# NEGATIVE EFFECTS OF COMBAT DEPLOYMENTS ON MILITARY PARTNERS

by

Brittany Harris

Liberty University

A Dissertation Presented in Partial Fulfillment

of the Requirements for the Degree

Doctor of Philosophy

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## Abstract

Several military families experience trauma due to combat deployments and the methods they use to cope with those events can vary widely. Most research about military families is quantitative and focuses on the mental health of the service member who is directly affected by combat exposure. This study explored how military families describe the negative effects of deployment on them and how biblical faith helped them cope with those negative effects. This qualitative case study used a sample size of 14 military partners, with or without children who have experienced at least one combat deployment during the partner's time in service. Data was then collected from military partners to better understand the negative effects of combat deployment and what factors helped ease those negative effects. The themes included creating a distraction, reintegration, mental health changes, parenting changes, coping methods, hope, pressed into their faith, and creating a support network. Results showed that having a Christian belief system helped with coping during a combat deployment in a majority of the study's participants, the majority of participants experienced some degree of negative mental health changes, and the majority of participants experienced relationship difficulties during the deployment. Implications from this study include churches becoming aware of the high stress that military partners are under and being able to offer them ministry.

## Dedication

This dissertation manuscript is dedicated to my family that supported me through this educational adventure. I couldn't have done it without them.

C.T., C.H., C.T., S.K.

## Acknowledgments

I would like to acknowledge my dissertation committee for guiding me through this process and helping me find my voice in research.

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# CHAPTER 1: NEGATIVE EFFECTS OF COMBAT DEPLOYMENT ON MILITARY PARTNERS

## Introduction

Since 2001, more than 2 million service members have deployed to war zones in the Middle East to serve in combat deployment rotations with more than half of these married or married with children (Department of Defense, 2009**;** Gewirtz et al., 2017; O'Neal & Mancini, 2020). Most research about the mental health of military families is quantitative rather than qualitative and centered around the service member and how they are directly affected by combat exposure and traumatic events. The focus on service members is vital for recovery programs for those who are diagnosed with mental health disorders following deployments (Gewirtz et al., 2017).

Military partners and children experience combat deployments in a multitude of ways. While stress is a broad term that can be defined differently by everyone, it is the main component that creates both manageable or unmanageable behaviors and coping mechanisms for families during deployments (Getwirtz et al., 2017). With more attention to partners and children, research can begin to better understand the ways military families learn to function in positive or negative ways. This can also help create intervention methods that can be executed to help partners who suffer from stress, anxiety, and depression during the pre-deployment, deployment, and reintegration phases and develop unhealthy coping strategies such as alcohol or substance misuse (Collins et al., 2017). When research begins to look at the military family as a whole and how they are all affected in diverse ways by deployments, it opens the door for future research to develop better programs to help them. It is important to look at the entire family during

the pre-deployment, deployment, and reintegration phases and how they experience the phase, how they relate to one another, how they handle stress or trauma, and how the experience changes them temporarily or permanently (Collins et al., 2017).

## Background

Individuals within the military community may return from combat deployments with post-traumatic stress disorder (PTSD) (American Psychiatric Association). PTSD is often referred to as the "invisible wound" and has an enormous impact on those diagnosed with the disorder as well as their partners, children, extended family, and friends (Zhang et al., 2021). PTSD can impair executive functioning which is controlled by the prefrontal cortex portion of the brain (Zhang et al., 2021). The prefrontal cortex is the region that allows for goal-oriented behaviors, sustained attention, working memory, flexibility in thoughts, planning, and inhibitory control processes (Zhang et al., 2021). Many service members with PTSD may have difficulty remembering details and learning new information. The deficit in inhibitory control can change how a person stops or switches an automatic response or their attention to a subject or stimuli (Zhang et al., 2021). This is particularly stressful for service members with PTSD as they may become unable to separate their traumatic experience from reality with their family when they feel triggered by a certain circumstance or familiar experience. PTSD affects intimate and casual relationships and can leave a life-long impact on military families (Zhang et al., 2021).

PTSD can develop after combat or other traumatic instances that make an individual feel as though their life is under serious threat of substantial risk of bodily injury (Zhang et al., 2021). Those suffering from PTSD can feel a heightened sense of

arousal, emotional numbing, stressful memories, reliving the traumatic experience, and attempts to avoid future stimuli related to the traumatic event (Zhang et al., 2021). It is reported that 20% of military members who have served since 9/11 have been diagnosed with PTSD, but this statistic is likely to be drastically lower than the real percentage based on the high rate of underreporting in the military community (Zhang et al., 2021). Many service members with PTSD during research studies have been observed negatively interacting with their children and tending to withdraw from or avoid certain behaviors with their children (Zhang et al., 2021). This impairment of ineffective parenting because of trauma changes parenting styles. Without intervention, this can lead to the weakening of the family unit. Effective parenting intervention programs help to teach parents with trauma how to problem solve, constructively discipline, engage in positive involvement, skill encouragement, monitoring, emotional socialization, and mindfulness (Zhang et al., 2021). These factors are the core elements of effective parenting behaviors. When these elements are implemented, parents are more likely to successfully coach their children's needs and emotions in a healthier approach that offers better regulation. Adjustment problems are also common among military children due to frequently changing family factors which are routine within the military community (Zhang et al., 2021).

Parenting programs help improve parenting styles and practices, as well as help ease the mental health symptoms from which many parents may suffer (DeVoe et al., 2019; Hajal et al., 2020; Zhang et al., 2021). Improving emotional regulation among parents and their children is beneficial for parenting efficacy and stress relief (Hajal et al., 2020). Mindfulness, by way of meditation and breathwork exercises, has been shown to

improve parenting and emotional regulation and increase patience among parents (DeVoe et al., 2019; Hajal et al., 2020; Zhang et al., 2021). Parents who have more controlled and regulated emotions often show less judgmental behaviors toward their children, creating a safer, more aware, and more accepting home (Zhang et al., 2021). Mindfulness exercises also teach parents how to notice, observe, and let their emotions/thoughts disappear easily and consciously rather than unintentionally through avoidance or numbing (Zhang et al., 2021). When learning these techniques for better parenting strategies, parents may inadvertently learn better methods for coping with their psychological distress and learn to regulate their own emotions. However, fathers have shown less success in adapting intervention strategies when diagnosed with PTSD meaning that they were less likely to benefit from parenting intervention programs compared to mothers (Zhang et al., 2021). The background on this topic is predominantly focused on the service members and not the family members.

The negative effects of combat deployments on military partners would benefit from additional research that truly identifies how detrimental combat deployments can be to the lives of military families. It is also important to learn when intervention services and resources should be implemented during the deployment process with more options for spiritual/religious interventions/programs. Strane et al. (2017) explained the potential negative effects that can happen to partners and children when the mental health of a service member is not addressed appropriately. Maltreatment can occur which then alters the mental health of partners and children. Children and partners who experience maltreatment from a parent or spouse are more likely to develop mental health disorders (Strane et al., 2017).

Literature has shown there are research studies focused on the mental health of military families, but there are not enough to provide a strong explanation for the changes in mental health other than secondary traumatization (Zamir et al., 2020). This research topic deserves a qualitative study to help individuals share their stories and offer in-depth recounts of their experiences to show others they are not alone. Military service members and family members neglect to report their symptoms or struggles for fear of judgment or recourse from the military (Gewirtz et al., 2017). An increase in qualitative research studies would allow more opportunities to show readers the detailed emotions or experiences many families endure and offer a sense of togetherness or relatability.

Helping families feel connected in terms of trauma can be helpful and remove the sense of isolation or shame that they may feel (Gewirtz et al., 2017). Qualitative research on this topic could also be beneficial as it offers fewer research restrictions in design, helps capture new information, and the open-ended nature invites future research to be conducted to further explore possibilities. Addressing this topic through a qualitative study will add to the knowledge of mental health for service members and their families by allowing individuals to speak up on the things that did or did not help them when they felt they were struggling.

Ross et al. (2020) highlighted the importance of support systems for military families by allowing National Guard families the opportunity to answer a qualitative survey study about their partners' recent deployments, how they responded to stressors, and when they felt a strong support system was helping them. Nordmo et al. (2019) discussed the mental health of Navy families and used a Likert scale to assess families. This information is important for displaying the results of combat deployments, but

research also needs to show the reasoning and explanation behind the numbers. For instance, research in this area is highly targeted towards statistics and percentages of military families that struggle but not the reasoning why, the stories behind the scoring, or what programs could be used to help them. It's important to understand the reasons why families are ranking their psychiatric health higher or lower, rather than focusing on the numbers in assessments.

Thandi et al. (2017) used surveys to conduct deployment cycle assessments with families through self-report analysis. These questionnaires focused on scores of PTSD, deployment experiences, psychological distress, and self-rated health. This study showed how different stressors can deteriorate the mental health and intimate relationships of family members before, during, and after deployment. Allowing individuals to self-report through qualitative measures and express themselves without numerical ranking allows for voicing concerns that otherwise can be missed. Furthermore, removing strict numerical ranking could allow families to feel more at ease when reporting personal information given that higher numerical scores may imbue a sense of embarrassment or feeling as though they are struggling more than other families with different scores.

## Problem Statement

The research focused on military partners' mental health is necessary and justifies further exploration and attention because military members and their families are often struggling to cope with the disastrous effects and aftermath of combat deployment (DeSimone, 2022). As of June 2022, the United Services Organization stated that 30,177 military personnel and veterans who have served after the deadly terrorist attacks of 9/11 have died by suicide. This staggering number portrays the severity of mental health in the

military, especially when compared to the combat-related deaths that have occurred since 9/11 totaling 7,057. To summarize these statistics, military member suicide rates are 4 times higher than that of combat-related deaths (DeSimone, 2022). Additional research needs to be conducted on the mental health and well-being of military members as well as their families. The stress of enduring higher suicidality and the personal struggles of military members is directly connected to the mental health and well-being of their family members (DeSimone, 2022).

## Purpose of the Study

The purpose of this qualitative case study was to explore how military spouses describe the negative effects of their spouses' combat deployment and how a biblical belief system can help with coping during deployment.

## Research Question(s)

### Research Questions

RQ 1: How do military spouses describe the negative effects of their spouse's combat deployments?

RQ 2: How do Christian military spouses describe how their belief system helps them cope with the negative effects of their spouse's combat deployments?

## Assumptions and Limitations of the Study

The assumptions I had about this study were that partners would report similar mental illnesses to their partners or report numerous symptoms that align with PTSD. I assumed that partners would be more willing to share their stories if their partner had a positive combat deployment experience compared to those with negative combat deployment experiences. I also assumed participants would answer honestly to the

research questions. The limitations I had for this study included participants being unwilling to share information about traumatic experiences to avoid reliving those moments. Many military members and their families may not wish to revisit sensitive or traumatic moments from the deployment experience and may be reluctant to share that information in a qualitative study. The sample size may have been too small to provide a comprehensive understanding of the effects of combat deployments among all military families. The study was limited to self-reported data, which may not always be reliable. The study was limited to participants who were willing to complete an interview. The study was limited to a specific geographic location and may not be representative of military families in other areas.

## Theoretical Foundations of the Study

The theoretical foundation of this study was Lazarus and Folkman's psychological stress and coping transactional theory. This theory explains stress as an external stimulus, stress as a response, stress as an individual/environmental interaction, and stress as an individual/environmental transaction (Biggs et al., 2017). The biblical foundation in this study was Paragament's theory of religious coping. This theory offers a method to include religion in social work and helping others. Being more spiritually literate and tolerant of spiritual diversity is essential for helping others who are seeking help or counseling (Xu, 2016).

PTSD can affect a person's intimate relationship with family members, but it can also affect a person's religious or spiritual beliefs (R/S) or practices. Sherman et al. (2018) discovered that veterans who were diagnosed with PTSD had more difficult and prolonged symptoms of PTSD in connection to reporting challenges with acceptance of a

benevolent Higher power or figure of omnipotence. However, many individuals seek R/S to help cope with the difficulties or stress that develop because of trauma. Research has shown that R/S is linked to a higher sense of self, belonging, happiness, resilience, satisfaction, and purpose (Sherman et al., 2018). Incorporating R/S into military programs may offer more of these benefits to military families.

This research aligned with the Liberty Mission and purpose because it attempted to help men and women better understand and develop values, knowledge, and skills that will create a stronger family bond and foundation that God has created. This research positively contributed to the military community and glorified God in a way that showed the importance of Christian beliefs and how they can help struggling families that have experienced trauma and pain while serving our country and people (Purpose & Mission Statement, 2014).

## Definition of Terms

The following is a list of definitions of terms that are used in this study.

**PTSD -** Post-traumatic stress disorder (PTSD) is a psychiatric disorder that may occur in people who have experienced or witnessed a traumatic event, series of events or set of circumstances (American Psychiatric Association, 2023).

**Avoidant Coping -** Passive coping is exemplified by negative, anxious, and avoidant behaviors (Blow et al., 2017).

**Active Coping -** Active coping strategies include deliberately working to reduce stress (Blow et al., 2017).

**PTS -** Post-traumatic stress has similar symptoms to PTSD but is less severe and tends to improve after a month (Blessing et al., 2020).

## Significance of the Study

The significance of this study was the attention and awareness that it can bring to the veteran and military family community. The opportunity to show the military community the negative effects that combat deployments can have on families is vital for the success of the military family unit and should be utilized for the benefit of these families. The purpose of this qualitative case study was to explore how military spouses describe the negative effects of their spouses' combat deployment and how a biblical belief system can help with coping during deployment. This research can offer military families a feeling of inclusion to alleviate feelings of isolation after trauma and progress the research centered around military partners. The traumatic experiences during all deployment phases can negatively impact military members and can affect their partners and family members. The deterioration of mental health within the military community is an ongoing crisis (Vest et al., 2017). PTSD and similar disorders such as anxiety and depression from traumatic experiences can have life-long effects (Cramm et al., 2019). Bringing more awareness to the challenges that families are facing may bring more opportunities for resources to be shared or developed.

## Summary

Research has shown that poorer mental health can exist among military partners compared to service members when being reunited after a deployment. Data shows feelings of independence during deployment grow or dissipate causing stress and anxiety for family members. There is a significant statistical correlation between relationships and an increase in anxiety post-deployment during times of reunion (Mallonee et al., 2020). This can be exacerbated by a multitude of variables like mental health, physical

health, and readjustment to a service member who has experienced symptoms of post-traumatic stress disorder (Mallonee et al., 2020).

Research around the effects of deployments on military families has predominantly focused on the service member while leaving little attention on the partners and children who are also deeply impacted. This study proposed a qualitative methodology to examine military partners who have experienced at least one combat deployment during their respective military partner's time in service. The study was designed to uncover the negative effects of deployments on military partners. Despite a small area of research demonstrating a correlation between deployments and negative outcomes for both service members and their family members at home, little consideration has been given to the negative effects on the family structure. Exploring the negative effects of deployments and PTSD on military partners is important to developing effective support structures and resources.

Deployments can be a stressful experience for military families. This can directly and negatively affect family dynamics and mental health. Research conducted on the effects of deployments is focused on the deployed service member rather than the family system. Partners and children can experience negative stressors due to deployments. Further research is necessary to show the direct influence that deployment has on service members as well as their families.

In addition to acknowledging these negative effects, the supplementary focus could be targeted toward creating and implementing intervention programs. Identifying the main causes and effects of deployment stress can help to distinguish at what time most negative effects occur and what type of intervention programs can be most

successful in preventing long-term side effects on the family unit. These include deterioration of the family, suicidality, and developmental interference in children (DeSimone, 2022). Military family members are affected in similar ways to their deployed counterparts in terms of stress, substance use, and negative behaviors. Stress can affect service members in a way that also affects their families. Deployments can also cause higher rates of divorce, poorer mental health, and behavioral issues in children, substance use, and increased suicide rates (DeSimone, 2022).

# CHAPTER 2: LITERATURE REVIEW

## Overview

The research outlined in this chapter demonstrates the impact of deployments on military members, their partners, and their children. It highlights the stressors and complications military families can face during each stage of deployment (Collins et al., 2017). Pre-deployment and reunification stages can be extremely stress-inducing despite most people assuming the deployment phase is the most stressful. The methods of coping during each of these phases are compounding and have a direct impact on the overall mental health of not only the service members but their partners and children as well (Collins et al., 2017). Though typically overlooked, partners of those deployed often experience negative effects also (Collins et al., 2017). More research is crucial to reflect how deployments negatively affect the family back home.

PTSD can affect parenting and relationship dynamics to an alarming degree. With drastic changes to family functions and marital disruptions, psychological distress, anxiety, and deterioration in communication between couples can increase (O'Neal, et al., 2018; O'Neal & Mancini, 2020). This leaves children to deal with the negative impacts of deployments and greater risks of long-lasting emotional and psychological issues. The overall lack of sufficient resources to support military families can lead to chronic mental health disorders for all involved (O'Neal & Mancini, 2020; Zamir et al., 2020).

## Description of Search Strategy

The database used to search for research for this proposal was the Liberty University Jerry Falwell Online Library. The research was selected by using the keywords, negative, impact, deployment, and partners to create similar search results.

Biblical research was conducted by searching online results for military-related faith-based events, military PTSD, and Christianity, and again using Liberty University online Jerry Falwell Library to find Christian and military-related articles.

## Review of Literature

Current literature continues to give a wide range of details about the intricacies that plague service members. Research has shown many fathers who have suffered traumatic experiences from combat deployments return home with serious impairment in their parenting styles. This is especially true for fathers who are diagnosed with PTSD (Monn et al., 2018). Monn et al. (2018) used a qualitative case study to explore how military spouses describe the negative effects of their spouses' combat deployment and how a biblical belief system can help with coping during deployment. This research study used a qualitative design to study a randomized selection of service members totaling 181 members and their families. In this case study, the researchers used self-reported answers to combat experience. Participants were recruited through advertisements and referrals from close friends or family members. Results from this case study were based on trauma exposure, PTSD symptoms, inhibitory control, and parenting behaviors (Monn et al., 2018). Results also showed that trauma exposure and positive engagement did not have a direct connection instead trauma was connected to higher levels of PTSD, while PTSD was associated with reactivity and higher levels of negative parenting behaviors (Monn et al., 2018).

Stressors can heavily influence how service members and their families interact with one another before a deployment (Monn et al., 2018). This study helped contribute to potential research in this area by highlighting the negative impact that combat may

have on service members, and their families, and how their parenting styles change after combat. This information is important for providing help to those who struggle after combat deployments by helping them find resources for mental health help (Monn et al., 2018).

Many families experience episodes of depression and anxiety before a deployment which can push them further apart mentally and emotionally, leading to other negative implications (Collins et al., 2017). Research by Collins et al. (2017) was conducted to examine the pre-deployment stage and how a family's mental health is affected, in addition to their preparation before and during the deployment. This research design studied 113 partners, parents, and National Guard members. The methodology was a case study using data collected through online surveys on how each family prepared for deployment. The surveys used statistical analysis to summarize depressive symptoms from participants.

The results showed that preparing for deployment created a more positive experience when families felt that they had better support systems in place (Collins et al., 2017). This included both formal resources as well as friends and family members. This area of research is crucial for future studies as it shows how significant a strong support system can be for mental health both before and during a deployment. Military families can feel isolated when they are geographically removed from families and close friends due to frequent relocation orders from the military (Collins et al., 2017). It can be difficult to continuously create and halt intimate friendships or support systems because of relocation and ultimately deters many military families from wanting to engage in new interactions altogether (Collins et al., 2017). Creating new bonds to develop support

systems in a new location can be challenging and if not successfully done, many families may lack proper support during deployments. This leaves many partners in distress due to feeling overwhelmed and isolated (Collins et al., 2017).

