Military Deployment: Effects on Spouses

What We Know

› Since the onset of Operation Enduring Freedom (OEF) in October 2001 and Operation Iraqi Freedom (OIF) in March 2003, the United States has deployed nearly 2 million service men and women to Iraq and Afghanistan. Deployments have become lengthier and more frequent, which has resulted in service members spending less time at home.(3)
› Even though OIF ended in 2011 and OEF in 2014, thousands of U.S. civilian personnel, contract personnel, and military personnel have remained in Iraq to carry out already established agreements with the Iraqi government. In 2014, U.S. Central Command designated new military operations in Iraq and Syria under Operation Inherent Resolve (OIR) (9)
› Longer deployments and more combat-related missions increase the risk of injury and trauma for soldiers. Increased threats to service members’ safety also increase the stress felt by spouses at home. Service members can lose their lives, be severely injured (e.g., traumatic brain injuries, amputations), or experience mental health issues (e.g., post-traumatic stress disorder [PTSD]) during and after deployments (2)
› Prolonged and repeated deployments affect not only service members who are deployed to combat zones but also the family members who are left behind to cope with the unique stressors of military life (3,11)
  • As in civilian families, military families include families headed by single parents, parents who are not married, and gay and lesbian parents (13)
  • Of the 700,000 military spouses of active-duty service members, approximately 400,000 are spouses of Reserve members. Ninety-three percent of military spouses are female (24)
  • There are approximately 75,000 single parents on active duty and approximately 40,000 active-duty service members who have partners who also are in the military (24)
  • The majority of spouses of deployed service men and women work outside of the home
  • Service members from the National Guard and Reserves and their family members face additional challenges compared to their active-duty counterparts (3,10)
    – National Guard and Reserve service members maintain civilian employment, so a family’s income has the potential to significantly drop when the service member is deployed (10)
    – Spouses of National Guard and Reserve service members experience isolation from the military community and limited access to formal support resources provided by the military (10)
    – Spouses of deployed National Guard and Reserve service members reported poorer emotional well-being and more relationship issues in comparison to spouses of active-duty service members (3)
› A commonly used model suggests that military spouses may experience a cycle of deployment consisting of three distinct stages, each of which presents different challenges (5,13,16,18)
  • Pre-deployment, the first stage, begins when a service member is notified of a deployment date and lasts until the time he or she departs. Service members often are training, bonding with unit members, and required to work long hours in preparation for
Spouses report the most challenging aspects of deployment to be taking on more responsibilities at home, helping children to cope with the absent parent, feeling that people in the community don't understand, increased parenting obligations, changes of roles in the marriage, the potential to grow apart, and problems with children's behavior.

- Deployment is the second stage; it lasts from the moment of departure until the deployed partner returns home. Spouses often have to make solo decisions related to the family and maintenance of the home while their partner is deployed. Spouses often adapt to and begin to thrive in their newfound independence and self-reliance while their military spouse is deployed. It can be difficult to go back to sharing responsibilities when their spouse returns after deployment.

- Post-deployment (i.e., reintegration, redeployment) is the third stage, which starts when the deployed partner returns home and begins to readjust to life with his or her spouse and to returning to work. This stage typically begins with heightened states of excitement and joy, but the service member's homecoming often brings about a new set of challenges as he or she refamiliarizes himself or herself to life at home and at work. Marital conflict can occur. The couple may have to navigate the challenges of the service member coming home with an injury or mental health disorder such as PTSD.

- Often, as soon as a couple begins to feel as if life is going back to "normal," they must begin preparing for another deployment cycle, which can lead to chronic stress and emotional instability.

Another model of deployment looks not at stages but instead uses the relationship model of turning points and trajectories. Turning points are important events for a relationship and trajectories refer to patterns of change in relationships. There are four trajectories: turbulent, increasing, decreasing, and stabilized. A turbulent trajectory is a pattern of change characterized by cycles of increasing and decreasing marital satisfaction. An increasing trajectory refers to improved satisfaction and a decreasing trajectory refers to decreased satisfaction. A stabilized trajectory has the spouse experiencing a high level of satisfaction and even when there are dips in satisfaction, overall there is stability.

In a deployment, the most common turning points are notification of deployment, deployment, and reunion. The researchers expanded this framework to include additional turning points that were related to the deployment, turning points related to life events, and turning points related to communication events. This model allows for more flexibility than a strict stage model.

- Deployment-related events that were turning points included notification of deployment, separation, any leave periods, the reunion, any information events that take place during the deployment (e.g., news of a fatality in the unit), military training periods, or any accidents or deaths

- Life events include holidays, birthdays, visits from family or friends, pregnancies, births, illnesses, household moves, weddings, and career changes

- Communication events include disclosures between spouses, major decisions between the couple, and major conflicts

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- Spouses often have to make solo decisions related to the family and maintenance of the home while their partner is deployed. Spouses often wonder how their partner will react to these choices, which can cause further stress.

- Spouses often adapt to and begin to thrive in their new-found independence and self-reliance while their military spouse is deployed. It can be difficult to go back to sharing responsibilities when their spouse returns after deployment.

- Other deployment stressors identified by spouses are lack of control, lapse or difficulties in communication with the deployed service member, concern for their loved one's safety and well-being, and lack of knowledge regarding the length of deployment.

- These stressors are intensified for spouses who experience life events such as loss of a job, death of a family member, pregnancy, or giving birth in the absence of partners.

- Researchers found that the level of parental distress while a partner is deployed is linked to the level of child distress and vice versa (i.e., if a parent is anxious or depressed while his or her partner is deployed, their child may also develop signs of anxiety or depression).
• Researchers found that spouses who are parents experience increasing levels of stress as the length of their partner’s deployment increases\(^{(2)}\).

