The Battle at Home: The Impact of Combat Deployment on

National Guard Spouses

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Abstract

A tour of duty can be long and arduous—and have serious effects on a veteran. Upon return from deployment to a combat zone, a veteran may have a myriad of psychological and/or physical concerns exacerbated by posttraumatic stress disorder (PTSD), bouts of insomnia, attention deficit, memory loss, and more, all making transition to normal daily life difficult. Such aftereffects, however, may not affect only the veteran—the family also carries this burden known as secondary traumatization (Dekel, Goldblatt, Keidar, Solomon, & Polliack, 2005; Figley, 1986). Many spouses, particularly, feel the strain of their partners’ stress and have characterized deployment as “one of the most significant challenges of life in the military” (Karney & Crown, 2007). The challenges of deployment have impacted nearly 2.5 million military families since the start of the Afghanistan and Iraq Wars in 2001 (United States Department of Defense, 2015), and the impending rise of future military encounters may continue to inflate this number. Little attention, however, has been focused on spouses of deployed service members, especially those of the National Guard. The war-related experiences of veterans and their families can influence their functioning both as individuals and as a unit, and sensitive domestic matters may particularly have a bearing on the spouse. If we are to understand the human costs of war, we must undertake more research into the long-lasting effects of combat deployment on this vulnerable population. This phenomenological research study seeks to better understand the problem area of stress on National Guard spouses, doing so via interviews designed to engage such spouses in a discussion of their experiences. The research question is: How do National Guard spouses of a service member, who was deployed to Afghanistan or Iraq, perceive and manage the reintegration period? The theoretical framework
that supports this study is transition theory, and through it we seek to ascertain the degree to which this group of spouses can cope with combat deployment.

*Keywords*: deployment, National Guard, transition, trauma, veteran, phenomenology
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Chapter 1: Introduction

Problem of Practice

Military families bear a great burden in serving their country, especially during periods of war when their service member is deployed overseas to a combat zone. Since 2001, the United States has been entangled in two overseas combat missions, Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF). Currently, there are over two million Iraq and Afghanistan veterans in the United States who have returned home from deployment (United States Department of Defense, 2015). National Guard members compromise nearly 30% of the country’s deployed force to Iraq and Afghanistan, of which approximately 46% are married and 43% have children (Office of the Deputy Assistant Secretary of Defense, 2013). Any military family whose service member is scheduled to deploy for combat, including those of the National Guard, endures stress and hardship in three distinct phases: pre-deployment, deployment and post-deployment. In the pre-deployment phase, which is characterized as the period of time prior to departure, the family struggles with shock and the notion of loss (Black, 1993; Paley, Lester & Mogil, 2013). During the deployment phase, while the service member performs military duties in support of the mission, wives experience anxiety, loneliness, worry and sadness (Paley et al., 2013; Wexler & McGrath, 1991). The greatest impact on the family is the post-deployment or reentry phase when the service member returns home from deployment and begins to reintegrate into family life (Doyle & Peterson, 2005; Huebner, Mancini, Wilcox, Grass, & Grass, 2007; Mmari, Roche, Sudhinaraset, & Blum, 2009; Paley et al., 2013). Typically, this period of adjustment is marred with anxiety, disappointment, jealousy and tension, where the chronic exposure to an emotional state of discomfort and stress lead to trauma (Figley, 1983). It is during the post-deployment phase, commonly referred to the reintegration period, that the
emotionally intense nature of a spousal relationship places the non-deployed spouse in a vulnerable position, a position in which he or she is susceptible to victimization (Gilbert, 2001). Apart from any physical or mental harm inflicted during this phase, “family members often become caregivers, sometimes to the exclusion of their previous roles as spouses, which can lead to relationship difficulties and caregiver burnout” (Willerton, Wadsworth & Riggs, 2011, p. 13). Thus, the aftereffects of deployment can be an influencing force complicating the family unit.

The military guide to family reintegration addresses National Guard veterans’ adjusting to life after deployment, acknowledging the stress and trauma felt by family members when service members return home and recommending a rebuild, reconnect and renegotiate approach to coping (National Center for Postrauamtic Stress Disorder, 2014). According to a study of 250,626 military wives, mental health diagnoses for this population include anxiety, acute stress reaction, depressive disorders, sleep disorders, and adjustment disorders (Mansfield et al., 2010). A National Guard spouse stands to be particularly at risk for mental health disorders as he or she deals with personal trauma and the ancillary effects from the veteran and other family members. For instance, 32% of Iraq and Afghanistan veterans have a service connected disability (U.S. Department of Veterans Affairs, 2016); and studies involving military children show affects to physical health, behavior, academic performance, anxiety (Barnes, Davis, & Treiber, 2007) as well as problematic psychosocial interaction ( Flake, Davis, Johnson, & Middleton, 2009). Consequently, coming to terms with and living with such trauma can prove challenging for all involved and can have residual long-lasting effects. As a result, such circumstances can compromise a National Guard spouse’s ability to pursue positive activities and engage effectively in society. By understanding the experiences of National Guard spouses, including how they perceive and manage the impact of their unique experience, we can better inform the
wider society, thereby promoting any needed recalibrations of social norms and encouraging the establishment of appropriate accommodations.

Previous research on military spouses covers a spectrum of themes including spousal abuse, infidelity and psychiatric disorders (Mansfield et al., 2010; Modell & Steffey, 1988; C. T. Taft, Walling, Howard, & Monson, 2011). Additional studies focus on the family unit as a whole (Lester et al., 2011), marital health (McLeland, Sutton, & Schumm, 2008) and the effects of deployment on spousal pregnancy (Haas & Pazdernik, 2007). The spouses of veterans from the Vietnam War era have also been investigated (Orcutt, King, & King, 2003), yet little research has been discovered that speaks of OEF/OIF National Guard spouses and the impact of combat deployment. Despite significant strides by the Obama administration to increase spending on military families, much of the policy goals focus on how the spouse can support the service member and not on the support needed by the spouse (Defense Health Board Task Force on Mental Health, 2007; Nash & Litz, 2013; President’s Commission on Care for America’s Returning Wounded Warriors, 2007). In order to understand the full cost of war in modern times, what now seems clearly warranted is additional examination of spouses.

A potentially beneficial approach to such additional research in the study of National Guard spouses is that of transition theory, an approach that focuses on how well (or poorly) the individual adapts to specific events (Schlossberg, 2011). Existing research on transition suggests that one’s ability to adapt to change plays a role in coping with traumatic events (Schlossberg, 2011). Understanding that which allows one individual to adapt with ease while another endures strain can inform coping strategies. Further study on the transition experience of National Guard spouses can unveil the characteristics and conditions required to combat the lingering effects of deployment.
The phenomenological study undertaken here investigates how combat deployment continues to influence and impact the experiences of National Guard spouses, specifically during the post-deployment/reintegration period. The phenomenological approach has yet to be thoroughly introduced in the literature, and its undertaking potentially adds a unique element to the study of this population. The results, furthermore, can inform direct and intentional service to this distinct and vulnerable population.

**Significance**

Given the recent conflicts in Afghanistan and Iraq, the human cost of war on spouses is important. Currently at one million strong, military spouses (Office of the Deputy Assistant Secretary of Defense, 2013) serve alongside their service members, coping with their own stressors and enduring periods of adjustment (Baptist et al., 2011; Lapp et al., 2010). For instance, upon the service member’s return from deployment, National Guard families anticipate a joyous reunion, yet are typically confronted with such stressors as physical and emotional grief, relationship strain, and familial maladjustment (Baptist et al., 2011; Erbes, Meis, Polusny, & Compton, 2011; Knobloch & Theiss, 2012; Paley et al., 2013). The prospect exists for such distress to continue to plague spouses long after the service member has returned home, especially if the service member battles with chronic health conditions. Considered a “quiet, hidden phenomena” (Lapp et al., 2010, p. 3.), the suffering of military spouses is little known. They are also potentially subject to secondary trauma (Dekel & Solomon, 2007), present in those who have direct exposure to a victim of trauma (Gilbert, 2001). Existing research pertaining to traumatic stress reveals that elevated levels of distress can result in negative long-term health (Armenian, Melkonian, & Hovanesian, 1998; Cwikel, Abdelgani, Goldsmith, Quastel, & Yevelson, 1997; Herbert & Cohen, 1993). In addition, trauma is found to delay the
manifestation of health conditions up to twelve years after the stress-inducing incident (Dohrenwend et al., 2006). The long-term effects of such suffering and its impact on the quality of life on this unique population are ambiguous and in need of clarification.

The National Guard, known as the nation’s all-volunteer force, is not designed to win the nation’s wars but rather to maintain stability within its borders (Defense Science Board Task Force, 2007). However, the current use of National Guard components to support ongoing operations has been the highest in history and is intended to soar as long as the nation combats the War on Terrorism (Department of Defense Task Force on Mental Health, 2007). As the demand for large-scale operations continues, lengthy and multiple deployments plague our current military force. To preserve viability, the Department of Defense must recruit, train and retain a military force that is adaptable to the demands of today’s environment and that of the future—and doing so requires the use of the National Guard.

This study seeks to investigate the experiences during the reintegration period that impact National Guard spouses as a result of their service member’s combat deployment to Iraq or Afghanistan. The far-reaching effects of combat deployment present a formidable challenge, one that should be at the forefront of our national discourse. Failure on the part of society to educate itself and become aware of these aftereffects has the potential to leave our National Guard spouses overlooked and neglected. Results of this research can initiate a path toward change and a deeper understanding and a greater appreciation of the long-term impact of combat deployment.

**Positionality**

Each deployed service member has a personal experience of combat and stories of sacrifice and hardship. The same holds true for the families of these veterans who have endured the effects of combat deployment in their own personal ways. I am a spouse of a United States
Army National Guard veteran who was deployed overseas. My husband, deployed on a (non-combat) United Nations peace-keeping mission, spent twelve months away from home. While I identify in many respects with the participants in this study, my experience is not identical to theirs. I acknowledge, however, that any deployment, combat or otherwise, can impact a family and its individual members, and as a result, many similarities may exist between me and the participants.

In addition to being a National Guard spouse who has experienced the reintegration period as those investigated in this study, I am also a professional in higher education. My background, both personal and specialized, has provided the foundation with which to more easily empathize with this vulnerable population. The complexities and emotions unveiled during this study, and future studies similar to it, should be an exercise undertaken with extreme attention as they are sensitive and deeply personal.

I recognize that, when interpreting the results, my bias must be taken into account. To address this bias, this study is undertaken from purely an academic and practitioner perspective, one intended to unveil experiences so we may better understand them. Such an acknowledgment and approach, I hope, brackets my position (Creswell, 2012). In addition, I have maintained a field journal throughout the course of the study intended for interview notes and self-reflection. This reflection exercise helped me to suspend and separate my personal experiences from those of the participants. Additionally, a peer reviewer was utilized to validate the coding system and safeguard against any unintended bias (Creswell, 2012). Finally, I used a descriptive analysis, describing rather than explaining the phenomenon, a further measure to support the study’s credibility (Lincoln & Guba, 1985).
Purpose and Research Question

The purpose of this phenomenological study is to investigate the lived experiences of National Guard spouses after the service member has returned from combat in Iraq or Afghanistan. Critical to the well-being of each National Guard spouse is the ability to cope with a changing and unpredictable environment after a deployment. The effects of such an experience for National Guard spouses are currently unknown, and yet understanding such effects is paramount given the size and scope of the United States military force. This research seeks to deepen the understanding of the human cost of war.

The primary question of this research study is: How do National Guard spouses of a service member, who was deployed to Afghanistan or Iraq, perceive and manage the reintegration period?

Theoretical Framework

Transition theory is used in this research study to gauge and conceptualize how National Guard spouses endure the aftereffects of their service member’s war-related experiences. Derived from adult development theory, the transition theory provides a lens for perceiving how change can be managed effectively (Anderson, Goodman, & Schlossberg, 2011). Whether adults self-initiate change or must withstand and cope with the inevitable adjustments in life, the theory of transition sheds light on the experiences of National Guard spouses in an effort to determine how and why these individuals persist.

According to transition theory, adults continuously experience transitions (Anderson et al., 2011). The definition of a transition is dependent upon the individual experiencing the transition, thus, it can be considered both exhilarating and frightening. According to Hudson (1991), life for adults can be characterized as floating down a powerful river where the white
waters are the transitions that test skill and persistence. Levinson (1986), on the other hand, describes transitions as turning points – a period between two periods of stability. To move through a transition, one must let go of the self and any former roles, and be open to learn new roles. Typically viewed as a crisis and occurring over a period of time, transitions require adaptation and successful adjustment; as such, they present a unique opportunity for transformation and growth (Hudson, 1991; Schlossberg, Waters, & Goodman, 1995). Schlossberg (1985) defines transition as “any event that results in a change in relationships, routines, assumptions, or roles with the setting of self, work, family, health and/or economics” (p. 43). Schlossberg (1981) is clear to assert that an individual’s perception is what classifies a transition as such, thus, the “more the event alters an adult’s roles, routines, assumptions, and relationships, the more he or she will be affected by the transition” (Sargent & Schlossberg, 1988, p. 58).

The framework of Schlossberg’s (1985, 2011) transition theory identifies four factors that influence an individual’s ability to cope during a transition known as the 4 S System - Situation, Self, Support and Strategies (see Figure 1). Situation refers to the individual’s situation at the time of the transition, such as the timing of the change and its duration, what triggered the change, and the individual’s previous experience with the change. Self refers to the individual’s personal characteristics, including age, socioeconomic status and gender, and psychological resources available to cope with the change, such as one’s resilience. The support system available at the time of the change impacts the individual’s reaction to it and lastly, strategies refer to the coping response of the individual.

The 4 S System identifies the potential assets and/or liabilities when coping with transition. According to Schlossberg (1985), “individuals have both assets and liabilities,
resources and deficits, as they experience transition” (p. 48) and any shift in these interdependent variables can influence coping. This approach assesses the individuals’ circumstances rather than their mental condition when answering the question of why each individual reacts differently to change. So too can it explain why the same individual acts differently when faced with the same change. The transition experience of National Guard spouses is dependent upon each individual’s perception of the 4 S System, and it is by assessing these perspectives that we may gauge the impact of war.

Figure 1. Schlossberg’s Transition Theory
The theory of transition takes a multifaceted approach to exploring, understanding and coping with events (Schlossberg, 1985). Fundamental to transition theory is the situation or the context within which the event occurred. For instance, environmental factors such as gender, race, academic level, cultural influences, legislation, marriage, access to work opportunities, geographic location, and socioeconomic status, among others (Constantine, Kindaichi, & Miville, 2007; Shoon, Martin & Ross, 2007) may impact the social issues of everyday life. As a result, it is critical to analyze the social context within which the individual’s experience occurs. This experience is therefore subjective as each individual develops his or her own realities and consequently makes choices in his or her own best interests. In regard to National Guard spouses, their common experience of having a loved one deployed to a combat zone can be skewed by such factors as the service member’s military rank, occupation, deployment location and length, possible personal injury, or loss of a comrade.

Apart from situational/contextual nuances, the transition approach takes into consideration the self or stages of human development, which are a sequential set of psychosocial phases an adult must progress through in order to fully mature (Schlossberg et al., 1995). Levinson (1986) and Erikson (1950) are but two theorists who have presided over the topic of adult development, asserting the sequential nature by which the individual is capable of making increasingly elaborated sense of an experience. Erikson (1950), for instance, recognized crucial issues of life such as identity formation, a hurdle that must be overcome before progressing forward. Levinson (1986), on the other hand, defined age-based phases including early adulthood and midlife, asserting that one’s ability to transition is impacted by age. Still others contend that adults must tackle moral, cultural and spiritual domains before development and understanding are at their fullest (Fowler, 1991; Kohlberg, 1984; Phinney, 2000).
Schlossberg (1985) also added that life events are “markers, milestones, or transition points that play a pivotal role in individual development, giving shape and direction to the various aspects of each individual’s life” (p. 17). When we relate human development theory to National Guard spouses, we must understand that the multitude of factors that can influence the developmental stage or point in life of the individual is immense—and this potential for complexity highlights the necessity to evaluate each spouse on an individual basis to determine his or her transitional experience.

Support systems play an integral role in transition theory. Since transition can be a confusing period for any individual, assistance from others can facilitate coping, especially during troubled times such as separation from a loved one who is on a combat deployment. Most beneficial to those in need is a support system that can communicate and counsel. Family, friends, co-workers or professional helpers can aid in understanding by listening, supporting exploration and influencing coping strategies (Schlossberg, 1985). For instance, social workers can help individuals find available resources, clergy can provide “words of wisdom”, and therapists can suggest self-help groups that will connect those in a similar situation to reduce loneliness and confusion. Available support options have a direct impact on the outcome, and vary for each individual and with each transition.

Strategies are the final component of the 4 S System that can aid in coping. According to Pearlin and Schooler (1978), three types of coping strategies exist. First are strategies that change the situation such as hope and optimism. Second are those strategies that reframe the situation where the individual is capable of controlling the impact of the transition. For instance, an individual can interpret a change situation as an opportunity to redirect efforts rather than an endpoint. Third are strategies that help reduce the situational stress in the aftermath of the
change. For National Guard spouses, coping strategies influence how an individual reacts to the transition during the reintegration period.

The first step in approaching a transition is to identify the type of transition that is happening (Anderson et al., 2011). According to transition theory, three types of transitions can be experienced: anticipated, unanticipated, and nonevents. Anticipated transitions are those that can be expected and, thus, can be planned for in advance. Unanticipated transitions can disrupt normal routines and typically involve crisis. According to Brim and Ryff (1980), unanticipated transitions can have a high probability of occurrence and yet can also be improbable events that happen to comparatively few individuals. Nonevent transitions are expected events that do not occur. It is worthy to note that one’s appraisal of the transition, the relationship to the transition (occurring to self or someone else) and the degree to which the transition alters the individual’s life can impact one’s reaction and coping ability. What can further obscure one’s ability to react and assess an experience is when a compilation of multiple transitions and their accompanying stressors occur at once (Patton & Davis, 2014). Transitions of a military family can be categorized as both anticipated—the inevitable deployment at some point during the service member’s career, and unanticipated—not knowing at what point in the career the call to active duty will come, in support of what mission, and in what location of the world. Additionally, the transition of reintegration tends to result in a cascade of transitions for a military family such as financial and childcare concerns, and the assumption of new roles and responsibilities.

Schlossberg’s theory of transition begins with transition identification, the individual’s identifying what change is impending. It asks whether the transition is anticipated, unanticipated or a nonevent, and the category it falls into impacts the degree to which the change will influence the individual’s life. Once the transition is identified, the individual enters the transition process.
Transitions take time, as the individual separates from the past and moves forward. The transition process has three phases: “moving in”, “moving through” and “moving out” (Schlossberg, 1985). For the National Guard spouse, moving into the transition begins when the service member reintegrates into the family unit. Moving through the reintegration phase is dependent upon each situation and varies from family to family. The transition ends when all the family members accept their new reality and stability is present, thereby moving out of the experience.

Research dedicated toward identifying the unique experience of National Guard spouses is necessary to comprehend the full effect of deployment to a combat zone. By utilizing transition theory in this research, it is possible to understand the reactions of National Guard spouses, and see how each might respond independently from the other. Transition theory sheds light on each individual’s level of endurance or capacity to cope and can explain how one person might overcome trauma while another might succumb to the stress. Being a National Guard spouse whose service member was deployed to a combat zone entails having stressful experiences shared by few; this distinction serves to separate this population from the general public. Transition theory can be helpfully employed to explore and describe these lived experiences, and it is with the resulting gain in understanding that communities can direct programming and educate its members on how best to address the needs of these spouses.

**Definition of Terms**

**Combat:** Fighting between two or more groups of armed forces, typically involving the use of weapons.
**Deployment:** Separations in the family due to military operations, missions, or exercises (Department of Defense, 2011). Also known as Active Duty Service or a Tour of Duty. The terms are used interchangeably in this study.

**Deployment Cycle for Service Members:** The cycle, or stages, of military deployment is a continuous process, advancing generally through three phases, beginning and ending at home. The stages are pre-deployment, deployment and post-deployment. Terminology may vary slightly by service branch (Department of Defense, 2011).

**National Guard:** A branch of the United States Armed Forces composed of full-time and part-time soldiers, as well as civilians. Together these members serve their country on a state and federal level, commanded by the governor and the President of the United States, respectively. Each state and territory has its own Air and Army National Guard components (National Guard, n.d.).

**National Guard spouse:** An individual married to a member of the United States Air or Army National Guard.

**Post-Deployment:** The stage signifying the service member’s return home after a period of separation. Also known as the reintegration period.

**Reintegration Period:** The period after separation when the service member, together with his or her family, reenters into daily life.

**Veteran:** Any person who served for any length of time in any military service branch (Congressional Research Service, 2015).
Chapter 2: Literature Review

Any study of National Guard spouses must consider their experiences in the light of multiple contexts. To underpin the discussion here, we explore the spousal experience in relation to a number of stressors, including those arising from secondary trauma and from being in the role of caregiver. In addition, we take up the impact of the post-deployment experience on the larger family unit, including on families with children, and we examine the role potentially played by the dynamic of family strength despite the challenges of war and deployment. Lastly, we delve into the significance of transitions, including why and how this experience yields meaning. It is critical to evaluate the influence of each of these factors on spouses, influences whose impacts and outcomes can endure for years.