Pre-deployment can be stressful for families and research has shown how the differences of pre-deployment coping mechanisms compared to post-deployment. Blow et al. (2017) conducted a study of service members and their families during both deployment periods to see the different ways families prepare for pre-deployment stress and post-deployment reintegration. During these phases, families typically used either passive or active styles of coping. Passive coping is exemplified by negative, anxious, and avoidant behaviors (Blow et al., 2017). Active coping is demonstrated by productive and healthy behaviors and facing difficult issues with a plan. Passive coping strategies can lead to negative parenting behaviors which change how children develop and handle the stress of deployment (Blow et al., 2017). This study examined 393 service members and their partners to better understand coping strategies and results showed there was a significant correlation between avoidant/passive coping strategies and negative impacts on the overall mental health of these families (Blow et al., 2017). This helps future research by showing how mental health is impacted before and during deployments and how active coping strategies can be beneficial for healthier deployment experiences.

Furthermore, negative coping strategies are often thought of solely as an action expressed by the service member. However, Vest et al. (2017) studied how family members such as partners use alcohol to cope with deployment stress comparable to the service member. This study helps future research as it showed how coping strategies are not always healthy at home and many partners turn to self-medicating behaviors when the

service member is deployed to a dangerous combat zone (Vest et al., 2017). Most research on this topic is focused on the alcohol use and abuse of service members with little concern for the alcohol use and abuse of partners (Vest et al., 2017). It is to be expected that many partners will find alternative methods for relieving stress and alcohol misuse can be a common crutch used to cope (Vest et al., 2017). This study conducted a cross-sectional examination of 248 service members and their partners who have experienced a combat-related deployment. This study used an online self-assessment survey to measure alcohol misuse with combat exposure and PTSD symptoms or diagnoses. The results from this survey showed that increased deployments did affect partners and their alcohol misuse, and the number of deployments affected alcohol misuse in service members. The findings ultimately showed that deployments can lead to detrimental effects on mental health, physical health, and marriages.

Deployments consist of multiple stages which include an emotional rollercoaster through pre-deployment, deployment, reunion, and reintegration (O'Neal & Mancini, 2020). Each stage of the deployment is unique and stressful in differing ways and each family adapts differently on an individual level. These stages can be longer or shorter among families and have varying levels of difficulty. Reintegration is often one of the hardest stages, although it is not expected to be because families are finally reunited (O'Neal & Mancini, 2020). The stress of reintegration begins due to conflicts adjusting to new roles, new experiences, new traumas, and time spent apart leading to new habits, new family climates, and new psychological shifts (O'Neal & Mancini, 2020). The resiliency of military families is an under-researched topic that deserves more in-depth examination. Military families make up a large portion of the population with over 2

million children who experienced the deployment of a parent following 9/11 (Department of Defense, 2009; Gewirtz et al., 2017; O'Neal & Mancini, 2020).

Pre-deployment preparation has shown a variety of results among service members. Military families have reported pre-deployment to be a stressful period for them due to anticipation of the potential death of the service member as well as formulating plans for financial and familial affairs to be enacted (Blessing et al., 2020). At least 15% of military families reported pre-deployment as the most stressful period of their deployment. Pre-deployment preparedness has been shown to serve as a protective factor in helping military families handle the adverse effects that accompany PTSD and combat deployments (Blessing et al., 2020). Many families use therapy treatment as an option before and during deployment to help alleviate some of the stress that is associated with deployment anticipation. This treatment has been shown to help treat a range of PTSD symptoms and help families feel more prepared during combat exposure (Blessing et al., 2020).

Families that do not take part in therapy may experience combat deployment as more threatening and even increase the likelihood of PTSD symptoms and stress for service members and their partners (Blessing et al., 2020). Families are interactive and dependent social structures that are directly affected by one another. Families who are prepared and supportive of one another can experience a more positive combat deployment, while those who are more stressed and unprepared may change the family interaction patterns to a more negative shift in behavior (Blessing et al., 2020). Some of these negative shifts include communication difficulties, controlling anger, avoidance, emotional numbing, lack of intimacy, and difficulty bonding or attaching to children

(Blessing et al., 2020). These negative behaviors can also cause disorganization in family roles and cause boundaries to change which may create tension, confusion, and conflict among family members. Many partners report changing their behavior to become more accommodating to the service member in response to their anger in hopes of alleviating or reducing conflict in the home. This, in turn, changes the dynamic of marriage and the overall satisfaction of the partners who feel they must cater to their spouse to avoid feeling uncomfortable in the home.

Changes in family functioning due to PTSD can range from minor to severe with service members or veterans who have cognitive impairment from PTSD. Cognitive impairment and PTSD are typically impacted by perceived threats of war-zone stress or feeling threatened. These findings also correlate with the negative effects of relationships and long-term family functioning (Blessing et al., 2020). Many Army Reserve soldiers experience an increased risk for licit and illicit substance use after deployments, even if they had never experienced a substance use disorder before the deployment according to Hoopsick et al. (2019). Pre-deployment preparation measures have been shown in past research to help service members with mental health, but it does not protect against anger, depression, or anxiety among Army Reserve or National Guard members with lower-level combat experiences (Hoopsick et al., 2019).

Marital disruptions caused by deployment have shown increased psychological distress, anxiety, and deterioration in couple communication among cross-sectional self-report measures in research. The psychological distress caused by PTSD, higher anxiety levels, and more depressive episodes have been linked to lower communication quality in men (Zamir et al., 2020). Relationship communication consists of positive and negative

communication. Positive communication is labeled as warmth, affection, interest, and empathy. Negative communication is labeled as hostility, contempt, and criticism. Both positive and negative communication styles are affected by PTSD and added psychological distress. This change in communication directly alters the marital satisfaction and mental health of both partners and their quality of life and marriage. Psychological distress such as PTSD is considered primary traumatization. When emotional stress intensifies and affects the distress of the other partner this is called secondary traumatization (Zamir et al., 2020). Secondary traumatization of a partner can be the result of living in a state of chronic stress with a partner harboring a traumatic experience. This can create aggressive and negative behaviors in both partners and their communication with each other.

Mallonee et al. (2020) described the impact of stressors on the service member's families and how that stress continued post-deployment. Mental health deterioration among service members and partners can increase post-deployment rather than decrease with reintegration. Deployment stress and negative coping mechanisms can have long-term effects on the mental health of children. Partners are not the only individuals who struggle or suffer from combat deployment stresses within a family. Forrest et al. (2018) studied a multi-generational retrospective, cross-sectional study of men from the Vietnam era via Department of Defense records to examine anxiety, depression, and suicidal ideation of service members and their children. The results of this study showed there were higher numbers of psychological disorders reported in children who had a parent who deployed compared to children who did not. Military children face stressors that non-military children typically do not experience. This includes frequent home

relocations, changing schools, living further away from family, missing school, and separation from the deployed parent (Veri et al., 2021). Many researchers who conducted studies on military children chose children of active-duty service members, leaving out children of reserve status families, the National Guard, and retired service members. Trauma from deployments affects not only active-duty families, but any military family who has experienced a combat-related deployment, and the effects can last for years or even for life.

Children and partners are also affected by PTSD through emotional and psychological difficulties which can be long-lasting. For instance, Cramm et al. (2021) reviewed 12 studies in a meta-analysis to discover qualitative data about children and partners who have a service member with PTSD in their family. Results showed they were more likely to experience emotional and psychological effects which could be life-long. In addition, mental health along the phases of development of children is worth supplementary research. Cramm et al. (2019) reviewed literature among 3,278 military families and their direct or indirect impacts from separation, mobility, and additional risks connected to military life. Separation is defined as training or deployments and mobility as moving or relocation. The mental health of children in military families is affected by these factors and future research, in turn, is affected by this due to the monumental impact that military life can have on the developmental process of children as they age.

Children are more susceptible to the negative influences of deployment when they are infants, toddlers, and preschool-aged children. From the ages of birth to 6 years, imperative developmental needs can be drastically changed by deployments or military-

related services. Emotional development is a foundational milestone that children must competently navigate successfully to develop self-regulation of their thoughts, emotions, and behaviors (Hajal et al., 2020). These factors in the most formidable years of life are vital for positive outcomes of physical, mental, and emotional health and affect how these individuals will grow as adults. The behaviors learned in childhood are a major and critical component of developing generations and how society will operate. For instance, children who are growing up in military families with combat exposure or with a parent who suffers from PTSD, are more inclined to develop strained emotional development (Hajal et al., 2020). They also are subject to higher rates of parent-child conflict and face substantially more obstacles in comparison to non-military children. In some cases, perceived threats related to combat trauma exposure can spill into the family dynamic, creating an unsafe, aggressive, or even hostile environment for partners and children (Hajal et al., 2020). Parents with more stress from traumatic combat experiences can create negative environments for their children. Socio-emotional adjustment and development of children have been studied with increasing research to demonstrate the way military children are impacted through wartime deployments and subsequently increased rates of negative impacts on parenting styles (Hajal et al., 2020).

The parent-child relationship is essential for the proper development of children and when one or both parents suffer from excessive stress, trauma, PTSD, or substance abuse, it can catastrophically change the developmental course of a child. The length of a deployment has been shown to impact a child's psychological symptoms, development, and overall functioning (Hajal et al., 2020). Parental functioning is also influenced by deployment. Caregivers struggling with depression, anxiety, or suicidal ideations will

most likely have major difficulties in creating a safe, loving, and calm environment for children to develop and grow. Reintegration of a parent with PTSD can affect child adjustment and has been shown to change the behavior of children ages 0-5 in terms of their emotional and behavioral issues (Hajal et al., 2020). In addition, reintegration was also connected to the perception of dysfunctional interactions between parents and their children. (Hajal et al., 2020). The socio-emotional development of children is most affected during early childhood, so it is understandable and expected that parents with trauma exposure may have trouble providing proper emotional parent-child relationships.

Emotional development concerning competence and self-regulation is a determining factor in how children will learn adaptive behaviors in later years of development, including adolescence (Hajal et al., 2020). The way parents respond or react to the emotional needs or expressions of their children sets the groundwork for how children will learn to cope and develop forms of resiliency. Emotional intelligence and development are most influenced by the relationship between a parent and child. During infancy, parents teach the proper techniques for regulating stress. Parents who are managing their stressors from deployments can be less capable of cultivating essential development in children. The attachment which expands during the early years of development and growth contributes to family dynamics that will be present throughout the child's life (Hajal et al., 2020).

The sensitive behavior that parents show towards their developing child is often perceived as a maternal trait (Hajal et al., 2020). However, research has shown the sensitivity both parents respond to children directly impacts their child’s socio-emotional development, and the sensitivity from fathers is just as significant as the sensitivity of

mothers. This is possibly why the deployment of a father has such a significant influence on children when the father has PTSD. Fathers who suffer from PTSD may be more aggressive and less likely to show sensitivity towards their family members, leading to changes in the socio-emotional development of children (Hajal et al., 2020). Children also learn emotional regulation through modeling and observation of their parents. If a parent is returning from deployment with unregulated emotions and higher stress levels of anxiety, or PTSD, children will mimic this maladaptive behavior and incorporate it into the developmental process. Trauma exposure is associated with difficulties coping and poorer communication. This is not the desired or ideal model for young children to be exposed to as it can fester into avoidance, worry, or self-punishment in children, as well as marital hostility, blaming, and controlling behavior in couples (Hajal et al., 2020).

Children from military families also experience an increased risk for physical violence and substance use over their lifetime compared to non-military children. The National Database of the National Survey on Drug Use and Health shows data to support the theory that military children have more episodes of major depression and use illicit drugs comparatively (Fairbank et al., 2018). The difference between military children and non-military children requires more monitoring to better understand the driving forces that are leading military children down such a destructive path. The longer the duration of separation from the deployed parent, the higher the likelihood of a mental health diagnosis in a child (Fairbank et al., 2018).

Higher rates of depression, anxiety, or PTSD have been found in children with a parent who has experienced a combat deployment. Gewirtz et al. (2017) studied how families with a service member who has been diagnosed with PTSD can have altered

parenting practices. The research design was 293 families in a case study who had recently experienced a combat deployment in the Middle East. The study was conducted by the Veteran's Affairs Administration through self-report surveys. Results in this study showed child adjustment was associated with parent participation. It was also noted how mothers with PTSD had more impact on children than fathers with PTSD. The mental and emotional health and well-being of children typically persist well into adulthood (Gewirtz et al., 2017).

Military couples often report feeling less satisfied with their relationships and marriages across deployment cycles (Kritikos et al., 2019). This reduction in marital satisfaction during deployment can be mitigated through suitable interventions. The most beneficial time for intervention is during the reintegration phase of deployment. During reintegration, families are shifting through many new roles and adjustments, and having adequate and functioning programs to help them is essential. Reintegration programs can help military families feel more connected, less stressed, and better suited for the challenges they will face during the return of the service member. Military couples also marry at a faster rate than non-military couples, with the odds of being married almost 3 times higher (Kritikos et al., 2019). These couples marry quicker often due to influences from the military such as relocation, health insurance bonuses, and increased pay. These newly wedded couples struggle with the compounded weight of combat deployments on a developing marriage (Kritikos et al., 2019).

Family stress theory suggests three factors influence the dynamics of family stress. These three factors include the severity of the stress, the level of resources available to the couple, and the couple's interpretation of the experience. This can be

applied to deployment as the severity or length of deployment or traumatic experience, resources available like programs or therapy, and the couple's interpretation such as the couple's response to a stressor (Kritikos et al., 2019). Responses to these three factors can be negative or positive over time. Stressful deployments that are lengthy or include heavy combat exposure can lead to more trauma and more negative responses with diminished mental health. However, some military couples find resources that are helpful with high-stress exposure and can enhance their communication and commitment to their relationship. Positive adaptation to deployment cycles is imperative for the success of a marriage and resources are a vital portion of success (Kritikos et al., 2019).

The psychological health of military families suffering from PTSD is assumed to be underreported due to stigma within the military. The lack of self-reporting can lead to fewer opportunities for appropriate intervention and help, thus leading to lower reported couple functioning (Kritikos et al., 2019). The underreporting of military psychological trauma and family disruptive episodes continues to be an ongoing issue that deserves more attention to properly help service members and their families. One of the common issues military couples experience is intimate relationship discord in connection to PTSD (Kritikos et al., 2019). This is at a much higher rate compared to non-military couples and shows the elevated levels of psychological and interpersonal distress military families experience. Partner distress has a mutual effect on one another and impacts the overall functioning of the individual as well as the relationship. Partners who feel distressed may retreat or avoid their partners through avoidant behaviors or emotional numbing, both of which are quite common responses (Kritikos et al., 2019).

Military partners report mental health symptoms comparable to the service member which is often overlooked given they are not directly experiencing the deployment or combat exposure (Kritikos et al., 2019). However, indirect exposure and secondary traumatization may leave partners (and children) feeling confused by their symptoms and leave them with the urge to suppress symptoms to tend to their primary traumatized partner first. In one cross-sectional study, it was found that 34% of service member partners exhibited signs of one or more mental health disorders: 22% had depressive symptoms; 18% exhibited sleep deprivation; and 10% had suicidal ideations (Kritikos et al., 2019). Most sleep disturbances and sleep deprivation among partners were reported during times their partner was deployed. Such sleep issues showed a connection to poorer health as reported by the non-deployed partners, lower satisfaction in the marriage, and more depressive episodes. Findings support the theory that these changes among couples are the result of stress or perceived stress. Perceived stress is the highest indicator of mental and physical well-being among female partners who have a deployed partner (Kritikos et al., 2019).

Mental health disorders and deterioration continue to rise among military partners and their family members (Kritikos et al., 2019). An effective measure that has shown improvement and sustainability among military couples is the psychological health of both partners as predicted by their perception of stress. The perception of stress during deployment alters the psychological health of the couple and their opportunities to engage in effective strategies such as therapy and communication tools (Kritikos et al., 2019). An additional tool or strategy that helps these couples is perspective-taking in which the partners try to perceive the stressful event from the other's perspective. This practice of

empathy is effective in lowering conflict, helping couples maintain intimacy, and feeling a sense of cohesion. Finding a sense of mutual understanding of the other partner's needs is also beneficial during the deployment process as it allows the couple to better recognize what the other individual is feeling and what will help them during the pre-deployment, deployment, and reintegration phases (Kritikos et al., 2019).

The military populations who have experienced combat deployments since the attacks of 9-11 have been subjected to training and war scenarios like no generations before. Never in history have there been military service members who have been through multiple rotations to a combat deployment like the Global War on Terrorism service members have experienced (Kritikos et al., 2019). The increased rotations of combat deployments over the last 2 decades have left many military members struggling with mental and physical disorders and disabilities. In the wake of this aftermath, the families of these military members are also struggling with mental health and well-being. While most research focuses on the military member, more research is necessary to understand the family dynamics that are affected by deployment phases, how this alters parenting styles, and what partners and children require to be better equipped for maintaining positive and successful experiences during deployment. In addition to develop better resources from the military or government programs, Biblical components should be utilized to help the "invisible" wounds of mental health deterioration of military members and their families.

**Military Personnel**

Combat deployments and traumatic exposure have been examined by many researchers and have shown results of increased alcohol misuse (Institute of Medicine,

2013, Jacobson et al., 2008, Wilk et al., 2010). Stressful combat experiences can create negative impacts on mental health and well-being that may also cause the military community to be more vulnerable to alcohol-related problems. Some of the stressors that may be experienced during combat deployments include direct or indirect exposure to traumatic events such as explosions, injuries, and casualties (Adams et al., 2016; Jacobson et al., 2008). Combat deployments have also been connected to PTSD which has been shown in many studies to increase alcohol misuse (Adams et al., 2016; Kehle et al., 2012; Marshall et al., 2012; Milliken et al., 2007; Thomas et al., 2010).

Alcohol misuse is not singlehandedly influenced by military exposure and peer groups. Alcohol misuse is also the result of additional factors at play such as the military member's environment, personal characteristics, mental health, and individual life experiences. Goodell et al. (2020) conducted a research study to examine how military members are influenced by social networks which influence drinking behaviors. This study used data from the baseline assessment of Operation: SAFTEY (Soldiers and Families Excelling Through the Years) in a longitudinal method to examine the mental health and well-being of 353 Army Reserve and National Guard soldiers and their partners. Soldiers in this study reported social ties, characteristics of interest, deployment status, and family members. This sample included 229 deployed soldiers, 124 non-deployed soldiers, and 26 soldiers who had a partner also in the military. Sociodemographic, military, and psychosocial responses were included in the study as well. Goodell et al. (2020) used the Alcohol Use Disorders Identification Test (AUDIT) which is a 10-item measure using a 5-point Likert scale ranging from 0-4. Higher scores were associated with more severe alcohol misuse.

Goodell et al. (2020) characterized social ties based on soldier reporting of military affiliation, perceived heavy drinking, illicit drug use, day drinking, drinking buddy, sex, family member, and closeness. Covariates including soldier-specific characteristics were also used in data collection. The statistical analysis of this study used negative binomial regression models based on AUDIT scores. Goodell et al. (2020) showed results that soldiers reported having high percentages of drinking buddies in their social networks based on deployment status. Approximately 1 in 10 soldiers had a regular drinking pattern within the last year, which was considered heavy, and almost 15% drank alcohol in the presence of a drinking buddy. Goodell et al. (2020) showed findings that the military network for soldiers is influenced by drinking buddies and peers that encourage partner drinking. Drinking buddies are people that an individual would engage in alcohol-related activities together.

