to possibly

expect when their husbands return home. Although past deployments assist with feeling more prepared for post deployment, all deployment experiences within a family are different so being prepared for something that has not happened yet is challenging. However, experiencing multiple post deployments increases Army wives' feeling of preparedness and tended to help them feel more comfortable and confident in their abilities to handle the situation more so than their very first post deployment experience.

Bioecological System Theory of Development

According to the Bioecological System Theory of Development, the microsystem refers to the environment in which an individual lives. This system includes family members, peers, religious communities, neighborhoods and others whom the individual has regular interaction and direct contact with. The microsystem is the system in which an individual encounters the most social interactions. The individual is not simply observing or having things happen to them, but helping to create and construct the experiences they have (Vleet, 2011). According to the Bioecological System Theory of Development, the mesosystem is described as the interactions between the microsystems. Much like the microsystem, the individual is not simply observing the things happening to them, but are playing an active role in helping create the experiences they have (Vleet, 2011). The microsystem is a very significant factor in Army wives' lives during all levels of deployment. During post deployment, interactions with others in the form of support is key in having a healthy experience. More specifically, interactions with other Army spouses that have experienced

post deployment is the most beneficial form of support. However, interactions with other Army wives that are not supportive is a significant issue due to the support not being present.

Implications for Policy/Advocacy

Throughout the years, there have been policies and programs put in place to advocate for the mental health well-being of soldiers and their families. According to the Department of Veterans Affairs, 269,331 veterans were receiving compensation for PTSD as of 2006 (The National Center for Children in Poverty, 2010). Some initiatives have been successful in providing effective services and direction to military families. Issues with the mental health system among military families and best practices will be discussed here.

Issues

In 2010, the National Center for Children in Poverty (NCCP) reported that there is a severe shortage of military and civilian mental health providers with expertise working with military families who are available to serve military families. A 2007 report by American Psychological Association (APA) estimated that approximately 40 percent of active duty licensed clinical psychologists positions were vacant. This shortage also includes psychiatrists and social workers. Among the mental health providers that are available, there is a reported high burn-out and attrition rate. The Army saw an eight percent drop in mental health professionals from 2005 to 2005 (NCCP, 2010).

TRICARE, the military managed care provider organization also faces challenges. As mentioned above, the lack of mental health providers is a problem. In addition to the low capacity of mental health providers, TRICARE beneficiaries report that they have access to

fewer providers than appear on TRICARE's provider lists because many do not accept new patients (NCCP, 2010). Low TRICARE reimbursement rates and several certification requirements deter providers from accepting new patients. According to the NCCP (2010), inconsistent policies on access to on-base mental health services for other than full-time military personnel impacts the ability to receive care for National Guard and Reserve families. Some mental health programs are only offered to active duty soldiers and their families.

Several suicide prevention initiatives and programs have been developed over the past several years to enhance knowledge of suicide prevention and decrease suicide rates. Although these initiatives have been put in place, suicide continues to be a problem among the military, especially Army soldiers. According to Army Public Affairs (2007), there was a steady increase in suicide deaths from 2003 to 2006 during post war deployment among Army soldiers. Suicide among Army soldiers while deployed also consistently increased between 2003 and 2006.

Family Readiness Groups (FRG)

Although advocacy and programming is available, there continues to be some issues concerning mental health among military families. As mentioned above, Army wives have an opportunity to attend FRG meetings to help them become prepared for their husbands' deployment and return from deployment. Participants in this study admit to not attending these meetings for various reasons however report that they would have probably been beneficial. Since these meetings are voluntary, the Army needs to find ways of getting the

wives to the meetings. One possible way to get wives to the FRG meetings is to require the family's attendance for their first deployment. This way, the Army will only have to keep them coming instead of getting them there and keep them coming. These meeting can also become more enticing by including incentives in the form of a meal served and a raffle for prizes.