**Secondary Trauma**

The sometimes intense trauma of war experienced by veterans has the potential both to linger long after the return from deployment (Bonanno, Westphal, & Mancini, 2011; Lambert & Morgan, 2009) and to project beyond the individual (Jankoski, 2012). Coupled with the effects of war trauma is the connectedness or emotion-laden relationship between a husband and wife, which increases each’s vulnerability to the other’s stress (Figley, 1989; Gilbert, 1998). What further entrenches spouses in one another’s stress are role expectations, feelings of obligation and cultural norms (Gilbert, 1998). A driving force is the partner’s desire to make sense of the other’s traumatic experience, and this desire underscores why when a single family member is impacted, all family members are affected (Gilbert, 1998). Research by Figley (1998) on family crisis and stress concludes that families are an elaborate system of relationships tightly interconnected; therefore, stress can easily breed amongst and even destroy its members. But traumatized families, “those who are attempting to cope with an extraordinary stressor that has
disrupted their normal life routine in unwanted ways” (Figley, 1989, p. 5), will struggle to recover from an injury to their system.

The phenomenon of trauma and its study have given rise to an extensive set of definitions (Figley, 1989). For instance, the “stress of caring too much” is defined as secondary traumatic stress (STS) (Gilbert, 1998). According to Figley, the “cost of caring,” as experienced by a spouse, is known as compassion fatigue (2002). Similarly, the transmission of distress from those who suffer from a traumatic event/experience directly is secondary traumatization (Figley, 2002). Another term used to describe the effects of one’s trauma on another is countertransference (Jankoski, 2012). Research by Jankoski (2012), acknowledging the twentieth century work of Sigmund Freud on clinician-patient relationships, especially that of countertransference, alerts clinicians not to succumb to the fascination of their casework. Additional research has continued to label the phenomenon of trauma, including vicarious traumatization (Dekel & Solomon, 2007; Lambert & Morgan, 2009; Nelson Goff & Smith, 2005), secondary survivor (Remer & Elliott, 1988), emotional contagion (Miller, Stiff, & Ellis, 1988), and burnout (Figley, 1998, 2002; Pines & Aronson, 1988).

The study of secondary or indirect trauma is firmly imbedded within the human services field where providers, in their role as healers and helpers, are equally vulnerable (Figley, 1998, 2002). Pines and Aronson (1988) identify the “state of physical, emotional and mental exhaustion caused by long term involvement in emotionally demanding situations” as burnout (p. 9). Symptoms of burnout include lowered concentration, guilt, withdrawal, hopelessness, low motivation, irritability and anxiety (Figley, 2002). Contributing to burnout are compassion stress, empathetic ability and emotional contagion. A worker’s level of stress as a result of their exposure to a sufferer is known as compassion stress, while empathetic ability is the worker’s
capacity to notice the pain of others. Emotional contagion is the tendency to experience the feelings of the sufferer. Collectively, these three symptoms produce emotional exhaustion (Maslach & Jackson, 1986). Prolonged exposure to a sufferer also leads to burnout or what is similarly known as vicarious traumatization. According to Jankoski (2012), vicarious trauma results from the repercussions of sufferer trauma and its consequences on the therapist. In a comparative study by Beaton and Murphy (1995), helper professionals exhibit higher rates of relational problems, drug abuse and mortality rates than the control group. McCann and Pearlman (1990) believe that “persons who work with victims may experience profound psychological effects, effects that can be disruptive and painful for the helper and can persist for months or years after work with traumatized persons” (p. 133). The researchers go on to say that high levels of stress and burnout may result in the possibility of permanent alteration to one’s cognition, an outcome that affects the helper’s life, feelings and relationships (McCann & Pearlman, 1990).

Further leading to caregiver health risks associated with impaired cognition and daily functioning is constant hyper-vigilance. For instance, continued exposure to trauma brings the stark realization that traumatic events occur and can occur repeatedly, making it so that the caregiver can no longer deny or escape trauma in their own lives (Figley, 2002). As a result, the impact of secondary traumatic stress has the power to transform the caregiver to the victim. This turn-about has been seen in natural disaster survivor counselors who become constantly mindful of their surroundings, watching waterways for floods or swinging bridges for earthquakes (Figley, 2002). Increasing caregiver stress has the potential to negatively influence the caregivers’ patients as well.
A further component of compassion fatigue and a consequence of diminished caregiver skills and burnout is the silencing response, resulting in caregiver shutdown and patient neglect (Baranowsky, 2002). In her study of Holocaust survivors, Danieli (1984) concludes that when therapists are incapable of coping with traumatic events and encourage victims not to recount their experiences, survivors as a result are burdened with incomplete mourning and inadequate treatment.

**Impact on the Family Unit**

While much of the research on secondary trauma has focused on caregivers, it has progressed today to embody the experiences of military families (Figley, 1998, 1993, 2002). Family trauma, specifically, was introduced with Hill’s (1949) study of World War II veterans’ families (Figley, 1998, 1993). However, the wives of Vietnam veterans have since been the predominant focus group (Coughlan & Parkin, 1987; Figley, 1998; Kulka et al., 1990; Mason, 1990; Matsakis, 1988). A study of female partners of Vietnam veterans by Mason (1990) revealed that the women believed they were experiencing such symptoms of their husband’s posttraumatic stress disorder (PTSD) as insomnia, nightmares, hyper-alertness and depression. To understand their husbands’ position, the wives must borrow the memories and images of their partner. As a consequence, their empathy engenders secondary stress including feelings of uncertainty and helplessness (Gilbert, 1998). Maintaining a supportive role also positions the stress-affected spouse as the responsible one, susceptible to the strains of taking on much of the responsibility in the relationship—while the service member becomes further disenfranchised. This imbalance can lead to resentment, isolation, diminished intimacy and low self-esteem. Daily contact with one another within the relationship may become draining, overwhelming and eventually lead to burnout. In addition, stress-affected spouses may feel ignored, minimized and
less willing to be supportive. As a result, personal assumptions regarding roles, behaviors and relationships are called into question, creating instability. According to Gilbert (1998), “Recovery requires that they [spouses] learn new ways of thinking, new skills, new behaviors, and new interactional patterns” (p. 47).

War reverberates within the family unit long after it is over (Figley, 1998, 1993). Figley (1998) maintains that secondary stress emerges suddenly and without warning in those who know, love, or live with victims of trauma and can take multiple shapes and have varying impacts. According to a 2007 study, 75% of the veterans sampled report experiencing at least one family adjustment issue (Nelson Goff, Crow, Reisbig, & Hamilton, 2007). Families with children, in particular, are challenged with re-establishing healthy parent-child relationships since the separation has broken the pair’s bond, or attachment relationship (Paley et al., 2013). A common instigator of familial unrest is change. In most cases the returning service member expects the family system to have remained unchanged in their absence—but he or she is enlightened soon upon arrival (Baptist et al., 2011). And if multiple deployments are involved, then the cycle of change repeats itself with each return. Poor adaptive efforts cause the family to morph into dysfunctional systems incapable of coping. The characteristics of a dysfunctional family, according to Figley (1989) include ineffective communication, lack of affection and use of violence.

If the service member returns with a medical concern, the stability of the family unit is further compounded by the spouse’s new role as caregiver. According to a report by the Department of Veterans Affairs (Litz & Schlenger, 2009), 46% of service members deployed to Iraq and Afghanistan seek mental health assistance, with PTSD as the prevalent condition (Murdoch, Hodges, Cowper, Fortier, & van Ryn, 2003). Ray and Vanstone (2009) assert that
PTSD “contribute[s] to a stressful and dysfunctional family environment,” where predominantly female partners of veterans with PTSD are found to suffer elevated levels of psychological distress (Dekel, Solomon, & Bleich, 2005; Klarić et al., 2012; Renshaw et al., 2011)—as well as emotional, physical and financial strain (Dorfman, Homes, & Berlin, 1996). Additional studies on military families relate the burden of stress from their service member’s mental health issues to that of the other members (Caska & Renshaw, 2011; Renshaw et al., 2011). As a result, the reality of PTSD is difficult for spouses to accept, and a feeling of loss is a common reaction (Boss, 1999; Dekel, Goldblatt, Keidar, Solomon, & Polliack, 2005). “The husband is present physically,” according to Dekel, Goldblatt et al, 2005, p. 33), “but is not the same person he was prior to his injury.” This new reality counters what the couple once knew, and the spouse struggles to clarify the ambiguity of the relationship. What had been a partnership becomes a parent-child dependency, resulting in a depressive state for the spouse (Boss, Caron, Horbal, & Mortimer, 1990; Dekel, Goldblatt et al., 2005). Feeling as though their service members’ illness is a “contagious disease,” spouses are drained and incapable of maneuvering their own emotional states and activities (Dekel, Goldblatt et al., 2005). A sense of loss can also manifest itself in the caregiver’s identity. With the focus being on the service member’s illness, spouses feel as though they must struggle to maintain their separateness and preserve their sanity, independence and autonomy (Dekel, Goldblatt et al., 2005). In this fashion, when the service member returns from deployment with his or her own injuries, the spouse’s ability to cope and maintain his or her personal well-being is undermined. Being thrust into this new position can greatly challenge caregivers, and their satisfaction must be considered. In a study of 30 caregivers of Alzheimer patients, caregiver depression was found to have a reciprocating negative effect or ripple effect on family members, thereby affecting everyone’s overall health and well-being (Shields, 1992).
Contributing to the maladjustment of National Guard spouses since the start of Operations Iraqi Freedom in 2001 and Enduring Freedom in 2003 is the Department of Defense’s increasing reliance on National Guard members, an all-volunteer force of citizen service members. These citizen service members and their families had previously been accustomed to monthly trainings and missions that supported national emergencies and natural disasters. Furthermore, as a result of strained resources in the U.S. military, nearly 50% of Iraq and Afghanistan veterans have been forced to deploy multiple times (Sheppard, Malatras, & Isreal, 2010). Evidence suggests that “distress levels of at-home family members increase as the number of deployment months increases” (Lester et al., 2012, p. S48) because there is barely enough time to reestablish a sense of normalcy (Lapp et al., 2010). These operational strategies leave National Guard families more susceptible to trauma and stress as they are “less prepared to cope with effects that combat experiences have on a family” (Lambert & Morgan, 2009, p. 245).

What is more, unlike full-time military families, National Guard family members do not have immediate access to a military base where support networks and resources are in place. A myriad of consequences can follow a tour of duty and negatively influence a family and its stability. Understanding the trauma imposed by these stressors and how they affect a National Guard spouse can yield insights into their plight and inform resource development.

**Impact on Intimate Relationships**

The relationship between partners is the foundation of any family; thus, its stability and strength are paramount. Currently, nearly 50% of the military force is married (Office of the Deputy Assistant Secretary of Defense, 2013) yet when compared to civilian couples, the divorce rate for veterans is 62% greater (Hutchinson & Banks-Williams, 2006; Lambert & Morgan, 2009). Pavalko and Elder (1990) suggest that combat exposure is one of many factors that lead
to marital dissolution. In their longitudinal study of male veterans, the researchers affirm that veterans contributed to the rise in divorce rates after World War II. Combat-related issues such as anxiety, reduced intimacy levels, emotional shutdown, and physical and psychological symptoms influence a military couple, straining relations and possibly leading to divorce and/or infidelity (Baptist et al., 2011). One central reason for intimacy maladjustment is emotional numbing—the inability to experience or express emotion (Erbes et al., 2011). Additionally, studies dating back to World War II reveal the connection between intimate maladjustment and traumatic stress, asserting that marital distress is likely to result in separation (Cook, Riggs, Thompson, Coyne, & Sheikh, 2004). In a study of 522 National Guard service members deployed to Iraq in 2006, 17% screened positive for traumatic stress and reported poorer relationship adjustment relative to their non-positive comrades (Erbes et al., 2011). Feeny, Zoellner and Foa’s (2000) longitudinal study supports a delayed manifestation paradigm; their study shows that, over time, those suffering from traumatic stress exhibit elevated levels of aggression. This finding suggests that couples delaying divorce may experience longer periods of dissatisfaction and unhealthy functioning.

Apart from stress-related effects, other influences can also thrust intimate relationships into imbalance. For instance, trust levels between couples, especially those who have past experiences with infidelity, can deteriorate after deployment (Baptist et al., 2011). Relationship issues can also arise once the service member is home when the spouse has assumed new roles and responsibilities, creating tension in the household (Baptist et al., 2011). At times, the increased independence and sense of accomplishment accompanying such newly assumed roles is so enticing to the spouse that relinquishing them is not even an option, despite the negative effects on the service member and family unit. As a result, adjustment back into civilian family
life for the service member is difficult, fraught with emotional flare-ups and troubled reactions. In many cases, it may be necessary to slowly reintegrate into the family environment by reorganizing daily routines, renegotiating roles and reconnecting relationships (Knobloch & Theiss, 2012). It is also possible for once-independent spouses to sacrifice their own sentiments and concede their position to aid in their service member’s recovery. This compromise, for the sake of family healing, however, may lead in the case of the spouse to a depressive state.

Leading precursors to divorce and infidelity include boundary ambiguity (Boss, 1999), vulnerability to stress (Baptist et al., 2011) and miscommunication. Using data from the 1992 National Health and Social Life Survey, London, Allen and Wilmoth (2013) find that 32.17% of veterans report extramarital sexual relationships, twice the rate of non-veterans. Bouts of infidelity are also found to be prevalent among at-home partners (Knobloch & Theiss, 2012). In a study of veterans and spouses, Knobloch and Theiss (2012) note that after deployment the stress of separation is so palpable that marital functioning is impaired. As a result, the distance, silence and stress common to military couples have led many to consider divorce. However, divorce has been avoided in those cases where the service member experienced suicide ideation (Dekel, Solomon, & Bleich, 2005). In a study of wives whose husbands suffered from PTSD and threatened suicide, those considering divorce change their minds, claiming that they cannot bring themselves to bear the consequences of such a tragic end on their families (Dekel, Solomon, & Bleich, 2005). Wives in the same study allege that their husbands’ illnesses result in newfound spirituality and in emotions that were not present in the marriage prior, shifts that resulted in renewed love and appreciation (Dekel, Solomon, & Bleich, 2005).

Another influence on intimate relationships is violence, a topic that has been studied considerably in veterans (Heyman & Neidig, 1999; Heyman, Taft, Howard, MacDonald &
Results suggest that moderate to severe aggression or spousal abuse is more prevalent in both deployed males and females than in their civilian counterparts (Gold et al., 2007; Kirby et al., 2012; C. T. Taft, Walling et al., 2011; C. T. Taft, Watkins, Stafford, Street, & Monson, 2011). “Specifically, trauma exposure in the war zone, “ according to one source, “may impact the risk of perpetrating intimate partner violence directly by exposing individuals to violence in such a manner that they come to view violence as an acceptable means of acting” (Orcutt et al., 2003, p. 382). Violence by veterans has also been linked with substance abuse (Bell, Harford, McCarroll, & Senier, 2004; Gondolf, 1988; Martin et al., 2010; Rabenhorst et al., 2012; Savarese, Suvak, King, & King, 2001; A. Taft, 2003). Data from post-deployment Vietnam veterans find that substances are abused for the purposes of reducing hyper-arousal and for increasing numbing, all the while increasing incidents of aggression (C. M. Taft et al., 2007). According to the Substance Abuse and Mental Health Services Administration (2008), 1.8 million veterans suffer from a substance abuse disorder, where the most at-risk are National Guard and Reserve service members in the younger age brackets. A survey of nearly 32,000 National Guard and Reserve service members returning from the Iraq War finds that 15% acknowledge alcohol misuse six months after their return (Milliken, Auchterlonie, & Hoge, 2007). As a result, the atmosphere produced in the home by such behavior is unhealthy and unsafe for the at-risk spouse.

Violence and other unhealthy behavior also have an impact on families with children. According to Pukay-Martin and Callhoun (2012), children who witness violent episodes in the home are more likely to exhibit physical aggression. Since 2001, nearly 2 million children have experienced a parent serving in the military (White House, 2011). Such children’s behavioral,
psychological and academic outcomes can be negatively impacted by military-specific stressors such as deployment, war trauma, illness and disability (Engel, Gallagher, & Lyle, 2010; Esqueda, Astor, & Tunac De Pedro, 2012; Lyle, 2006; Tunac De Pedro et al., 2011). A child, for instance, might perceive a distressed veteran as distant and uncaring, negatively impacting relationships and the familial environment. The child’s inability to rationalize this new reality may result in his or her internalizing the problem, a consequence that can lead to social withdrawal and difficulty concentrating. The reaction of children to deployment and its stressors, however, is impacted by their age (Lester & Flake, 2013). The youngest children are the most vulnerable because of their lack of coping skills, and the oldest children tend to resent the unwanted changes. According to Lester and Flake (2013), “deployment and its dangers can threaten children’s sense of security in their primary care-giving relationship” (p. 122). In addition, service members suffering from moral injury – shame or guilt over transgressions during wartime – exhibit violence and social withdrawal, and experience issues with trust and a loss of faith (Drescher et al., 2011; Litz et al., 2009; Nash et al., 2013; Stein et al., 2012). The effects such moral injuries have been found to cause indirect injury to the family unit through child abuse, infidelity and, ultimately, suicide (Nash & Litz, 2013). To promote recovery for both the child and the service member, Pemberton, Kramer, Borrego, and Owen (2012) used parent-child interaction therapy; however, additional studies are necessary for more conclusive results. In sum, the effects of combat deployment have no boundaries and can be directed toward the spouse or the family unit as a whole, negatively affecting general family adjustment (C. T. Taft, Schumann, Panuzio & Proctor, 2008).

**Strength Found During Adversity**
Despite the potentially negative impact of combat deployment on National Guard spouses, hardship can breed success. According to research by McCubbin and Figley (1983), trauma or stress can strengthen families. Functional family coping techniques include mobilizing energy and resources toward solution-oriented problem solving, open and effective communication, high family cohesion, and flexible family roles (Figley, 1989, 1993; McCubbin & Figley, 1983). These empowering techniques can lead a family to recover from trauma, rebuild trust and rapport among family members, and restore the self-esteem of both the family and its members (Figley, 1983). Thus, the family unit or system itself can facilitate recovery.

A system is an interconnected set of elements that function to achieve a common end (Meadows, 2008). A family is one such system, with relationships between family members that are powerful enough to influence emotion, behavior and values (Figley, 1989). No two families are alike, yet most families function as intimate social support systems that can facilitate resolution of conflicts (Figley, 1989). The members of a National Guard couple, like any other, rely on one another for love, companionship, protection, friendship, healing and general social support. While off on a tour of duty, the deployed spouse might find it difficult to maintain such an active, positive interaction, yet despite this adversity, the relationship can remain intact. Research by Karney and Crown (2007) on the marital and deployment histories of all service members since the beginning of military operations in Afghanistan and Iraq finds that “the longer that a service member [is] deployed while married, the lower the subsequent risk of marital dissolution” (p. 37). Considering an array of variables such as age, gender, presence of children, and race, the impact of combat deployment in and of itself is found across all branches of service to be insignificant or even beneficial. As a result, Karney and Crown (2007) insist that research on military families has yet to prove the widely accepted view that deployment harms
military marriages. These researchers suggest, what is more, that deployment has positive aspects favorable to service members and their families, declaring that “when couples have the resources to cope with stress effectively, they may emerge from a stressful period intact or even closer than before” (Karney & Crown, p. 41). Another line of inquiry investigated by Karney and Crown (2007) considers whether military families can endure the stress related to separation and reunion if the expectations of deployment and reunion are anticipated and realistic. This outlook sets the charge for the Department of Defense to adequately educate service members and their families on the realities of all stages of the deployment cycle (pre-, deployment, post-) prior to the service member’s call to duty. According to Karney and Crown (2007), if “the demands of military service are viewed as normative, military couples may manage them” (p. 54).

Transitions

Transitions are periods of change which take place over time and which require constant appraisal and assimilation until stability is achieved (Anderson et al., 2011). Successful negotiation of the transition experience can be difficult, however, given that the experience is multidimensional. As such, transitions have the potential to alter identities, abilities, routines, assumptions, roles and relationships, as well as emotional, psychological, physical and behavioral states (Anderson et al., 2011; Sargent & Schlossberg, 1988). Emotional transitions or the movement between two or more emotional states, for instance, influence interactions (Filipowicz, Barsade, & Melwani, 2011) where meanings, views and cognitions about the self and others are influenced (Dankoski, 2001). One of the most significant emotional transitions is the loss of a loved one. For those who experience complicated grief, recovering from pain and longing is difficult. This emotional state impacts their psychological well-being where pre-
occupying thoughts and memories of their loved one bring all facets of reality into question (Shear et al., 2007). Another significant emotional transition is caring for one who is ailing. Nurses, for instance, are primary caretakers of patients and their families helping them cope with transitions and the uncertainty regarding the future (Meleis, 2010; Meleis, Sawyer, Im, Messias, & Schumacher, 2010). Managing uncertainty is at the root of transition, according to nursing researchers (Meleis et al., 2010). In a synthesis of nursing literature by Schumacher and Meleis (1994), influencing factors to transition include meanings, expectations, level of knowledge and skill, the environment, level of planning, and emotional and physical well-being. Consequently, Meleis et al. (2010) assert that “transitions are both a result of, and result in, change in lives, health, relationships and environments” (p. 52). Even further, the team contends that because of these interactions, transitions result in vulnerability which can “expose individuals to potential damage, problematic or extended recovery, or delayed or unhealthy coping” (Meleis et al., 2010, p. 52).