Previous research surrounding civilian groups has shown results that many social pressures on alcohol use may come from sources such as partners or peers (Goodell et al., 2020). Research has also shown that partners can influence each other and may even mirror alcohol use and drinking behaviors (Leonard and Das, 1999; Leonard and Homish, 2008). Alcohol misuse is often represented with higher statistics in social groups that have trends of heavier drinking. This research theory is formulated based on the idea that social networks tend to seek out drinking buddies when they engage in alcohol-related behavior or environments (Homish and Leonard, 2008; Leonard and Mudar, 2003; Reifman et al., 2006).

Military personnel have reported higher tendencies to use alcohol to cope with a variety of traumas and disorders that are typically experienced after deployment

(Hoopsick et al., 2019; 2020). Military personnel are also swayed to use alcohol due to peer and social influence (Anderson et al., 2020; Vest et al., 2017). Research findings show that 14% of a military personnel's social circle is made up of other military members. Social circles that include heavier alcohol users will most likely influence other military personnel to engage in similar heavy drinking habits. Research also shows that soldiers who deploy and experience combat have an increase in alcohol-related problems by 15% and an increase in binge drinking by up to 54% (Vest et al., 2017).

Many military members engage in alcohol-related behaviors for a variety of reasons that can range from socially-motivated to trauma-motivated (Goodell et al., 2020). In the military community, peers may be more likely to support alcohol use and unhealthy alcohol use compared to civilian peer groups. Previous research has shown that the military alcohol culture engages in communal drinking, social drinking, drinking as a method to relax, and drinking as a method to form camaraderie and bonding (Goodell et al., 2020). Alcohol use in the military community may also be used by many individuals to cope with stressors or detach/disassociate from traumatic experiences which are common during combat deployments (Goodell et al., 2020). Alcohol use in the military is also increased during times of reintegration back into civilian life after deployments end (Goodell et al., 2020).

Military members often experience more alcohol-saturated environments compared to civilians due to social-related alcohol use and trauma-related alcohol use. Research in this area is limited, but previous studies have shown many military members report socializing with alcohol and alcohol misuse to cope with military-related stress (Hatch et al., 2013). Alcohol misuse is also more acceptable in the military community

because military members are viewed as supportive of one another and often encourage alcohol use for coping with stress (Ahern et al., 2015; Goldmann et al., 2012; Griffith, 2015; Hinojosa and Hinojosa, 2011). This theory can also be reversed to suggest that military peers can also encourage alcohol avoidance to cope with stress when given positive resources for facilitating mental health help. Additional research shows military members can play multiple roles in dealing with alcohol misuse after deployments and this can affect non-deployed soldiers or even civilians such as partners and friends (Goodell et al., 2020).

Post-deployment adjustment of military personnel has been associated with higher psychiatric conditions with a higher prevalence of anger, sleep disturbances, and alcohol misuse or abuse (Griffith, 2019; Hoopsick et al., 2019; Mallonee et al., 2020; Ursano et al., 2017). Veterans returning home from military combat often suffer from PTSD and its impact on interpersonal relationships (Blessing et al., 2020). Research results have shown that better deployment training helps prevent or protect military personnel from the impact of PTSD. Many military personnel who experience deployment-related trauma develop difficulties with parenting behaviors and inhibitory control (Monn et al., 2018; Olson et al., 2018; Vuga Beršnak, J2022; Zhang et al., 2020 2021). Military personnel are more likely to elicit negative emotions while conducting professional duties, have difficulty regulating their emotions, have higher rates of mood disorders and suicidal ideation, and have performance impairments (Stanley & Larsen, 2019).

Military members are subject to many stressors during deployments which include injuries, lack of sleep, death of friends or comrades, and threats to personal safety (Cramm et al., 2021). These possibilities during deployment can increase the risk of

PTSD, anxiety, and depression. Military members with PTSD typically experience symptoms in four areas: intrusion, avoidance, negative changes in mood/cognitions, and changes in arousal/reactivity (Cramm et al., 2021). These symptoms can persist across a period that lasts for months to years, cause significant functional impairment, or distress, and increase the onset of symptoms (Cramm et al., 2021). Much of the literature centered around helping military families focuses on how PTSD can affect these families. PTSD can have major implications for family functionality and success. Many studies have found partners report feeling as though they need to "walk on eggshells" around their partners to avoid psychological stress and avoid relationship dissatisfaction (Cramm et al., 2021). Children also report higher levels of distress and avoidance of parents with PTSD (Cramm et al., 2021).

**Military Partners**

Combat deployments cause many stressors and negative effects in military families; however, it is important to note that peacekeeping deployments can also have negative effects. Dwyer and Gbla (2021) examined the family-related stress that is associated with deployments and how that is often overlooked when the deployments are peacekeeping assignments rather than combat-related. There is a gap in focus that assumes only dangerous deployments cause family stress or difficulties for service members. Some service members report feeling disconnected, communication inconsistencies, and the stress of returning home as major influences on their mental health and relationships with family members. Deployments create complicated logistical, equipment, and training needs that have broad social consequences on service members and their families (Dwyer & Gbla, 2021).

Service members who suffer from PTSD, stemming from combat-related deployments or experiences, can negatively impact their parenting styles, coping mechanisms, and family dynamics. Fathers who suffer from PTSD report several changes in how they parent their children post-deployment. Family tasks can become more difficult after trauma exposure, PTSD, inhibitory control issues, and cause struggles with parenting behaviors (Monn et al., 2018). Research shows that the greater a traumatic experience is, coupled with higher degrees of PTSD symptoms, the lower the levels of positive engagement with children will be. PTSD is negatively correlated with positive family engagement among service members and positively correlated with reactivity (Monn et al., 2018). Many service members report feeling as though the hassles of deployment life and familial problems are more stressful than exposure to combat. This is because daily interactions with family members and tedious deployment routines can compile compared to combat exposure which can be much less frequent. Nordmo et al. (2019) found data that supports the hypothesis that psychiatric symptoms are more prevalent in deployed soldiers when there are lower levels of family support at home.

Partners have reported feeling as though pre-deployment, deployment, and post-deployment transitions were more difficult when they felt silenced and forgotten by the non-military communities around them (Vest et al., 2017). Psychological hardship is highly associated with the deterioration of intimate relationships with family members and children. Military families face multiple changes throughout the deployment process and the transitions that accompany the training. The way families learn to cope with these stressors is representative of their mental well-being and resiliency. Blow et al. (2017) conducted a longitudinal study that examined the relationship between pre-deployment

coping and active or avoidant coping styles. The study found that avoidant coping was significantly related to military members with anxiety, PTSD, and depression (Blow et al., 2017).

Additional studies have shown that pre-deployment phases increase stress associated with depression when there is a lack of formal resources (Collins et al., 2017). Resources such as Family Readiness Groups are developed to help military families create positive family atmospheres during deployment phases and stressful life events. This resource is vital for military families and more support systems such as this are necessary with the increasing rate of mental health decline within the military community (Griffith, 2020; Hajal et al., 2020; Nordmo et al., 2019).

Combat deployments also drastically impact how couples co-parent and share the responsibility of family roles (DeVoe et al., 2019; Knobloch et al., 2018; Kritikos, et al., 2019; McCoy et al., 2020). The non-deployed partner may have created their unique parenting style to manage the burden of being a solo parent during the deployment. As such, returning service members may face challenges adjusting to new parenting changes and will have to adapt to find their role in the new parenting dynamic. If stress is already high for both parties this adjustment can exacerbate inter-marital issues already present, further impacting the mental health of the entire family (McCoy et al., 2020).

Combat deployments have a substantial psychological impact on the family members of military personnel. Recently, literature has gained momentum in highlighting the reality of how significant the decline of mental health consequences of military families is becoming (Borelli et al., 2019). Families within the military describe having a negative perception of their home environment related to PTSD symptoms, time away

from the military personnel in the family, and family size (Meadows et al., 2018; Pflieger et al., 2018). Deployment affects military personnel as well as their families back home. Clark et al. (2018) studied how resilient family behaviors throughout deployments such as communication and household management can relate to the personal reintegration of the deployed family member.

Reintegration requires individuals and family units to readjust to a state of disruption and sometimes tension. The reintegration phase is often misunderstood as a joyful reunion and while it may start that way, it is often difficult for these families to adjust to yet another shift in their dynamics and routines (O'Neal, et al., 2018; O'Neal & Mancini, 2020; Zamir et al., 2020). Adjusting to new roles and parenting dynamics, reestablishing communication patterns, vocalizing and working to heal emotional difficulties, and handling any financial issues that may have presented can provide stressful challenges to the family (O'Neal, et al., 2018; O'Neal & Mancini, 2020; Zamir et al., 2020). Effective coping mechanisms can help offset those burdens; however, the mental health of all parties can still suffer due to emotional distress from either partner experiencing PTSD (O'Neal, et al., 2018; O'Neal & Mancini, 2020; Zamir et al., 2020).

Self-reported mental health symptoms of military family members suggest that partners can develop PTSD when their deployed military member is injured in combat (Cozza et al., 2022). Wives of combat-injured military members who suffer from PTSD show the need for more trauma-informed interventions and programs to help support these families. PTSD has also been linked to parenting impairments, couple conflict, inconsistent discipline, increased discipline, and decreased parenting alliance (Giff et al., 2019; Julian et al., 2018; Thandi et al., 2017). Research is still needed to understand how

combat deployments affect families, but even more, research is needed to comprehend how these effects can last for years.

In a study examining military partners 5 years after the military member deployed, results showed that families that experienced elevated levels of stress during the deployment were more likely to have combat-related stress, depression, and PTSD-related conditions (Sanders et al., 2019). The effects of PTSD affect more than just the service member. Their partners may experience emotional stressors and burdens, including caretaker burnout. Military partners may take on a larger share of duties to ease the burden of the military member struggling with trauma and PTSD. It is theorized that spousal use of alcohol is dependent on lower levels of family readiness and reactivity to stress during the deployment (Sanders et al., 2019). There are several methods to mitigate stress on military families while a service member is deployed. Research shows findings that encouraging peer support, connection to families, and additional service programs for family interventions are positively associated with better mental health for military partners and family members. This research is imperative for upholding a strong family foundation to support the deployed service member and show positive intervention-related changes in parenting (Julian et al., 2018). Military partners that receive positive intervention methods also show increased emotional responsiveness.

Military partners that receive help with parenting plans for behavioral challenges during deployment stress report effectiveness for better parent-child interactions (Julian et al., 2018). Research lacks rigorous testing for military families that examines behavioral plans for post-deployed families. This is necessary to see how partners and family members can better cope with behavioral changes both to the non-deployed parent

and children. Statistical results show that parents who have been married longer had a decrease in effective parenting and benefited from parenting plans. These parenting plans showed positive increases in effective parenting styles and child adjustment (Gewirtz et al., 2017).

Families tend to experience passive or active coping strategies to accommodate deployments and deployment stress. Family well-being is influenced by deployment and reintegration and some coping strategies can be beneficial or harmful (Blow et al., 2017). Avoidant coping strategies include denial, substance abuse, and behavioral disengagement from partners. Active coping strategies include deliberately working to reduce stress and see a situation from a positive mindset, accepting the situation, seeking support/understanding/advice, and developing strategies to manage potential difficulties (Blow et al., 2017). Passive or avoidant coping strategies that occur at home are also associated with higher parenting distress for deployed service members (Blow et al., 2017).

Further research is needed to examine the effects of alcohol misuse on partners in comparison to service members. Research studies often analyze how service members use alcohol or other substances to cope with military and deployment stress, but little attention has been given to this same behavior in partners. Vest et al. (2017) conducted research that showed a greater number of deployments did not correlate with higher rates of alcohol misuse in partners, but combat exposure was associated with heavier drinking problems. This means that the number of deployments did not increase alcohol misuse in partners, but the threat of combat or danger during deployment was associated with partners developing unhealthy drinking behaviors. However, the number of deployments

and combat exposure did influence service members drinking behavior (Vest et al., 2017).

In addition to negative coping mechanisms, partners who have children experience even more strain during deployments. In an open-ended question survey, participants reported feeling significantly more stressors during deployment if they also had a child (Ross et al., 2020). Anticipated and unanticipated negative effects were developed during deployments and partners reported feeling isolated, anxious, and with very little emotional support from their partners or families. The importance of this research is the acknowledgment that social support during deployment is equally important compared to social and family support for deployed military members (Ross et al., 2020).

The separation and reintegration phases are difficult due to anticipation anxiety and unexpected life changes (Ross et al., 2020). Partners tend to internalize emotional distress as an attempt to avoid causing stress for the deployed partner or children. The result of internalizing these emotions is feelings of anxiety and receiving little or inadequate emotional support. Methods that show positive adaptation to deployments from partners include increased communication, and reflective system-level modifications such as effective household management that lead to increased feelings and actions of resilience (O'Neal et al., 2018). These behaviors also result in decreased feelings of vulnerability and easier transitions as reintegration occurs. Systemic family changes and challenges are perceived as more positive experiences of family functioning as indicated by higher levels of communication by partners and deployed service members (O'Neal et al., 2018).

Families are complex emotional support systems for all the members involved, and when stress affects one member it can easily influence others (Blessing et al., 2020). Stress associated with PTSD can lead to greater discord among family members and more instances of conflict. PTSD can also manifest in families as difficulty communicating, inability to control anger, avoidance, and emotional numbing, decrease in spousal intimacy, and weakened bonds/attachment with children (Hoopsick et al., 2019; Scaturo & Hayman, 1992; Lester et al., 2016). Emotional absence can affect partners and to alleviate stressors within the family many partners take on roles to reduce conflict which may lead to reduced individual expression (Blessing et al., 2020). Family functioning is influenced by the severity of PTSD symptoms and how impaired cognitive and behavioral patterns have changed.

Military members who experience PTSD or PTS report feeling more severe symptoms when they perceived there were more threats in their relationship as well (Vogt et al., 2011). Adequate pre-deployment preparedness can positively impact partners, children, and military members by helping alleviate many of the negative effects that can occur during deployments. When military families can successfully clarify communication expectations, financial and legal plans, as well as continuity of health and childcare, there are far fewer unknowns that could overwhelm them and induce anxiety or fears.

Emerging research continues to bring attention to the well-being of military family members. Research has shown that deployed military members have families who often struggle with marital relationships and are at higher risk for loneliness, depression, anxiety, and suicidal ideations (Borelli et al., 2019). These issues can be exacerbated

during the pre-deployment and deployment phases but may also persist throughout the homecoming or post-deployment reunion phase. Family members self-report higher numbers of psychological distress the longer a deployment continues (Borelli et al., 2019). Some studies have shown results to support the idea that families with greater social support networks can help protect themselves from psychological maladjustment (Larsen & Kia-Keating, 2010; Messecar & Kendall, 1998). It is also important to understand what interpersonal factors can create more distress during the deployment cycle and use that information to better understand and navigate which groups may be at higher risk for developing emotional and mental anguish during deployments.

Military deployments can create a variety of reactions and emotions from military members, their partners, and their children. Attachment anxiety is a major concern that can heighten distress due to physical separation (Borelli et al., 2019). Individuals with attachment anxiety and a history of preexisting trauma are at an even higher risk of distress during combat deployments and can relive traumatic fears and memories triggered by the separation from a family member (Borelli et al., 2019). Attachment anxiety theory suggests anxiety increases during prolonged periods of separation from a significant other and can cause dysfunction in relationships (Bowlby, 1988). Some adults experience higher levels of attachment anxiety and the more fear they feel during the relationship can create more codependence and distress (Borelli et al., 2019). Deployment can trigger attachment anxiety and cause challenges for couples. Couples who can maintain a sense of control, confidence, and security in their relationships are more prepared during separation and experience less stress during deployments (Vincenzes et

al., 2014). Research has shown many partners with attachment anxiety feel higher levels of distress during deployments (Borelli et al., 2019).

Couples who endure deployments also deal with higher stress levels during the deployment and reintegration phases. During the pre-deployment phase families/couples prepare for extended time apart, shifts in parenting roles or relationships, and changes in intimacy (Blow et al., 2017). The stages of the deployment cycle are unique to each couple and require different sets of negotiations and functioning for successful transitions through deployment challenges. Some of these challenges include adapting to new environments, dealing with transitions, facing difficult or devastating life events without the other partner, and managing difficult day-to-day stressors (Wiens & Boss, 2006). Many couples struggle throughout the deployment cycle while other couples show higher levels of resilience and adaptability (Blow et al., 2017). Managing stressful experiences and demonstrating adaptability shows signs of growth in a relationship and can create a stronger bond among couples (Blow et al., 2017).

One of the major differences couples encounter during deployment phases includes how each person copes with stress. Two main coping mechanisms are active coping and avoidant coping. Active coping is when a person deliberately creates a habit or mindful act to reduce the level of stress that they are experiencing in a demanding situation (Blow et al., 2017). This can be as simple as looking at the positive possibilities within a circumstance, accepting the situation, creating strategies to manage the situation, seeking support from others, or seeking understanding and advice on the situation (Blow et al., 2017). Avoidant coping is defined as an individual who copes with stressful events by denying the stressful situation, avoiding dealing with the situation, giving up on

dealing with the situation or using drugs or alcohol to self-medicate throughout the situation (Blow et al., 2017).

Research conducted on National Guard soldiers aimed to see the coping strategies of couples who experience deployment from a part-time military service lifestyle compared to active-duty soldiers who experience full-time military service. National Guard soldiers balance civilian and military life simultaneously in a way that active-duty soldiers do not. This means their partners also learn to juggle a different dichotomy of military and civilian life with challenges (Blow et al., 2017). National Guard soldiers may experience more unrest compared to their active-duty counterparts due to the unexpected transitions which can be unpredictable and remove them from their families and civilian lives much more abruptly than active-duty soldiers (Blow et al., 2017). National Guard families also experience less support than active-duty families because there is a smaller group of support in their communities with fewer service members surrounding them (Vogt et al., 2008).

Research has shown mental health symptoms are present in 40% of National Guard members and 36% of their partners following deployment (Gorman et al., 2011). Learning effective coping strategies and tools can help these families better handle the stressors and challenges present throughout all the phases of deployment. Active coping strategies can be beneficial in helping decrease psychological symptoms through positive reframing, seeking emotional support, and humor (Blow et al., 2017). Avoidant coping strategies that have been shown to increase negative experiences of deployment include behavioral or mental disengagement, self-blame, venting strong emotions, denial, and substance/alcohol abuse. Boden et al. (2012), found negative coping strategies correlated

with PTSD severity, and using positive coping strategies helped decrease PTSD symptoms.

Research is limited in studying how active and avoidant coping strategies affect military partners, but one study showed partners who coped well with deployments and reunions were more likely to support the military member's career and create more cohesion (Wood et al., 1995). An additional study found that coping strategies of military wives who engaged in acceptance, planning, active coping, emotional support, and religious involvement had better physical and mental health outcomes due to reduced stress. Wives who engaged in avoidant coping during deployments were more likely to experience symptoms of depression caused by self-distraction, venting, self-blame, and denial (Dimiceli et al., 2010).