• Having a support network of family, friends, or a religious group has been shown to have a positive impact on a spouse’s life satisfaction and coping abilities\(^{(5,18,23)}\).

  Investigators found that the presence of social support from family and civilian friends was a significant predictor of better psychological health and lower levels of depression among military spouses. Social support from family enhanced resilience by promoting feelings of self efficacy, and support from civilian friends helped spouses feel less lonely\(^{(23)}\).

  A protective factor for military couples during deployment can be constant contact between them during deployment (if possible), because the increased frequency of shared dialogue and meaningful dialogue can increase marital bonding and reassure the spouse at home\(^{(1)}\).

Positive coping strategies for military spouses may be individual, social, or communal in nature\(^{(22)}\).

• Individual coping often takes the form of distraction techniques whereby the spouse keeps busy; emotion coaching, in which the spouse engages in positive self-talk; and flexibility, or the spouse being flexible about his or her lack of control.

• Social coping takes place when the spouse seeks out network support and emotional support from others.

• Communal coping involves both the deployed spouse and the children. This may include making adjustments in household responsibilities (e.g., who takes out the trash, who provides protection) along with distracting and engaging the children. Spouses may also work at engaging the deployed parent and the children at home in meaningful activities. Finally, communal coping may take the form of management of privacy as a protective buffer. This refers to how much the deployed spouse and the spouse at home share the problems and effects of deployment (e.g., a deployed spouse whose unit is being constantly bombed may not share that information with the spouse at home).

The spouse at home may also engage in negative coping strategies which may intensify emotional distress. Themes common to such strategies have been identified as:

• Pursuing an unrealistic level of closeness (e.g., isolating themselves from others while obsessively pursuing any information on the spouse’s unit).

• Creating emotional distance from the deployed spouse through increased independence, emotional denial, or numbing.

Levels of stress experienced by spouses of deployed service members vary and may be related to the rank of the deployed spouse, length of deployment, number of previous deployments, and the interplay of these three factors\(^{(8)}\).

• Researchers in one study concluded that prolonged deployments (deployments greater than 11 months) were associated among U.S. Army wives with more mental health diagnoses, such as depressive disorders, sleep disorders, anxiety and acute stress reaction, and adjustment disorders\(^{(17)}\).

• Researchers in another study found that women whose spouses deployed while they were pregnant and did not return until after delivery had increased risk for postpartum depression\(^{(15)}\).

Spouses who are at risk of poor adaptation to their partners’ deployment typically are young, foreign-born, married to lower-ranking service members, experiencing their own first time away from home, and/or experiencing their first deployment\(^{(19)}\).

Spouses are more likely to maintain a strong relationship with their partners if they maintain regular communication during deployment\(^{(13)}\).

What We Can Do

• Learn about the effect of military deployment on spouses so we can accurately assess our clients’ personal characteristics and health education needs; share this information with our colleagues.

• Become knowledgeable about military culture (e.g., history, core values, mission, organizational structure, service branches, operations) and language.

• Adapt therapeutic interventions to the military population and utilize intervention approaches that take into account how aspects of the military culture, including unique stressors and resources, impact family behaviors and perspectives\(^{(6,25)}\).

• Educate ourselves on the framework for *Advanced Social Work Practice in Military Social Work* developed by the Council on Social Work Education (CWSE). CWSE calls for social workers to engage in research-informed practice by evaluating and analyzing literature related to military social work\(^{(4)}\).

• Learn about TRICARE, the U.S. military benefits system, which provides medical and behavioral health services to military families\(^{(19)}\).
• United Healthcare Military & Veterans manages military healthcare benefits and services on the West Coast. Members can access the Behavioral Health Portal for phone and online counseling as well as a guide to resources and service providers by state
  – For providers, https://www.uhmilitarywest.com/uhtm/provider.html

› Conduct a biopsychosocial-spiritual assessment that includes specific questions relating to deployment in order to determine risk exposure. Important risk factors to assess for include frequency and length of deployment, number of deployments, extent of exposure to combat, opportunities for communication, quality of communication, and expected redeployment date. The assessment should include a mental health history for parents and children; history of family violence, child abuse, or neglect; financial stability; and social supports
  • Take special note of any mental health problems or intimate partner violence during previous deployment cycles, as these are strong predictors of the reemergence of symptoms from preexisting conditions
  • Help clients to identify strengths, internal resources, and effective coping strategies; encourage self-care to combat the fatigue and challenges of being the primary caretaker; teach effective coping strategies to address feelings of helplessness and hopelessness

› Advocate with school staff on behalf of spouses who are uncertain how to address their child’s behavioral or academic difficulties; educate clients on educational rights in military-based schools and civilian schools

› Link families to military resources: unit chaplains, family support groups, and rear detachment personnel, whose duty is to assist families with problems and who may offer unit-level support services; organizations such as Army Community Service, Armed Forces YMCA, and Community Mental Health Clinics offer classes on coping with deployments, child rearing, single parenting, and stress management
  • Assist spouses in locating civilian services and community support, since spouses are generally not eligible to receive the same support services as service members who are covered through the TRICARE system

Coding Matrix
References are rated using the following codes, listed in order of strength:

| M | Published meta-analysis
| SR | Published systematic or integrative literature review
| RCT | Published research (randomized controlled trial)
| R | Published research (not randomized controlled trial)
| C | Case histories, case studies
| G | Published guidelines
| RV | Published review of the literature
| RU | Published research utilization report
| QI | Published quality improvement report
| L | Legislation
| PGR | Published government report
| PFR | Published funded report
| PP | Policies, procedures, protocols
| X | Practice exemplars, stories, opinions
| GI | General or background information/txts/reports
| U | Unpublished research, reviews, poster presentations or other such materials
| CP | Conference proceedings, abstracts, presentation

References