The claim that transitions can lead to vulnerabilities is also supported by research on role transitions by Smit, Maloney, Maertz, and Montag-Smit (2016). In a study of 619 employees who transitioned between family and work roles, Smit et al. (2016) determined that transitioning between roles is cognitively difficult because it draws on limited executive functioning and depletes self-regulatory resources, which can lead to fatigue, distraction, reduced helping and increased aggression. Yet despite the vulnerable state transitions lead to, Meleis and his team believe that it is possible for individuals to develop and manifest confidence that will aid in the progression of the experience (Meleis et al., 2010). As a result, participants can demonstrate “cumulative knowledge of situations, more understanding of critical and turning points, and a sense of wisdom resulting from their lived experiences” (Meleis et al., 2010, p. 62). Most
noteworthy, Meleis et al. (2010) confirmed that the learning process of a transition experience results in identity reformulation, whereby it is the mastery of new knowledge that empowers those involved and influences their future experiences.

The learning process of a transition experience is an individual endeavor, which takes into account each individual’s strengths and liabilities in order to navigate any complexity. Age, gender and life phase, according to adult developmental theory, explains why adults who face the same life events understand and experience life in fundamentally distinct ways (Kegan, 1982, 1994; Levinson, 1978, 1996; Popp & Portnow, 2001). Popp and Portnow (2001) go further to support a constructive-developmental theory, insisting that one’s meaning-making abilities influence their experiences. Hence, when an individual makes sense of an experience, through interaction and negotiation, meaning evolves and grows. Constructive-developmental theory incorporates the individual’s pace of growth and change along with the context in which they exist (Helsing, Drago-Severson, & Kegan, 2003). Once more, the theory emphasizes that one’s belief system, or deeply held assumptions, shapes an individual’s experiences thereby acting as a lens through which meaning is made (Helsing et al., 2003).

To further explain how transition experiences are manipulated, we look toward learning theory. According to education researcher Illeris’ (2003) contemporary learning theory, learning is a holistic human process consisting of three dimensions – cognitive, emotional and social – where the cognitive dimension consists of knowledge and skills, the emotional dimension incorporates feelings and motivation, and the social dimension is made up of communication and cooperation. These dimensions integrate to define the learning process as “an external interaction process between the learner and his or her social, cultural or material environment, and an internal psychological process of acquisition and elaboration (p. 398)” Illeris (2003)
posited that this broad sense of learning is necessary to appreciate complex interactions. This similar sentiment is also shared by the healthcare industry which embodies a philosophy of holistic health as better health is a condition of self and environment (Chick & Meleis, 1986). Healthcare workers must aid the patient in understanding the conditions that resulted in needed care, the subsequent course of treatment and how to protect and promote future health, for instance (Chick & Meleis, 1986). Additional factors such as timing and available resources are also at play during a transition experience (Schlossberg, 1985) and comingle to further influence one’s learning process. As a result, how one comprehends their learning will determine how they perceive and manage their experience.

While learning is independent, it is imperative to consider context, or one’s environmental factors, when discussing transitions. As social beings, our environment is an influencing factor in manipulating our perceptions (Marris, 1991; Rubinstein, 2001; Sawyer, 2005). According to Marris (1991), Sawyer (2005), and Rubinstein (2001), human interactions create more or less stable social structures, which in turn shape the actions of social actors. Sawyer (2005) goes on to claim that an individual’s prior socialization dictates the level with which people are equipped to deal with societal complexity. However, it is incumbent upon each individual to use their set of life experiences to inform and shape future experiences. Thus, those who are engaged, connected with resources – both human and systemic – and cognizant of the interconnectedness within social relationships may be better suited to navigate their realities.

The occurrence of transition experiences can not only take place on an individual level but also in groups. Families, for instance, are the most intricate and complex of social systems that endure transitions in unison, according to Figley (1998). Families are a pattern of relationships which form a meaningful order (Marris, 1991) and therefore, have influence on
each of its members creating a matrix or network of transitions taking place simultaneously. Figley (1998, 2002) goes on to state that because families are in constant change, they are a leading cause of trauma. This family systems perspective can aid in understanding the complex and dynamic relationships between family members (Minuchin, 1985; Sameroff, 1994). That is, the well-being of the family unit is directly associated with each member’s ability to find meaning in the change, and to cope with and adjust to change (Anderson et al., 2011). However, when one or more members cannot adapt, a breakdown of the system is imminent. This discussion of family dynamics intertwined with transition experiences is of critical importance to the study of National Guard spouses. For instance, socialization was difficult for many spouses as their transition experiences resulted in self-isolation (Allen et al., 2010; Gewirtz, Erbes, Polusny, Forgatch, & DeGarmo, 2011; Karney & Crown, 2007). The ensuing impact of isolation has the potential to produce psychological trauma further entrenching the spouse in chaos. With chaos comes further damage to human social and psychological structures (Marion, 1999). A study by Bell et al. (2004) on the linkage between alcohol and military spousal abuse suggested that victims who also consumed alcohol did so to “self-medicate or escape from an abusive relationship” (p. 1897). Such experiences create a spiraling effect complicating transition all the more.

Transitions, as discussed, are changes which have the potential to alter one’s life in marginal or significant ways. Minor transitions allow individuals to carry on as usual with minimal disturbance, while significant transitions change the fundamental way in which one thinks about his or her life. Fundamental change is relative to important life transitions such as the death of loved one, diagnosis of an incurable illness, the occurrence of a natural disaster or the deployment of a spouse to a combat zone. Research by Brown (2016) utilizes transition
theory to suggest that autobiographical memory or the memory of one’s life events is structured by how one perceives their life events, and that major transitions play a critical role in organizing memories. That is, memories are more prominent when the transition event was significant. Brown (2016) goes on to stipulate that both individual events, such as the birth of one’s child, and societal events, such as a world war, influence our definition of our memories. Environmental factors such as culture and social experiences also influence our definition. Essentially, those transitions that change the “fabric of daily life” have the potential to alter how we create, sustain and perpetuate meaning in our lives (Brown, 2016). Certainly, the transition experience of National Guard spouses is one such experience.

**Literature Summary**

War is stress-producing and a transformative experience for everyone connected to it (Figley & Nash, 2007). It stands to reason, too, that deployment is a major life event whose ramifications might increase the probability of additional life events that have the potential to disrupt family stability (Sheppard et al., 2009) for generations. Consequently, the cost of combat deployment is substantial, a reality that must be fully understood in order to offer effective support. In recent years, the wars in Iraq and Afghanistan have impacted millions of marriages and relationships (Riviere, Merrill, Thomas, Wilk, & Bliese, 2012), in which the physical and emotional scars, in order to heal, need time and attention. A society uninformed of the circumstances affecting so many of its members—of their challenges and needs—is susceptible to repeating the unfortunate choices of the past, including the poor treatment of Vietnam veterans who were forced to suffer in silence and misunderstanding (Figley & Nash, 2007). The risk factors taken together cement a solid barrier to healing for National Guard spouses. As a result, a comprehensive evaluation of this population, where knowledge is gained by gathering the
experiences of National Guard spouses, is critical to their future success. This study intends to promote an understanding of these individuals, of what they have endured during the reintegration period and of how this experience stays with them year after year. It is from such research, one hopes, that networking and intervention programs can be designed, coping strategies can be identified, and the full comprehension of the human cost of war can be gained.
Chapter 3: Methodology

The war-related experiences of National Guard spouses can have life-altering effects. Posttraumatic stress disorder, traumatic brain injury and/or loss of limb—these are among the long-standing, debilitating consequences for the service member that can, in turn, compromise the well-being of the spouse. In the case of multiple tours of duty, the family problems, trauma and the stresses of deployment can both recur and be amplified. For this study, then, with the impact on the spouse of the service member’s deployment in mind, the primary question is: How do National Guard spouses of a service members deployed to Afghanistan or Iraq perceive and manage the post-deployment phase?

A wealth of information can derive from phenomenological studies, studies that explore the lived experiences of individuals, including this set of individuals – National Guard spouses, studies that subsequently describe the essence of that experience or phenomenon (Creswell, 2007). Any powerful lived experience can transform itself into such forms as perceptions, memories, emotions, desires or a social activity. Those who live through or perform such experiences have far different insights than do those who only observe it; thus, in a phenomenological approach, the first-hand or experiential account is an essential element. The process of interrogation, consequently, seeks to reveal how the affected individual feels, conceives and thinks about his or her experience, yielding a composite that ideally consists of the “what” and “how” of the experience (Moustakas, 1994). Given the potential that the population under study here has to be susceptible and at-risk, the results of phenomenological research might help us hone in on the problem areas that plague the group during the reintegration period. The results might also identify resilient factors that contribute to coping—findings that could help communities to adequately serve this constituency.
Adopting the social constructivist or interpretive view, this researcher sought to ascertain the subjective meaning of the participants’ experiences (Creswell, 2007). “The interpretive paradigm,” according to Burrell and Morgan (1979, p. 28), “is informed by a concern to understand the world as it is…at the level of subjective experience.” To facilitate this process, the researcher worked to bracket her personal biases and report without presuppositions the rich personal experiences of the participants. According to Pontorotto (2005), in the interaction between the researcher and the participant, meaning is co-constructed. It is from this co-constructed meaning or knowledge that society can be informed of the needs of National Guard spouses and, in turn, tailor support networks and structures that will ease coping and transition.

**Research Design**

Unlike quantitative analysis where the usual focus is on the numerical assessment of variables and their interplay in large samples, qualitative studies rely on exploration which can only be gained only through in-depth conversation with participants (Creswell, 2008). This study employed a qualitative approach because it sought to examine the experience of a particular group of individuals, in this case National Guard spouses, and the meaning that they made of that experience. Qualitative researchers, according to Denzin and Lincoln (2011), are those who attempt “to implement a critical interpretive approach that will help them (and others) make sense of the terrifying conditions that define daily life” (p. xii).

Qualitative studies are best employed through a phenomenological approach where the essence of an experience can be garnered. According to Moustakas (1994), phenomenology intends to describe the essence of a phenomenon through the interpretive meanings of those who experience that phenomenon. Simply put, phenomenological study listens to the stories of the participants as told through their subjective eyes. Of critical importance to phenomenological
study is “epoche” or bracketing of researcher bias so the purest meaning of the participant’s experience can be revealed (Moustakas, 1994). Once any preconceptions are put aside the researcher can use inductive analysis in order to develop themes in the data. These themes are then used to produce a comprehensive textural description, or the what of the experience, along with a structural description, or the how of the experience (Moustakas, 1994). A final phase in the analysis is to identify a single, unified description of the phenomenon.

A phenomenological approach to this study of National Guard spouses was most fitting to unveil the complexities of the experience. It is by way of their rich, detailed descriptions that we can better understand the impact combat deployment has on National Guard spouses during the reintegration period. More importantly, a common understanding can inform how we support one another.

**Research Tradition**

Knowledge is a social process and, as in society as a whole, certain subcultures hold certain knowledge (Schutz & Luckmann, 1973). Thus, to transmit the experience of National Guard spouses, this researcher believes a descriptive phenomenological study, as espoused by Husserl (1913/1931, 1913/1983), is appropriate. As a result of Husserl’s (1925/1977) work, phenomenology began as a philosophical movement to describe the structures of experience as they present themselves to consciousness, or as the “science of pure phenomena” (Eagleton, 1983, p. 55). Husserl (1913/1931, 1913/1983), regarded as the twentieth century founder of phenomenology (van den Berg, 1955), draws his ideology from Kant, Hegel and Brentano, arguing that human studies are an investigation of consciousness. A body without consciousness, according to Husserl (1925/1977), is a corpse; therefore, consciousness cannot be discarded or ignored—rather, it produces experience. Experience is reflective, descriptive and
able to be recalled with accuracy and vivid clarity, yet it is influenced by imaginative variation (Wertz, 2006).

Husserl (1913/1931, 1913/1983) espouses the position that immediate experience is the only absolute data. Thus, a natural setting is the purest environment from which to generate authentic results and thereby to produce for the investigator a consciousness that understands the whole experience as it is lived by the participant (Giorgio, 2009). It is through the expressive power of language that phenomenological researchers can gather “accounts of experienced space, time, body, and human relation as we live them” (van Manen, 1990, p. 184) and achieve a description of the experience (Moustakas, 1994). Description being the operative word in phenomenology, the researcher is to withhold any preconceived opinions of the experience (Giorgio, 2009; Husserl, 1913/1931; C. Marshall & Rossman, 2006; Moustakas, 1994; Sokolowski, 2000). “Phenomenologists are concerned with understanding social and psychological phenomena from the perspectives of people involved” (p. 189), according to Welman and Kruger (1999); with that understanding, the researcher can integrate those personal experiences of the participants and cluster results into themes (Moustakas, 1994; C. Marshall & Rossman, 2006).

Moustakas (1994) interpreted Husserl’s (1913/1931) position as a new and unhindered outlook for the viewing of phenomena and for extending the voice of each participant (Giorgio, 2009). By following the precepts of a descriptive phenomenological study identified by Husserl, this study undertakes an unrestricted and flexible process of open-ended interviews to provide an in-depth glimpse into the lives of National Guard spouses. It is through such qualitative probing of participants’ war-related experiences that one can be led into an understanding of that which plagues thousands upon thousands of National Guard spouses. Through such understanding,
communities worldwide can, ideally, develop support capabilities and networks and promote effective ameliorative programs.

### Participants

The participants for this study, National Guard spouses, were gathered through purposeful sampling following a snowball effect from the researcher’s social network of Massachusetts National Guard families. Purposive sampling is the most effective strategy, as recommended by Miles and Huberman (1994), to understand the deeply personal phenomena that can be expressed only by those spouses who have lived through the trauma of a combat deployment. To further delineate the sample, criterion was utilized to identify suitable participants and included: 1. spouses of Massachusetts National Guard service members who served in Iraq or Afghanistan during Operations Enduring Freedom and Iraqi Freedom, 2. service member has been home from deployment for at least twelve months, and 3. couple was married during the deployment. Phenomenological research tends to employ a small sample size so that underlying themes and constructs can be more easily identified (Creswell, 2007). The intended sample here of eight spouses was used to generate a more precise depiction of post-deployment experiences.

Eight female spouses participated in this study whose male service member was in the Massachusetts Army National Guard. Each of the participants and their families lived in Massachusetts yet were spread across the entire state. All of the participants were married to their service member; three of the couples were married just before the service member was deployed for combat. Half of the group had children ranging in age from 4 to 29, and the participants themselves ranged in age from 29-48. The experiences of the participants varied with some having had previous exposure to one, two and three deployments and others no prior
experience. Five of the participants had service members with a service-connected injury – two diagnosed injuries and three undiagnosed injuries. Pseudonyms are used to protect the study participants’ identities.

**Recruitment and Access**

A representative sample was gathered by identifying spouses of Massachusetts Air and Army National Guard veterans who served in Iraq or Afghanistan during Operations Enduring Freedom and Iraqi Freedom. The sample was recruited through the researcher’s social network – the Massachusetts Family Readiness Group – and employed a snowball technique. Military spouses were informed of the study via email containing an information flyer outlining a description of the study including its purpose, expectations, and probable outcomes. Participants who were interested responded to the email and the researcher followed up with a phone call to answer any questions and confirm their involvement. Some potential participants declined to contribute, yet all individuals were asked if they would recommend a fellow spouse and/or pass on the researcher’s information flyer through their own personal network. Participation was voluntary. See Appendix A for the participant recruitment material.

**Data Collection**

The study, using semi-structured interviews, gathered data related to individuals’ subjective experiences and attitudes that would otherwise “remain inaccessible” (Perakyla & Ruusuvuori, 2011). According to Rubin and Rubin (2012), interviewing is a process of finding out what others feel and think about their worlds, and it ideally affords an opportunity for a participant to express the minutiae of an experience from an individual frame of reference in an open and judgment-free environment. The researcher, as the key instrument, collected data through semi-structured interviews so that the what, where, why, when, and how of the
experience might be understood. A pre-interview questionnaire provided the participants’ demographic data and informed how this data related to the phenomena (see Appendix C). The questionnaire focused on age, gender, length of relationship, and number of deployments and intended to give context to each participant’s experience. The individual interviews consisted of open-ended questions that intended to capture an in-depth explanation of the experience (see Appendix D). Each interview began with an open-ended question such as “Describe your experience during the reintegration experience?” along with a follow-up, probing question of “How would you describe your relationship as a couple during the reintegration experience?” in order to gain a deeper understanding of the phenomenon.

To obtain pertinent information that is rich in detail, a 90-minute long semi-structured interview was conducted with each participant. Participants chose the interview method most comfortable for them – in-person or telephone. Due to reasons such as proximity and personal preference, all participants chose to conduct their interview via telephone. The interviews were scheduled at a time convenient to the participant and sessions were audio recorded and professionally transcribed for analysis. Field notes were taken by the researcher during the interviews to reference any follow-up or probing questions and to record what was heard and experienced – the what and how of the experience (Miles & Huberman, 1994). Essentially, these notes were intended to provide the researcher the opportunity to document her own thoughts and feelings throughout the process, both during and after the interviews. These notes, kept separate from the transcriptions, helped the researcher remember what went on during the interviews and were used during the data analysis stage to uncover any gaps in the research (Saldana, 2009).

The researcher listened to each audio recording and compared it to the interview transcript for accuracy prior to coding. Next, the researcher examined each participant’s pre-
interview questions to garner an awareness of each of their individual contexts. Then the researcher read through each transcript multiple times in an effort to better understand the participants’ experiences and subsequently began a process of hand coding key concepts identified in each. The concepts were then clustered in order to describe the essence of the experience. To ensure credibility, a peer review was conducted using a colleague from Northeastern University and themes from both the researcher and the reviewer were compared.

Data Storage

Data were handled by only the researcher and a professional transcription service. The transcription service maintains strict non-disclosure agreements in order to ensure the strictest of confidentiality. Once the transcriptions were completed, data files, audio recordings, and paper documents were saved to an external drive and stored in a locked cabinet in the researcher’s home office. Typed transcripts were stored on the researcher’s personal computer, secured to an external hard drive and password protected. All data will be destroyed upon acceptance of the dissertation, apart from informed consent forms which will be maintained for three years.

Data Analysis

Fundamental to phenomenological study, as discussed, is the participants’ private experience. To gain understanding and thereby comprehensive descriptions of the experience at issue here, we employed open-ended questions and dialogue (Moustakas, 1994). To gather intricate detail from each participant and adequately synthesize the phenomenon, questions derived from a common theme. In turn, participants were urged to identify the effects the phenomenon has had on their lives as well as to interpret the experience in their own unique ways (Creswell, 2008). In this investigation, based on Moustakas’ (1994) procedures, the data from the participants’ narratives were analyzed and interpreted in terms of both textural and structural
elements (Creswell, 2007). The textural descriptions focused on what the participants experienced, while the structural focused on how they experienced it (Creswell, 2007). The resulting descriptions were integrated into a collective description of group experience (Creswell, 2007; Moustakas, 1994).

According to Giorgio, Fischer, & von Eckartsberg (1971) and Keen (1975), phenomenology does not subscribe to any pre-determined established methodology to ascertain a description, because doing so would compromise the integrity of the phenomena under study. Despite their caution, a sequence of steps can be adopted to serve as general guidelines—and that was the case in this investigation. First, the pre-interview questions were examined to familiarize the researcher with each participant’s context. Second, the researcher listened to each participant’s audio recording and read the transcript multiple times with an uncritical openness to get a sense of the phenomena (Giorgio, 2009). It is through such repetitive review of the data that the researcher can perform the descriptive coding that will identify what was heard and felt (Saldana, 2009) by each participant. The third step involved a more in-depth or inductive analysis of the data, a step eliciting the participants’ meaning in their own spoken words. Here is where the essence of the phenomena is garnered and where Giorgio (1985) advises the researcher to note “landmarks” or units of meaning in the text that express the phenomena (see Appendix 1). From such an analysis, the textural and structural elements of each participant’s experience might be identified, yielding a conceptual gain that can then be integrated into a composite set of textural and structural descriptions for the group as a whole.

During the fourth phase of analysis, the researcher reviewed the units unveiled in the previous step as they directly related to the research question. In this phase, some units were discarded for their insignificance, while special attention was paid to any redundancy, as
repetitions among different participants can speak to a broader meaning. The fifth phase was that of coding, a process which, according to Saldana (2009), entails assigning “a summative, salient, essence-capturing, and/or evocative attribute for a portion of language-based or visual data” (p. 3). Giorgio (2009), who borrowed from Husserl’s (1913/1983) “imaginative variation,” considers this step a descriptive transformation of the participant’s expression. The data in this study were revisited multiple times to confirm adequate coding. Once the experiential data was codified, the researcher could begin to conjure a descriptive paragraph of the lived experience of the topic (Giorgio, 2009).