Limitations of the Study

All research studies have limitations that can impact the credibility and trustworthiness of the results (Heppner & Wampold, 2008). Limitations of the study are presented as considerations for future research and as a foundation for improvement. This study was limited by the number of participants and characteristics of participants.

Participants

This study was limited to seven participants. Due to the small sample size, the sample is not effectively able to generalize the population. However, as mentioned above, the goal of qualitative research is not meant to generalize but transferability applies to this current study. According to Colorado State University, transferability describes the process of applying the results of research in one situation to other similar situations. Unlike generalizability, transferability does not involve broad claims, but invites readers of research to make connections between elements of a study and their own experience (Colorado State University, n.d.).

Characteristics of Participants

Another way that this study lacks reliability is the self-reporting approach that was used. There is always a potential for bias when participants are asked to self-report. The subjective nature of self-reporting can be seen as unclear and adds to the uncertainty and limitations to data collection. These participants were also self-selected and were motivated to participate in this study. Also, the structure of the interview could have possibly caused a limitation related to the participants' characteristics due the interview being in person. Face to face interviews can potentially cause a person to not be as honest during self-reporting. Due to the nature of the information the participants were sharing, dishonesty is possible.

Recommendations for Future Research

The present study made a contribution to the knowledge about Army wives and their post war deployment experience. As stated earlier, there is limited research regarding post war deployment. More specifically, research lacks studies based on Army wives experiencing post war deployment. Due to limited research, it is difficult to understand military wives and what they experience during post deployment. Among limited research is also a lack of research concerning Army wives. Army wives have challenges before, during, and after deployment.

This current study has filled the gap in research regarding Army wives and post war deployment experience. This study illustrated the lived experience of Army wives during post war deployment. This study detailed the emotional and behavioral stability among Army wives during post deployment of their husbands. Findings assisted with the understanding of

what stressors affect Army wives and how they cope with these stressors. This study also filled the gap in research regarding how Army wives are affected by their husbands' moods and behaviors when they return home from war. This study has given insight into how Army wives prepare themselves for their husbands' return from war as well.

More research regarding the Family Readiness Group programs and other military assistance programs is needed. These programs seem to be potentially beneficial to Army wives. However, Army wives do not seem to be attending them for several reasons. If doing this study again, it would be beneficial to have one or two interview questions related to military programs and services for military families. Some of the participants mentioned their participation and lack of participation in the FRG programs but some did not. Mention of the FRG programs emerged only by default instead of a direct interview question. Research on the participation rates of these programs is important to understand the potential lack of preparedness among some Army wives. The effectiveness of these programs would also be essential in assuring that these programs are teaching Army wives and their families the factors that they can apply to their situations.

All of the participants in the study reported on family adjustment and how several things effected their family's adjustment during post war deployment. There are some studies that have been conducted with children who have at least one parent in the military. However all of these studies are based on the soldier being deployed and not home from war. A study similar to this current study but with children would be beneficial to research. Some of the participants in this current study addressed routine changes and re-adjustment issues among

the soldier and the children. None the participants in this current study reported physical domestic violence, however some emotional/verbal abuse was reported. These forms of negative communication are perceived different to a child than an adult. Understanding the children's perspective on these changes and issues would be very valuable to helping professionals (teachers, social workers, counselors, physicians, etc.) and research.

Although this current study has filled a few gaps in research, there are still some that remain. One in particular, as mentioned before, is the lack of research concerning military support programs for military families and their effectiveness. The military provides several programs to assist families with all stages of deployment, however we cannot know if these programs are best practices and evidence based if there is limited research on whether or not they are effective. The hope is that more research is conducted on these programs and their effectiveness. More research on the programs could also lend insight as to why military wives choose to not attend these programs.