Military deployments are notably stressful for military members and their families. Many service members report serious physical or psychological injuries that occur during combat deployments in wartime. These injuries can accompany marital disruptions or academic performance issues in children (Collins et al., 2017). Deployments are also affiliated with the onset or intensification of depression and anxiety among military partners (Lester et al., 2010; Mansfield et al., 2010). Many factors can lead to increased stress during deployment phases. For instance, occupational changes, childbirth/adoption, educational milestones, geographical relocation, or deterioration of relationships are potential factors (Collins et al., 2017). People prepare for these transitions and life changes differently and creating more positive plans during pre-deployment can help strengthen family dynamics. Pre-deployment is a major component that indicates how the deployment and reintegration phases will likely progress.

Pre-deployment preparation is important for military members and their civilian families based on four major reasons. The first reason is that the pre-deployment stage is the final opportunity for families to engage in a form of educational or therapeutic services as a family or couple before the deployment. This is also the period in which families can develop a better understanding of the deployment timeline, expectations, and begin organizing necessary emergency information (Collins et al., 2017). The second reason is that pre-deployment can help predict mental health challenges that will potentially exist or be intensified during deployment and reintegration. Research has shown the well-being of the service member before deployment is positively related to the well-being of the service member after deployment (Sandweiss et al., 2011). Service members who experienced symptoms of depression and anxiety before deployments were more likely to have PTSD symptoms following deployment (Sandweiss et al., 2011). Wright et al. (2012) found in a prospective study how pre-deployment anger problems, PTSD, and depression all had positive correlations to the same increased symptoms after deployment (Collins et al., 2017; Hoopsick et al., 2019).

The third reason is that pre-deployment can be a time for family members to work on their well-being to prepare for the deployment. There is research that shows the importance of family member well-being and its influence over service member well-being (Vogt et al., 2011). When family members are struggling with mental health issues, it can create a negative impact on the service member while they are deployed. Vogt et al. (2011) discovered the more concerns a service member had for their family during the deployment the more PTSD symptoms the service member experienced post-deployment. The final reason pre-deployment is important is that it allows the service member to

engage with their family, understand the family preparedness, alleviate family concerns, and develop a sense of satisfaction based on the family's well-being (Collins et al., 2017).

Cozza et al. (2022) reported that over 53,000 military members in the United States have been physically injured during deployment relations in the Middle East since 2001. Many of these injured service members are married, meaning many partners have been adversely affected by military-related combat wounds (Cozza et al., 2022). Most of the research in this area has been conducted to analyze the effects of traumatic brain injuries (TBI) and PTSD to show the negative implications that can occur for military members (Brickell et al., 2018). Partners who are married to uninjured or healthy military members or veterans report lower levels of psychiatric symptoms. Partners who are married to injured service members report more anxiety symptoms, depression symptoms, and somatic symptoms such as fatigue, sleep disturbances, and headaches (Saban et al., 2016). Partners who must provide informal care to injured service members also report negatively impacted mental health and well-being (Thandi et al., 2018).

**Children in Military Families**

Within the military, 42% of service members are parents (National Academy of Science, Engineering & Medicine, 2019). These individuals are responsible for childcare and family management which is demanding and crucial for childhood development. Co-parenting between parents helps with the high level of demand that is required for raising children. This co-parenting balance shifts drastically during deployment, leaving one parent to take on a larger amount of childcare responsibility while still maintaining the home. During these times of family separation and parental absence, many challenges arise within family roles and structure (DeVoe et al., 2019). Repeated parental absence

can have a huge impact on young children and affect their well-being. Co-parenting involves communication and coordination among parents that help children develop and socialize with others and may take place across multiple households (DeVoe et al., 2019). Co-parenting requires negotiation and varying functionality based on cultural background, social class, and family arrangement (McHale & Irace, 2011).

Deployments require coping mechanisms to be in place for families to develop new routines and schedules (DeVoe et al., 2019). In addition to focusing on child well-being, military partners are also learning to handle the absence of intimacy, division of labor, and potential difficulties with emotional regulation (DeVoe et al., 2019; Hajal et al., 2020). In some military families, deployments are much shorter, meaning the rotations are quicker, resulting in more frequent deployment schedules which can create increased tension and difficulties for families. Children and deployed parents may also struggle with reintegration and refamiliarization with one another upon return from an extended time away. Some parents and children must learn to renegotiate and reconnect stability in parent-child relationships which differ based on the length of deployment and frequency of deployment rotations (DeVoe et al., 2019).

Research interests are beginning to dissect the possibilities of intergenerational transmission of trauma, which was first noted in families of Holocaust survivors (Baranowsky et al., 1998). Individuals who experience or survive a major trauma often have unpleasant effects on their following generations which can affect family systems and how parents teach their children to cope (Fossion et al., 2015). It is possible for children raised by a parent who has experienced severe trauma to also report higher levels of childhood trauma, increased depression, and anxiety which can be connected to

parental PTSD (Cramm et al., 2021). Intergenerational transmission of trauma in military families has been studied in families who had fathers in the Vietnam War and World War II who suffered from PTSD (Rosenheck, 1986). The participants of this study discussed the impact PTSD had on their upbringing and family dynamics in a variety of ways among different families. Rosenheck (1986) studied five families and how wartime trauma had continued throughout the lives of these families even into adulthood. This research model of intergenerational transmission of trauma demonstrated how interpersonal relationships, family mechanisms, and consequences on children were all affected by PTSD (Cramm et al., 2021). Increased aggression is often a symptom of PTSD and Rosenheck's (1986) research discovered violent behavior from fathers had direct and indirect implications on the development of their children which differed based on age, gender, and birth order. Intergenerational and secondary trauma can affect children by increasing negative behavioral, psychological, biological, and social effects which can alter mental health and relationships and can persist even into adulthood (Cramm et al., 2021).

The mental health of veterans is widely studied but few studies look into the effects of deployments on military children (Forrest et al., 2018). Children who have a parent who deploys are more likely to experience psychological distress and anxiety not only during the deployment but for months and years following the reintegration after the deployed parents return (Forrest et al., 2018). The negative effects that these children face that deployments can have on child-parent relationships due to separation can adversely affect development, relationships, and psychological wellness (Forrest et al., 2018). Many veterans experience PTSD, anxiety, depression, and substance abuse during or

after deployments, and then bring those difficulties into the lives of their partners and children (Forrest et al., 2018). Research shows that nearly 2 million children have been affected by deployments within the last 15 years due to the Global War on Terrorism, Operations Iraqi and Enduring Freedom, and New Dawn (Department of Defense 2009; Gewirtz et al., 2017; O'Neal & Mancini, 2020).

Children in military families are exposed to a myriad of elements unique to the military lifestyle such as mobility, family separation, and high probability of life-threatening risks (Cramm et al., 2019; Pexton et al., 2017). These uncertainties can increase maladaptive behaviors and difficulties with development. Gewirtz et al. (2017) conducted a study that examined military families with at least one child between the ages of 4 and 12 to find associations between deployment-related stressors (i.e., deployment length, PTSD) and family adjustment styles. Results showed that a parent with PTSD influenced child adjustment and positive development. The children of service members struggling with PTSD may experience significant stress, fear, and confusion, particularly if they are too young to fully understand the situation. Most military families have children that are between the ages of 0 and 5 years old which is a vital time for developmental milestones (Louie et al., 2020). Disruptions to family dynamics and routines, as well as extended separation from their deployed parent, can have a severe impact during these critical years.

Children who experience a deployed parent who returns with PTSD are more prone to be subjected to emotional changes. These changes in the deployed parent can include emotional numbing, withdrawal, and hyper-arousal (Cramm et al., 2021; Fear et al., 2018; Ross et al., 2020). Children with a deployed parent can also experience higher

rates of anxiety, thoughts of suicide or self-harm, higher rates of attention-deficit disorder, attention-deficit hyperactivity, and depression (Fairbank et al., 2018; Forrest et al., 2018). These conditions can become long-term and lead military children into a lifetime of psychological stress or disorders.

Additional research discusses the implications of stressors that are associated with depressive symptoms of military service members and their families during pre-deployment functions. Collins et al. (2017) found results that suggest pre-deployment is the last opportunity to establish preventative measures to be made before deployment that will improve and prepare families for stress, anxiety, anticipation for the deployment, and mental health preparedness. This study examined 113 partners and parents to determine a positive association between depressive symptoms before deployment and increased stress levels with impaired mental health. Logistical preparation in addition to informal resources like family and social support were important factors for enhancing positive adaptation during deployment (Collins et al., 2017).

Research conducted on military children has shown that children who are dependents of deployed service members experience higher rates of maltreatment from deployed parents (Strane et al., 2017). Post-deployment maltreatment is a serious matter that deserves more attention to intervene for the safety of children. Parents who experience traumatic deployments show higher levels of aggression towards their children and partners. Children with a deployed father suffered more maltreatment than children with a deployed mother according to Strane et al. (2017).

Further studies show that children of deployed service members experience a multitude of issues across many developmental stages. Small issues can expand into large

ones if not properly treated and addressed promptly. Intervention before the age of 18 can be critical in helping to manage stressors and secondary disorders that occur due to negative deployment experiences. Research has shown significant negative impacts on mental health across developmental stages for children who are directly affected by family separation, mobility, and risks that are associated with the military lifestyle (Cramm et al., 2019). Many military children show signs of behavioral issues, higher emotional distress in adolescent stages, and higher use of psychiatric services (Cramm et al., 2019).

In addition, to highlight the negative effects that plague many military children, Cramm et al. (2019) also shows the high levels of resiliency that military children can encompass and how mental health help can provide drastically better conditions for these children in longitudinal studies. The mental health of military children is strongly affected by a parent with PTSD and can live in a stressful environment with child maltreatment. Studies show that children in military families with a parent diagnosed with PTSD are more likely to experience increased maltreatment for the initial 6 months following reintegration (Strane et al., 2017; Veri et al., 2021).

While child maltreatment from the military member parent can occur, it is also important to realize that partners often develop depressive symptoms at home during deployments that can negatively impact their children. Typically, the partner left behind is taking on all childcare and housework duties, and there is a high risk of caregiver burnout. This, in turn, can affect the daily lives of the children. Maternal depressive symptoms can include parenting stress, difficulty with child attachment and security, and child emotional well-being (Tupper et al., 2018; Whiteman et al., 2020; Zurlinden, et al.,

2019). Military children also take on additional tasks within the home including caring for younger siblings or household chores (Cunitz et al., 2019).

In addition to aggressive behaviors, children can respond to deployment and parental PTSD by developing adolescent eating disorders. Vulnerable populations and unique stressors put many adolescents at a higher risk for eating disorders and stressful deployments are a catalyst for this mix of factors (Higgins et al., 2019). Studies show that the combination of deployment frequency and parental distress is positively correlated with eating disorders among adolescents in military families. There is also a correlation between binge-eating disorders and adult obesity later in life if not properly intervened (Higgins et al., 2019).

Many people may assume that the time during the deployment is the most stressful; however, this is not the case as many issues can follow children into adulthood. Not only do stressors influence the development and the possibility of manifesting disorders in children, but many service members also report still facing difficulties even 5 years post-military separation. Research has been conducted to show that post-deployment mental health outcomes, prior stressors, sexual harassment, combat threat, objective family stressors, subjective family stressors, post-deployment family functioning, post-traumatic stress severity, and depression symptom severity were all still highly influential markers 5 years after service members had ended their involvement with the military entirely (Sanders et al., 2019). The integration back into civilian life is stressful for many families, especially those that are carrying the strain of PTSD, substance use disorders, childhood disorders, and complicated family roles (Sanders et al., 2019).

## Biblical Foundations of the Study

The biblical foundation in this study was Paragament's theory of religious coping. This theory offers a method to include religion in social work and helping others. The difficulties that arise within a military family can sometimes be life-altering and devastating. However, this does not have to be the view of combat deployments for military families. Military families can find love and support through many Christian foundations and resources. Religious support groups can help mitigate the impacts of military life on partners, young children, and military personnel. For instance, creating a support system that caters to the "invisible" wounds of PTSD from a biblical perspective can help families emotionally, psychologically, and spiritually. Military families are offered programs that deal with their struggles from a textbook mindset but few focus on the religious component. A biblical belief system can help with many of the invisible wounds that military families experience. Through prayer, church community, pastoral counseling, and faith-based organizations, service members and their families can find significant support. Developing better Christian resources for military families would serve to help these families in a manner that the military and government programs often neglect.

PTSD can affect a person's intimate relationship with family members, but it can also affect a person's religious or spiritual beliefs (R/S) or practices. Sherman et al. (2018) discovered that veterans who were diagnosed with PTSD had more difficult and prolonged symptoms of PTSD in connection to reporting challenges with acceptance of a benevolent Higher power or figure of omnipotence. However, many individuals seek R/S to help cope with the difficulties or stress that develop due to trauma. Research has

shown how R/S is linked to a higher sense of self, belonging, happiness, resilience, satisfaction, and purpose (Sherman et al., 2018). Incorporating R/S into military programs will offer more of these benefits to military families. Such faith-based organizations can provide counseling, support groups, or other resources military families need.

## Summary

The military offers limited research and support for service members who experience PTSD or trauma-related issues such as traumatic brain injury (TBI), depression, anxiety, and a list of physical disabilities related to combat exposure (Hester, 2017). The Veteran's Affairs Administration is overwhelmed with claims seeking help from military members and many individuals become lost or forgotten in the ever-growing line of applications (Hester, 2017). Many military members and their families suffer or struggle to cope during deployments and have uncertainty as to how to get adequate help. Additional research continues to emphasize the emerging data showing how combat and combat-related disabilities of military members drastically affect family members (Cozza et al., 2022).

This rising research creates a strong foundation to represent these families and can benefit them by statistically showing findings of the issues they are experiencing and develop new treatment. The lasting effects of PTSD on partners and their children include emotional and psychological distress in the form of anxiety, depression, fear, and confusion. This added strain can lend itself to caregiver burnout, as well as behavioral issues with the afflicted children. The effects of PTSD go beyond the service members themselves and the resources for support must do the same.

Most research in the realm of military families and deployments is focused on the service member who directly experiences combat deployment. Attention to the service members' mental health and familial relationships is important and necessary for finding adequate and proper mental health care. However, it is also necessary to research the family members who experience combat deployments in an indirect nature and how their mental health is affected by traumatic experiences of the service member, distance, and time apart, changes in family roles during deployment phases, active and passive coping behaviors, and behaviors such as substance misuse. Learning how the military family functions during the deployment cycles can help researchers create more effective programs and decide when to implement these programs for optimum results for families.

Developing a better understanding of military families will invite future research to begin examining more hidden issues and uncovering new methods to help them. By exploring the comparisons that combat deployments can have on military partners, research can bring more attention to the need for additional resources that focus on the entire family rather than only one member of the family. Bringing attention to the long-lasting effects that deployment can have on the mental health of military partners, the ability for partners to bond with children, the mental health of children, and interference with child development are necessary to ensure these families receive adequate interventions during appropriate timing.

Literature shows successful co-parenting depends on an alliance among parents based on four major areas. These four areas are the alignment of child-rearing goals, division of labor, quality of interpersonal interactions, and regulation of family norms (Feinberg & Sakuna, 2011). Having shared support, alliance, visions, discipline

strategies, and safety measures is important for the well-being and development of children (DeVoe et al., 2019). These core values can be disrupted during deployments and cause maladjustment in children. Emotional and behavioral adjustment can be difficult for children when a parent is deployed, and families feel the strain of separation. Military families must learn to navigate new schedules and responsibilities during training and deployments which can feel disruptive to the routines to which children are accustomed. Partners can feel overwhelmed with the numerous additional burdens that are placed upon them during deployments and feel higher levels of stress associated with managing separation (DeVoe et al., 2019). Many partners may struggle with increasing concern for their child's well-being during the deployment, in addition to their concern for their partners' safety (DeVoe et al., 2019).

Research shows how influential the military community members can be over one another, including an increase in alcohol misuse. If soldiers are influenced and develop higher drinking rates, they will likely relay those drinking patterns to their partners at home. Peer and social groups easily influence alcohol consumption and civilians who are married to or dating someone in the military may have a higher rate of exposure to peer-influenced alcohol use or partner-influenced alcohol use. Partners of service members who misuse alcohol may also be more likely to engage in misuse themselves. They may use alcohol as a coping tool to manage stress and anxiety.

Military deployments can increase stress levels which over time can build and create disastrous effects for families. Military members and their families learn to cope with stressors during and after combat deployments. These stressors can include disabling wounds, chronic pain, and mental health disorders (Blessing et al., 2020). Research

indicates that 23% of military members and veterans who have served after the 9/11 attacks develop PTSD (Fulton et al., 2015). Increasing percentages of PTSD show the urgency to evaluate, prevent, intervene, and treat PTSD for military families. PTSD can affect military members, but it also has rippling effects on the mental and emotional health of their partners and children.

One method that can potentially alleviate PTSD development is the preparedness created through pre-deployment training (Blessing et al., 2020). Deployment preparation can help alleviate stress and help families develop critical skills to cope with mental health, family unit changes, and possible traumatic experiences (Hosek et al., 2006). Research shows that 15% of families report pre-deployment as the most stressful phase of the deployment for them due to anticipation of the deployment, anxiety about the potential death of the military member, and financial strains (National Military Family Association, 2005; Pincus et al., 2001). Pre-deployment affects partners and children differently than military members, but it is still important to recognize the negative effects that can affect the entire family. The literature surrounding the pre-deployment phase focuses on the later development of PTSD. Data has shown how being better prepared for deployment can provide protective measures against PTSD development (Renshaw, 2011). Combat deployments can create poor perceptions of reality during deployments and poor pre-deployment preparation can create more perceived threats which can cause heightened levels of PTS (post-traumatic stress) (Blessing et al., 2020).

# CHAPTER 3: RESEARCH METHOD

## Overview

This qualitative case study is important for studying the negative effects on military families that are experienced during combat deployments. This case study is also beneficial because it helps determine the effects that deployments can have on military families and learn new methodologies to alleviate those effects. Current literature shows that parenting programs for military families do not have enough testing on behavior and parent training (Gewirtz et al., 2017). Applying post-deployment training to military families has shown an increase in family involvement, problem-solving, positive interactions with children, better discipline strategies, and emotional stabilization for the entire family (Gewirtz et al., 2017).

This research is necessary to determine the effects that deployments have on military families that are negative and how to combat those effects. Military families experience deployment and reintegration through different phases. The first phase is preparing for deployment (pre-deployment), the second phase is extended separation (deployment), and the third phase is returning home (reintegration). Families tend to use passive/avoidant or active coping mechanisms to handle the stress associated with these phases. Adjustments include changing family roles, managing difficult experiences or traumas, and individual growth (Blow et al., 2017). Parenting behaviors are also drastically affected by PTSD and trauma-related experiences associated with deployments and military training. Children with deployed parents show higher rates of internalizing behaviors such as worrying and feelings of hopelessness, and externalized

behaviors such as aggression and defiance (Monn et al., 2018). Deployments are often associated with increased use of alcohol and alcohol misuse.

While there are numerous studies on this experience, there is little research to show how this affects partners and children. Research shows that soldiers who deploy and experience combat have an increase in alcohol-related problems by 15% and an increase in binge drinking by up to 54% (Vest et al., 2017). While soldiers are experiencing the negative effects of deployment, their partners are also at an increased risk of psychological problems and alcohol misuse. Families that experience both soldier and partner alcohol misuse or binge drinking are at a significantly higher rate of family distress. Military partners have reported binge drinking during deployments as well as post-deployment with little relation to their partners' alcohol use (Vest et al., 2017). It is theorized that spousal use of alcohol is dependent on lower levels of family readiness and reactivity to stress during the deployment. In this case study, I questioned the military population/family partners using an open interview style. Participants were recruited through Facebook. I used a case study research design to conduct this study and interview participants. The responses from participants were categorized to align with PTSD-related symptoms according to the American Psychiatric Association.