The sixth phase involved thematic analysis, a process that clusters multiple similar meanings into a single unit that describes the essence within the context. Giorgio and Giorgio (2003) make certain to emphasize that the psychological meaning of the phenomena for the subjects must be described in this phase and not the researcher’s interpretation of the meaning. To affect this result, the researcher employed two methods, the first of which used reflective journaling throughout the analysis process to unveil the impartial and open truth of the participants’ meaning. The second method engaged a peer reviewer who read a sample of transcripts and identified his own themes, which were validated against those of the researcher. In the final stage of analysis, the researcher sought to abstract a single theme from the data to exemplify the essence of the participants’ experience.

**Trustworthiness**

As a spouse herself of a Massachusetts Army National Guard veteran, the researcher acknowledges the need to bracket those experiences (Creswell, 2007) and has attempted to do so. Specifically, the researcher maintained a field journal during the progress of this research and acted vigilantly to formulate general assumptions based solely on the data collected. In addition,
the researcher used multiple-source data or triangulation, such as interviews, field notes and peer review to assure trustworthiness (Creswell, 2007). A peer review was conducted with the help of a colleague from Northeastern University so that the essence of the phenomenon was identified as that of the participants’ and not that of the researcher. The reviewer was asked to analyze a sample of transcribed data and assign codes. The researcher and the reviewer then conferred via virtual meeting to compare and contrast the data. The results affirmed similar themes and thus concluded that the researcher’s preconceptions had not influenced the coding. This code checking exercise further triangulated the data and ensured validity. Validity is also guaranteed through a cohesive pool of participants whose selection was based on their position as National Guard spouses. The extensive descriptive results of this study should produce a meaningful depiction of the population (Creswell, 2007) whereby the results may begin to reveal the full impact of war.

**Protection of Human Subjects**

The researcher acted to protect the rights and welfare of participants by safeguarding against undue risk and ensuring participant confidentiality. Informed consent was obtained from each participant prior to conducting any research, and participants were informed of the purpose of the study, the procedures to be followed, the expected benefits of their participation, and any potential risk or discomfort to their well-being. The researcher agreed to safeguard data and prevent disclosure and unauthorized use thereof by securing research results in password-protected files at all stages of the research process and by eventually destroying data upon its conclusion. To further protect participant anonymity, pseudonyms were used. Research was conducted in an ethical fashion and according to federal and state regulations. Approval from the Institution Review Board was obtained by strictly adhering to the provisions as set forth by
the Northeastern University human subject research protection protocol, which includes completion of the National Institutes of Health training course. No contact was made with participants nor any data collected until approval from the review board was received. See Appendix B for the participant consent form.
Chapter 4: Report of Research Findings

This study was conducted to explore the lived experiences of National Guard spouses whose service member was deployed on a combat mission to Iraq or Afghanistan. Eight such National Guard spouses shared their transition experiences in interviews reported upon here. Guiding this study was an overarching research question: How do National Guard spouses of a service member deployed to Afghanistan or Iraq perceive and manage the reintegration period? The findings, presented in this chapter, are organized into several sections, beginning with participant profiles and followed by themes identified in the data collection.

Participant Profiles

Each participant had her own individual life circumstances that impacted her transition experience and perspective. But if the participant’s experiences varied, what made for common ground was their resilience. The stories of the eight women, presented in the alphabetical order by name (all pseudonyms), appear below.

Alice

Alice, age 35, has been married to her husband, age 38, since 2003, and the couple has five children, all under the age of 10. Six months after their wedding, Alice’s husband left for his first tour of duty to Kuwait, an 18-month deployment from 2003-2005. During his second 18-month deployment, this time to Iraq from 2008-2009, Alice gave birth to their second child, an event her husband experienced via satellite video. In 2012, Alice became pregnant again before her husband was sent on his third deployment, to Afghanistan, for 12 months. Alice claims her husband exhibits symptoms of PTSD, however, he has not been diagnosed. Alice’s husband, a chief warrant officer in the Army National Guard, is a technical and tactical leader. He has been home from active duty for approximately 3 years.
Alice’s experience as a National Guard spouse has impacted her identity. As Alice described her experience, she made reference to how she cannot articulate who she is as an individual, a mother, or a wife. With five children and a husband who has been absent more than present, Alice is confused, angry and fed-up. Her primary focus is her children, thus her commitment to self is secondary. She states:

I think that my idea of, my definition of what my role is is cloudy now. I really don't know. I think my husband and I don't know what to expect from each other anymore. For a while there, I didn't think that we were going to make it, because it's just we're very, very different, and we need very different things now, and it's hard to get back to what we used to have, because it's just obscured by so much stuff. . . . I don't know what my role is supposed to be anymore, but currently, it's not as supportive of him as it should be, because I think I'm just sick of it. It's hard to balance family life and military life when it always feels like military comes first.

Gabi

Gabi and her husband married days before his deployment to Iraq in 2012, a deployment that would last 14 months. Gabi, who is now 39, and her husband, age 49, have no children. Gabi’s husband is a communications specialist in the Army National Guard. He was injured during active duty and returned to his mobilization site in the Midwest for several months before returning home to undergo surgery and a year-long recovery process. Today, Gabi’s husband is separated from the National Guard as a result of his service-related injury and has been home from active duty for approximately 3 years.

Gabi is a strong-willed and outspoken individual. Her experience as a National Guard spouse tested her spirit and was emotional, to say the least. From her shotgun wedding, to
managing a deployment nearly alone, to the abuse she endured while her husband battled his recovery, Gabi has withstood much trauma. Despite these hardships, she maintains a positive outlook and is appreciative, stating:

I guess I’m stronger than I thought. I always thought of myself as a strong chic but with an emotional side. I made it through the deployment alone, doing everything on my own with no help, crying through most of it. I made it through bad times when he came home. I guess I have perseverance, when I set my mind to something I go for it. But to be honest, a part of me is still surprised I did it. I guess that’s my complex talking.

Judy

Judy, age 36, and her husband, age 35, had been together for seven years before he was called to active duty. The couple married in 2012 just before he left for a 12-month tour with the Army National Guard in Iraq. They do not have children. Judy claims her husband exhibits symptoms of PTSD, however, he has not been diagnosed. Judy’s husband is a Specialist and serves as an infantryman. The service member has been home from active duty for approximately 3 years.

Judy has struggled with the realities of combat deployment since her husband has returned home. She is supportive of her husband but grapples to understand her new reality as it is far different from what it once was. She recalls, “I remember trying to get him help and I was trying to be the person to fix him and I would try to get him some help or get him to the right people. That’s what I tried to do. I was trying to fix things.” Still today, Judy is committed to regaining the life she and her husband once had.

Kay
Kay and her husband, who were married in 2008, have two children, ages 7 and 5. Kay is 33 and her husband is 41. The couple has been through two deployments, one in Kosovo for 18 months from 2006-2007 and the other in Afghanistan for 12 months from 2011-2012. Kay’s husband has recently been diagnosed with PTSD. He is a staff sergeant in the Army National Guard and serves as a combat engineer. He has been home from active duty for approximately 4 years.

Kay’s experience as a National Guard spouse has provoked emotions that were once subdued. According to Kay:

I've always had issues with anxiety and depression. It’s been over the last four years that they've slowly been rearing their ugly heads a little bit more. I have started taking Zoloft for my anxiety because I was noticing that my anxiety was turning me to rage and there was nothing I could do to stop it. I could feel it coming out and I could not shut it off. That started happening part way through the deployment when I think that the stress of potentially being an only parent. Having to do all that by myself and we moved while he was gone so dealing with that stress. It’s slowly getting back under control. There are the kids and school and work and his schedules, very stressful.

Kay continues to wrestle with her reality but finds that she can better cope by pretending. She goes on to explain:

Some days I feel like I'm just acting and just pretending like everything is great even if it’s not. Sometimes everything could be great but in my head I've got all those what-if's and what’s going to happen when. Thinking about all those things that could happen or might happen or will happen and my brain just never stops. I kind of have to, for my own sanity, at least pretend like things are okay.
Maria

Maria is 29 and her husband is 31. Maria and her husband had been together for many years but decided to legally marry before her husband left for deployment. In 2007, Maria’s husband was called to active duty and spent 12 months in Iraq. The staff sergeant was employed as a combat engineer and is currently separated from the Army National Guard. The couple does not have children. The service member has been home from active duty for approximately 8 years.

Maria has matured significantly as a result of her experience as a National Guard spouse. As a self-professed “feisty” young woman, Maria was selfish, wanting to experience life as any young adult would. Today, however, she has learned to better appreciate her experiences, especially her marriage, stating, “Everything I do, subconsciously and consciously, will all revolve around him.” As a result, Maria’s attitude is more laid-back and she believes that compromise is the key to happiness.

Nancy

Nancy, age 43, and her husband, age 47, were married in 2001. The couple has three children, ages 21, 13 and 10. Nancy’s husband, a staff sergeant, was deployed to Iraq in 2012 for 12 months, working as a construction supervisor. He was previously deployed to Kosovo in 2006-2007 for 18 months and is now retired from the Army National Guard. The service member has been home from active duty for approximately 3 years.

Nancy is a stay-at-home mother who loves to fuss over her younger children. While her husband was deployed, Nancy intended to focus on her family in order to help her cope. However, her children proved to be more resilient than she had anticipated which left her with a sense of purposelessness. Instead, Nancy says, “I think my kids did a lot of helping me get
through the whole year he was gone.” Even upon her husband’s return, Nancy felt the same emptiness as she watched her children cling to their father and renew their relationship, which had been on hold for twelve months. Yet despite this reality, Nancy appreciated the fact that she was resilient, capable of making it through the separation after all. As a result, Nancy has found a confidence and independence she now revels in.

Reilly

Reilly has been married to a staff sergeant since 1995. Both Reilly and her husband are 44 years old, and the couple is childless. Reilly’s husband has been on two combat deployments: Iraq in 2007-2008 and Afghanistan in 2011-2012; he is employed as a motor transport operator. The service member has been home from active duty for approximately 4 years, and the couple is currently facing the prospect of a third deployment with the Army National Guard.

Reilly is a kind-hearted woman who has endured multiple hardships – a broken leg and car accident – unfortunately all while her husband was deployed to both Afghanistan and Iraq. Reilly maintains that deployments are a burden on families and can cause resentment among loved ones when support during tough times is not there. As she states, “People think that absence makes the heart grow fonder, that's a lie. Whoever said that's a dope. That's not what happens, you resent the person for not being there when you have hardships.” Reilly’s resentment limited her patience with and willingness to help her husband re-acclimate back to civilian life. She is ultimately frustrated with the military and the way of life it forces her to lead or as she put it, how “vulnerable” of a position it puts you in. According to Reilly:

It takes so long to get the person back, by the time they're getting back they're ready to deploy again. That's what's hard for families, it takes you so long to get through that
struggle. You get there and then they want to send them away again, you have to start
from scratch again.

**Sophia**

Sophia is 48 years old and her husband is 54. Married since 1991, the two have three
children ages 29, 24 and 19. Sophia’s husband has been in the Army National Guard for over 20
years, and her eldest child is also serving in the Guard alongside his father. Sophia’s husband
served in Afghanistan from 2012-2013 as a sergeant first class and was employed as a technical
ingineer responsible for surveying land and preparing maps and plans for construction projects.
Previously, Sophia’s husband was deployed for 18 months to Kosovo from 2006-2007. The
service member has been home from active duty for approximately 3 years.

Sophia’s experience had her as both a National Guard spouse and mother when her
husband and son deployed to Afghanistan together. As a mother and grandmother, Sophia was
concerned with making sure both families were doing well in the absence of their patriarch. The
connectedness of her family, or as Sophia calls it, her “strong foundation,” is what kept her going
through the experience.

**Summary**

While the experiences with combat deployment of all eight participants in this study were
in their details unique, the eight did, however, share similarities. All of the service members,
coincidentally, are affiliated with the Army National Guard, and six of the participants are
officers. All but one service member had been on a combat deployment during the years of
2011-2013; thus, the time period since the service members’ return home has been
approximately four years. In addition, five of the eight participants experienced more than one
deployment cycle. Given these commonalities, in some instances the responses by the participants seem homogenous.

**Themes**

This section presents a summary of the themes derived from the interviews conducted as part of this research. Based on the spouses’ interviews seven themes were identified that illuminate how they perceived and managed the reintegration period – lack of preparation, reintegration was an emotional struggle, the impact of combat deployment, the new normal, resources/supports/coping strategies, looking forward to the future, and resilience. The theme of the impact of combat deployment also revealed two subthemes – 1) posttraumatic stress disorder and 2) multiple deployments.

**Lack of Preparation**

All interviews began with a question probing what the spouse had anticipated that the reintegration period would be like. The following table highlights anecdotes from participants in the study, which reflected the superordinate theme:

<table>
<thead>
<tr>
<th>Participant</th>
<th>Sample Response</th>
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<tbody>
<tr>
<td>Alice</td>
<td>“I had no idea what to expect”.</td>
</tr>
<tr>
<td>Gabi</td>
<td>“I didn’t do anything mentally to prepare. I thought it was going to be like it was before. I didn’t know any different. No one prepared me otherwise. No one talked about the return much”</td>
</tr>
<tr>
<td>Judy</td>
<td>“I didn’t have as much education about all of this as I should have”.</td>
</tr>
</tbody>
</table>
| Kay         | “I honestly wasn’t sure what to expect. I wasn't really thinking
The single recurrent theme amongst the participants was that there was no preparation by the spouse for her service member’s return. Generally, the spouses all commented that they did not know what to expect. Some confessed that they did not expect any changes, not in their service member, not in their relationship as a couple, not in the family dynamic or lifestyle. “I thought it was going to be like it was before,” Gabi noted. “I didn’t know any different. No one prepared me otherwise.” Similarly, Judy stated, “I thought everything was going to go back to normal.” Reilly commented, “I thought that the reintegration process was going to be wonderful. . . . I thought he would be so happy to be home and that everything would be perfect.” Alice too thought that her family would “fall back into our lives together.” These individuals were under the impression that life would continue where it had left off several months (or more) earlier.

Still others admitted that they had not thought far ahead about the reintegration period but rather focused more immediately on the fact that their service member was now home, and they anticipated getting back to their normal routine. For instance, nearly all of the spouses noted preparing the home whether by cleaning/organizing or stocking up on supplies so the family unit could reconnect privately behind closed doors for several days. Maria stated how she “made

<table>
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<tr>
<th></th>
<th>Statement</th>
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<tbody>
<tr>
<td>Maria</td>
<td>“I really didn't have an opinion on it. I was young, so I wasn’t sure”</td>
</tr>
<tr>
<td>Reilly</td>
<td>“I thought that the reintegration process was going to be wonderful”</td>
</tr>
<tr>
<td>Sophia</td>
<td>“I don't know that I had any actual expectations”</td>
</tr>
</tbody>
</table>
sure that he had stuff at home . . . just more food and just more toiletries, made sure that he had things at home. So when he got home, we didn't have to go out.”

The majority had the impression that as long as their service member was coming home “safe” (without a visible injury) or, as Reilly stated, “in one piece,” that reintegration would be easy and that regaining normalcy was inevitable. However, Gabi’s case was unique because of her husband’s service-connected injury. Unsure of what her reality would bring at the time, Gabi remarked, “There were a lot of unknowns until he got out of surgery and got home. I didn’t think it was going to be easy, that’s for sure.” While the specifics of each spouse’s experience are different, the common theme throughout the descriptions is that of the unknown, and thus, no intentional actions (apart from resupply) were taken by the spouses to prepare for their impending reunion.

**Reintegration Was an Emotional Struggle**

The next area addressed by spouses concerned their experience of the reintegration period, that time after separation from active duty when the service member returns home. There is no prescribed timeframe to the reintegration period, but generally it is the first twelve months at home following a deployment. Table 2 indicates excerpts of the emotional struggle that the participants shared during the reintegration period:

Table 2

<table>
<thead>
<tr>
<th>Superordinate Theme 2 – Reintegration Was an Emotional Struggle</th>
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</thead>
<tbody>
<tr>
<td>Participant</td>
</tr>
<tr>
<td>-------------</td>
</tr>
<tr>
<td>Alice</td>
</tr>
<tr>
<td>Gabi</td>
</tr>
</tbody>
</table>
I hated our relationship. I wanted a divorce but I knew I wanted to make it work and not give up. I kept thinking that he wouldn’t be like this forever and we would just go back to the way it was but until then it was bad. I’ve been alone before but this felt worse. I was sad and mad for so long, that is not a way for someone to live.”  

**Judy**

“He didn’t know how to get back into life. I thought ok, things were just going to take longer. And then it didn’t.”

**Kay**

“The hardest part was figuring out how he fit back in to the regular schedule, because he’d been gone for a year in which we had gotten into our own routine of how we did things and the trickiest part was working him back into the day to day life.”

**Maria**

“Before the deployment, we were happy and in love and everything, but we really didn't face anything together. We didn't have any challenges or anything like that because we were just having fun, you know? Young, wanted to get married, got married, and then we were separated because of deployment. So there was really nothing that was in our way, no obstacles, no nothing. Because of that time, we've had many obstacles, even to the point where I thought that we weren't going to be a couple anymore.”

**Nancy**

“He has a tendency when he gets frustrated he gets louder. It definitely got louder in my house when he came back. Pretty much yelling is what his main thing is. He's an easy-going guy for the most part but he does yell when he gets frustrated and there was more yelling when he got home. I just tried to talk calmly to him, is what I pretty much did. Sometimes I would yell back because I get frustrated.”

**Reilly**

“They're one piece physically, but mentally they're not so there. Then you say to yourself, this isn't the person that left me and came back.”

**Sophia**

"It’s a struggle trying to get to a place where I could give him back some of his authority within the family.”

According to the spouses, reintegration follows a series of phases or stages beginning with the honeymoon stage. Here the family reunites physically and the joys of the occasion
linger for a bit and, as Kay stated, she and her husband, “always want[ed] to be with each other.”

The novelty of the service member’s return fades, however, and the honeymoon stage leads into the stage of confusion. It is here that neither the family nor the service member knows what to do and say. As Alice put it, “[We] couldn't do anything right for a million dollars in the world.”

In listening to spouses describe their experiences, it became evident that there was a stark difference between what the spouses assumed reintegration would be like and the reality they experienced. According to Reilly, “Our idea of what it is and what it [really] is when they come home is totally [a] different thing.” As indicated earlier, there was little preparation by the spouses for this reality, so it is natural for confusion to set in, with individuals then struggling to find balance. Sophia stated:

I had been the primary caretaker of the children, the disciplinarian, and now he's home and he kind of had some difficulty fitting back in. . . . It was a struggle trying to get to a place where I could give him back some of his authority within the family, and him [to] accept his new place in the family.

For some spouses, confusion then led to chaos, as individuals continued to struggle with finding balance. The turbulence came about because the service member was attempting to reinsert himself back into the familiar family routine, yet a new routine had been established during the deployment-- and roles were now different. Kay described her experience as “chaotic” with each family member having his or her priorities and where “the trickiest part was working him back into the day to day life.” Similarly, Alice explained:

I had to establish a whole new routine where I knew he was gone for a year. We had another baby while he was gone and my rules were running the house, and he came back and just wanted to step back into his role, but he actually didn't have a role with the
children at that point, because they were small, so everyone had to get to know each other again, and it was very tenuous for a long time. . . . It was much different, because he was different when he came home as a father as well as a husband, so it made it a lot harder for the routine of the house to get back to the way it was.

As a result of the confusion and chaos, spouses described their experiences as lonely. Nancy, for one, confessed feeling “isolated from the family” because the children took to their father during the initial reintegration period. Feelings of loneliness further settled in as spouses retreated from their marriages and the outside world. Alice commented, “In the deep, dark hours of the night, it gets lonely sometimes. . . . I really definitely have been affected by social situations. Now I almost have social anxiety.” Gabi described her experience as “silent torture” because she was too embarrassed to speak of her circumstances, further commenting, “I kept it all in. I hated life.” Likewise, Judy was at a loss, stating, “I was definitely trying to grasp at straws.” The defense mechanism of “putting up a wall,” as Gabi explained it, plagued her and others as they struggled with hurt feelings and a life partner who was not the individual they had once known. “We were just going through the motions,” Gabi recalled, “living in the same space. It felt like two strangers because I didn’t recognize him anymore.” Spouses with children, such as Alice, described their marriages as “taking a back seat” in the hope of bringing order to their chaotic family lives.

What influenced the reintegration experiences of Reilly and Gabi, in particular, was resentment. Reilly admitted fighting back feelings of resentment toward her husband when he initially returned. “You resent the person for not being there when you have hardships,” Reilly commented, while describing her experience with a broken leg and her struggle with feeling alone and helpless during the deployment. Reilly went on to acknowledge that putting aside
deep-rooted feelings is difficult, even in her case where it was not her service member’s fault for not being there:

People think that absence makes the heart grow fonder; that's a lie. Whoever said that’s a dope. That's not what happens. You resent the person for not being there when you have hardships. . . . you get resentful. I don't think it's anything some people can control. I think your brain just does it.