Another gap that remains is the pre-deployment experience among the spouse, soldier, and children. There are several unanswered questions about how a family prepares for the soldier being deployed and their feelings about the war, in general. There are several articles and websites that suggest things to help with preparation, however very few of these articles and websites seem to be based on research and studies that have been conducted. Knowing how a family is adjusting before a deployment can predict how they will adjust after the deployment. For example, if there are communication issues before deployment, then there is a large chance that there will be more issues with communication after the

deployment. The hope is that more research is conducted regarding the family and pre deployment to back up the numerous articles and websites that suggest a variety of things to help prepare for deployment.

Conclusion

This study was conducted for personal and professional reasons. Personally, due to my father being in the Army, I grew up as an “Army brat”, which guides my interest in the military culture. Knowing people that are currently apart of this culture and remembering my experiences as a child within this culture drives my passion for conducting this study. Professionally, due to a large number of soldiers that are being deployed, military families suffer from a variety of problems. Knowing that these problems are present makes me want to know more about these problems and how I can help as a professional.

This qualitative study of seven Army wives was conducted to gain insight into their lived experiences during post war deployment of their husbands. While gaining insight into their experiences, emotional and behavioral stability were important pieces to be addressed. Ethnic backgrounds were cited by all of the participants of this study. When beginning this study I expected there to be differences among lived experiences based on cultural backgrounds due to the possible differences in the ways different cultures are effected by emotional and behavioral influences. However there were no clear differences between the women’s experiences based on culture.

The findings of this study were closely related to the Family Stress Theory as well as the Bioecological System Theory of Development and their components. According to the

Family Stress Theory, Army wives and their families need resources and positive perceptions to successfully develop and prosper during a challenging experience, like post deployment. According to the Bioecological System Theory of Development, Army wives need to have positive interactions with all systems that are relevant to her for her and her family to succeed. Also related were previous studies involving marital functioning, psychological symptoms, and coping strategies.

Military support practices in the form of programs and services to assist military families was addressed. There seems to be a lack of involvement by military families as well as a perceived lack of effective programs provided. The need to understand why there is a lack of involvement is vital to the helping profession so that military families can be appropriately advocated for.

By interviewing the seven Army wives, it was discovered that several factors affect their post deployment experience. Post deployment can be difficult due to negative coping strategies, stressors, lack of support, lack of preparedness, poor marital and family functioning, signs of PTSD, and poor adjustment. Post deployment for Army wives is less challenging when positive coping skills are used to decrease stress-related feelings and positive support is accepted to increase marital and family satisfaction and preparedness while decreasing signs of PTSD. Being aware of and understanding the challenges that Army wives experience regarding emotional and behavioral adjustment during post war deployment is vital to research and the helping profession.

REFERENCES

- Allen, E. S., Rhoades, G.K., Stanley, S. M., & Markman, H. J. (2010). Hitting home: Relationships between recent deployment, posttraumatic stress symptoms, and marital functioning for army couples. *Journal of Family Psychology, 24*(3), 280-288.
- American Psychological Association. (2000). Diagnostic and statistical manual of mental disorders (4th ed., Text Revision). Arlington, VA: American Psychological Publishing.
- Army Public Affairs. (2007). Army suicide prevention program. Retrieved from http://www.army.mil/article/4979/Army_Suicide_Prevention_Program/
- Boemmel J. & Briscoe, J. (2001). Web quest project theory fact sheet of Urie Bronfenbrenner. National-Louis University. Retrieved from <http://pt3.nl.edu/boemmelbriscoewebquest.pdf>.
- Boss, P. (1992). Primacy of perception in family stress theory and measurement. *Journal of Family Psychology, 6*(2), 113-119.
- Bronfenbrenner, U. (1977). Toward an experimental ecology of human development. *American Psychologist, 5*, 513-531.
- Caruso, K. (n.d.). Suicide prevention in the military. Retrieved from <http://www.suicide.org/suicide-prevention-in-the-military.html>
- Colorado State University. (n.d.) Generalizability and transferability. Retrieved from <http://writing.colostate.edu/guides/guide.cfm?guideid=65>
- Demers, A. (2009). The war at home: Consequences of loving a veteran of the Iraq and Afghanistan wars. *Internet journal of mental health, 6*(1), 3-21.
- Easterling, B., & Knox, D. (2010). Left behind: how military wives experience the deployment of their husbands. *Journal of family life*, Retrieved from www.journaloffamilylife.org
- Findell, T. (2006). Anxiety, depression, and stress levels among military spouses (master's thesis). Retrieved from ProQuest. (700109338).
- Fox, M. (2014). Military uses unproven mental health programs, report finds. Retrieved from <http://www.nbcnews.com/health/health-news/military-uses-unproven-mental-health-programs-report-finds-n34516>.