Deployments cause higher rates of divorce, poorer mental health, and behavioral issues in children, substance use, and increased suicide rates. I assumed in this study I would find results showing that military partners are negatively impacted in terms of stress, substance use, and negative behavioral changes in ways that resemble PTSD. Assumptions and limitations were predicted to include reluctance to share personal

details of military experiences on mental health and family life due to shame or perceived feelings of weakness as a stigma in the military culture.

The main goal of this research study was to ensure that the participants felt at ease while sharing personal and life-altering experiences that may allow difficult emotions to resurface. This research used a qualitative case study design to interview participants and conduct analysis. The aim was to remove self-reporting biases as a number scale can quickly deter a participant from accurately reporting their true mental health status for fear of being judged by others. The interviews addressed different stressors that may have caused the deterioration of mental health and intimate relationships with family members during the combat deployment phases. Data was collected on mental health changes, changes in family units, changes in intimate relationships, and the influence of religious beliefs. The data was confidential and additional desires and requests from participants were discussed at the end of the interview. Data was then compiled into qualitative measures to categorize experiences, themes, and codes. Results were then organized to provide support suggesting more need for resources.

Families who suffer from combat-related PTSD or TBIs may need additional resources to learn proper techniques and strategies to effectively handle the challenges that will undoubtedly occur given the neurological changes affected by trauma. These families also experience difficulties with parenting strategies (Strane et al., 2017; Veri et al., 2021). Children who experience combat deployment that results in PSTD are more prone to experience emotional changes in either parent. These changes in the deployed parent include emotional numbing, withdrawal, and hyper-arousal (Cramm et al., 2021). Many people assume that military members are the only ones who can develop PTSD

from combat, but research has shown that partners are also capable of developing PTSD symptoms when exposed to a disastrous event during a deployment without support, PTSD in the other partners, death of a military member, or a catastrophically wounded military member (Vest et al., 2017).

The research on this topic deserves additional attention to help military members, partners, and children ensure they are receiving proper care physically, mentally, emotionally, and spiritually after combat deployments (Vest et al., 2017). More resource programs are necessary and the most effective method to achieve those programs is continuous research with results showing how vital these resources can be for the families. Resources typically are focused on healing families physically or through counseling/psychiatric methods. Little research has been conducted to show how adding a biblical component could benefit these families. The military healthcare system is overloaded and overwhelmed with cases for veterans and military families, and many are not receiving the support necessary to cope with the effects of PTSD, TBIs, depression, anxiety, and a list of physical disabilities related to combat exposure (Hester, 2017). Military family members are also in need of resources that can offer more comprehensive treatment programs to cover all areas a person may need healing - including a religious element - so the families feel thoroughly supported.

## Research Questions

**Research Questions**

RQ 1: How do military spouses describe the negative effects of their spouse's combat deployments?

RQ 2: How do Christian military spouses describe how their belief system helps them cope with the negative effects of their spouse's combat deployments?

## Research Design

This research study was conducted using qualitative case study research methods and utilized individual virtual interviews. Participants were selected conveniently through Facebook advertising. The qualitative measures used in this research were open-ended inquiries and observations recorded in words. The interviews focused on PTSD symptoms or diagnoses, personal experiences during a combat deployment, psychological distress during each phase of the deployment, parenting changes, biblical beliefs, and self-rated overall health, (spiritually, emotionally, mentally, and physically).

This study utilized qualitative measures to ensure participants felt as though they could adequately elaborate on their personal experiences without numerical ranking and to also provide a voice which can be often missed during quantitative research methods. Whereas quantitative research allows families to use the Likert Scale or similar assessment methods to rank their combat experiences, qualitative research will offer these participants opportunities to explain the "why" behind the numerical ranking. The limited scope of quantitative measures typically relies on pre-defined questions that fail to capture the full range of mental health issues and lack the context around said issues. Focusing on numerical ranking does not delve into the deep reasoning and experiences these families have faced during some of the most difficult moments imaginable. Focus group options can be created and available for any participant who requests them, and they will be offered during the assessment process. Many individuals feel more

comfortable sharing in a familiar environment where they do not feel isolated and misunderstood.

Data for this study was collected to develop a needs assessment to help with the development of mental health programs created as an intervention for returning service members and their families. The sample size of participants was 14 military partners that had experienced at least one combat deployment during their time in service. Combat deployment criteria were classified as at least one combat within a combat-related war zone. Collected data included self-reported mental health changes, biblical beliefs, changes in family structures, changes in intimate relationships, changes in the extended family and friends' relationships, coping mechanisms used by service members and their families, and their negative experiences.

## Participants

Participants were recruited through Facebook postings. A total of 14 military partners were conveniently selected for this research study to allow for representation. Participants were emailed a Microsoft Word document stating the nature of the study, benefits of the study, risks of the study, how information will be protected, the study was voluntary, how to withdraw from the study, who to contact with concerns about the study, the study was confidential, and the study would be audio/video recorded. The Microsoft Word document allowed the participants to check a box and sign and date that they agreed to these terms and conditions to be involved in the research study. Demographics of participants that were collected included age, age of spouse, gender, number of children, relation to the service member or if they are the service member, number of years married to the service member, if the service member was still in the

military, and employment status of the partner. An average was taken to determine the number of children within each home, the average length of years married, the average age, the average age of the spouse, and the average number of years the spouse was in the military. Participants would have been excluded if they had not experienced a combat deployment. Participants were asked during the recruitment process if they had a religious/spiritual belief system. Reference to saturation included partners being mostly female, having similar experiences with combat deployments, and sharing a similar geographic location. The 14 interviews led to data saturation with no new information, and no additional participants were required.

## Study Procedures

Interviews were conducted as virtual semi-structured individual interviews dependent on the availability and request of the participant. Many military families struggle with PTSD and may feel reluctant to share information in a face-to-face context, therefore virtual interview is a necessary option. The interviews consisted of previously mentioned demographic information and a brief list of essay-styled open-ended questions. Interview questions were developed to elicit details from combat deployment experiences from the viewpoint of the military partner. Questions focused on stressors and support that the individual experienced and coping mechanisms they used during the deployment period. Additional questions focused on the relationship among family members, how interactions may have shifted, and why they believe this occurred.

While the interviews were semi-structured, participants had the ability to guide the conversation and further explore any questions that they felt were important to expand upon. This case study was unique and beneficial because many military families

can begin to feel like a faceless statistic used to formulate percentages for the sake of data with little concern for their accounts and what they felt/experienced. Using a qualitative research method gave them a voice and an opportunity to share these experiences and tell their narratives that they may have never been offered before. It was apparent that during this qualitative research methodology of open-ended discussion, the participants began to guide the interview process and while discussing many difficult and private instances, they found a sense of relief and almost therapeutic-like comfort from sharing their stories. The interviews lasted approximately 60 minutes on average and there was no time limit to prevent prematurely ending the interview process. The interviews were audio and video recorded with the consent of the participant. If participants had not consented to at least audio-recorded interviews, they would not have been allowed to participate in the interview process. The questions included a focus on mental health, support, coping mechanisms, family relationships, intimacy, biblical beliefs, and reintegration of the deployed service member.

## Instrumentation and Measurement

Qualitative research measures were conducted by using facts and revising questions repeatedly to offer more flexibility to participants, avoiding generalizations, and discovering more information about the negative effects of combat deployments on military partners. The research began with broad questions and then slightly narrowed to help highlight facts rather than opinions or emotions. Data collection was done through virtual interviews at the request of each of the 14 participants. It was important to offer flexibility to participants to allow them to feel more comfortable in how they shared information and showed the relatability of their experiences. Integrating a unique human

experience into the data collection process allowed participants to feel at ease and let the researcher build rapport with participants.

Data complexity was incorporated into general conclusions by allowing complex data that is difficult to repeat or relay and was reconstructed to be easier to comprehend. The interview process was open-ended to allow participants to express themselves fully and offer a wider range of details and information. The questions that guided the interviews are in Appendix A and Appendix B. Clarifying questions were asked depending on the participant's answers to the guiding questions. Because the interviews were open-ended, participants had the option to be more creative in their experience and how they shared details compared to quantitative research methods. By using a smaller sample size, this research study was able to give more time, attention, and detail to each participant.

Qualitative research is especially helpful in this type of research because it gives the chance for the researcher to notice subtle changes in mood or behavior that would be missed in quantitative research. These shifts in body language after being asked an emotionally provoking question are imperative for showing the reality and severity of the aftermath of combat deployments (Mack et al., 2005). It was also beneficial to the participants to have a qualitative research approach if questions were too stressful or triggering. Any questions that participants felt challenged by or uncomfortable answering were not pursued further. It was also beneficial for the research purpose to interview and record the changes that occurred when the participants reacted to specific questions or their reluctance to answer those questions. This helped to pose future questions and address possible mental health barriers.

Qualitative data can be more difficult to present compared to the numerical standard in quantified data; however, these results can be easier to comprehend from a narrative view and help families feel more connected to those with similar experiences, more understood from the data results, and more comfortable sharing their experiences. Participants were selected if they have experienced combat deployment, traumatic or not.

## Data Analysis

This case study used the qualitative descriptive method to analyze data to better understand concepts such as patterns, themes, and codes. Data were managed and organized by Excel matrixes, graphs, and tables for categorization by each participant and their responses. Responses were coded numerically when applicable. Each matrix contained descriptive explanations of the reported stressors, role changes, life events, coping mechanisms, and mental health changes that were experienced throughout the overall experience. Interview answers were correlated to a codebook with code definitions. Findings were presented with an analytic narrative explanation of the interviews and general themes that were presented throughout with keywords and phrases to show similarities of events and experiences.

## Delimitations, Assumptions, and Limitations

Delimitations include having military partners with at least one combat deployment experience. This was to ensure participants were exposed to the possible negative impact of combat deployments. I assumed there would be negative experiences with combat deployment. I assumed there would be negative mental health changes along with combat deployment, and I assumed that the participants would give truthful responses. Limitations included social desirability issues in that some partners may not

have wanted to share vulnerable aspects of their lives. Limitations also included difficulty in investigating causality (Chetty, 2022).

## Summary

The study was limited to military families who have experienced at least one combat deployment during their time in service within a combat-related war zone. The study was limited to participants who were willing to complete an online or in-person interview. The study was limited to 14 military partners. The study collected demographics such as age, gender, number of children within the home, relation to the service member, and number of years married to the service member if applicable. The participants provided accurate and honest information in their interviews. The participants had a thorough understanding of the questions being asked and were able to provide insightful answers throughout the interview process. The participants were able to represent a diverse range of military families who have experienced combat deployments. The sample size may not have been large enough to provide a comprehensive understanding of the effects of combat deployments among all military families. This study was limited to self-reported data, which may not always be dependable. The study was limited to participants who were willing to complete the interview, which may not represent all military families who have experienced combat deployments. The study was limited to a specific geographic location and may not be representative of military families in other areas. The study was limited in that 14 of the 14 participants requested online/virtual interviews which may have affected the ability to notice body language changes or subtle behavioral changes.

# CHAPTER 4: RESULTS

## Overview

The purpose of this qualitative case study was to explore how military spouses describe the negative effects of their spouses' combat deployment and how a biblical belief system can help with coping during deployment. This qualitative case research study was designed to help discuss or describe an event from one case that can be applied or generalized to other cases. This qualitative case study was designed to better understand the experiences of military partners during combat deployments from the perspective of the military partner. The data collection process in this study was qualitative research conducted through interviews with voluntary participants. This chapter includes a description of themes and codes related to the negative effects military family members experience during deployments. Furthermore, the participants' perspectives on how one's Christian belief system helped them with these negative experiences are described.

## Descriptive Results

### Demographics

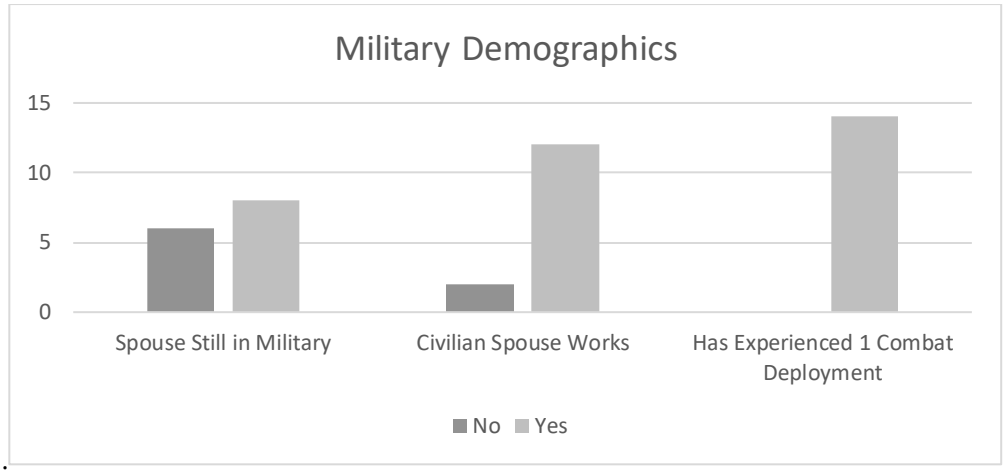
After the initial post requesting volunteer participants, 36 potential volunteers showed interest in the study. There was an early decline in the follow-up of preliminary responses and only 16 volunteers signed and agreed to the consent form and scheduled interviews. Of the 16 confirmed interviews, two participants did not attend their scheduled interview times, resulting in a total of 14 volunteer participants for the study. No datasets were lost or removed from the study. The descriptive results presented in this study include 14 participants. The average age of civilian spouses was 36 years old. The

age range of the civilian spouse was 23-50 years old (see Table 1). The average age of the military spouse was 38 years old (see Table 1). The age range of the military spouse was 25-55 years old. The average number of years married was 12.3 years (see Table 2). In this study, one marriage resulted in divorce, one marriage resulted in death by suicide of the military member, and all remaining couples were still currently married at the time of this study. The average number of children was 1.3 and the number of children per family ranged from 0 to 2 children.

In this study of 14 participants, three of the participants had zero children, three of the participants had one child, and eight of the participants had two children (see Table 2). The average number of years that the military spouse served in the military was 14.9 years. Out of the 14 participants, six of the military partners were no longer actively serving in the military, and eight were still currently serving in the military (see Figure 1). Out of the 14 participants, all civilian partners and their military partners had experienced at least one combat deployment (see Figure 1). Out of the 14 participants, nine identified their religious views/affiliations/beliefs as Christian, two participants had no religious views/affiliations/beliefs, and three participants labeled their views/affiliations/beliefs as spiritual. Out of the 14 participants, 12 were employed and two were not. Out of the 14 participants, four became emotional and cried during their interview process.

## Figure 1

*Bar Chart Representing Military Demographics*




## Table 1

*Table Representing Age of Participants and Military Spouses*

| | **Age of Civilian Spouse** | **Age of Military Spouse** |
|---|---|---|
| Participant 1 | *29* | *31, but passed away at age 27* |
| Participant 2 | *43* | *46* |
| Participant 3 | *37* | *38* |
| Participant 4 | *42* | *41* |
| Participant 5 | *32* | *32* |
| Participant 6 | *23* | *25* |
| Participant 7 | *41* | *43* |
| Participant 8 | *50* | *55* |
| Participant 9 | *41* | *39* |
| Participant 10 | *30* | *30* |
| Participant 11 | *40* | *41* |
| Participant 12 | *38* | *47* |
| Participant 13 | *32* | *37* |
| Participant 14 | *31* | *32* |

**Table 2**

*Table Representing Number of Years Married and Number of Children of Participants*

| | Number of Years Married | Number of Children |
|---|---|---|
| Participant 1 | 5 | 2 |
| Participant 2 | 8 | 1 |
| Participant 3 | 6 | 0 |
| Participant 4 | 15 | 2 |
| Participant 5 | 2 | 1 |
| Participant 6 | 4 | 0 |
| Participant 7 | 14 | 2 |
| Participant 8 | 28 | 2 |
| Participant 9 | 15 | 2 |
| Participant 10 | 9.5 | 0 |
| Participant 11 | 22 | 2 |
| Participant 12 | 16 | 1 |
| Participant 13 | 16 | 2 |
| Participant 14 | 11.5 | 2 |

## Study Findings

Data analysis occurred as discussed in Chapter 3. The analysis conducted included audiotaped and videotaped interviews that were transcribed from audio into text data for coding and thematic classifications. The text from interviews was transcribed using the website Cockatoo. Transcribed data was then read multiple times to ensure accuracy and determine common themes among interviews. The transcriptions were then coded and themed based on the meanings and experiences of the participants. Next, the codes and themes were written into summaries and quotations that encompassed the experiences of the participants and highlighted the significance and meaning of each code were presented.

This case study used a qualitative description method to analyze data to better understand concepts: patterns, themes, and codes. Data was managed and organized using

transcriptions of interviews, Excel matrixes, graphs, charts, and tables for categorization by each participant and their responses for coding and themes. Codes were comprised of the most common phrases as shown in Table 3. The following codes emerged from the data.

**Table 3**

*Table of Most Common Participant Phrases.*

| Most Common Phrases | Number of Times Said |
|---|---|
| Deployment | 146 |
| Anxiety | 42 |
| Therapy | 17 |
| Alcohol | 9 |
| Mental Health Changes | 11 |
| Depression | 17 |
| Resources | 15 |
| Exercise | 12 |
| PTSD | 27 |
| Independence | 16 |
| Coping | 15 |
| Spousal/Secondary PTSD | 4 |
| Communication | 4 |
| Support | 27 |

## Interview Codes

### Code 1: PTSD

This code emerged when participants discussed the mental health of their partners and how that impacted their families. Participants 2 (P2) exemplified this code by sharing that her husband came back with PTSD, more anxiety, increased depression, and increased alcohol and tobacco intake. She reported that she also had increased anxiety that led to anxiety medication needs when her husband was away in addition to increased

migraines and interfamily issues that created more difficulties in their family dynamic. P2 reported there was increased anxiety for both partners. P8 also shared her experiences with her husband's PTSD stating,

> Well, he still struggles with PTSD. We've been working very hard. He's been working very hard. But I find that I cannot stand being in the car with him because it's just stressful. He's always complaining, why is this person doing that? Why are they doing this? Driving too fast, very aggressively. He goes into that fight or flight you know it's not a minor inconvenience to him, it becomes a mission.

**Code 2: Spousal/Secondary PTSD**

This code emerged when participants discussed how they experienced spousal/secondary PTSD due to combat deployment. P13 exemplified this code by stating she developed secondary/spousal PTSD from the stress of combat deployment. She also shared that she "had to wear multiple hats" to fill in for her husband during his absence and felt the need to push him away before combat deployments began to prepare herself emotionally and mentally. She stated that "The person who leaves is never the same person who returns from combat deployment. A person can't go kill people and come back normally". (P13) She shared that the changes her spouse experienced directly impacted her life and his combat deployment increased her stress and anxiety leading to secondary/spousal PTSD symptoms. P11 also shared her experiences with secondary/spousal PTSD stating,

> Well, I definitely have secondary PTSD from him. I've always had depression and anxiety but it's so much worse. With his PTSD I am constantly like the things that

> trigger him will trigger me because I'm trying to have them not trigger him you know like I'm always trying to not have those things happen, so he won't be, or just make it better, I don't know.