Gabi also had strong feelings of resentment but not because her service member had deployed and left her alone—but rather as a result of his lack of contribution to their relationship upon his return. “I had to go to work every day,” she explained, “and he would sit at home doing God knows what, so I was resentful. Why am I busting my butt and he’s acting like a jerk and sitting around all day? I got so pissed at him.”

More than one spouse disclosed her frustration over affording her service member time to settle back into normal life. Judy spoke about letting her husband set the pace for their recovery: “I was kind of going with his mood.” Reilly, on the other hand, believed she was too patient, causing the drama to linger on too long. “Patience was starting to cease at four months,” according to Reilly. “At four months I basically was like yeah, we're done with this. You need to go get a job, you need to go do whatever.” Judy described her experience as a “roller coaster,” but all the spouses agreed that it was a tumultuous experience filled with stress and uneasiness. Maria, for instance, described what she went through as “chaos . . . it wasn't organized, it was always up-in-the-air, kind of go-with-the-flow, just take it as comes kind of thing.” So too was it emotionally troubling for the children involved. Alice recounted her young son’s experience:

He had these constant dreams about bad guys rising up on the desert. He would just have dreams of his dad getting shot and killed. It was terrible and he was so little that he could
barely verbalize it, and we found out pretty soon. He talked about it in preschool, and I had to go in and talk to the teacher, because he scared his friends. It's just an aspect of reality that a lot of children's peers aren't able to deal with. They're playing Mind Craft and fighting on the playground and things like that, and that [level of play] just becomes of secondary importance when you have such a huge issue on your plate at such a young age.

In the third stage of the reintegration period, the family attempts to get to know one another again and eventually transitions into a new normal. This was especially pertinent for those families with small children like Kay, Alice, and Nancy because the children needed to re-acclimate to a parent who had been absent for over a year. Kay described her children’s experience, stating:

Our son was just over two when he [the service member] came home, and he was attached to daddy's hip for the first few weeks. Our daughter, who had just turned five, no just turned four—it was a little bit more difficult for her. She was very glad that daddy was home but any time daddy had to go anywhere, she would panic and constantly be asking me when he was going to be home because she was afraid that he was leaving and was going to be gone for a long time again. That was very hard. The first time he put his uniform on to go back to drill was brutal. She attached herself to him, and she would not let him go.

The eventual abating of such concerns on the part of the children, naturally, was welcomed.

Throughout each of these stages, the spouses spoke of high emotions for all involved. As Nancy described, “It definitely got louder in my house when he came back.” Gabi’s recollections revealed even higher emotional stakes:
It felt as though he wanted to be alone and all I wanted to do was spend time with him. I sensed it, so I backed off a bit. That didn’t help in terms of his yelling. He was always mad, the littlest things would set him off . . . it was an explosive time. . . . I felt as though he didn’t want to be near me. . . . We were like two roommates, we weren’t a loving married couple. It was sad for me because we had just gotten married before he left and now it felt like it was over. . . . I questioned what the point of all of it was.

The reintegration experience described by the spouses was overwhelmingly negative, typified by Gabi’s noting that “it was just horrible.” Similarly, Judy stated, “I didn’t take care of myself. I’m sure I was just pushing along.” Even though Reilly and Maria initially described their experiences as “wonderful” and “exciting,” both admitted that over the course of the experience the overall sentiment was more “stressful” and “bizarre.” Maria went on to say, “I'd gotten used to it being just me. And then, it was definitely hard, because we had to communicate, and I had to remind him that he had to see what I was doing – and kind of try to help him incorporate himself in there.” With emotional responses intensifying, reintegration for each of the spouses meant enduring some struggle.

**The Impact of Combat Deployment**

In the third theme, when describing life following their partner’s homecoming, the spouses highlighted the multiple impacts of combat deployment on their service member and elaborated on the ways those impacts influenced their own experiences. The following table outlines quotes capturing the impact of combat deployment on those experiences:

**Table 3**

*Subordinate Theme - The Impact of Combat Deployment*
<table>
<thead>
<tr>
<th>Participant</th>
<th>Sample Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gabi</td>
<td>“Not to mention all the drugs they kept pumping into him. He was like a walking drug store. They gave him all kinds of stuff to take for his pain.”</td>
</tr>
<tr>
<td>Judy</td>
<td>“I know that I was definitely trying to grasp at straws so I was kind of going with his mood. Today he was in a good mood so I was like ok, today we’re on a good swing.”</td>
</tr>
<tr>
<td>Nancy</td>
<td>“He hadn't dealt with the everyday life in a while. He was used to in the Army, it's this, this, this and that, and it was all structure. When you're back home, he has to get used to having kids again. Not everything goes the same way it's supposed to go. It's not one plus one is equal to two. It's, okay, whatever works. There’s some structure but sometimes it doesn't always go through correctly.”</td>
</tr>
<tr>
<td>Reilly</td>
<td>“Okay, for instance when he came home I expected like we were going to go and do all these things and everything I had wanted to do while he was gone, because you think of a thousand million things you want to do, and then they come home and they don't want to do them. It's like their mind is so ... It shuts down. They get so excited to come home, and they get home and it's like hitting a wall. All of a sudden they don't want to do anything. It's like they’ve done so much in the last 12 months that they don't want to do one single solitary more thing. They want to sit down. They want to watch television. They don't want to talk to you, and they just want to do their thing.”</td>
</tr>
<tr>
<td>Sophia</td>
<td>&quot;If he didn't want to talk about the deployment we didn't talk about it.”</td>
</tr>
</tbody>
</table>

Spouses identified significant changes in their service member that had resulted from combat deployment. For instance, spouses noted a change in temperament—prevalent in families both with and without children. “His temper,” according to Kay, “was a little bit shorter than usual.” “He didn’t come home the same person he left,” commented Gabi. “He was moody,
always in a bad mood actually. He didn’t smile.” When speaking of their “serious fights” and his “punch[ing] walls,” Gabi alluded to her husband’s violent tendencies.

Multiple spouses also acknowledged changes in their service member’s behavior, changes that impacted the family unit. These behaviors included adjustments in sleeping patterns and driving tactics, reactions to noise and commotion, discomfort in crowds, and a tendency to seclude oneself. Reilly, for instance, recounted that two of their vacation experiences were a “disaster” because her husband couldn’t cope with the feel of gravel underfoot or the jostling of street vendors. Both Sophia and Gabi talked about their service member’s abandoning the marital bed for sleeping on the sofa, while Judy plainly stated, “He would just sleep.”

Spouses also commented on their service members’ state of confusion with re-acclimating to civilian life and on their need to rediscover a sense of autonomy. According to Reilly, “He came out of his thing and started to take over more. I started to step back again.” More generally, spouses noticed something different about their partner, a development that prompted Reilly to state, “They're one piece physically, but mentally they're not so there. Then you say to yourself, ‘This isn't the person that left me and came back.’ You say, ‘Oh my God, this person's changed.’”

Several spouses also indicated that reintegration was difficult because the service member felt an obligation to return to active duty and, therefore, his focus was not on the family. Reilly explained, “They keep talking about going back to the point where you say . . . finally, you kind of blow up and you say, ‘Do you want to go back?’” Similarly, Gabi stated, “He always commented about wanting to go back—it’s like he didn’t want to be home.” According
to the spouses, this sense of having somehow abandoned their unit was a feeling common among their service members, and it seemed an obstacle to recovery.

**Posttraumatic stress disorder.** A sub-theme revealed in the interviews that impacted the service members and subsequently the spouses was posttraumatic stress disorder. The table below depicts the experiences with posttraumatic stress disorder:

Table 4

*Subordinate Theme – Posttraumatic Stress Disorder*

<table>
<thead>
<tr>
<th>Participant</th>
<th>Sample Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alice</td>
<td>“It's pretty difficult right now. He has distinct symptoms of PTSD, which include short-term memory issues and hearing issues and crazy temper issues, so that is complicated, and he can't admit that he has these symptoms either, so that adds a whole different layer onto who he is, as a person, as a father, as a spouse. It's difficult, because he's not the father he was when he left either. The kids will tell him something and he'll forget, and then he'll be upset and he'll yell at them for not having told him, and the kids are strapped because they don't know if they should stand up for themselves or fight and say, yes, I did tell you and you forgot, because he's just going to keep disciplining them for sassing him, so that's hard for me as their mom, because I don't know if I should step in. It's a hard thing to not like how your spouse is treating your children, so that really is a huge part of where we are right now is trying to find our way as co-parents again, and our marriage has taken a back seat to that; it's very difficult.”</td>
</tr>
<tr>
<td>Gabi</td>
<td>“He always commented about wanting to go back.”</td>
</tr>
<tr>
<td>Judy</td>
<td>“I still think he struggles with PTSD. Not that that is the only reason why we are not as great but he doesn’t seek the help he could and instead tries to deal with it internally and he still struggles with it all. We are strong. I don’t see us breaking up. He definitely is not the same person he was before he went away. Even all this time later. I think it affects our relationship.”</td>
</tr>
</tbody>
</table>
| Kay         | “I could sense the change in him. His temper was a little bit
shorter than usual, but it was one of those things where I was just kind of like, "Well you know, he could just come back from a combat zone and had to worry about IED's and the guys that were with him and everything."

So of course he is trying to decompress from that and he does have some PTSD. Comparatively, I would say his is mild but it is definitely there.”

Each of the spouses, as a result of their service members’ current state of mind, spoke of a new fault line or communication wall within their family. Alice recounted:

He has distinct symptoms of PTSD, which include short-term memory issues and hearing issues and crazy temper issues, so that is complicated, and he can't admit that he has these symptoms either, so that adds a whole different layer onto who he is, as a person, as a father, as a spouse.

As a result, families must grapple with impacts on communication and personal connections, areas of interaction that can lead to misunderstanding, impatience, and fear. Judy recalled how her service member, “never talk[ed] about things. He would never tell me any of his feelings.” Sophia acknowledged the struggle with “knowing when he needed time and space and giving it to him without getting frustrated.” She went on to state, “He couldn't do things with us as a family, he wasn't ready…to process everything that he had gone through during the deployment.”

Gabi, who at times was fearful for herself given the tumultuousness of the relationship, commented, “He punched walls, we screamed. It was horrible. I don’t know how we survived it.” Kay, on the other hand, learned to adapt to her husband, developing a capacity to sense a change in him in certain circumstances and to respond to it: “I remind him to breathe and relax and try to let him vent when he needs to vent and try to diffuse the situation when I can.”
While some of these returned service members could not acknowledge the issues around posttraumatic stress disorder, others, according to the spouses, did initiate steps to receive treatment. Kay, for instance, is relieved that her service member has finally begun treatment after three years, but Judy is still holding out for hope.

Multiple deployments. Another subtheme identified by the spouses involved the impact of multiple deployments. Table 5 highlights these experiences:

Table 5

<table>
<thead>
<tr>
<th>Participant</th>
<th>Sample Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alice</td>
<td>“He's always telling me, &quot;You have to let me in,&quot; and I'm always saying back to him, &quot;I don't know how anymore.&quot; He's got walls up that you need to have up, and in the back of my head, I know he's going to go again, so it's hard to try to let somebody in.”</td>
</tr>
<tr>
<td>Kay</td>
<td>“Our daughter, who had just turned five, no just turned four, it was a little bit more difficult for her. She was very glad that daddy was home but anytime daddy had to go anywhere, she would panic and constantly be asking me when he was going to be home because she was afraid that he was leaving and was going to be gone for a long time again. That was very hard.”</td>
</tr>
<tr>
<td>Reilly</td>
<td>“It takes so long to get the person back, by the time they're getting back they're ready to deploy again. That's what's hard for families, it takes you so long to get through that struggle. You get there and then they want to send them away again, you have to start from scratch again.”</td>
</tr>
</tbody>
</table>

Military families understand the reality of multiple deployments; this reality, however, can be harsh and difficult to cope with. In some cases, advanced notice is minimal, creating upheaval for the families. Gabi, for instance, spoke of having but a six-week notice and of her
resultant dash to organize a wedding. Alice reported, “One week, he just came home and he said, ‘I have to go, and next week I'm leaving’. I think we had less than a week, and he really up and left, so I was on my own, just trying to scramble around and figure things out.” Apart from the abbreviated notice given to some service members and their families that a deployment is impending, the reoccurrence or cycle of deployments can be continual. Consecutive deployments can leave little time for reintegration and resettlement back into normal life for families, so the period of instability is prolonged. Reilly commented:

   It takes so long to get the person back, by the time they're getting back, they're ready to deploy again. That's what's hard for families. It takes you so long to get through that struggle. You get there and then they want to send them away again. You have to start from scratch again.

What’s more, the fear of another deployment leaves some in a state of uneasiness waiting for the next assignment. “Would we be able to survive a third one?” Reilly asked. “I don't know, it's too good now that I don't want to rock the boat. I don't want to call attention to it.” Such uneasiness and uncertainty has the potential to negatively impact the family’s reintegration.

The New Normal

   In the fourth theme, further light on the kinds of transitions the spouses underwent is shown by how they explained their current realities. The following table highlights anecdotes from participants in the study, which reflected the superordinate theme:

Table 6

<table>
<thead>
<tr>
<th>Superordinate Theme – The New Normal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant</td>
</tr>
<tr>
<td>Name</td>
</tr>
<tr>
<td>--------</td>
</tr>
<tr>
<td>Alice</td>
</tr>
<tr>
<td>Gabi</td>
</tr>
<tr>
<td>Kay</td>
</tr>
<tr>
<td>Maria</td>
</tr>
<tr>
<td>Nancy</td>
</tr>
</tbody>
</table>

The spouses recollected their experiences of their new normal in two phases: transitioning into the new normal and settling into the new normal. Accompanying the transition into the new normal was uneasiness between the couple, an unease involving negotiating new roles and coping with heightened anxiety. According to Alice, “I think that my idea of, my
definition of, what my role is is cloudy now. I really don't know. I think my husband and I don't know what to expect from each other anymore.” Alice went on to explain her transition:

At first, it's overwhelming, and then you become really proud of yourself, because you're doing it all alone, and you're doing a good job of it, and you're holding your act together, and you're putting on a happy face. That becomes who you are, and then he comes home and wants to be needed and wanted and accepted right back in, and there's no spot for him anymore.

Couples after a long separation understandably require time to acclimate to one another and their environment. Such couples must learn to rebuild, reconnect, and renegotiate their roles and expectations. Maria, for instance, noted that her needs and those of her husband had changed and that the two had to learn to work together as a couple again. There was “a lot of conversation and butting heads,” she noted, and “a lot of alone time needed. Because it's two random people smushed in there at once, and [we] kind of had to get used to each other all over again.” Adding another layer of complexity for the spouses with children was the challenge of navigating co-parenting responsibilities. Alice, for example, recognized her challenges, stating, “It's a hard thing to not like how your spouse is treating your children.”

While all the spouses acknowledged the struggle with this transition period, Kay in particular described her experience as “contact PTSD.” Kay went on to acknowledge her long battle with depression and anxiety and explained how those symptoms began “rearing their ugly heads” and ultimately resulting in uncontrollable “rage” during the reintegration period. “The stress and . . . my anxiety,” she reported, “was heightened and my temper was shorter. . . . I was the one doing most of the yelling.” In addition, others noted the added strain they felt as a result of their service member’s traumatic experience and his refusal to seek assistance. Judy, for
instance, recollected what she felt was her obligation to “fix” her husband: “I remember trying to get him help, and I was trying to be the person to fix him, and I would try to get him some help or get him to the right people. That’s what I tried to do. I was trying to fix things.” Alice, on the other hand, commented that her attempts to remedy her family’s recovery were complicated by the military: “It always feels like military comes first.”

The second transition phase identified by the spouses was settling into the new normal. This phase identified the current state of affairs for most of the families where the new reality had been accepted and where further change was not as prevalent. Gabi, for example, rejoiced, “After all the bad, he eventually changed and became like his old self again and even better, I think.” Maria remarked, “Some way somehow it just worked out, and . . . years later it's just been great.” This feeling of reconciliation may be attributed to the fact that all of the service members have been home from deployment for at least three years. By this time, spouses have come to terms with their service members’ having returned a new person, different from the individual they had known before deployment. Sophia commented that “[we are] 98% back to where we were prior to the deployment.” Many spouses also recognized that, as a result of the deployment, roles had shifted, and while they had coped with the changes, they acknowledged that on occasion the transition was still difficult to swallow. Nancy, for instance, revealed an unexpected “detachment” from her children because they had found a new relationship with their father since his return. At the same time, more than one spouse made mention of how she appreciates her relationship and her partner more now than prior to the deployment. Reilly called it being “grateful,” and Maria described it as “every year it just becomes better. . . . I don’t do anything without thinking of him.”

**Resources, Supports and Coping Strategies**
During the interview, spouses recommended multiple resources, supports and coping strategies that helped them, and could potentially help others, cope with the reintegration process.

The table identifies key ideas:

Table 7

*Superordinate Theme - Resources, Supports and Coping Strategies*

<table>
<thead>
<tr>
<th>Participant</th>
<th>Sample Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alice</td>
<td>“Seeing my children grapple daily with their own mortality and the mortality of their father when they're so little, when it's just not a discussion that a lot of people had with their children yet; it's different. I'm very proud of them, too, because they know that it's okay to cry, and they're a lot more in touch with their emotions than I ever was, and they're able to vocalize what they're feeling and move through things, and I think that they're just more emotionally well-rounded than they would have been if they didn't have to face any of these challenges.”</td>
</tr>
<tr>
<td>Gabi</td>
<td>“I had two friends who I could not have lived without during all of this. They were awesome and totally by my side at all times. I wouldn’t be here if it wasn’t for them.”</td>
</tr>
<tr>
<td>Judy</td>
<td>“I would also let them know that it’s probably not going be the same. I think he even tried to tell me that everything would go back to normal and I believed him. I think everyone needs to know that things probably aren’t going to go back to normal. Not all together anyway.”</td>
</tr>
<tr>
<td>Kay</td>
<td>“One of the good parts though of being a part of the FRG [family readiness group] and going to the workshops and hearing about all the different resources out there was very helpful. Even if I didn't use some, knowing that they were there, even things like military one source and the counseling they do over the phone and the vet center. Knowing that even though you are the spouse and not the vet, you can still go to the vet center for support.”</td>
</tr>
</tbody>
</table>
| Maria       | “You have to really, really be more of a compromiser, I think. Only because, yes, we all struggle and things like that, but in reality, the things that they see over there, nobody else will
really see, unless you physically chose that job. So you have to consider that.”

| Nancy   | “My main advice is to try to set up a support group before the deployment, even if it's just going to a FRG meeting and meeting other spouses. Have a handful of people that you can talk to that can understand what you are going through, would be helpful. If you have kids and you can find another spouse that is in the same unit as your husband who has kids as well.” |
| Reilly  | “Make sure you keep relationships with the people around you. Do not isolate. Make sure if you don't want to go out, you do. Once you get out you'll be fine.” |
| Sophia  | “A family bond is unbreakable.” |

At a minimum, each Massachusetts National Guard unit has a Family Readiness Group (FRG) that fosters communication and gathering among the families while the unit is away on deployment and that continues for a period after the unit’s return. The spouses had mixed feelings, however, on their group’s effectiveness. Some spouses felt their group identified resources and provided opportunities to unite families on common ground, while others thought it fostered a rumor mill that did nothing but alienate the members. The FRG, according to Alice, was “haphazard and disorganized,” while Nancy found it to be a support group that her children were able to benefit from. Apart from the FRG, many spouses commented that the National Guard, and the military in general, should have greater support structures in place for the families. According to Nancy, “I don't think the families get enough services, because it is a whole family going through the deployment. It's not just the soldier going through the deployment.” Nancy went on to argue that family services were not readily available in her geographic area because she did not live near a military base, while Judy reported that she did not know what resources were available to her at all. Others who were aware of available
resources recommended the National Guard-sponsored couple’s therapy workshop called Strong Bonds and the one-on-one counseling sessions called So Far. Nancy confessed that in her particular situation, family counseling would have been beneficial to their recovery, but the National Guard did not have such a resource.

In addition to such military-sponsored resources, several participants mentioned social support networks as part of their coping strategy. Nearly all of the spouses noted that having friends and family involved and accessible benefited their transition. However, more than one spouse commented how offers by friends and family to help seemed more like empty statements. As Nancy put it:

“It’s all well and good when people say call me if you need anything; it’s a lot easier to say ‘I’m going to come over and take you out’ or something or take the kids to the park for you so you can have a couple hours to yourself. I think that would’ve been more helpful than just saying words and saying call me if you need anything because I’m not likely to not call.”

Nonetheless, others noted the ability to lean on family members as their saving grace, suggesting that a strong family foundation creates a bond that is resilient and can overcome any obstacle. Sophia was proud to assert that her “family bond is unbreakable.” Still others found solace in connecting with individuals that shared their experience, a connecting that provided opportunities to “vent,” if necessary. According to Reilly, “Realizing that [we] were going through the same thing, I think, really made me realize that it wasn’t just me.” Nancy, who has three children, mentioned that connecting with another family who had experienced combat deployment proved not only beneficial for her but for her children as well. She explained how
the shared experience created a sense of “peace of mind . . . and a safe place without having any judgment.”