- Griffiths, M. (2009). Parent and child experiences of childhood cancer: Interpretive phenomenological analysis approach (doctoral dissertation). Retrieved from http://eprints.qut.edu.au/29174/2/Maya_Griffiths_Thesis.pdf
- Heppner, P. P. & Wampold, B. E. (2008). Research design in counseling. Belmont, CA: Thomas Higher Education.
- Lapp, C., Taft, L., Tollefson, T., Hoepner, A., & Moore, K., Divyak, K. (2010). Stress and coping on the home front: guard and reserve spouses searching for a new normal. *Journal of family nursing*, 16(1), 45-67.
- McDonald, L. (n.d.). Hill's theory of family stress and buffer factors: build the protective factor of social relationships and positive perception with multi-family groups. Retrieved from http://cecp.air.org/vc/presentations/2selective/3lmcdon/HILL'S_FAMILY_STRESS_THEORY_ANDFAST.htm.
- Military OneSource. (2014). Retrieved from <http://www.militaryonesource.mil/>.
- Newby, J. (2005). Postdeployment domestic violence by U.S. army soldiers. *Military Medicine*, 170(8), 643-647.
- Paquette, D. Ryan, J. (2001). Bronfenbrenner's Ecological Systems Theory. Retrieved from http://www.floridahealth.gov/alternatesites/cms-kids/providers/early_steps/training/documents/bronfenbrenners_ecological.pdf
- Patterson, J. & Garwick, A. (1994). Levels of meaning in Family Stress Theory. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/7828712>
- Robinson, D. L. (1997). Family stress theory: Implications for family health. *Journal of the American Academy of Nurse Practitioners*, 9(1), 17-23.
- Rosen, L.N. (1996). Life events and symptomatic recovery of army spouses. *Behavior medicine*, 21(3), 131-143.
- Smith, J. & Dunworth F. (2003). Qualitative methodology. In K Connolly and J. Valsiner (Eds.). *The Handbook of Psychology*. London: SAGE
- Smith, J. A., Flowers, P., Larkin, M. (2009). Interpretative phenomenological analysis: Theory, method, and research. London: Sage Publications Ltd.

- Smith, J. & Osborn, M. (2007). Interpretive Phenomenological Analysis. In J. Smith (Ed.), *Qualitative Psychology: A Practical Guide to Research Methods* (pp. 53-80). London. Sage Publications.
- Smith, S. (1984, October). *Family stress theory: Review and critique*. Paper presented at the annual meeting of the national council on family relations.
- Sokolowski, R. (2000). *Introduction to Phenomenology*. Cambridge University Press.
- Substance Abuse and Mental health Services Administration (2013). *Military Families*. Retrieved from <http://www.samhsa.gov/MilitaryFamilies/>.
- Warren, J. (2010, April 10). Bronfenbrenner`s ecological theory of development. Retrieved from <http://johnwarren.articlesbase.com/history-articles/bronfenbrenners-ecological-theory-of-development-2128561.html>.
- Williams, S. M., & Williams, W. H. (2005). Family resiliency and stress theories. In *My family, past, present, and future: A personal exploration of marriage and the family* Pearson Custom Publishing.
- Wood, S., Scarville, J., & Garvino, K. (1995). Waiting wives: separation and reunion among army wives. *Armed forces & society*, 21(2), 217-236. Retrieved from <http://afs.sagepub.com/content/21/2/217>.
- Van Vleet, S. (2011). Bronfenbrenner`s Ecological Theory of Human Development. Retrieved from <http://voices.yahoo.com/bronfenbrenners-ecological-theory-human-development-7630190.html>