**Code 3: Imbalances**

This code emerged when participants discussed the imbalances, they felt during combat deployments on their parenting roles. This code was exemplified when P8 stated that she was the disciplinarian of the house despite her husband attempting to reassert himself upon reintegration. “He wanted to be the fun guy and then sometimes he'd want to and the kids wouldn't come to him and I don't blame them, sometimes like I said when he's angry, he's not approachable. So I would come to me too if I was a child.” (P8)

Other times P8 said her husband would avoid disciplining their children to be more appealing as the “fun parent” with his awareness that he would be leaving soon. Her theory on this personality change was to ensure the children saw him as a favorable parent when he was home rather than someone who was around temporarily only to discipline and then leave again.

**Code 4: Single-parent Role**

This code emerged when participants discussed their new sense of independence and felt like a single parent making all the rules. This code was exemplified when P13 stated having to take on the lead parenting role because their children did not view her husband as an authoritative figure in their home.

> It's hard on the kids and our family. You know, we try and shelter our kids from it. So as the spouse of somebody who's in a combat area during that time, you know, you try and make sure that life is hunky-dory and going according to plan

> and that the kids don't really miss a beat when it comes to that. So it's, you know, you're shouldering a lot of that stress and, you know, you're having to wear multiple hats. Not only are you solo parenting, but you're also having to fill in for dad, fill the gaps with the kids, and for me, I kind of have to separate, this may sound bad, but in my mind, I separate our relationship. So I just, I kind of go to another place almost, it's how I cope. I push away in order to deal with, I guess in a therapeutic term, it would be abandonment or loss.

P13 said she assumes both roles whether her husband is present or not simply because it is too confusing and chaotic to disrupt their children's lives with parenting style changes each time he leaves and reintegrates with their family.

**Code 5: Comfort in the Unknown**

The code comfort in the unknown emerged when participants discussed how their biblical belief system gave them a sense of comfort when they felt they had a supportive network of friends around them even when they did not have a family. This code was exemplified when P14 reported that her religion was very important during deployments. "I felt like I was never alone and was able to relate to the Book of Job in the Bible."

P14 said the story of Job resonated with her and helped her persevere through the difficulties her family faced, and she felt like she was never alone. Bible study was also valuable to her because it helped her find a "second family" to rely on.

> I think it was helpful. For me, it was helpful because I really dug into my faith. And so I joined like three different Bible studies, and I was going just like I had to surround myself with other Christians who I knew that had the same beliefs as me and could pray for me or with me or on their own in their own prayer time. And

> then I really, the time that I didn't hear from him, I dug into my faith and studied the Bible on my own or took time to pray throughout the day. And then I think it helped for him too.

**Code 6: Acceptance of Death**

The code acceptance of death emerged when participants continued to share the experience of accepting the unknown and even the possibility of death. This code was exemplified when P9 reported that having a Christian belief system helped her accept that whatever was supposed to happen would happen and she felt more inclined to protect her husband in the ways that she could.

> I guess it was a calming effect that helped me, perspective on death of knowing that there's a plan, there's a time, you don't know how, and this is, you know, what he wants. He's, you know, he's serving like that, accepting that, and then, like, but I wouldn't have been able to do that without that [Christian faith].

**Code 7: Hope for Safety**

The code of hope for safety emerged when participants reported that they felt their Christian beliefs gave them hope even during times when communication was scarce or nonexistent. This code was exemplified when P4, P6, P8, P9, and P10 all reported their Christian belief system helped them by giving them hope for good news and safe returns during combat deployments.

> I think it's what helped me survive in the day-to-day, as well as it gave me hope when I lost contact with him. And then it also kind of gave me a common link to other spouses that were going through the same thing. (P4)

**Code 8: Exercise**

This code emerged when participants discussed how exercise was part of their positive coping method during combat deployments. This code was exemplified when P9 stated that she coped positively/actively by exercising. “Hope, exercise, yoga, exercise, and exercise, reading and listening to music. And then like taking up like different projects around the house and service to my community” (P9). Also, P8 reported that she coped with exercise, changing her style, and staying busy.

**Code 9: Alcohol**

This code emerged when participants discussed how alcohol was part of their negative coping method during combat deployments. This code was exemplified when P14 reported that her husband developed an alcohol problem that led to abuse in their marriage.

> But the interesting thing was that they were getting their alcohol from a different partner force that was there. So, yeah. I'm not, I'm not surprised. I was more surprised when someone told me that their husband didn't drink at this point. When he came home from his deployments and even when he had his downtime, he would be drinking and belligerent and yelling or screaming or throwing or breaking something. (P14)

**Code 10: Martial Changes to Accommodate Distance**

This code emerged when participants discussed how martial changes were impacted as a coping strategy. This code was exemplified when P12 reported participating in an open marriage to gain more comfort and intimacy and starting new projects such as landscaping and house projects. P12 stated, “He and I decided for a

period of time, without going into specifics, that he and I were going to have more of an open relationship during deployment times."

P6 and P3 reported participating in therapy during deployments to help with their marriages. "Usually when he goes on a combat deployment, I try to start talking to a therapist again just to like have somebody to go to regularly. So I don't have to find somebody when I'm like, you know, in a high state of freaking out" (P3).

**Code 11: Prayer**

This code emerged when P4 and P8 reported that they coped with combat deployments with prayer. P11 and P14 said that participating in Bible study groups helped them cope during deployments.

> As a Christian, I definitely believe that there's power in prayer. Yeah, even if we're not talking about my church. I mean, that's where I feel like religion Helped me the most well, you know when I was alone and felt the need to pray over a situation. (P12)

**Code 12: Lack of Support**

This code emerged when participants discussed they were pushed into silence due to a lack of support from the military community. P 14 stated,

> And so I joined like three different Bible studies, and I was going just like I had to surround myself with other Christians who I knew that had the same beliefs as me and could pray for me or with me or on their own in their own prayer time.

**Code 13: Suicide**

This code emerged when participants discussed how suicide or suicidal ideations arose during or after deployment. P14 stated, "Yeah, he also dealt with suicide, well he

attempted suicide multiple times after his second deployment, second combat deployment."

**Code 14: Compartmentalizing**

This code emerged when participants discussed how their spouses compartmentalized their deployment experiences and did not share details about their time away in combat.

> But he is very good at compartmentalizing. So he can put a lid on it until he was able to come home and relax. When he got back, he was very quiet. He would talk surface level, and he would talk about almost the five Ws, who, what, when, where, why. But he wouldn't go deep into what he was doing or who he lost or unless he was talking to the guys that were there. (P4)

**Code 15: Chaplains**

This code emerged when participants discussed that their husbands spent time with chaplains while deployed. “I know my husband, that's where he turns when he is downrange. He's with the chaplains. It doesn't matter what chaplain though when he's downrange, he will always go and meet with them” (P4).

**Code 16: Distractions**

This code emerged when participants shared the numerous ways in which the participants reported they would occupy their spare time to distract themselves from the lack of communication, negative thoughts, or even loneliness of deployments. P4 stated, "I would have to be super busy to not focus on anything."

**Research Question 1**

**How do military spouses describe the negative effects of their spouse's combat deployments?**

The themes that emerged from the interviews that answered this research question were creating a distraction, reintegration, mental health changes, parenting changes, and coping methods (see Table 4).

***Creating a Distraction***

The first theme that emerged when asked about the negative effects of deployment was creating a distraction. The theme of creating a distraction showed how military partners create distractions to avoid their feelings about the deployment or find ways to disassociate from the deployment. Many military partners looked for distractions during combat deployments to avoid the stress associated with their spouse being in a dangerous location or to stay busy during times of isolation. This theme showed the different ways military partners reported their over-productivity during deployments.

P14 was overproductive/looking for a distraction during her time away from her husband and stated,

> I started doing 75 hard, like, mental and fitness challenge. And so I worked out. Twice a day, I made sure that I was only getting straight A's. While I was in grad school, I just, I like over, was overproductive. I'm not the kind of person that, you know, if I know he's in danger, I can't sit around and wait for it. I have to do something else. To keep myself preoccupied, you know, like, good grades working out and then challenges fitness, like, that's being productive. Obviously, it was a distraction.

P13 said, “Obviously, staying busy is important. But not too busy, because then you just feel like you're being run ragged.”

> I would have to be super busy to not focus on anything. But we just stayed busy. That way, we didn't focus on the negative. And then we communicated when we could. There was very little communication on almost every deployment and then um but three kids I had like three jobs so I was super busy. (P7)

Similarly, P8 reported her distraction as completing a set task for each deployment such as a home project, changing hairstyles, prayer, and new exercise routines. “Most deployments I had like a task. So like, you know, painting one room, you know, and painting is not my favorite thing to do. So that's a task to me and I'm a planner.”

***Reintegration***

The second theme that emerged when participants discussed the negative effects of deployment was the difficulty of reintegration when the military member returned home. The theme of reintegration showed the negative effects of their spouse's combat deployment including lack of communication and personality changes. Reintegration can be a difficult time for many military members and their families. During the interviews, many of the participants shared the struggles they faced such as their military member abusing alcohol, lack of communication, and distinct changes in the military member's personality during the reintegration after being in a combat deployment. P13 stated,

> So it's almost like we live two independent lives, like, together. But, you know, it's like people say when they leave, I always say like it takes 3 months to get into a group and then when they are 3 weeks to get into a group when they leave and then when they come back I say it takes 3 months. You know, because some

> spouses that I talk to will be like, oh yes, they're coming back, everything's going to be great, like nothing's going to change, but at the end of the day, like you have to kind of figure that out, but like they never come back the same. Like it doesn't matter what they say or, you know, how much they don't think they've changed, like the intricate fibers of their being have changed from what they've seen and what they've had to do. And, you know, it's always like I say you can't go off to war and kill people and come back normal like this just doesn't happen.

P14 shared her beliefs on counseling and felt that counseling should be mandatory during the reintegration phase of deployments due to the difficulty of reintegration.

> I hate to say things should be mandatory, but when they come back, I think that there needs to be a counseling period where you are separate counsel, because they do it for him, but the spouse needs to go through counseling and needs to have, okay, these are the things that may happen to you when you come back. Because no one tells, everyone tells you what's going to happen while it's gone, but no one ever tells you what to do when they come home or if they don't come home. So there needs to be a mandatory counseling and then you need to do it together if you are together. And then I think that there needs to be something set up for kids.

P4 stated that parenting changes can be difficult during reintegration,

> So when he came back he just let me take the lead which is great until you're reintegrated but then it stays with Mom. And so it would be great if it was both. It is both now but when he first got back, it was hard to reintegrate. When he got back, he was very quiet. He would talk surface level, and he would talk about

> almost the five Ws, who, what, when, where, why. But he wouldn't go deep into what he was doing or who he lost or unless he was talking to the guys that were there. I would say even after he got back because he doesn't talk about some of the things that happened. But he is very good at compartmentalizing. So he can put a lid on it until he was able to come home and relax.

Similarly, P7 said there is an adjustment to them returning home,

> For every month gone it takes at least a week for each month gone to shift back so we cannot just get right back into routine including even those conversations and that support and it's an ever-evolving shift and there's ever-evolving frustration, but it all goes back down to communication.

P7 continued to share about reintegration struggles stating,

> When he comes back, he gets short-tempered, or he gets frustrated because he doesn't feel a part of the family. Sometimes, I get frustrated because... I mean, I want him to be a part of the family, but I also know I can't just throw the kids at him right away so it takes time to acclimate back again and that's why like I know that he can't do it so it always falls on me I mean I'm the one who's driving the kids to sports 4 days a week he can't I mean even now I still drive the kids 4 days a week.

P8 shared intimate insight on her husband’s difficulty reintegrating after combat deployments reporting that,

> After he retired that's probably when he was in his darkest. So for about 2 or 3 years, he definitely had a significant increase in drinking. You know, I know that he didn't see the guys on a daily basis anymore, and not like on a team anymore.

> He was working, but it was different. They're preparing for war they're at war they come back. You cannot come back to reality. They mentally cannot come back to where they were before because they're preparing for the next appointment and they're at war and this heightened state of alert and heightened state of you know that fight-or-flight and then you come back and again you they never can come back to where they were before.

Reintegration appeared to be a significant topic in discussing the negative effects of deployments. Learning how to live and parent together again, coupled with adjusting to life outside of deployment and any negative emotional toll of being deployed, made reintegration a difficult period for most military spouses.

***Parenting Changes***

An additional theme that emerged when discussing the negative effects of deployment was a change in parenting. The theme of parenting changes showed the negative effects of their spouse's combat deployment by discussing children becoming afraid of their fathers and mothers feeling as though they were parenting alone. This theme was experienced by many participants  P3, P6, and P10 had no children, but among the remaining participants, parenting changes were noted. P9 felt as though her husband used to treat their children like "little soldiers" and his reintegration was disruptive to their routines. In recent years she believes he has become more lenient but that only causes her to be harder and stricter to create a better parenting balance.

P8 reported that the biggest challenge in parenting was having to tell her children about mental illness and teach them that parents can struggle. "I had to teach them how to love someone who was not being loveable," P8 said in the interview.

> I'm definitely the disciplinarian in the house. And so, okay, so this happens all the time, you know, a parent is gone, the other parent is a disciplinarian, and then the other one comes back into the picture for whatever reason. now either that person tries to you know reassert themselves and you know the children would resist that sometimes or the parent won't try to reinsert themselves. (P8)

P14 reported that she parented on her own for a while and did not rely on her husband. She stated that her husband's alcohol consumption had become so out of control that he spent most of his free time at local bars and their children expected him to miss dinner and be at the bar rather than come home. She said that their children were afraid of her husband due to the abuse he exacted on her in their presence, but he was never physically abusive to their children. She said that their children were traumatized by his actions, and he was unrecognizable. P14 said their children feared her husband. "When he, after that, the first bad deployment, he was like unrecognizable to everyone. I mean, both kids were scared of him. Both kids did not want to be around him." Many participants had difficulty with spouses leaving and returning often and shared the negative impact that deployments created on parenting roles. P13 stated,

> You know, he bounces in and out of our life so often that my parents, my kids have a hard time with it, you know, so they don't necessarily see him as an authoritative figure. So I've really had to step in and kind of play referee, you know, because he has a short fuse and gets agitated. You're shouldering a lot of that stress and, you know, you're having to wear multiple hats. Not only are you solo parenting, but you're also having to fill in for dad, fill the gaps with the kids.

P1 felt that deployment made her a tougher mother and changed her lenient parenting techniques. She also felt that she had to be tougher on her children during deployments in her husband's absence; however, since her husband had died by suicide she felt as though she stuck to a stricter form of parenting. P8 also shared the struggles that her children faced,

> You know, he gets very frustrated, and he'll say things and he won't mean what he says, he'll have to come back and say I'm sorry later, so that's, that's how it's impacting me. It honestly is um is you know I'm going to describe that and sometimes. It you know it affects our children because they don't like it even more than I don't they're wonderful with it. They understand.

P2 reported no change in parenting styles but did state that their daughter developed anxiety and depression with an inability to easily adapt to changing surroundings or circumstances. She also stated that the father is much softer in his approach to their daughter because he can relate to her anxiety, and this has led to them having a closer bond.

With a lot of detail, P11 shared the most in terms of parenting challenges and changes. She stated that her husband and their daughter were very close before his second combat deployment, but his catastrophic injuries shifted the father/daughter relationship drastically. She stated that before he deployed his daughter was a "daddy's girl" and was worried about the deployment asking for reassurance from her father.

> Our youngest, was, you know, daddy's girl. So it really affected her a lot. She was worried about something happening to her dad. Not like a promise, but he said, you know, don't worry, nothing's going to happen and everything will be

> fine. And then when he gets, you know, hurt really bad, it was for her like when he came home for the first time when we came home and she saw him, she just like literally broke down. She was a mess. And I think still there's that, now that there's so much disconnect between the two, I think she's missing a lot from him.

P11 felt as though their daughter took this broken agreement as a lie or betrayal from her father and shut him out. Their relationship is strained and disconnected now. P11 acts as the primary parent and their children seek her out for their needs almost solely. She attempts to de-escalate any tension or abrasiveness from her husband by intervening and parenting before he has an opportunity to become irritated with their children.

P4 and P5 stated that they were the default parents in terms of discipline, planning, and home life. P7 reported that she had to adopt different communication styles for their children. This was accomplished by attending family therapy regularly. She attempted to be very open and honest with their children about his combat deployments but noticed his temper and frustration were quicker with their children. She also stated that her husband felt left out of family events due to his absence and this also requires her to take on extra parenting responsibilities as P4 and P5 reported.

### *Mental Health Changes*

An additional theme that was reported when asked about the negative effects of deployment was the mental health changes that military spouses saw in their partners that created mental health struggles in themselves as well. The theme of mental health changes showed the negative effects of their spouse's combat deployment by discussing experiences like PTSD, therapy, aggression, and communication changes.

For example, P5 answered that she felt as though she could not treat her husband the same anymore after his combat experiences. She stated that her husband began to immerse himself in horror movies and gore and was not affected by those images due to the lack of realistic details. She said that he is triggered by different things, and this impacts her by how their family interacts now. Her husband is unable to separate his role as a soldier from his role as a husband and father and allows his stress from work to spill over into their family life. P6 said that the dynamic of their marriage had changed and after experiencing combat deployment their communication changed.

Likewise, P7 stated difficulties with family life saying,

> When he comes back, he gets short-tempered or he gets frustrated because he doesn't feel a part of the family. Sometimes I get frustrated because... I mean, I want him to be a part of the family, but I also know I can't just throw the kids at him right away so it takes time to acclimate back again and that's why like I know that he can't do it so it always falls on me I mean I'm the one who's driving the kids to sports 4 days a week he can't I mean even now I still drive the kids 4 days a week."

P13 experienced mental health changes that were discovered during therapy,

> And then I ended up having panic attacks in my sleep. So I would actually wake up almost at the point where I was about to pass out. And I didn't really know what they were at the time. And that's part of when I went back to therapy. And she's like, well, you're having panic attacks in your sleep.

P1 answered that she felt more on edge and increased anxiety. Similarly, P2 reported that her marriage started to decline, and she felt as though they were more like roommates

than spouses. P2 also reported a decline in intimacy due to a lack of emotional exchange. She answered that even after their divorce they are still currently engaged in a friendship attributed to his willingness to seek help from the Veteran Affairs administration for his struggles with anxiety. This exposure to anxiety and PTSD after her spouse returned from deployment led P2 to pursue an education in clinical psychology to better understand veterans who struggle after combat deployments and helped her develop a larger capacity for empathy.

Alternatively, P3 reported that her previous fiancé had died during a combat deployment, so she was more aware of resources that were available to her and her husband for deployments. She also stated that her current husband has no physical or mental disorders caused by combat deployment other than increased stress and survivor's guilt. P10 also reported no changes in her husband or herself.

P12 stated that it was difficult for her and her husband to adjust to a new routine, especially during the reintegration process. She stated that she believes her husband worried more about her being at home with more freedom than him and that there was a concern about falling out of love with one another during extended time apart. P12 also stated that to help alleviate stressors and loneliness during deployment, she and her husband agreed to the arrangements of an open marriage to help cope with the time apart and assist with the need for physical contact. Comparatively, P13 stated that both she and her husband experienced higher cortisol levels and a noticeable shift in their relationship with their children.

Similarly, P4 reported that she and her husband both had increased anxiety, and sleep disturbances, but also felt an increased sense of responsibility. In comparison to P4,

P5 reported increased stress for both, but his anxiety was taken out on her and her son more. P6 reported that there were changes in him when he was away, but she was more anxious until the reintegration phase took place. Additionally, P7 reported increased frustration, anger, and anxiety for both partners. P7 stated that anxiety manifested in him as anger and his PTSD symptoms were exacerbated during times of combat deployment. She also stated that he was more short-tempered with their children when normally he is very patient.