The spouses identified a myriad of additional coping strategies. These strategies ranged from educating oneself on what it means to be a National Guard spouse and on the responsibilities that come with the position, taking the time and making the effort to reconnect as a couple once the service member returns from deployment, learning to compromise during the reintegration period until a new normal is achieved, and understanding that one is not alone in this position. All of the spouses imparted their wisdom in the hope of helping the next generation of military spouses and, while each individual’s experience will be different, any and all coping strategies can be exercised until the right balance is realized. Reilly confessed that what helped her cope was the realization that she was not alone and that her feelings were justified. As Nancy put it, she managed by taking it “day-to-day, all you need to do is worry about getting through one day at a time.” Maria, on the other hand, attributed her reconciliation to communication. She indicated that communication leads to understanding and that in each relationship, “everybody accepts love differently, and you need to figure out what that love is, what makes [you] feel better or feel loved or feel important in that relationship.”

**Looking Forward to the Future**

An interview question that asked spouses to describe their life today helped to identify some positive elements of the experience. Table 8 highlights excerpts, which exemplify the theme:

Table 8

*Superordinate Theme – Looking Forward to the Future*
<table>
<thead>
<tr>
<th>Participant</th>
<th>Sample Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alice</td>
<td>“I can do a lot more than I thought I could. It's wonderful, there is nothing that I will back down from.”</td>
</tr>
<tr>
<td>Gabi</td>
<td>“We can make it through anything. We had some of the most horrible days but we made it through to the other side and now things are fantastic. We’re a strong couple. I wouldn’t want to be with anyone else besides him.”</td>
</tr>
<tr>
<td>Judy</td>
<td>“I really don’t give up on things. Not easily.”</td>
</tr>
<tr>
<td>Kay</td>
<td>“You’re stronger than you think. It may seem like it’s going to be the end of the world, but it's not and you can get through it.”</td>
</tr>
<tr>
<td>Maria</td>
<td>“I discovered that I'm not as feisty as I think I am. Definitely very emotional person.”</td>
</tr>
<tr>
<td>Nancy</td>
<td>“I have more confidence in myself than I did before.”</td>
</tr>
<tr>
<td>Reilly</td>
<td>“You don't know what you have until it’s gone. I'm more appreciative of the relationships and what I have.”</td>
</tr>
<tr>
<td>Sophia</td>
<td>“I'm a stronger person, a stronger mother, a stronger spouse.”</td>
</tr>
</tbody>
</table>

Consider how these spouses discussed how they are different today compared to prior to the deployment: “I think we're stronger than I thought we were,” Reilly explained. “I think we have a stronger bond than I thought we ever did.” The theme here is positive: it is possible for families to overcome. After describing her “horrible” experience, Gabi revealed her new reality, stating, “We are a different couple today. . . . We say I love you, we do things for one another to bring a smile to our faces, that’s what it was like back then [before deployment]. He changed and it’s just so much better.”

Spouses spoke of their lives in stages—prior to deployment, during deployment, and post-deployment—where the post-deployment stage was looked to with anticipation and excitement. It was as if the family’s current reality were a new beginning, one demonstrating that the family
unit’s strength had persevered. As Gabi explained it, “I have to say that thinking back on it, deployment made our marriage better.” Reilly also felt a relief after the reintegration, commenting, “To be honest with you . . . I think I realized exactly how strong we are once this whole thing was over. It's a lot, it's a lot to lose a loved one for a year.” The positive response to the future signifies more generally that adversity is not a crippling experience for some, and as individuals transition out of an experience, it is possible to focus on the next phase of life with optimism. “We can make it through anything,” cheered Gabi, a sentiment shared by many spouses.

Another perspective sometimes gained by the spouses enabled a new sense of self. When reflecting on their current reality, all of the spouses referred to themselves as “stronger” individuals – “more confident, independent and capable” than they had previously considered themselves. Kay self-reports as “a little bit stronger and a little bit more durable.” Alice made sense of her own experience by stating, “Because this is the hand that we've been dealt . . . I've got to believe that I'm stronger and more stubborn . . . than I would have been.” The experience also led the spouses to surprising results, unveiling competencies that they did not realize they possessed and engendering a greater appreciation for—and a deeper sense of—self. Reilly confessed that she discovered a vulnerability that she didn’t know she possessed, while Maria professed to be a “control freak” that now “learned to enjoy that chaotic moment.” In the spouses’ reflections emerged a fearless attitude, suggested when Gabi commented, “When I set my mind to something I go for it,” and when Kay stated, “It may seem like it’s going to be the end of the world, but it's not and you can get through it.”

Additionally, the spouses’ newfound self-awareness sometimes had a humbling effect on them. As a result of their experience, more than one spouse commented on feeling and acting
less selfish and of being more grateful for having their service member home. Reilly said it best when she stated, “I am a little bit more grateful. I think when I look at him I see that he is here, I am very, very grateful for that. That nothing happened to him . . . I do truly feel that way.” The appreciativeness they expressed was not only in regard to self but also for their service member and for their relationship as a family. Appreciating and embracing reality signifies growth and, as Maria commented, “I used to think that everything was about me, and in reality I really didn't think that . . . I don't do anything without thinking of him.” Alice described her experience, stating, “I take pride in being able to be completely self-sufficient and take care of myself and my family.” Such attitudes lend themselves to the healing process that couples and families may go through as they transition and reintegrate into their daily lives.

Resilience

One of the questions asked of the spouses was what, as a result of their experience, had they discovered about themselves and their families. The following table highlights responses, which captured the theme:

<table>
<thead>
<tr>
<th>Participant</th>
<th>Sample Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alice</td>
<td>“Three deployments have been life-changing for everyone in our family. . . . It changes you for the good and it changes your for the bad, and you hope that the good stuff will get the bad stuff.”</td>
</tr>
<tr>
<td>Gabi</td>
<td>“They don’t come back this way on purpose just to make our lives more difficult. What they go through is not easy and</td>
</tr>
</tbody>
</table>
unless you go through it, you can’t speak to it or fully understand it. It’s not their fault and we need to stick by them as much as we can. Things will get better, it’s not the end of the world. It’s hard, yes, but it will pass. Be strong, fight for what you know you want and deserve, help them as best as you can. They want to be better. It can turn around. We are strong.”

Kay

“How capable I am at being independent and being able to do things on my own that I never would have taken on by myself if he were here.”

Maria

“Just, work on yourself and that way you can feel better when you're helping them out. That's basically it, or just kind of keep an open mind, a really open mind, on everything, and try everything. Don't give up.”

Nancy

“They [the children] were more independent than I thought they were going to be when my husband was deployed. . . . They were very resilient, I'd have to say. I was very surprised at how well they handled it for being such a young age.”

Reilly

“Keep your mind open.”

Sophia

“I'm very proud of my family for the support before, during and after the deployment.”

The recurring theme amongst all of the participants was resilience, or the ability to maintain healthy levels of functioning when exposed to a traumatic event (Bonanno, 2004). Kay was especially pleased, realizing “how much we can go through and come out on the other side – maybe a little bit tired and bruised but still in one piece.” In fact, all of the spouses made note of their strength to cope with their sometimes-harrowing experiences, with many attesting to how being a National Guard spouse can be both difficult and life altering. As Gabi explained it:

“Being a military spouse is tough. It is not an easy job. We don’t have children and I couldn’t image this with kids, it must be so much more difficult. I have so much respect for families with kids, I just couldn’t deal. Somehow, though, you do deal. I’m sure
there are marriages that don’t make it, but if you love someone, stick it out. They don’t come back this way on purpose just to make our lives more difficult. What they go through is not easy, and unless you go through it, you can’t speak to it or fully understand it. It’s not their fault, and we need to stick by them as much as we can. Things will get better; it’s not the end of the world. It’s hard, yes, but it will pass. Be strong, fight for what you know you want and deserve, help them as best as you can. They want to be better. It can turn around. We are strong.

In some instances, even those with small children discovered a newfound strength in family. “We're a military family,” proclaimed Alice, “We're a lot stronger for it.” Others, however, felt frustrated and to some extent surprised that their family was not as supportive as it could have been. According to Kay, “One thing about deployments, you definitely find out who you really can count on and who are your fair-weather friends.” Yet as a result of this experience, some acquired a “don’t sweat the small stuff”-type attitude that brought them an appreciation for the realities of life, a reality that those outside this experience might not comprehend. Alice concluded by stating, “Everything’s more precious. I think that's the part of the dichotomy that's difficult to deal with, because you know how precious it is, and I know how precious my husband is and how precious our marriage is and our family is, but still we walk the edge of a wire.”

Composite Textural and Structural Description

The previous section highlighted the themes identified by the participants. This section further delineates these themes through textural and structural descriptions. These descriptions represent what the participants experienced and how they experienced it.

Textural Description
With the identification of themes behind us, the next step in this phenomenological study was to develop a composite textural description of what the spouses experienced during the reintegration period.

The participants described their experiences as both positive and negative, marked by extreme highs and lows yet, ultimately, traumatic. When discussing the initial reintegration, for instance, the spouses identified the excitement they felt to have their service member returning home from combat deployment. Many spouses spoke of readying the home for their service members’ arrival as if preparing a perfect environment, while others were elated to finally spend time together and were eager to go on vacation. Reilly stated that she used “vacation therapy” after each deployment as a way for her and her partner to reconnect and enjoy one another.

Such initial positive reactions soon faded, however, as reality set in and the spouses discovered that their family unit was not what it once was. At this stage, each of the spouses discussed their frustrations and feelings of disappointment with the reintegration. Alice, for instance, deemed her experience “stressful,” and Nancy acknowledged her impatience over wanting to “get into the normal life again.” Reilly was disillusioned and disappointed with her service member’s homecoming, stating, “I didn't expect his down time to be so down.” She also expressed the exhaustion she felt after being supportive for so long, commenting, “It gets very hard. It gets very old.” Spouses with small children were further challenged in this regard because they had to contend additionally with the reactions and anxieties of their children. Alice recalled the anguish she felt as she witnessed the emotional struggle her children experienced: “It was just devastating…. [my] 2-1/2 year old [was] really deeply, deeply impacted…just so emotionally affected.” As the weeks and months passed since the service members’ return home and as the families attempted to settle into their new normal, the spouses’ feelings of frustration
became habitual for many—and for some the frustrations grew to even heightened levels. Gabi described her experience as “torture,” remarking, “It was just horrible. It was such a lonely and sad time for me. I hated our relationship, I wanted a divorce.” Similarly, Alice stated that she gave up trying to rebuild her marriage.

The transition into a new way of life for these military families was also a struggle. The spouses described their struggle as tumultuous, reporting a myriad of feelings including being hurt, resentful, lonely, worried, and anxious. The instability of their lives threw walls up between loved ones, yet each of the spouses felt an earnestness to look toward the future where these feelings would pass and a new better life would begin. Through their strength and determination to ultimately prevail they came to experience and claim their own resilience. As Gabi explained it, “I knew I wanted to make it work and not give up.” Today, years after their experiences and with a better understanding of self, the spouses are capable of offering support and advice to others who will encounter a similar situation.

The textural descriptions found within the study identify a traumatic experience—an emotional and stressful struggle as spouses and their families attempt to reintegrate after a combat deployment. The reintegration period is a progression through time that obliges the spouse to endure a rollercoaster of emotions. The intensity gleaned from the data clearly articulates that the spouses perceived and managed the reintegration period as a traumatic experience.

**Structural description**

The next step of data analysis was the development of a composite structural description, one that focuses on how the participants experienced the phenomenon. When reviewing
descriptions of how their experiences influenced their perception and their management of the reintegration period, a single theme emerged: in their own way.

Each individual is unique in their own right and it is this distinctiveness that influences each experience. For the spouses in this study, the experience of having a service member return home from combat deployment was a common reality. However, such an instance has far too many factors at play and the outcome is independent for each. For instance, how one perceives an experience influences the outcome. In turn, perception has the ability to continuously adjust as one moves through an experience and as other influencing factors are accounted for. Thus, the impacts of combat deployment are unique to each individual and somewhat unpredictable, making it unlikely that preparations of any sort could completely anticipate and alleviate the difficulties of the actual experience. In fact, the five spouses who had experienced more than one deployment still detailed hardships with each subsequent reintegration period. Reilly stated that readjusting to home life after each deployment was difficult for her service member because, even for several months after his return, “[his] brain [was] still back there” and she resented him for it. Similarly, Alice commented how in her family, “no one really got the chance to adjust” because her husband was repeatedly deployed. With repeated deployment, the constant adjustments in terms of both environment and feelings for all involved are problematic. The data revealed that the impact of combat deployment does not lessen with each experience.

In addition, the data indicate that the impact of combat deployment on the service member has a direct relationship to the impact on the spouse. That is, the more difficult the reintegration experience for the service member, the more difficult it is for the spouse and/or family. For instance, Alice, Judy and Kay spoke of their service members’ PTSD and Gabi of the injury of her soldier, and all four commented on the intensity of their experience. Gabi went
so far as to describe her service member as “explosive,” and Alice commented that her soldier still “loves to bark orders at the family and expects us to jump-to.” On the other hand, Judy described her service member as regressing and spending too much time alone, and Kay couldn’t recall the last time she saw her service member smile. The experiences of these four spouses, in particular, were influenced by their service members’ service-connected injuries, thereby making their experiences more profound. Ultimately, all of the spouses internalized the discordances inherent in their experience, claiming to have “a mask on—we have a separate public face and home face”—so no one would know their silent pain, a pain that could neither be foreseen nor fortified against in advance. Even after three reintegration experiences, Alice commented, “I was so stressed out and I wouldn't want to talk about it; I wouldn’t be able to talk about it, and so now, a holdover from that is I'm just like a hermit. I like to be home, hang out with my kids, my family, and just take things a day at a time.”

The data in this study supports the claim that combat deployment is an experience that has far reaching influences beyond the service member. Certain difficulties and stresses for the spouses are common, yet each individual’s perception of their experience is unique. That said, each occurrence of the deployment-and-return cycle is distinct in its specifics and can have differing impacts. Even those spouses who had experienced multiple deployments could not anticipate the impact that any particular deployment to Iraq or Afghanistan was going to have on them personally, on their service member, or on their family as a unit. It is this unknowability that forces spouses to bear the consequences ill-prepared and that renders them vulnerable.

In all, looking at the interview data as a whole, what are lacking in many of the testimonials, whatever their intensity and candor, are details, a shortcoming that influences any structural depiction of the phenomenon. During the interviews, many of the participants were
reluctant to divulge the intimacies of their experience, preferring instead to generalize about much of the minutia of the phenomenon. This limited depiction somewhat restricts our understanding of “how” these individuals experienced the impact of combat deployment. Despite this limitation, there are enough data to present an essence of the phenomenon.

**Description of the Phenomenon**

This study sought, through one-on-one interviews, to understand the impact combat deployment had on National Guard spouses. The data unveiled the deep and powerful impact this experience had on each participant. The essence of this experience was their remarkable resilience.

Despite the trauma endured, these individuals soldiered on and were capable of managing households, working, studying, and raising children—all under precarious conditions. Their commitment to their role as spouse and to their families demonstrated a strong sense of duty and gave them the courage to persist. The resilience they mustered enabled them to face adversity and persevere regardless of the circumstances. Alice, for instance, demonstrated her commitment parenting five children under the age of ten, all while her husband deployed three times in ten years. Sophia herself played the role of spouse and mother to her husband and son, both deployed together, thus enduring twice the impact, and Gabi managed a household on her own while caring for her disabled husband. The tumultuous experiences investigated in this study are not for the faint-of-heart; rather, they bespeak mature, adaptable and hardy individuals. These participants and their perseverance are a testament to their resilient nature. It is this resiliency that underlay their ability to withstand the impact of combat deployment during each phase of the experience: “moving in,” “moving through,” and “moving out.”

**Conclusion**
This study aimed to understand the impact of combat deployment on the lived experience of National Guard spouses. Seven themes were identified in the data: lack of preparation, reintegration as an emotional struggle, the impact of combat deployment, the new normal, looking forward to the future, resources/supports/ coping strategies, and resilience. The textural description of the experience illustrates trauma—a distressing, life-changing event marred by extreme emotions. The structural description, is that of distinctiveness, wherein each instance of the experience is unique and cannot be foreshadowed, despite any previous experience. And the culminating essence of the phenomenon is that of resilience. As the reintegration experiences of these National Guard participants evolved, each of them demonstrated considerable resilience progressing through the themes and Schlossberg's phases until the transition was complete, though some of the participants are still in flux. It is this resilience that sustains these participants today, years after the onset of their experience.

Chapter five will further review the themes as they relate to the theoretical framework as well as discuss implications for theory and practice, and considerations for future research.
Chapter 5: Discussion of Research Findings; Implications for Educational Practice

The purpose of this study was to understand the lived experiences of National Guard spouses during the reintegration period in the hope of promoting a better awareness of the impact of combat deployment. Eight spouses participated in semi-structured interviews to answer the study’s research question: How do National Guard spouses of service members deployed to Afghanistan or Iraq perceive and manage the reintegration period? The findings from this study are outlined below as they relate to the theoretical framework of transition theory and the literature on trauma. Additionally, we consider the implications for theory and practice, and further research.

Discussion of Findings

The literature suggests that transitions, depending upon their nature, can be traumatic. According to Schlossberg’s (1981, 1985, 2011) theory of transition, which provided the theoretical framework for this study, transition is defined as any event that results in changed relationships, routines, assumptions, and roles – and thus, is a process of continuous assimilation as these changes integrate themselves into one’s daily life. How one perceives the changes influences their impact. Thus, change is an independent experience, with each individual having his or her own interpretation of the same event (Sargent & Schlossberg, 1988; Schlossberg, 1981). Central among the factors influencing the transition experience for each individual and making it unique are these four: situation, self, support and strategies. Also known as Schlossberg’s (1985, 2011) 4 S System, these factors include variables that influence an individual’s perception of change. Situation refers to the individual’s state of affairs at the time of the transition, such as the timing of the change and its duration, the triggering event for the change, and the individual’s previous experience with the change. Self refers to the individual’s
personal characteristics, including age, socioeconomic status and gender, and psychological resources available to cope with the change, such as resilience. The support system available at the time of the change impacts the individual’s reaction to it. And, lastly, strategies refer to the individual’s coping response. Schlossberg’s (1985, 2011) 4 S System provides a lens to better understand how the participants in this study perceived their experience.

Schlossberg (1985, 2011) goes on to explain that transitions are a process of growth where individuals leave behind the old and move on to the new. The process of transition has three distinct phases: “moving in,” “moving through,” and “moving out,” where during this process change reveals itself over time and individuals continuously adapt. In this study, the experiences of the National Guard spouses are impacted as they progress through the phases of transition.

After completing the study and analyzing the data, we identified seven themes. These had to do with 1. lack of preparation, 2. reintegration was an emotional struggle, 3. the impact of combat deployment, 4. the new normal, 5. resources/supports/cop ing strategies, 6. looking forward to the future, and 7. resilience. For the participants in this study, the reintegration process was a gradual experience that entailed a series of traumatic adjustments.

The seven themes of the study will be considered in relation to the theoretical framework and the literature review.

**Lack of Preparation**

In this study, the spouses were anticipating the arrival of their individual service member from combat deployment and, hence, they were on the brink of “moving into” the reintegration period. According to Schlossberg (1981, 1985), “moving into” a transition occurs when an
individual anticipates or expects an event to occur. The overwhelming response in this phase of the experience related to the participants’ lack of preparation. All of the participants admitted to not knowing what to prepare for, apart from such surface-level arrangements as organizing the home. Even the five participants with previous reintegration experience claimed to not adequately anticipate what the “moving in” phase would be like because they assumed that each instance of the experience would be unique. In fact, Alice explained that with each deployment her personal circumstances (e.g. number of children, her mindset and family dynamics) were different and that this dynamic is what impacted her ability to learn from each instance of the experience. This finding, on the other hand, lends support to research on deployment and its impact on military family adjustment, which states that distress impairs functioning (Erbes et al., 2011; Lapp et al., 2010) to the extent that it leads to poor adaptive efforts (Figley, 1989) and vulnerability (Meleis et al., 2010).

Whether experienced or not, anticipating how a transition will be perceived may be unlikely, according to Schlossberg (1985, 2011). Transition theory claims that context or situation plays a significant role in transition and is what differentiates each instance (Schlossberg, 1985, 2011). Schlossberg’s (1985, 2011) 4 S System identifies situational factors, such as any previous experience with the event, timing, and other concurrent stresses that are unique for each individual and that influence the outcome. In this study, Gabi, Judy and Maria had no previous experience with reintegration after a combat deployment so they were unable to anticipate the consequences. Each of these three spouses was also newly married when her service member was called to combat duty, unlike Sophia, for instance, who had been married for nearly twenty years. These newlyweds, as a result, might not have had the same competencies, such as commitment or the ability to communicate, in order to cope with the
transition, as had others in the participant group. This difference might explain why each of these three had more difficulty with the experience, to the extent that Gabi said at one point later in her experience that she had wanted to give up and get a divorce.