APPENDICES

APPENDIX A: Informed Consent

Army Wives and the Post War Deployment Experience: An Interpretive Phenomenological Study

You are being asked to participate in a research study. This study is for civilian female wives aged 18 and above, currently living in North Carolina. All participants must be able to read and speak the English language fluently. Participants' military male husbands must be serving in the Army at any capacity. This study will examine the responses of approximately seven participants. This study will include in-person audio-taped semi-structured interviews. Please read the below information to assist in your understanding of what your involvement will entail.

INVESTIGATOR

The student who is conducting this research is Donte` R. Corey, MA. The faculty member who is supervising the research is Sylvia Nassar-MacMillan, PhD.

PURPOSE OF RESEARCH

The purpose of this study is to examine the experiences of Army wives after their husbands have returned from war.

DURATION OF PARTICIPATION

If you agree to participate, the amount of time it will take to conduct the interview will vary depending on your responses to the questions during the interview. The interview will take approximately 30- 60 minutes to conduct. The interview will take place at a private location that is convenient for you.

PROCEDURES TO BE FOLLOWED DURING THE RESEARCH

If you decide to participate in this study, you will first answer questions regarding demographic information. Next, the researcher will ask you nine questions related to post war deployment. After you have answered the interview questions, you will be debriefed and thanked for your participation.

RISKS

Questions asked may result in feelings of sadness and/or anxiety due to thoughts about past feelings and experiences. If you experience any severe feelings of sadness and/or depression while or after participating in this study, please feel free to contact the national crisis hotline at 1-800-273-TALK to receive immediate services. There will also be a listing of mental health providers in your area available to you at the end of the interview.

BENEFITS OF THE RESEARCH

There may not be any direct benefits of this study, but the investigator hopes to gain more knowledge and understanding from this study to assist others with post war deployment situations similar to those who take part in this study.

CONFIDENTIALITY

Any identifying information shared in this study will remain confidential. The results of this study may be published in scientific journals or presented at conferences but no true identifying information will be used in presenting this study.

COMPENSATION

At the end of the interview, you will be given a \$25.00 gift card.

PARTICIPANT RIGHTS

If you feel at any time during this research that your rights have been violated, feel free to contact the North Carolina State University Institutional Review Board at 919-515-4514 or 919-515-7515.

QUESTIONS ABOUT RESEARCH

If you would like further information about this research, you may contact Mrs. Donte' R. Corey at (336) 327-5168 or dgroach@ncsu.edu and/or Dr. Sylvia Nassar-MacMillan at 919-515-6363 or sylvia_nassarmc@ncsu.edu.

PARTICIPANT RIGHTS AND RESEARCH WITHDRAWAL

Your participation in this study is voluntary. You may refuse to participate at any time and withdraw from the study. If you have questions that are not answered here, feel free to contact the above named investigator.

SIGNATURE AND ACKNOWLEDGEMENT

By signing, I am agreeing that I have read and understand all of the above information. I agree to participate in the study until I decide otherwise.

Signature of Participant

Date

Signature of Investigator

Date

APPENDIX B: Demographics Questionnaire

1. What year were you born?
2. What year was your husband born?
3. How many years have you been married to your current spouse?
0-5
6-11
12-17
18 and more
4. How many years has your husband been in the military?
0-5
6-11
12-17
18 and more
5. What ethnic background do you identify with?
Black
White
Latino
Asian
Other: _____
6. Do you have children living in your home?
No
Yes
If yes, what are their ages?
7. Is your husband a part of the National Guard or Reserves? If so, which one?
8. What is your husband's rank?
9. How many times has your spouse been deployed to war?
1-3
4-7
8-11
12 and more
10. In what month/year did your husband return from his most recent deployment to war?