P11 reported numerous changes in her husband starting with no communication during the deployment, severe PTSD, loss of romance, disconnected feelings from her husband, and anger and outbursts from her husband.

> We've been married for 22 years now and there's been so much stuff, but I just feel like we're so disconnected from each other. We don't like do anything that married people do. We don't hold hands, we don't say I love you, we There's really no interaction between us. (P11)

P12 reported higher anxiety levels for both partner and husband, fears were mirrored in one another, sleep disturbances, and increased anxiety in both partners. P13 reported similarly to P12 that there was an emotional disconnect from her husband along with resentment and a sense of worry about the possibility that her husband may not return from a combat deployment. P14 reported that she had to create her own life which coincided with an increased independence. She stayed busy despite feeling the need to be meticulously cautious around her husband. She also stated that her faith helped immensely during this stage of their marriage and kept her strong during the struggles of abuse caused by his combat deployment.

Participants were then asked how they felt about their mental health and how their partner's mental health was affected by combat deployment. P1 and P12 reported that there was increased anxiety and depression in both partners and increased anger and PTSD in her husband. P2 reported PTSD, anxiety, and depression in her husband and increased anxiety and self-esteem issues in herself. P3 reported survivor's guilt in her husband and increased anxiety in herself. P5 reported a noticeable desensitization in her husband and P5, P5, and P6 reported increased anxiety in themselves. P6 reported anxiety, depression, sleep disturbances, more emotional outbursts, increased bouts of crying, anxiety, depression in her husband, substance abuse, increased alcohol consumption, and increased anxiety for herself.

P8 reported that she and her husband took turns balancing emotions for one another. She claimed that when he was stressed, she took on the role of being the calmer person to ease his stress. P8 also reported that her husband is curious about the use of psychedelic treatments to combat his PTSD and stress caused by deployments as he is unable to find any long-term success from traditional medical and counseling interventions. P8 reported PTSD, anxiety, and survivor's guilt for her husband's mental health changes. P8 reported (while crying) that her mental health changes include spousal/secondary PTSD. “I'm sometimes I do sometimes I do think that you know I get Overwhelmed I get very sad. I'm trying not to cry. I told myself. I wasn't gonna cry. I'm very emotional person.” (P8)

Also, P9 reported TBI’s and hormone imbalances for her husband's mental health changes. P11 reported TBI, hearing loss, memory loss, depression, anxiety, PTSD, nightmares, sleep disturbances, and anger toward her husband. She reported that taking

on a caregiver role was stressful and caused her to push her mental health aside but ultimately caused her to be more independent.

> Another soldier had to pull him out. He was unconscious and he was injured head to toe. A lot of bad burns on his arms and his face. And then he, so he has TBI, hearing loss. He had fractured L1 through L5, a lacerated spleen. He hurt his knee really bad, like every ligament pretty much was either broken or injured. So he's had four surgeries on it, I think. He still can't walk very well. So he is supposed to wear a brace every day, like an external one, it's like very big and bulky. And then what else did he do? I think that's pretty much the extent of his injuries. I know he fractured some ribs and stuff too, but it's been 6 years now. So I think the TBI definitely still affects his daily life. Nightmares. Yeah. He has told me that he relives that day every night. And he has nightmares every night about it. He does take medication for it but doesn't seem to help. (P11)

In an emotional interview, P14 stated that her husband developed a drinking problem during his combat deployment and would drink excessively while at home. P14 reported that before they endured a combat deployment their marriage was healthy and successful, but after her husband's first combat deployment experience he became extremely verbally, emotionally, mentally, and physically abusive toward her. He had developed PTSD and began to abuse her even into his second combat deployment and refused to seek professional help. Due to his lack of interest in treatment or therapy, P14 reached out to his squad to find help within the military community. This action led to her husband being sent home early from his second combat deployment. P14 claimed that her husband was able to lie on his psychological evaluations from the military to qualify

for a second combat deployment. P14 reported that she was scared to seek help because of the repercussions and punishment that could ensue from the military community towards her husband. She also sought out therapy but felt she had to restrict her honesty during sessions because the therapist was also part of the military community. P14 stated that many of the other military spouses could not relate to her experience of abuse and alcoholism and assumed she must be lying and refused to offer support because they denied her experiences.

There were numerous changes experienced by P14. She reported that her husband was abusive, alcoholic, distant from their children, and attempted suicide on multiple occasions. P14 went to a therapist for depression and anxiety and was prescribed anti-depressant medication. She believed that combat deployment triggered her need for more support.

> Yeah, I'll just be completely transparent when he came home from deployment, he was abusive physically mentally verbally emotionally It got to the point on the deployment following that, so a year later, that I had to reach out to his squadron begging them for help because the abuse just wouldn't stop. Even though he had deployed again, he was still finding a way to emotionally and verbally abuse me. And it was like he just couldn't manage his own emotions and feelings and couldn't recognize the changes in himself or the need for help. (P14)

P14 shared that her husband attempted suicide after his second combat deployment, “Yeah, he also dealt with suicide, well he attempted suicide multiple times after his second deployment.” P14 continued to discuss her mental health changes stating that she

had to separate from her husband emotionally for her peace. "And then I realized that to keep the peace in the house, I had to kind of just create my own life." (P14)

In relation to the interview with P14, P7 reported that multiple TBI's had changed her husband and led him to a path of sobriety. She also answered that she is in a caregiver role now because she is unsure of how he will react to certain stimuli, so she intervenes more frequently to alleviate the possibility of him feeling overwhelmed. She said that it is difficult to maintain this intervention style and still avoid potentially being viewed as controlled by her husband. She also carries more burdens due to his neurological changes and must do more with their children so he can have less stress.

P8 stated that it hurt her to see her husband hurting. He also says hurtful things to her during his frustrations and is more flippant with his comments towards her when he is stressed. This kind of behavior makes him not enjoyable to be around and he is ineffective because he can't handle daily stressors. P9 began to cry as she reported that she had to put her life on hold to take care of their family. She stepped into an advocate role for her husband and felt as though this new duty was a second profession for her.

P4 stated that witnessing the impacts of combat deployment on her husband made her more independent, less tolerant of people who were not in her position, and a loss of patience. She said "If you're not in it, you don't understand. Losing soldiers isn't the same as being late for work" and the combat deployment shifted her daily perspective and tolerance for individuals outside of the military community. She stated that she had an increased respect for her husband and what he did on deployment. P10 reported no changes for either partner. P10 also reported no effects on her or her husband during deployments other than a slight increase in his stress.

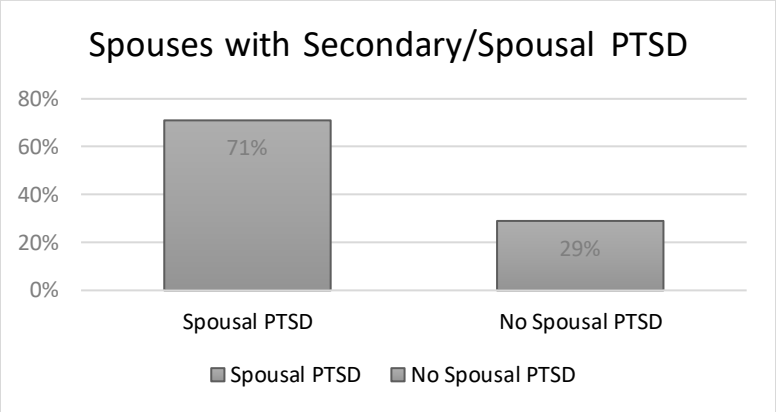
When asked about the effects of combat deployment on the participant and any similar effects on military partners, many of the women reported similar experiences. P1 is no longer married because her spouse died by suicide because of his PTSD from his combat deployment. P1 stated that there was increased anxiety and depression for both partners caused by the inability to communicate regularly. P3 reported that they both experienced a lack of sleep, increased worry, and anxiety, but better overall communication for the couple during deployments. P3 stated that the death of her previous fiancé on a combat deployment has led her to attend therapy sessions during her husband's deployments to handle stress and become more prepared for the potential outcome of her husband's death on deployment. P13 also stated that she and her husband withdraw from one another during combat deployments, and he has PTSD while she has secondary/spousal PTSD. Figure 2 represents the participants who reported secondary or spousal PTSD.

P9 and P11 reported spousal/secondary PTSD and PTSD for them and their husbands as well as increased anxiety or depression.

> Well, I definitely have secondary PTSD from him. I've always had depression and anxiety but it's so much worse. With his PTSD I am constantly now like the things that trigger him will trigger me because I'm trying to have them not trigger him you know like I'm always trying to not have those things happen, so he won't be. (P11)

**Figure 2**

*Bar Chart of Participants that Reported Secondary or Spousal PTSD.*




### *Coping Methods*

The final theme that answered this research question was coping methods. This theme showed how military partners describe the negative effects of their spouse's combat deployments by reporting the negative ways in which they coped including excessive alcohol consumption and compulsive shopping. Participants were asked how they cope with combat deployments in negative (passive) or positive (active) coping methods. They were then asked how their partners cope with combat deployments in negative (passive) or positive (active) coping methods.

P1 did not report negative/passive coping methods for her husband. P3 reported positive coping methods of eating healthier, and spending time with friends. P3's husband coped positively with exercise. P4 reported praying more, Bible study, becoming a Family Readiness Group leader, working out, and increasing time with friends and family as positive coping methods for herself and no negative/passive coping methods. P10 reported her positive coping method of spending more time with friends, and no acknowledgement of a negative coping method. P10 reported that her husband had no

positive or negative coping methods aside from additional focus on his work. P11 reported her positive coping method as engaging in more Bible study opportunities, and no negative coping methods. P11 reported that there were no positive or negative coping methods to discuss for her husband because his deployment was so short because of his combat-related injury/accident.

P7 stated “You can't talk to even that person so you have to figure out your support system becomes um your support system changes to your partner's not there 24-7 or however it would be. So then it becomes your friends and other people.”

P 13 stated,

> I would say in the beginning, I also would drink a lot more when he was gone. But then, was it 2017? I stopped in 2018. I stopped for 2 years, like cold turkey. And then, absolutely like, you know, I'll have a drink every now and then now, but it's kind of something I gave up because I didn't really feel like I needed to have that as my release anymore.

P13 also shared another coping method stating,

> I'm a compulsive shopper. There's no denying that I've spent a lot of time in therapy for that one. So definitely compulsive shopping. I actually only during deployment is that all the time or is it exacerbated? It's usually during deployments. Yeah, it's like my go-to. It's my dopamine boost. You know, and I see myself rubbing off on my kids too, because they’re like, oh, look, daddy's leaving. Let's go shopping.

P5 reported that she changed locations to be closer to family, started therapy, and started medication for post-partum stressors as her positive coping methods. She did not

report any negative coping methods for herself. For her husband, she reported negative coping methods of disassociation, and increased phone time.

P9 reported her positive coping methods such as exercise, yoga, reading, and listening to music. Her negative coping method was becoming more isolated socially. For her husband, P9 reported a decrease in communication as his negative coping method and no acknowledgment of a positive coping method. Similarly, P7 reported that she was too active and forced herself to be constantly busy to double as a positive and negative coping method. She worked three jobs during one combat deployment, had increased coffee consumption, and reported no other negative coping methods for herself. For her husband, she reported increased time spent with a military chaplain as his positive coping method, and increased nicotine as his negative coping method. P14 reported her positive coping methods as working on her education, Bible study, and exercising. Her negative coping method was being overly productive as a distraction from the deployment which led her to feel numb and disassociate from most things including their children.

P1 reported coping negatively with increased alcohol consumption. P6 stated that she worked more and engaged in additional self-care measures as positive coping methods. Her negative coping method was increased alcohol and tobacco intake. For her husband, she reported his negative coping method as increased tobacco use and his positive coping method as increased communication. P8 reported her negative coping methods as being mentally absent to the degree of becoming unaware of her depression, emotional neglect of their children, stress eating, and becoming isolated from others.

P14 reported that her husband's positive coping method was exercising, praying, and working in the emergency room on deployment during his downtime, and his

negative coping method was increased alcohol consumption. P12 reported participating in an open marriage to gain more comfort and intimacy and starting new projects such as landscaping and house projects. Her negative coping methods were increased alcohol consumption and spending time with people that undesirably influenced her. P12 reported that her husband's negative coping methods increased during deployment such as tobacco use, and his positive coping method was more exercise.

**Research Question 2**

How do Christian military spouses describe how their belief system helps them cope with the negative effects of their spouse's combat deployments?

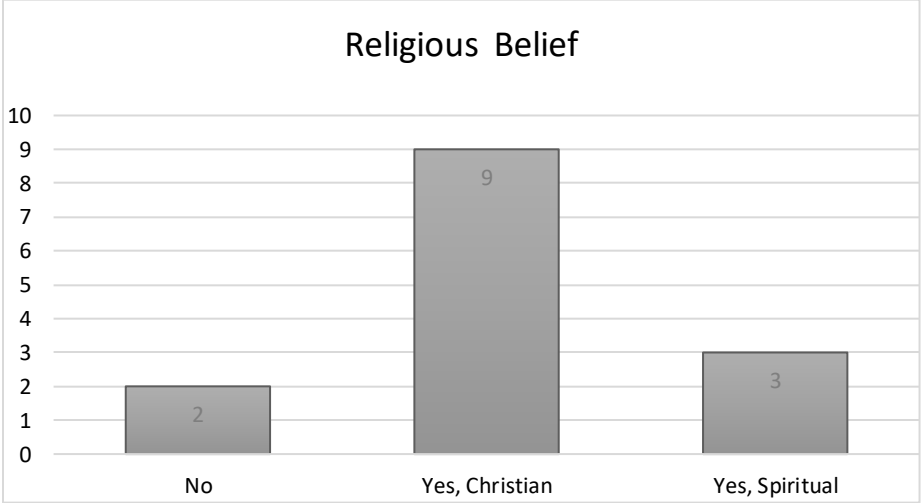
The three themes that arose in this research that answered the second research question were hope, pressed into their faith, and creating a support network (see Table 4). The theme of hope answered this research question by showing how military partners were able to navigate many combat-related stressors by finding hope from their Christian faith to help them accept the unknown dangers of combat deployments. The theme pressed into their faith answered the research question by discussing how military partners dealt with combat deployments by engaging in their Christian faith more and engaging with their Christian beliefs to find support. The theme of creating a support network answered the research question by discussing how military partners find additional methods to create support systems in the absence of their husbands during deployments.

When asked if the participants were religious, the majority answered yes that they followed the Christian faith as shown in Figure 3. Two participants answered that they had no religious affiliation. Three of the participants reported a spiritual belief system.

Many of the participants who stated they had a Christian belief system answered that their faith was a driving factor in their success during deployment and they could not have made it through the negative challenges of combat deployment without the influence of Christianity in their lives. Participants stated that having a strong Christian belief system helped them feel more confident and gave them hope for a safe return even when they were unable to communicate with their military members. P1, P4, P5, P8, P9, P11, P12, P13, and P14 all identified as Christian. P2, P6, P7 identified as spiritual in their beliefs. P3 and P10 had no religious beliefs.

**Figure 3**

*Bar Chart Showing Religious Beliefs.*




When asked if having a biblical belief system helped with the negative aspects of combat deployment, many participants said it did help. P3 and P10 were exempt from this question due to their not having a religious belief system. P2 said that she was not religious but was spiritual in her beliefs and during deployment she became even more spiritual to help her cope. P4 stated that her Christian beliefs helped her survive the day-to-day struggles and gave her hope when she was unable to have contact with her

husband. Her religious beliefs also curated a support network of spouses who were experiencing similar stressors of combat deployment. P5 stated that the combat deployment helped push her closer to her Christian beliefs and gave her a default support system to lean on. Three themes emerged to explain how a Christian belief system helped them cope: hope, pressing into their faith, and faith creating a support network.

***Hope***

An additional theme that emerged when asked how their faith helped them during deployment was hope. The theme of hope answered this research question by showing how military partners were able to navigate many combat-related stressors by finding hope from their Christian faith to help them accept the unknown dangers of combat deployments. Many participants described that their faith gave them hope and helped them positively frame the events. P1 reported that having a Christian belief system helped her because it allowed her to view whatever happened during the deployment as what was supposed to happen. P6 reported that she is spiritual not religious, but her spiritual beliefs helped keep her going and gave her hope that everything would work out. P7 stated that having a spiritual/Christian belief system helped her cope with the combat deployment and helped her husband during deployments,

> I believe that we don't always know I believe that we don't know that reason and that at some point we may find we may get that answer or we may not and I can't ever like I can't explain it but it's just my belief system. And it does, it does help me, I believe that there's just a deeper meaning to everything. And then I believe in and I believe and I raise my kids in kindness, like every like the golden rule and

> be kind to everybody. And that's one of the biggest lessons that I feel I can teach them.

Participants were asked if they felt as though their religious beliefs helped. P1 reported that her religious beliefs helped to an extent, but she was unable to pinpoint the time that her beliefs stopped helping. P2 said her beliefs did not help because she is not very religious and felt that benefits would come from improved information sharing among military members and their families rather than her Christian beliefs. P4 reported that her religious beliefs were very helpful and gave her hope and a sense of calm for her husband to return home.

P13 shared that her faith gave her something to turn to during a crisis and she felt as though she always had God's protection during deployments. She stated that moving forward she believes military partners would benefit from better communication and resources. P13 stated, "But at the end of the day, it always came down to having faith that everything would work out for hopefully the good. And if it didn't, then we'd kind of cross that bridge when we got there. But lots of prayer and just having that solid foundation." P13 continued to elaborate on her Christian beliefs,

> Just like I said in the beginning, you know, it gives you that solid faith and foundation that you have, that you can always have something to turn to when the world seems to be going awry. You know, I know that I can always turn to my faith. Even when it's in the midst of a crisis and it seems like everything else around me is failing, I know that I can turn to my faith and that there's always going to be somebody there protecting me and watching me. I think it goes forward with him too. you know, having that protection around him in order to,

you know, just as God-like protection, you know, from whatever he's doing over there and just guidance. And so that gives you comfort, because they're like, God's protecting you.

Alternatively, P5 reported that her Christian beliefs did not help but feel as if she had been more religious in her practice which would have helped her cope better, “I think maybe I chose not to utilize it as much as I should have. I didn't, I think that was not one of the things that I chose to give my energy to while he was gone.” P6 said her beliefs helped her through the difficulties of deployment. P7 stated that her religious beliefs helped her find deeper meaning in everything and guided her parenting methods.

Additionally, P8 felt that her faith helped during deployments and in between deployments. She said being in a church and having church friends helped her. P11 also reported that her religious beliefs helped her have a calmer demeanor and changed her perspective on death. She felt that God's plan was easier to accept with a religious mindset.

Participants shared that there was more comfort in not knowing the future when they had a strong Christian belief system. The Christian community showed a generous amount of compassion in the lives of multiple participants. P14 stated that the multiple Bible studies she attended helped her cope with trauma and abuse that she did not feel would be accepted in other support groups in the military.

P8 said her Christian belief system was crucial to her combat deployment experience. She stated that she could not have made it through all the worries associated with combat deployment if not for her belief system. She stated that she always felt that tragedy would happen to someone else but when it happened to her close support system

she was pushed further into her faith and found that her biblical beliefs helped her. P9 stated that having Christian beliefs gave her hope and strengthened her faith. P11 reported a different finding in that she lost her faith due to the combat deployment experience.