Alice’s situational context, on the other hand, was unique from everyone else’s in that she had had more experience with reintegration than any other participant, given that her husband had been on three tours of duty. However, in Alice’s case in particular, timing was unfavorable. During her husband’s tour to Iraq, she gave birth to their second child, and while he was in Afghanistan on his third tour of duty she was pregnant with their third. These realities forged a breakdown in Alice’s marriage and engendered a sense of loneliness that impacted how she perceived and coped with her experiences. Each of the participants, in addition, had concurrent extraneous stresses which impacted their preparedness, stresses such as raising children, recovering from a personal injury, coping with a child with special needs, and balancing the role of being a student. Each of these stresses had a unique impact on the individual experiences, adding another layer of complexity to their transition. The mothers of the group, for instance, Alice, Kay, Nancy and Sophia, each had to manage her own emotions as well as those of her children, needing to suppress her own for their sake.

Despite being unprepared for their service member’s reintegration back into the family, each of the participants acknowledged perceiving the experience as a positive one. Transition, according to Schlossberg (1985), is dependent upon how an individual perceives the event and the degree to which the event alters daily life. Thus, it stands to reason that each individual can have his or her own experience of the same event. All of the participants responded that they assumed the reintegration experience would be a continuation of life as it had been before deployment and that they were simply waiting for their service member to rejoin the family.
Sophia in particular remarked how the strength of her marriage and the open lines of communication between her and her husband is what influenced her perception. Therefore, she was not concerned about any negative experience upon his return. This reaction is congruent with Schlossberg’s (1981, 1985) theory of transition, which asserts that optimism can produce positive results.

**Reintegration Was an Emotional Struggle**

For these National Guard spouses, “moving through” the reintegration period was a struggle fraught with emotion—anger, sadness, fear and depression—thus, suggesting the theme of *reintegration as an emotional struggle.*

The Department of Defense (2011) considers the reintegration period as the first twelve months the service member is home following a deployment. Coincidentally, Schlossberg (1985) describes the “moving through” phase as a long journey that takes commitment and energy. According to this study’s data, this phase was the most difficult for the participants, one bound up in a variety of emotions. *Self,* one of the S’s in Schlossberg’s 4 S System (1985, 2011), played a key role in this phase, underpinning the questions, *Who are you?* and *How do you process transition?* Among the critical components to navigating a transition experience, according to Schlossberg (1985, 2011), therefore, are how one understands oneself and how one manages an experience—and this dimension is basic to how the spouses interpreted the reintegration period.

The *self* can be affected by and reflective of such variables as gender, age, socioeconomic status, and ethnicity. In this study, all participants were female, ranging in age from 29 to 48; and such factors as socioeconomic status and ethnicity were not explicitly flagged. While none of
these factors seemed to have had a relevant impact on the experiences of this small population, additional studies are needed in order to discern their applicability.

One of the factors that did show a significant influence during this time of reintegration was the participants’ state of health. Gabi’s mental health during this period was especially challenged, as she dealt with an aggressive husband and the flood of emotions evoked as a result. Despite how frightening her husband’s demeanor was to her, Gabi was dedicated to reconnecting with her husband once he returned, since they had only been married six days before he left for active duty. Her description of the experience sounded as though she had been in a catatonic state at the time, one in which, as she said, she was following the motions each day just to relive it again the next. As a result, her ability to cope was compromised, and she shut down emotionally from her marriage. Kay, similarly, discussed how her depression and anxiety seemed to exacerbate during the reintegration period, resulting in fits of anger. This reaction caused greater distress for her and her family and clouded her ability to always respond rationally.

Reilly also experienced health concerns that considerably impacted her perception. While her husband was on active duty, Reilly was not only recovering from a broken leg due to a fall but also coping with having been in a car accident. Dealing with these incidents alone, according to Reilly, compromised her recovery and created resentment toward her husband since he had not been present during her time of need. During the “moving through” phase, Reilly held tight to these emotions, and therefore, found little sympathy for what her husband was going through as he attempted to reintegrate. Her reaction is consistent with research by Dankoski (2001), which argues that stressful, emotional transitions can lead to defensive behavior.
Reilly’s psychological state, as well as that of the other participants, had a direct relationship to their ability to cope. According to Schlossberg’s theory (1981), an individual’s psychological resources are necessary in order to cope; these include outlook, commitment, values, and resiliency. In Alice’s case, commitment was waning with each of her husband’s tours of duty as the two became more distant. Gabi, too, struggled with being committed to her marriage, even considering divorce during the worst of times; however, she knew deep down that her husband’s illness was to blame and that they could get past the bad times. Sophia, on the other hand, boasted about the strength of her family bond, which spoke to her sense of values and influenced her positive outlook. Despite the distress endured and the impact this distress had on their mental and physical health, each of the spouses was resilient, making steady strides toward “moving through” the reintegration experience as best as each knew how.

Each of these National Guard spouses endured an emotional struggle as they “moved through” the reintegration period. According to trauma research by Figley (1989, 1993) and Gilbert (1998), the interconnectedness of a couple will transfer each person’s experience onto the other, resulting in an entanglement of emotions. Figley (1989) further states that a dysfunctional family is wrought with instability and miscommunication, a consequence that can be triggered by change. In this study, couples battled two change issues: 1. who each partner was before the deployment versus who they are now, and 2. what was the state of their marriage/family before the deployment versus what it is now. The dilemma was essentially a discrepancy between the past and the present and the fact that neither partner was willing to accept their new reality. Each of the spouses admitted that she needed to give her service member time to acclimate back home because of his insomnia, short-temperedness, tendency to isolate and/or PTSD. Some acknowledged that prior to the deployment they had been dependent upon their service member
for certain tasks such as cutting the grass or shoveling snow, but during their service members’ absence they were forced to become independent and that this new-found feeling was difficult to give up once their service member returned home. The capability to emerge anew as a strong and independent woman supports research by Meleis et al. (2010) that a positive outcome is possible despite adversity.

In other cases, it seemed as though the participants mourned the loss of who their service member had been before the deployment, because the man in their presence was not the same. This reaction is consistent with previous research on veterans and their families (Boss, 1999; Dekel, Goldblatt et al., 2005) which asserts that unresolved emotions have a negative impact on relationships and that in some cases a feeling of loss is a normative reaction for military families. This response was evident as some spouses spoke highly of their family experiences before the deployment but noted a loss of joyfulness during the reintegration period. The fantasy of having their service member home did not mirror the reality and, consequently, the spouses became withdrawn. This infusion of feelings of loss or mourning made it difficult for the spouses to manage the transition and overshadowed much of their experience. Figley’s (1989, 1993) trauma research goes on to state that those experiencing extreme stresses that disrupt daily routine will struggle to recover. The role played by this area of emotional struggle is one of the primary findings in the data, as each spouse grappled with making sense of the experience and finding normalcy again. The impact on these spouses, intense at the time, was palpable still today as Gabi, for instance, recounted the fear she had felt when she and her husband fought three years ago. As a result, the denial and refusal of the couple to come to terms with their new reality created infighting and resentment, responses that sparked miscommunication and frustration. Divorce, however, was not experienced by any of the eight spouses. This part of the
data supports research by Karney and Crown (2007) on the connection between stress, marriage, and the military that claims that military service does not lead to marital separation—a position that contradicts the findings of Cook et al. (2004), who state that marital distress caused by traumatic stress results in separation. Overall, the data gathered in this study lend support to much of the research on secondary trauma and its transference power, and clearly identify an indirect or residual impact on spouses as a result of their service members’ combat deployment.

The trauma of combat deployment has no bounds and the complexities of the experience are far-reaching. Service members no matter their age, rank, or military occupation, for instance, are called to active duty and must carry out their mission for the sake of their country and, at times, on multiple occasions. The service members in this study ranged in age from 31 to 54. Six of the members were officers, and each of the members’ military occupations entailed a rotation on the battlefield. In addition, five of the eight participants had experienced more than one deployment. However the service members might vary in these categories, none of it impacted the spouses’ experience any more or any less. The familiarity with the reintegration period gave no advantage to those individuals, as all participants had similarly negative experiences.

The two distinctions that did have a greater negative impact on the reintegration experience were having a service-connected injury (physical or psychological) and having children. Half of the families in the study had children – three of the participants had the youngest of children, all primarily under the age of ten – and each spoke of the distress their children experienced and how those experiences have impacted them as mothers. Alice recalled how “devastating” it was to witness the emotional effect this experience had on her son; in reaction she began to focus all of her efforts on providing stability for her children. As research
by Lester and Flake (2013) asserted, the youngest children are the most vulnerable to trauma, so it stands to reason that the additional transfer of trauma from children has the potential to further impact the mother.

Also, five out of the eight participants had service members with a service-connected injury (physical or psychological). The reintegration experience of these participants was generally found to be more traumatic compared to those without this additional layer of complexity. This finding supports previous research on the maladjustment of veterans and families due to elevated levels of distress and caregiver roles (Dekel, Goldblatt et al., 2005; Dekel, Solomon, & Bleich, 2005). The wives who assumed the role of caregiver found their lives revolving around their husbands’ illness (Dekel, Goldblatt et al., 2005); they suffered from stress, felt minimized and became less supportive partners. At the same time, the service member became more marginalized and distant from the family (Gilbert, 1998). This is still true for Alice, Kay and Judy who, after three years, still contend with the strain of their service members’ PTSD while trying to move on with their own lives. Thus, a key finding in the data suggests that the impact of combat deployment on National Guard spouses is more traumatic when the family has children and the service member has a service-connected injury. To solidify these results, additional studies are needed.

As the participants continued to “move through” the reintegration experience, they experienced a confluence of transitions simultaneously. This constant succession of changes echoes research by Anderson et al. (2011) on adult development and transition showing that as part of adult life one must cope with and adapt to the rapid pace of dramatic change. In this study, as the spouses experienced other transitions, their perception of the reintegration experience was further impacted. According to Schlossberg’s (1981, 1985) 4 S System, situation is the set of
circumstances at play for each participant and is therefore, an independent source of variation for each. One spouse, for instance, was taking on additional responsibilities of a newborn, another acclimating to life with an injured service member, while yet another assimilated to the realities of being a newlywed. Other participants were experiencing the birth of a grandchild, exploring a new career path, and aiding a child with special needs. Still others were grappling with the possibility of separation and renegotiating roles and responsibilities, all while attempting to reintegrate to life after combat deployment. Each of these spouses expressed hardship with trying to balance all aspects of their life during this period and perceived the magnitude of it all as overwhelming to the extent that it impacted her ability to do any one thing well.

The reintegration period comprised an emotion-laden chain of events, with each instance impacting the overall experience. How each spouse coped reflected both self in the formulation of Schlossberg’s (1985, 2011) 4 S’s and on how each processed the transition. The participants in this study demonstrated strength, commitment and resilience despite the adversity faced. Even considered independently, each of the challenges they confronted would constitute a heavy burden; as a collection, however, they would seem nearly impossible for any single individual to withstand. Yet the fact that the participants have all endured these realities is remarkable. These results support former research on family trauma by McCubbin and Figley (1983) who state that even in spite of hardship a positive outcome is possible.

What made the positive outcome possible was due in part to support networks and coping mechanisms, assets known in the theoretical approach of Schlossberg’s (1985, 2011) 4 S System as supports and strategies. Each spouse expressed gratitude to her family and friends for the support they provided, while others commented that the Family Readiness Group, a network of military families, provided useful encouragement as well. These supports afforded the
opportunity for both the spouses and the children, in some cases, to de-stress even if just temporarily. What also aided spouses in managing the reintegration experience were strategies, or coping responses, such as de-escalating techniques and effective communication. Each of these factors influenced how the spouses coped with the reality of war. The data in this study demonstrate that military families when their service member is called to combat duty, sacrifice too as they endure their own hardships.

**Impact of Combat Deployment.**

A byproduct of trauma identified by multiple participants during the reintegration period was stress and anxiety-related burnout (Figley, 2002), due primarily to the impact combat deployment had on their service member. That burnout reflects how the interconnectedness of a family has the potential to distribute trauma among all of its members (Figley, 1998, 1993; McCubbin & Figley, 1983). The effect of such interconnectedness is the basis for the theme, *impact of combat deployment*. We can best conceptualize and understand how this theme plays out in the experiences of both service members and spouses if we recognize two distinguishable subthemes: *multiple deployments* and *posttraumatic stress disorder*.

According to research on veterans with *posttraumatic stress disorder*, female partners suffered elevated levels of psychological distress (Dekel, Solomon, & Bleich, 2005; Klarić et al., 2012; Renshaw et al., 2011). This finding is consistent with the experience of Kay, who stated that after her husband’s return home she needed medication for anxiety and depression. She further stated that her husband suffered from PTSD and that her transition felt like “contact PTSD.” Kay’s reaction was also similar to the experiences depicted in Mason’s (1990) research of Vietnam veteran spouses who, as a result of their husbands’ PTSD, suffered from insomnia and depression. The experiences of Alice, Judy, and Gabi align with the work of Erbes et al.
(2011), research that linked marital distress to a partner’s emotional numbing or inability to experience or express emotion. Alice, for instance, explained that she and her husband were “roommates” and needed to learn to coexist as a couple again. She went on to say that her marriage was secondary to the well-being of her children and that she was uncertain of its future. Judy also commented that her relationship was unsteady and that she was just “pushing along.” Lastly, Gabi recalled the violence she experienced and how it created a sense of “silent torture,” an existence in which she retreated from friends to hide her shame. Her experience here supports previous research on veterans and marital violence (Heymen & Neidig, 1999; Heyman et al., 2012; A. D. Marshall, et al., 2005; C. T. Taft, Walling et al., 2011; C. T. Taft, Watkins et al., 2011), which identifies a relationship between military service and spousal aggression.

Further lending to spousal distress were the multiple deployments experienced by five of the spouses. According to Alice in particular, settling into a new routine each time her husband returned home seemed futile. Yet at the same time, her husband could not cope with the changes she had instituted while he was gone. Therefore, the two were in constant turmoil with neither willing to compromise. Alice’s experience and those of the other spouses supports research by Knobloch and Theiss (2012) on veterans and marriage, which states that the stress of separation impairs marital functioning. The recurring deployment cycle is a hardship for service members and their families as it forces them to be in a constant state of anxiety. In fact, the threat of redeployment was an additional hazard to the well-being of all of the National Guard spouses in this study – and an issue that compromised their recovery. The spouses expressed anxiety over the prospect of another deployment, describing their unending mental disquiet in the face of constant worry. Reilly even acknowledged that she and her husband might not be able to endure another deployment (his third). As this prospect of another deployment looms for these families,
the resultant stress is exponentially worse when stability in the home is newly attained or not yet fully reached. In such instances the opportunity to reestablish a sense of normalcy is interrupted, consigning the family to a continued existence in a state of chaos and dysfunction (Lapp et al., 2010). In addition, our natural defense mechanism inhibits healing because as Alice noted, “In the back of my head I know he's going to go again so it's hard to try to let somebody in.” These realities caused each of the spouses to express exhaustion as a consequence of such emotionally demanding experiences.

That our participants’ healing could be inhibited by natural defense mechanisms directly aligns with research by Pines and Aronson (1988) on the negative impacts of burnout. The two researchers found that those who sustain prolonged exposure to emotionally demanding situations suffer such symptoms as withdrawal, low motivation, and anxiety. Despite these negative impacts, none of the couples interviewed here experienced separation, an outcome that contradicts previous assertions in the literature by Pavalko and Elder (1990) who conclude that combat exposure leads to marital dissolution. However, Gabi regularly contemplated getting a divorce during her experience, and since some couples in this study are still transitioning, there is still the potential for separation. In spite of this, what remains unresolved is whether the impact of trauma is permanent. Nonetheless, the data in this study indicate clearly that trauma does have a longitudinal impact, for the service members have been home at least three years thus far, and complications still exist for some of the participants.

The New Normal.

Slowly as each of the families began to assimilate and was “moving through” the reintegration experience, a new normal was beginning to develop. In the theme, the new normal, the spouses were divided between those still transitioning into a new way of life and those
settling into what was confirmed as their new way of life. For Alice, Judy and Kay, negotiating the family dynamic and change was still underway; though Kay was considerably farther along the continuum compared to the other two. Nonetheless, each of the three spouses, including Kay, spoke of the uncertainty of their everyday life. Alice, for instance, was hyper-focused on establishing a positive environment for her children and was putting aside matters dealing with her marriage. Similarly, Judy was altogether unclear where her relationship stood, while Kay was adjusting to the ebbs and flows and not quite making any definitive decisions, especially given her husband’s recent diagnosis of PTSD. The long transition to the new normal for these three spouses may be attributed to their service member’s battle with PTSD, a factor hindering the family’s ability to move on. For instance, Alice’s hyper-focus is a symptom of secondary traumatic stress, according to Figley (2002). At the time of the study, the service members had been home for approximately three years, yet only one had acknowledged his service-connected injury (PTSD) and was receiving treatment. To better understand the connectedness of PTSD and length of transition, additional research is necessary.

As families begin to experience less change they assimilate and settle into a newly constructed reality. According to research by McCubbin and Figley (1983) on family trauma, stress can strengthen families as long as members can restore communication, rebuild trust, and foster family cohesion. The theme, the new normal, is indicative of this finding and, at the time of the study, Gabi, Maria, Nancy, Reilly and Sophia were all settled into their new normal. On average, their service members had been home from combat deployment for approximately four years. Unlike their counterparts, these spouses only experienced minimal adjustments at this point in time. As Sophia claimed, “We’re like 98% back to where we were prior to the deployment.” In addition, the spouses were reasonably, if not overly, comfortable with their new
way of life. Only Nancy spoke of her tendency to still be jealous of her service member and his revitalized relationship with their children. Aside from that, everyone else was overjoyed with the status quo and proud that they had been able to overcome the adversity they had gone through in order to find a new life on the other side, one that was better than before. As Gabi put it, “Deployment made our marriage better.” While the long-term effects on this population are still under investigation, these National Guard spouses were capable of enduring considerable trauma and are now looking forward to the future.

Resources/Supports/Coping Strategies.

As a result of their fortitude, these spouses were capable of suggesting resources, coping strategies and support networks that could aid future National Guard spouses impacted by combat deployment as they “move through” and “move out” of the experience. These results comprise the theme, resources/supports/coping strategies. Feedback from the participants confirmed that the availability of a support system and strong coping strategies at the time of change is imperative to a positive outcome. Consistent with two factors in Schlossberg’s (1985, 2011) 4 S System – support and strategies – the Family Readiness Group provided support and strategies to modify, control and manage the change brought about as a result of combat deployment. Each of the spouses also spoke of the network of family and friends that sustained them during the deployment, providing them both stability and an outlet to grieve during the process. This opportunity affirmed their feelings and allayed their solitude in an environment without judgment. Coping strategies mentioned by the spouses included educating oneself on the realities of being a National Guard spouse, compromising during the experience, and maintaining a positive outlook for the future. These supports and coping strategies, however, are not fail-proof and the spouses were keen to point out that there is no prescribed method for
moving out of a traumatic experience such as the one they confronted. They indicated, rather, that each individual must have the capacity to withstand the experience. This reliance on self, one of Schlossberg’s (1985, 2011) 4 S’s, is determinative of whether or not an individual is resilient (Sargent & Schlossberg, 1988; Schlossberg, 1981).

**Looking Forward to the Future**

“Moving out,” according to Schlossberg (2011), is seen as “ending one series of transitions and beginning to ask what comes next” (p. 45). The spouses who had successfully transitioned out of the reintegration experience and are now *looking forward to the future* included Gabi, Maria, Nancy, Reilly and Sophia. Ecstatic with their current reality and anxious for a new beginning, these participants expressed such sentiments as, “I’m stronger than I thought,” “the new me,” “I’ve gained a new sense of independence,” “I’m grateful” and “I’m appreciative.” These sentiments illustrate the use of *strategies*, a component in Schlossberg’s (1985, 2011) 4 S system, such as optimism and finding an appreciation for the experiences that life has offered and being at peace with those realities. Such *strategies* facilitated coping for the spouses and controlled the way they managed the transition. Gabi, for instance, commented on her new perspective by saying, “We had some of the most horrible days but we made it through to the other side and now things are fantastic. We’re a strong couple.” These remarks indicate a healing that Figley (1983, 1989) and McCubbin & Figley (1983) both indentified in their research with traumatized families. The two assert that individual self-esteem and that of a family unit can recover when communication, trust and family cohesion is restored. This recovery was evident in these five spouses as compared to the others who were still battling with reintegration.

**Resilience**
The magnitude of the responsibility National Guard spouses face can be unbearable, yet the individuals in this study continued to persist onward. This finding is articulated in the study under the theme, *resilience*. All of the participants commented that their experience with spousal deployment and its aftermath demonstrated a strength that they had not known they possessed. Though modest in their assertion, each individual was proud of her accomplishment, proud of having done it on her own with minimal outside help. Their success here strongly suggests that the family unit has healing capabilities and can recover from trauma, a viewpoint espoused in family crisis research by Figley and McCubbin (Figley, 1983, 1989, 1993; McCubbin & Figley, 1983). Kay, though still on her way out of the experience, remarked that she learned “how resilient we are and how much we can go through and come out on the other side maybe a little bit tired and bruised but still in one piece.” Along the same lines, Gabi stated, “I think I gained some independence as a result of all of this. I know I can do it on my own now.” Based on such responses, this study identified *resilience*, or the ability to overcome adversity (Bonanno, 2004), as a dominant quality in this population.