11. How many months was your husband deployed in his most recent deployment to war?

0-5

6-11

12-17

18 and more

12. Are you employed?

Yes

No

13. What is your annual household income?

\$0-10,000

\$10,001-\$20,000

\$21,001-\$30,000

\$31,001-\$40,000

\$41,001-\$50,000

\$51,001-\$60,000

\$61,001+

APPENDIX C: Interview Questions

1. Walk me through a typical day/week of yours during the post war deployment period
2. Describe your level of preparedness for the post war deployment period.

Probe: What would have helped you feel more prepared?

3. What is difficult or easy about the post war deployment period?

Probe: Describe the easiness or difficultness in terms of multiple war deployments.

Probe: Describe the easiness or difficultness in terms of length of deployment(s).

4. What were some things you did during the post war deployment period to minimize negative feelings/stress-related feelings?

Probe: How much time did you spend doing these things?

Probe: Were there any things you did that you feel were harmful or unhealthy?

5. Describe the communication between you and your husband during war deployment?

Probe: What forms of communication were used?

Probe: Did this make the reunion easier or harder? How so?

6. Describe the communication between you and family/friends during post war deployment.

Probe: What forms of communication were used?

Probe: Did this make the reunion easier or harder? How so?

7. During post war deployment of your husband, what if any signs of Posttraumatic Stress Disorder did you see?

Probe: How did you respond to these symptoms?

8. What would you tell another Army wife that is about to experience post war deployment?
9. Is there anything else you would like to share about your post war deployment experience?

APPENDIX D: Debrief

The purpose of this study is to explore the post war deployment experience among Army wives. A factor that guides the purpose of this study is professional best practices. Due to research concerning this topic being limited, clinicians, practitioners and other health professionals may not have a clear understanding about their role in this issue. It is hoped that through this research, helping professionals will have more knowledge of Army wives and their post war deployment experience. In a few days, you will receive an email from the researcher with a copy of our transcribed interview. If you would rather your transcription be sent to you through mail or in person, those are options as well. Please take time to look over this transcription to verify accuracy then communicate all accuracy and/or inaccuracy to the researcher. Thank you for your participation.

APPENDIX E: Recruiting Email

Dear Army Wife:

I am seeking civilian Army wives (age 18 and older) currently living in North Carolina whose husbands have been deployed to war and have since returned home within the past three years to participate in one individual interview for the purpose of educational research. This dissertation research study aims to capture the post war deployment experiences of Army wives. If you participate in this study, you will be interviewed in person for approximately 30-60 minutes. The interview will be conducted at a time and location that is convenient for you and you will be given a \$25 gift card as compensation. The interview will be audio taped and your confidentiality will be protected. This study meets the requirements for a Ph.D in Counselor Education and Supervision at North Carolina State University. To participate in this study and/or as questions regarding this study, please contact Donte` R. Corey at (336-327-5168) or dgroach@ncsu.edu. Your participation in this study is very much needed and appreciated. If you are not able to participate, please assist in my search for finding participants by forwarding this email to any Army wives in North Carolina who may be interested.

Thank you!

Donte` R. Corey MA, LPC, NCC

APPENDIX F: Participation Email

Thank you for your interest in participating in a North Carolina State dissertation study on post war deployment and Army wives. To confirm that you meet the participant eligibility, please respond to the following questions.

1. Does your husband currently serve in the United States Army?
2. Are you at least 18 years of age?
3. Has your husband ever been deployed to war and has returned home within the past three years?

I am located in Hillsborough, NC and I am willing to travel within North Carolina to meet for this interview. Please provide an optimal day of the week/time and your location. I can be contacted at dgroach@ncsu.edu or at 336-327-5168.