***Pressed Into Their Faith***

The theme pressed into their faith answered the research question by discussing how military partners dealt with combat deployments by engaging in their Christian faith more to find strength during difficult times.

During the interview process, multiple participants reported how combat deployments pushed them to press into their faith/dig into their faith for comfort, support, or hope. This emerged as a second theme when discussing how their faith helped them during deployment. It appeared that many pressed into their faith more due to the deployment and developed a deeper faith through the hardships of deployment.

P14 said “I think it was helpful. For me, it was helpful because I really dug into my faith.” She surrounded herself with Christians with the same views stating,

> And so I joined like three different Bible studies, and I was going just like I had to surround myself with other Christians who I knew that had the same beliefs as me and could pray for me or with me or on their own in their own prayer time.”

Similarly, P4 felt that her Christian faith helped her, "I think it's what helped me survive in the day-to-day, as well as it gave me hope when I lost contact with him." P7 also confidently stated that her husband also pressed into his faith during deployment and spent time with chaplains. "I know my husband, that's where he turns when he is

downrange. He's with the chaplains. It doesn't matter what chaplain though when he's downrange, he will always go and meet with them."

P8 shared that she could not have made it through deployment without having her Christian faith,

> Oh my goodness. I don't think I would have been able to make it at all without having someone, something else to leave all of the worries. I woke up with this yeah there's you know that phrase that peace that passes all understanding I woke up okay I was like all right you can do whatever it is that is going to come your way you can so if it wasn't for my faith, I don't know how I would have come to that same place.

P1 had a comparable response to P8 stating her faith helped her also, “I rely on my faith to know that whatever happens is what's supposed to happen in life. I rely on God that he kept my husband safe while he was on deployment and that he was watching out for him.”

***Creating a Support Network***

This theme answered the research question by discussing how military partners dealt with combat deployments by finding ways to create new support systems during deployments.

P12 reports being very religious and having a biblical support system was helpful during the combat deployment. She reported that her “church family” was comforting and it helped her to share beliefs with others. P12 reported that church was an extension of her family and gave her comfort in knowing that there were people there to help, give different perspectives, and pray with her. She said having a military chaplain and a

civilian church community helped, but the military chaplain was the most beneficial during deployment,

> I see my church family as an extension of my family. And when I didn't have family and friends readily During those times when my husband was deployed and I was at home on my own, that was, in addition to my friends and family, my church family, was a comfort for me. I had company, I had some good-hearted people that I could call if I was in trouble or I was experiencing any issues or loneliness or whatever, dealing with the deployment, that I could reach out and, you know, get support from.

P14 had the most emotional response to this question and began to cry immediately into her answer. She felt that her combat deployment experience was very difficult, and her faith brought her and her husband closer together initially, but as he began to lose his faith during the combat deployment it caused a strain on their marriage. She stated that her husband lost his faith due to the conduct and missions he was expected to engage in while deployed. Her biblical belief system during the deployment was supported through three different Bible groups. She believed that these Bible groups were beneficial in helping her cope during times when she was unable to communicate with her husband. She also stated that having faith in Christianity helped her feel as though he was protected during dangerous missions.

**Table 4**

*Emergent Themes- Negative Effects of Combat Deployment on Military Partners*

| Discourse and Dimension | *n* of participants contributing (*N*=14) | Sample Quote |
|---|---|---|
| Christian Belief System | 9 | "I felt like I was never alone and was able to relate to the Book of Job in the Bible" (P14). |
| Mental Health Changes | 12 | "You can't go kill people and come back normal" (P13). |
| Coping Methods | 13 | "Smoking circles are a big thing on deployments" (P12). |
| Parenting Changes | 8 | "I had to teach them how to love someone who was not being loveable" (P8). |
| Reintegration | 13 | "But when he first got back, it was hard to reintegrate" (P4). |
| Creating a Distraction | 7 | "I have to do something else. To keep myself preoccupied" (P14). |
| Creating a Support Network | 4 | "And then I did counseling when he got back from his second one. I did some counseling through the Military Family Life" (P4). |
| Pressed Into Their Faith | 6 | "I think it was helpful. For me, it was helpful because I really dug into my faith" (P14). |

## Evidence of Trustworthiness

Qualitative research involves validation strategies of credibility, transferability, dependability, and confirmability to represent the accuracy and trustworthiness of the study (Yin, 2016). The purpose of this qualitative case study was to explore how military spouses described the negative effects of their spouses' combat deployment and how a biblical belief system helped with coping during deployment.

**Dependability**

The term reliability/dependability in quantitative research is equivalent to dependability in qualitative research (Yin, 2016). This case study established dependability with prolonged engagement of data including auditory and videotaped interviews. The audio/video recordings of each interview were transcribed numerous times to maintain accuracy in conjunction with detailed notes written during each interview.

**Credibility**

The accuracy and credibility of a qualitative study are important for establishing trustworthiness. Credibility can be defined as how responsible and accurate a study is deemed (Yin, 2016). This study addressed credibility through saturation of data, thoroughly describing qualitative methods that were used, addressing assumptions and limitations, and describing participants/populations.

**Transferability**

Transferability can be defined as the ability to transfer the study to a different population or recreate the study (Yin, 2016). This case study addressed transferability through intentional sampling and detailed documentation of the sample population. This study used a specific sample of married military partners who have experienced a combat deployment, but the results may apply to other military partners, families, or military affiliations.

**Confirmability**

"Confirmability is getting as close to objective reality as qualitative research can get" (Stahl & King, 2020). This case study addressed confirmability by creating an audit

trail through documenting procedures and rechecking the data. An audit trail is created when a researcher details data collection, data analysis, and data interpretation.

## Summary

The results from this research study were formulated based on the interviews of 14 participants and their negative effects related to combat deployments. The interviews lasted for no more than 60 minutes. The purpose of this qualitative case study was to explore how military spouses describe the negative effects of their spouses' combat deployment and how a biblical belief system can help with coping during deployment. Research questions included in this study are in Appendix A.

Of the 14 participants, three participants had no children, three participants had one child, and eight participants had two children. Six of the military partners were no longer actively serving in the military, and eight were still currently serving in the military. When asked if the participants were religious, the majority answered yes that they followed the Christian faith. Only two participants answered that they had no religious affiliation. Many of the participants said their religious beliefs helped them through the negative challenges of combat deployment. The themes included creating a distraction, reintegration, mental health changes, parenting changes, coping methods, hope, pressed into their faith, and creating a support network.

Most participants thought that having a Christian belief system helped with the negative effects of combat deployment, experienced a shift in parenting roles that relied heavier on the mother, experienced a variety of coping methods, found ways to distract themselves from the deployment, struggled with the reintegration process, and almost all of the participants experienced mental health changes that ranged from increased stress to

abuse, and spousal/secondary PTSD as presented in each of the themes discussed in this study.

# CHAPTER 5: DISCUSSION

## Overview

The purpose of this qualitative case study was to explore how military spouses describe the negative effects of their spouses' combat deployment and how a Christian belief system can help during deployment. This study aimed to find a commonality between the experiences of military partners and military members and how a Christian belief system influences those experiences. This chapter will discuss the findings from this research study.

## Summary of Findings

The descriptive results presented in this study include 14 participants. The average age of civilian spouses was 36 years old. The age range of the civilian spouse was 23-50 years old. The average age of the military spouse was 38 years old. The age range of the military spouse was 25-55 years old. Out of the 14 participants, all civilian partners and their military partners had experienced at least one combat deployment. In this study nine participants identified their religious views/affiliations/beliefs as Christian, two participants had no religious views/affiliations/beliefs, and three participants labeled their views/affiliations/beliefs as spiritual.

In this study, 12 participants were employed and two were not. Of the participants, four became emotional and cried during their interview process. P1, P4, P5, P8, P9, P11, P12, P13, and P14 all identified as Christian. P2, P6, P7 identified as spiritual in their beliefs. P3 and P10 had no religious beliefs. P1 reported that having a Christian belief system helped her because it allowed her to view whatever happened during the deployment as what was supposed to happen. P4, P6, P8, P9, and P10 all reported their Christian belief system helped them by giving them hope during combat

deployments. Of the participants interviewed, one marriage had resulted in divorce before the interview and one marriage had ended due to the military member dying by suicide. When asked if there were any similar or identical effects that both the partner and military member experienced due to the deployment, the leading answer was increased anxiety. P1, P2, P3, P4, P5, P6, P7, P8, P9, P12, P13, and P14 all reported increased anxiety or stress in them and their military partner due to combat deployment.

## Discussion of Findings

This qualitative case research study was designed to help discuss or describe an event from one case that can be applied or generalized to other cases. This qualitative case study was designed to better understand the experiences of military partners during combat deployments from the perspective of the military partner. This study allowed for an in-depth examination of partners of military personnel and the sometimes-hidden struggles that the partners experienced. This study also offered a perspective on how having a Christian belief system helped with the negative effects of combat deployments.

The expressions, vulnerability, and personal experiences that were shared during this research process were documented with a qualitative case study analysis that gave clear insight into potential interconnections among participants and the military community. The description of this qualitative case study was discussed in detail via the literary background of combat military studies. The data from the interviews were transcribed following the interview process using a transcription website service called Cockatoo. The internal representations that were documented in this case study showed experiences can be common among military partners. This case study presented the idea and data collection to support that military partners are negatively affected by combat

deployments. This case study presented the idea and data collection to support that having a Christian belief system helped military partners better handle the negative effects of combat deployments.

The theoretical foundation of this study was Lazarus and Folkman's psychological stress and coping transactional theory. This theory explains stress as an external stimulus, stress as a response, stress as an individual/environmental interaction, and stress as an individual/environmental transaction (Biggs et al., 2017). The biblical foundation in this study is Paragament's theory of religious coping. This theory offers a method to include religion in social work and helping others. Being more spiritually literate and tolerant of spiritual diversity is essential for helping others who are seeking help or counseling (Xu, 2016). The biblical foundation in this study is Paragament's theory of religious coping. This theory offers a method to include religion in social work and helping others. This theory coincided with the findings of this study in the responses of participants showing how having a biblical belief system helped military partners cope with the negative aspects of combat deployment. The difficulties that arise within a military family can be life-altering and devastating.

However, this does not have to be the view of combat deployments and military families. Military families can find love and support through many Christian foundations and resources. Paragament discussed that religious support groups can help mitigate the impacts of military life on partners young children, and military personnel (Xu, 2016). This research study found similar results as reported by the participant's first-hand experiences. Some of the participants in this study felt that having a Christian belief

system anchored them during difficult times, gave them hope, led them to press into their faith more, and gave them an extended community to reach out to that offered support.

The research outlined in this chapter demonstrates the negative effects of deployments on military members, their partners, and their children. The findings highlight the stressors and complications military families can face during each stage of deployment. Researchers focused on deployment effects often overlook military partners, but the partners can suffer negative effects comparable to that of the service member (Collins et al., 2017). Mental health changes may also affect parenting and relationship dynamics to an alarming degree (O'Neal, et al., 2018; O'Neal & Mancini, 2020). With changes to family functions and marital disruptions, psychological distress, anxiety, and the deterioration in communication between couples can increase (O'Neal, et al., 2018; O'Neal & Mancini, 2020).

The research questions in this study were answered by emphasizing the common themes found through the answers of the participants (see Table 5). In response to the first research question, “How do military spouses describe the negative effects of their spouse's combat deployments?” the participants reported negative effects of combat deployments including:

- Stress
- Anxiety
- Depression
- PTSD
- Spousal/secondary PTSD
- Anger

- Sleep disturbances
- Suicide attempts
- Irritability towards wife and children
- Increased aggression
- Avoiding having children
- More discussions of death
- Inability to communicate
- Increased alcohol and tobacco use
- Physical and mental abuse
- Distractions, fostering independence
- Compulsive shopping
- Engaging in riskier behavior
- Intimacy changes
- Parenting changes
- Open marriage concepts
- Hyper-focused projects
- Feeling numb
- Neglecting children
- Imbalanced work-family dynamics
- Difficulties reintegrating

Several themes emerged from the interviews that answered this research question. The themes included creating distraction, reintegration, mental health changes, parenting changes, and coping methods. The theme of creating a distraction showed how military

partners create distractions to avoid their feelings about the deployment or find ways to disassociate from the deployment. Many of the participants stated that they engaged in increased exercise, home projects, or physical changes to distract themselves from the anxieties of deployment. The theme of reintegration showed the negative effects of their spouse's combat deployment including lack of communication and personality changes. Several participants reported that their husband's reintegration phases were difficult because it caused a shift in their routine, the husband returned home with PTSD symptoms, and there was a disruption in parenting roles. The theme of mental health changes showed the negative effects of their spouse's combat deployment by discussing experiences like PTSD, therapy, aggression, and communication changes. PTSD, aggression, irritability, and sleep disturbances were the most common reports by participants.

The theme of parenting changes showed the negative effects of their spouse's combat deployment by discussing children becoming afraid of their fathers and mothers feeling as though they were parenting alone. The participants who had children in this study suggested that their children felt distanced or afraid of their fathers after they returned from combat deployments. Most of the mothers in this case study had to take on the role of both parents and felt as though they could not rely on the fathers due to their frequent deployment schedules that interfered with their family roles and dynamics.

The theme coping methods showed how military partners describe the negative effects of their spouse's combat deployments by reporting the negative ways in which they coped including excessive alcohol consumption and compulsive shopping. Six participants reported that they drank more alcohol during times of deployment, distanced

themselves from their spouse, spent excessive money, or were disassociated leading up to the deployment.

For the second research question "How do Christian military spouses describe how their belief system helps them cope with the negative effects of their spouse's combat deployments?" participants reported that having a Christian belief system helped with combat deployments by knowing that God was always with them, gave them hope, helped feel calm and gave a solid foundation to come back to during difficult times, made them more open-minded, gave a sense of trust, offered peace and acceptance, helped with positive self-talk, helped accept that everything happens for a reason, gave a deeper meaning to everything, offered opportunities to teach children biblical concepts, helped when feeling overwhelmed or during times of grief, and helped guide them through troubling times that felt dangerous.

The three themes that emerged from this study that answered this research question were hope, pressed into their faith, and creating a support network (see Table 5). The theme of hope showed how Christian military spouses described how their belief system helped them cope with the negative effects of combat deployment by discussing that during times of hope, pressed into their faith, and created a support network. The theme of hope answered this research question by showing how military partners were able to navigate many combat-related stressors by finding hope from their Christian faith to help them accept the unknown dangers of combat deployments. The theme pressed into their faith answered the research question by discussing how military partners dealt with combat deployments by engaging in their Christian faith more and engaging with their Christian beliefs to find support. Participants stated that they attended more Bible

study groups and prayed more. The theme of creating a support system answered the research question by discussing how military partners find additional methods to create support systems in the absence of their husbands during deployments. For instance, participants reported finding Bible study groups, moving closer temporarily to be with their friends and family, or attending therapy.

**Table 5**

*Table of Emergent Themes and Research Questions*

| **Research Question** | **Themes that Address Research Questions** |
|---|---|
| RQ 1: How do military spouses describe the negative effects of their spouse's combat deployments? | |
| | Theme 1: Mental Health Changes |
| | Theme 2: Parenting Changes |
| | Theme 3: Coping Methods |
| | Theme 4: Creating a Distraction |
| | Theme 5: Reintegration |
| RQ 2: How do Christian military spouses describe how their belief system helps them cope with the negative effects of their spouse's combat deployments? | |
| | Theme 6: Hope |
| | Theme 7: Pressed into Their Faith |
| | Theme 8: Creating a Support Network |

## Implications

The findings from this study can be used to impact the psychological practice/consulting community and the church community by showing how influential having a biblical belief system can be in helping military partners navigate combat deployments. This study found that almost all the participants who had a Christian belief system felt that their beliefs gave them hope, support, and an extended community to rely on during the most challenging parts of the deployment. Most of the participants felt that

their mental health suffered in some way during deployments and when asked what changes could be made in the future to help them, an overwhelming response among them suggested more resources to aid with mental health. Implications from this study include churches becoming aware of the high stress that military partners are under and being able to offer them ministry.

## Limitations

The limitations of a case study include specific findings cannot always be applied to the generalized larger population, there is not always a demonstrated cause and effect for experiences, and the potential for bias. The limitations of this study included participants being unwilling to share information about traumatic experiences to avoid reliving those moments. Many military members and their families may not have revisited sensitive or traumatic moments from the deployment experience and may be reluctant to share that information in a qualitative study. Some of the participants in this study were emotional during their responses which may have caused them to redirect their answers or avoid continuing to divulge personal information to avoid discomfort in the interview. Participants' experiences may not apply to the larger population of military partners due to a larger variety of combat deployment geographic locations. The sample size was not large enough to provide a comprehensive understanding of the effects of combat deployments among all military families. The study is limited to self-reported data, which may not always be reliable. The study is limited to participants who were willing to complete an interview.

## Recommendations for Future Research

Future research on this topic could be extended to examine the lack of support shown by the military community. Future research could also study church involvement from the perspective of the church, or which biblical beliefs do not help military partners. Future research could begin to explore some of the more hidden issues of the military family. Future research can explore the comparisons that combat deployments can have among military partners. Future research can also examine more in-depth coping methods among military partners and what resources are the most beneficial for military partners.

## Summary

To conclude, this qualitative case research study was designed to help discuss or describe an event from one case that can be applied or generalized to other cases. This qualitative case study was designed to better understand the experiences of military partners during combat deployments from the perspective of the military partner. The data collection process was a qualitative case study conducted through interviews with voluntary participants.

Qualitative research on this topic is beneficial as it offers fewer research restrictions in design, helps capture new information, and the open-ended nature invites future research to be conducted to further explore possibilities. Addressing this topic through a qualitative study has provided additional details of the mental health of military partners and allowed these participants to voice their experiences, a few through their tears. This research is important for future studies because it shows how a strong support system can be positive for the mental health of military partners before, during, and after a deployment.

The results show that having a Christian belief system can be helpful for military partners dealing negative combat deployment experiences. Participants also reported having increased mental health challenges during times of combat deployment. Participants reported increased anxiety, depression, decreased intimacy, and sleep disturbances for military members and military partners. There were reports of strains on marriages, parenting role imbalances, and negative coping methods. Some participants also stated that they believed they could not have endured combat deployments without their Christian belief system and extended Christian community.

This research study was emotional for several of the participants but gave them a chance to share their unique experiences. Military life encompasses a wide range of possible events, emotions, and stressors. These families may benefit from more resources to successfully navigate one of the most intense and impactful professions in the United States and finding access to more resources in addition to a biblical belief system may help these families become better equipped to handle the constant mental health changes, coping methods, and parenting changes that accompany combat deployments.

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# APPENDIX A

## INTERVIEW QUESTIONS

How did witnessing combat deployment and its effect on your service member impact your life?

What methods did you use to cope during the deployment?

Do you know any ways that your service member coped during the deployment?

How has combat deployment changed parenting?

What changes did you see before and after the deployment?

Do you feel as though your partner's mental health was affected?

Do you feel as though your mental health was affected?

Do you feel as though your religious beliefs helped you during the deployment process?

What is something you wish more people knew about military partner life that is not well known, and how do you think that issue could be improved in the future?

# APPENDIX B

## RESEARCH QUESTIONS

RQ 1: How do military spouses describe the negative effects of their spouse's combat deployments?

RQ 2: How do Christian military spouses describe how their belief system helps them cope with the negative effects of their spouse's combat deployments?