A threat to the *resilience* of these participants was the unanticipated changes experienced as a result of combat deployment. The trauma endured by the participants can be attributed in part to the fact that neither partner knew the realistic consequences of combat deployment and what could be expected upon reintegration and as they journeyed out of the experience. Despite previous experience with deployment, the five participants in this study whose service member had two or more deployment experiences asserted that they were not able to comprehend the impact that each particular deployment was going to have on them and their family. This finding is incongruent with Karney and Crown’s (2007) research, which claims that establishing a set of expectations regarding deployment can facilitate recovery. Our data suggest, rather, that the
experience of combat deployment for all involved is far too individualistic to generalize from and that any expectations brought to bear in one instance might prove useless or even unhelpful in another. Any advanced knowledge, therefore, may be irrelevant, incapable of effectively ameliorating the impact of the experience to come. However, the participants recommended having some level of advance awareness, even if the preparations are not ultimately relatable in each individual’s specific instance.

While change is difficult, it can be especially traumatic when it comes with no forewarning and impacts life to an extreme, as it did with these National Guard spouses. The transition experiences of these eight spouses were long and arduous. Even still today, some 3-8 years after the onset of the transition event when their service member returned home from combat deployment, participants were emotional during the interviews. This raw emotion lends support to Brown’s (2016) assertion that major life transitions formulate strong memories. The continual trauma endured by these women is a testament to their resilience and commitment to their families. These spouses, nevertheless, have persevered, and while most have moved past the experience and are onto the next chapter of their lives, those still in the midst of the reintegration experience maintain a fresh perspective that sets the tone for continued, successful transition and adjustment in the face of trauma. Alice acknowledged her ongoing struggle concluding, “[Deployment] changes you for the good and it changes you for the bad, and you hope that the good stuff will get the bad stuff.”

Summary

This phenomenological study on National Guard spouses unveiled a transitional experience where participants “move in,” “move through” and “move out” of phases that persist over an extended period. The unanticipated events – ambiguity, anxiety and tension –
experienced during the reintegration period were difficult for all involved. Nonetheless, the spouses could not have prepared themselves for these conditions, nor could the service members have predicted their reaction to combat deployment. Several months and, in some cases, even years after the onset of the experience, participants were still undergoing the reintegration period. The long-lasting impact of the experience was most prominent in those families where the service member suffered from injury, whether physical or psychological – which is to say, the results identified a relationship between service-connected injuries and the length of the transition period. Families with children were also found to recover at a slower pace. Despite turmoil, however, the couples did not experience marital separation. In addition, each spouse in her own right had the capacity to cope with change and was resilient enough to fight adversity. Yet, the most critical finding revealed that spouses sustained secondary trauma as a result of their service member’s combat deployment. As a result, the findings of this study raise questions as to how trauma endured by this category of individuals should be treated in order to minimize its negative impacts. This data add multiple implications for theory, practice and research.

**Implications for Theory**

This study sought to understand how National Guard spouses perceive and manage the reintegration period through the lens of transition theory. It is evident in the findings that reintegration is a progressive experience and affirms Schlossberg’s (1985, 2011) model which asserts that individuals move in, through and out of an experience. The data unveiled that a transition experience can extend years, with some participants still in transition or moving through their experience four years later. This particular finding supports Schlossberg’s (1981, 1985, 2011) claim that transition is a personal experience and that there is no prescribed method to human adaption.
The study data also confirmed that resources, or assets and liabilities as Schlossberg (1985) categorized them in the 4S System (see Figure 1), play an integral role in transitions. According to the findings, each participant’s situation, self, supports and strategies influenced their ability to cope with their transition, some better than others. The self, in particular, was found to have the most influence. The study revealed that participants were resilient with many concluding that they were proud of themselves for having coped through adversity and having discovered a new sense of self. This finding is also congruent with research by Meleis et al. (2010) which found a correlation between transition experiences and identity reformulation.

Transition theory asserts that a transition can be eased if it is anticipated (Anderson et al., 2011). However, this study’s findings placed no merit on this claim as the expected event had no value on the participants’ experience. That is, despite the fact that the reintegration experience was anticipated, each participant stated they were ill-prepared to cope with the transition. However, transition theory also states that aside from anticipating an event, the individual’s perspective of the event, the context within which the event occurs, and the impact the individual places on the event further influences the outcome. These three factors were found to have significant influence on the participants’ experiences, which advances our theoretical understanding of transition.

The reintegration experience for military families supports research on family systems theory (Minuchin, 1985; Sameroff, 1994). As complex systems, families consist of contributing members who help create and maintain behavioral patterns. During reintegration, the results found that military families must collectively adjust and adapt in order for the whole to overcome the experience. The ability with which each individual member is able to assimilate has an impact on the group to the extent that continued maladjustment leads to prolonged family
trauma (Figley, 1998, 2002), and explains why some families in the study are still in transition today.

**Implications for Practice**

To better understand the human cost of war and how we can mitigate against its impact, we must investigate the lived experiences of those impacted by combat. The purpose of this research has been to inform how we support National Guard spouses. These individuals have a unique perspective that must be further researched in order for us to identify the myriad effects that plague the group and to put into place the necessary support structures that can aid in their well-being. The sacrifices endured by these individuals are worthy of our attention and shall not be forgotten. Based on this study six implications for practice are recommended.

1) A priority for intervention programs, given the current study’s findings, is strengthening social support networks and services for National Guard spouses and families. According to the participants, suffering with the realities of combat deployment is lonely. Participants isolated themselves from peer groups out of shame and fear of ridicule. This wariness, which was also evident in the interview process, underscores the need for support structures and services so participants can clearly articulate their experiences and more quickly move past their trauma toward recovery. Established networks such as the Family Readiness Group should institute such programming that fosters open and honest communication as couple and family counseling and coping programs. Spouses should be strongly encouraged to participate in these programs. Social supports and services should be in a position to provide assistance for a multitude of concerns, be they emotional, financial, behavioral, or cognitive.

2) Services geared toward resiliency-building techniques should also be a primary focus for spouses so as to minimize the length of the transition experience. This avenue of support
may be especially pertinent to those spouses with children or whose service member had a
service-connected injury, since they were found to transition at a slower pace. In addition, the
development of a post-deployment health assessment may prove beneficial for the family and the
service member in their recovery process. As suggested by the data, programs should be
designed to target specific groups – such as spouses with and without children, female and male
spouses, and children of different age groups. Such structuring would allow participants to better
relate when others’ circumstances more closely align with their current realities.

3) As support networks and services are developed to contend with the varied
consequences of combat deployment, it is essential that these offerings remain accessible to
those who need it most. In the interviews, one participant expressed frustration that resources
were not available in her geographic location. The Massachusetts National Guard, for instance,
should develop resources in strategic geographic locations based on the locations of its deployed
units. Families might, as a consequence, be able to take advantage of services within a
reasonable proximity to their home; where this proves impossible, families should be given the
opportunity to find non-military-sponsored assistance at the expense of the National Guard. Also,
given the advent of technology, virtual programming should be developed that negates proximity
and provides instant access. Accessibility, however, pertains not only to location but also cost.
Couples and families should not be burdened with the expenses associated with receiving
services as a result of their service members’ combat deployment. Travel costs and copayments
should be absorbed by the National Guard and on a larger scale the Department of Defense.

4) To extend access to those who need services the most, suitable programming should
also be made available on university campuses, as spouses of service members may be students
as well. In this study, four participants were also students at an institution of higher learning.
The impact of combat deployment has the potential to influence all facets of one’s life, including university studies. University-sponsored programming and support networks are obvious solutions, providing spouses another opportunity to aid recovery.

5) Results from the data revealed that spouses were generally unaware of the impacts of combat deployment. Participants not previously exposed to deployment confessed that they had no knowledge of what the reintegration period would be like for them personally, their service member or for their family as a whole, and, thus, they had no way to prepare in advance. Their lack of preparation, as a result, had a negative impact on these participants, and their experience was potentially more difficult than it had to be. While preparation would not have resolved all issues confronted by the spouses, any alleviation of stress might have facilitated their transition. Training on communication and negotiation, for instance, might have benefitted each of the spouses as they navigated the reintegration period. With this in mind, the Department of Defense and the National Guard should develop training for military families before a deployment. The programming could be structured in three ways: 1. independent sessions for spouses, service members and children, 2. sessions for the couple and 3. sessions for the family. The learning outcome should provide deeper understanding of the reintegration process for the service member and the potential impact this may have on the family. Strategies to mitigate negative consequences including how best to reconnect, renegotiate, and rebuild relationships should also be discussed, as well as resource availability. In addition, specific focus should be paid to those spouses with previous exposure to the reintegration period so that they might feel empowered to use those experiences to heal. In order to secure training for each family, this programming should be mandatory – perhaps by way of a pre-deployment health assessment.
6) Additionally, available data on this population should be made readily accessible to the group so members can learn from the experiences of others. Reviewing phenomenological data such as those collected in this study might provide unsuspected insights into the traumatic effects of combat deployment—and also equip individuals against them.

In all, the results of this study identify and illuminate a traumatic experience for National Guard spouses when their service member is deployed to combat. Unveiling such experiences engenders a deeper appreciation of these individuals and of the realities that they must tolerate. By contributing to such an understanding we hope we can contribute to research, inform complex decisions, and promote societal structures that support a complicated and versatile global environment.

Recommendations for Future Research

Phenomenological research seeks to better understand the human experience. In this study, an investigation of the lived experiences of those impacted by combat was conducted. The experiences depicted, however, are of female spouses with male service members only. No participant was a male spouse with a female service member, nor was any a member of a same-sex marriage or partnership. It is plausible that experiences of male spouses or spouses in a same-sex relationship differ from those investigated here. Future studies should triangulate all of the combinations of marriages/partnerships to garner the true impact of combat deployment on loved ones.

Of the participants studied, all of the service members had been home for at least three years, some as many as eight years. This amount of time to move in, through, and out of the reintegration period for the spouses directly impacts their reality of life today and influenced their responses. Since their experience around deployment and reintegration is not new,
participants have had considerable time to establish and acclimate to their new normal. To give a more exact depiction of the experience in-the-moment, future studies should be conducted with participants still moving through and out of the reintegration period. Other studies, to identify long-term longitudinal impacts, can also investigate participants that are more than eight years removed from the experience. Results compiled over the longer span of years could identify benchmarks throughout the reintegration period and beyond, indicators that might better inform support structures and networks for spouses.

To further understand the experiences of National Guard spouses it is imperative to identify the long-lasting impacts of combat deployment, as it is apparent from this study’s findings that this population is deeply impacted by this experience. The current study offered support for previous research as well as providing additional information regarding the impact of combat deployment on loved ones outside of military ranks. Our data, for instance, suggested that families with children and whose service member returned from combat with a service-connected injury had more negative transition experiences, suggesting that in future studies these two variables be given deeper consideration, especially because the young and the injured are at risk. Additionally, studies that explore the relationship between PTSD and the length of the transition experience would be beneficial, given that PTSD is prevalent among service members who served in Operation Enduring Freedom and Operation Iraqi Freedom (Murdoch et al., 2003). Consideration should also be given to cases where the spouse is attempting to manage his or her own personal distress, such as physical or psychological illness, as the transition experiences in such instances may be different. The sacrifice of these individuals should be met with adequate support networks and services, so that they might recover from the impacts of their experience. This research should be used to help develop specific interventions including communication,
negotiation, coping, and resiliency. Once these programs have been developed, future studies should assess their effectiveness and continue to establish applicable interventions for this population.

To deepen our understanding of the impact of war, future studies should investigate the experiences of spouses who are married to Active Duty military personnel. This study only focused on one component of the United States military – the National Guard – a component that is charged with part-time responsibilities. The Active Duty regime, on the other hand, is the country’s full-time defense system. The experiences of Active Duty spouses may provide additional insight into the reintegration period and further enlighten our comprehension of the human cost of war.

The study of resilience has been predominant in the literature as it pertains to multiple populations. National Guard spouses are an ideal population to investigate, given the unique conditions they must tolerate. As the total number of veterans continues to grow and as the military increases its reliance upon the National Guard, it is imperative to gather additional data on this population. Understanding and deciphering what qualities, skills, and attitudes underlie a given individual’s persistence in the face of adversity is essential in order to provide adequate services and resources to National Guard spouses.

Conclusion

The experience of a National Guard spouse is highly individualized, and the uniqueness of this population distinguishes it from its other military counterparts. Therefore, it is essential to examine how this group perceives combat deployment, how it affects their lives, and how they manage as a result of this experience. Interviews with National Guard spouses have provided valuable insight into their own perspective on the adaptations made during the reintegration
period. Understanding the full impact of the reintegration experience is a highly complex
endeavor, given its distinctive nature; however, the essence of the phenomenon can be garnered
through dedicated research. Additional studies toward this end would add valuable data to
enable practitioners to better understand how and why these individuals overcome trauma by
identifying qualities and characteristics necessary to do so. Moreover, such data would benefit
the development of programs and networks, particularly for those most vulnerable – families
whose service member has a service-connected injury and/or those with children. According to
the study results, these additional criteria add another dimension to one’s transition experience
which should be further explored.

This study sheds light on the deeply personal and impactful influence combat deployment
has on National Guard spouses. Spouses, not unlike their service members, sit in silence and
endure the hardships of their experiences, yet their resilience is remarkable. The transition
experiences of these individuals are prolonged and traumatic as they battle through the
experiences for themselves and for their loved ones. The long-lasting effects of this traumatic
experience are still unknown, yet this study identified that an impact is still felt nearly eight years
later, especially for those with children and whose service member has a service-connected
injury (physical or psychological). Providing strategies to cope, tools for relief, and resources to
educate and equip oneself with to withstand the experience is vital to healthy living. With over
two million OEF/OIF veterans currently in the United States (United States Department of
Defense, 2015) there is the potential for millions of spouses to seek assistance in this way.
Additional research must be conducted to further investigate the human cost of war and mitigate
its negative impacts on this vulnerable population. We must serve our National Guard families
with as much courage and resilience as they demonstrate to their country. It is our duty.
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Appendix A

Call for Participants

Are you a National Guard spouse living with the effects of combat deployment?

*Your voice should be heard too!*

*Consider taking part in this study.*

A study is being conducted to gain insight into what life after a combat deployment is like for spouses.

Participants must meet the following criteria: 1. spouse of Massachusetts National Guard service member who served in Iraq or Afghanistan during Operations Enduring Freedom and Iraqi Freedom, 2. service member has been home from deployment for at least twelve months, and 3. couple was in a relationship during the deployment.

All qualified individuals are encouraged to apply, regardless of race, class, ethnicity or religion.

The study consists of a 90-minute interview conducted either in-person or via phone. The interview will focus on the participant’s experience as a National Guard spouse during the reintegration period, 12+ months after the service member’s return home.

If you or someone you know would like to participate in this study or learn more, please email dichiara.1@husky.neu.edu or call 508-846-5431.
Confidentiality is guaranteed, and participants’ names will be replaced with pseudonyms. Results will be generalized and used to recommend support and networking programs that all National Guard spouses can benefit from.

This study is conducted by Laura DiChiara, an EdD doctoral candidate at Northeastern University. This study has been approved by Northeastern University’s Institutional Review Board for research ethics (IRB# -----).
Appendix B

Consent Form

Northeastern University, Department of Education

Principal Investigator: Dr. Sandy Nickel, PhD

Student Investigator: Laura DiChiara, Doctoral Candidate

Title of Project: The Battle at Home: The Impact of Combat Deployment on National Guard Spouses

Informed Consent to Participate in a Research Study

We are inviting you to take part in a research study. This form will tell you about the study, but the researcher will explain it to you first. You may ask this person any questions that you have. When you are ready to make a decision, you may tell the researcher if you want to participate or not. You do not have to participate if you do not want to. If you decide to participate, the researcher will ask you to sign this statement and will give you a copy to keep.

Why am I being asked to take part in this research study?

We would like to invite you to take part in this study because you are a spouse of a Massachusetts National Guard service member who was deployed to Afghanistan or Iraq.

Why is this research study being done?

The purpose of this research is to give insight into the reintegration experiences of Massachusetts National Guard spouses whose service member has deployed in support of a combat mission to
Afghanistan or Iraq and who returned from this deployment at least 12 months ago. Data gathered will be used to understand the full impact of war where communities can then develop support programs and networks.

**What will I be asked to do?**

If you decide to take part in this study, we will ask you to participate in a 90-minute interview (conducted by Laura DiChiara) about your experiences in relation to the effects of your service member’s combat deployment. The interview session will be recorded.

**Where will this take place and how much of my time will it take?**

You will be interviewed at a time, place and in a format that is convenient for you. The interview will take about 90-minutes.

**Will there be any risk or discomfort to me?**

An emotional response may be elicited to some questions. You may refuse to answer any question. You may terminate your participation at any point during this process.

**Will I benefit by being in this research?**

There will be no direct benefit to you for taking part in the study. However, your answers may help us to learn more about the realities associated with the effects of combat deployment on National Guard spouses and lend to the development of support and networking programs.

**Who will see the information about me?**
Your part in this study will be handled in a confidential manner. Only the researchers will know that you participated in this study. Any reports or publications based on this research will only use pseudonyms, and will not identify you or any other participant as being part of this project. Your interviews will be recorded and transcribed but only the researchers and a transcriber will see this data. All data will be password protected at all times. Data will be destroyed upon successful defense of this study.

What will happen if I suffer any harm from this research?

No special arrangements will be made for compensation or for payment for treatment solely because of your participation in this research.

Can I stop my participation in this study?

The decision to participate in this research project is voluntary. Even if you begin the study, you may withdraw at any time without consequence. You may refuse to answer any question.

Who can I contact if I have questions or problems?

If you have any questions about this study, please feel free to contact Laura DiChiara (Tel: 508-846-5431, Email: dichiara.l@husky.neu.edu), the student researcher.

Who can I contact about my rights as a participant?

If you have any questions about your rights in this research, you may contact Nan C. Regina, Director, Human Subject Research Protection, 960 Renaissance Park, Northeastern University,
Will it cost me anything to participate?
You will not be incurred any costs for participating in this study.

Is there anything else I need to know?
You must be at least 18 years old to participate in this research study.

By signing this form, I acknowledge that I understand the nature of the study, the potential risks to me as a participant, and the means by which my identity will be kept confidential. My signature on this form indicates I will voluntarily serve as a participant in the study described.

Signature of the Interviewee _____________________________Date _______________
Printed Name of the Interviewee ___________________________

Signature of the Researcher ______________________________Date _______________
Printed Name of the Researcher ___________________________
Appendix C

Pre-Interview Questions

1. What is your age and that of your spouse?

2. What is your gender and that of your spouse?

3. Are you married?
   a. If so, when did you get married?
   b. If not, how long have you been a couple?

4. Do you have children?
   a. If so, what are their ages?

5. Were any born during a deployment?

6. How long has your spouse been home from the last deployment?

7. What is your spouse's military rank?

8. What is your spouse's military occupational specialty (MOS)/job?

9. How many deployments has your spouse been on?
   a. Please state for each when, where and for how long?
Appendix D

Interview Questions

1. Describe what you thought the reintegration period would be like.
   a. How did you prepare for it?

2. Describe your experience during the reintegration period.
   a. How would you describe your family life during the reintegration?
   b. How would you describe your relationship as a couple during the reintegration?
   c. Did you employ any particular strategies to help you cope with the transition?

3. What support structures did you make use of during reintegration?
   a. Can you think of any other supports that might have been helpful that you may not have used?
   b. What role did the Family Readiness Group play in your transition?

4. How would you describe your life today?
   a. Your family life?
   b. Your relationship as a couple?

5. As a result of your experience, what did you discover about your family?

6. As a result of your experience, what did you discover about yourself?
   a. Are you the same person as you were prior to this experience? Why or why not?
   b. What changes have you noticed in your role?
   c. What changes have you noticed in your behavior?
   d. What changes have you noticed in your perceptions?
7. Given your experience, what insight would you give others in your position?
Appendix E

Debriefing Statement

This research study was conducted by Laura DiChiara, doctoral candidate at Northeastern University, in Boston, MA. The purpose of the study is to identify the reintegration experience of National Guard spouses whose service member was deployed on a combat mission to Iraq or Afghanistan. The study was approved by the Institutional Review Board at Northeastern University, in Boston, MA.

Documenting the reintegration experiences of National Guard spouses lends to the full comprehension of the impact of war. Families serve alongside their service member, therefore understanding the effect of combat on these individuals is imperative to their well-being. Once this perspective is understood, necessary supports and networks can be established.

If this study has caused you any stress, you can seek out the resources available through Military OneSource at militaryonesource.com or at 800-342-9647.

The confidentiality of participants will be maintained and evidence destroyed at the conclusion of the doctoral process.

The results of this study will be available TBD and can be obtained by contacting Laura DiChiara at dichiara.l@husky.neu.edu. Thank you for your participation in this study.
## Appendix 1

**MaxQDA First Cycle of Coding**

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