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Expectations and Reality: Post Deployment Reintegration Through the Lived Experiences of Military Spouses

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Walden University

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Walden University

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Michele M. Brown

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Walden University
2022

Abstract

Expectations and Reality: Post Deployment Reintegration Through the Lived

Experiences of Military Spouses

by

Michele M. Brown

MA, Kaplan University, 2010

BS, Park University, 2008

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Clinical Psychology

Walden University

May 2022

Abstract

This phenomenological study aims to understand how post-deployment reintegration impacted the quality of life, functionality, adjustment, and levels of distress among military spouses. Additionally, this study analyzed data collected from 11 individual military spouse responses to gain firsthand insight into the challenges of post-deployment reintegration and the resiliency factors that influence stability. While extensive research existed on the challenges associated with the hardships of physical distance and absence, there was limited research on the impact of post-deployment reintegration on the overall quality of life of a military spouse. Three theories explored the extremely individualized experiences of military spouses' post-deployment reintegration. They were the learned resourcefulness theory, the transactional theory, and the integrative quality of life theory. From the thematic analysis, 23 themes emerged, five major and 18 minor themes that addressed the four research questions. ATLAS.ti 9 was critical in determining the hierarchy of themes upon coding and analyzing the collected interview data. The analysis results centered around the findings of the military spouses experiencing disruption to their normal routines. As a result, the military spouses experienced increased anxiety and viewed themselves as single-parent homes. It is recommended that non-survey instruments be implemented and to obtain a larger and more randomized sample. This study has the potential to contribute to positive social change through improving and targeting prevention and intervention programs that meet the unique physical and emotional needs of a military spouse head-on.

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Dedication

This research is dedicated to all the military spouses that hold their families and themselves together through the unexpected difficulties associated with a military life. I see you; I appreciate you, and I acknowledge you for the sacrifices you continue to make with your duty to your family and spouse.

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This research would not have been attainable without the love, support, encouragement and forgiveness of my family and friends. My husband, John Brown, who encouraged me to start my PhD journey and has provided continued support throughout the entire process. My children, Emma, Madelynn, and Henry that watched silently while providing a constant stream of encouragement and perseverance. My mother, Pamela Wickers, who has always been my source of strength. My sister, Christine Witchley, who has always provided the support and advice when I need it the most. To my closest friends, supporters, and cheerleaders, you know who you are, thank you for always keeping my feet moving forward. I am truly grateful to each of you that have encouraged me, cheered me on, listened, and believed in me, my journey, and this research.

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Chapter 1: Introduction to the Study

Introduction

The initial days and weeks after a service member has left for a deployment can be some of the most challenging days as spouses and children attempt to readjust. Spouses must take on additional responsibilities and duties, while children miss their "Mommy" or "Daddy." Children long to be close to their deployed parents and often wonder when they might see them or talk to them again. The questions and responsibilities seem endless as the shift from a two-parent household to a single-parent household becomes the new normal. Some of the most common family stressors faced by military spouses that have been shown to impact marital quality include caregiver burden, financial strain, lack of social support, and work-family conflict (Allen et al., 2011; Pflieger et al., 2016). As the days progress to weeks, new routines begin to establish, along with a renewed sense of security, making day-to-day living more manageable for the military spouse. Life has a way of continuing to move whether one moves with it or not, but as new routines are established, moving forward becomes less complicated. It is possible that military families more efficiently respond to change (attesting to family flexibility) when they have rules and structured routines in place (Oshri et al., 2015). As time continues, the shift from a two-parent home to a single-parent home becomes less complicated and stressful, leading to an ease of stress and anxiety for the military spouse. This phenomenological study explored the perceptions, expectations, and lived reality of the military spouses' post-deployment reintegration. The purpose of this research was to

understand how reintegration post-deployment impacts the quality of life, functionality, adjustment, and level of distress through the lived experiences of the military spouse.

As the deployment cycle comes to an end and the military spouse begins to prepare for the homecoming and reintegration of their service member, the anxiety, stress, and instability would return at an increased speed. Experiencing the post-deployment reintegration time after time, military spouses may find that the excitement and thrill of the honeymoon phase during reintegration are short-lived. The reintegration phase can carry immense weight with unanswered questions, silence, re-learning and reintegration of family and spousal roles, trauma, all while never fully understanding or knowing how the deployment may have changed their service member physically and mentally. Each new deployment creates a new post-deployment reintegration with the same worries, fears, and instabilities as the last. While the reintegration phase for many military families is the time of joy as the sense of stability is regained and burdens are eased. There are just as many military families that may experience heightened anxiety, stress, fear, and prolonged instability during the reintegration phase. While some spouses report not adjusting during reintegration, others report that their deployed partner is no longer the same person they knew previously (Marek, 2014). Other challenges include navigating intimacy after the time apart and developing a new household routine that is functional for both partners (Knobloch et al., 2020). The homecoming and reintegration phase can be met with resistance and discord as spouses work to regain family and marital roles and responsibilities. This study analyzed post-deployment reintegration to determine resiliency factors and deployments' impact on the military spouse's

psychosocial well-being. Spouses of military personnel are exposed to unique daily stressors; examining their stressful experiences and coping strategies to deal with these experiences is paramount (Dimiceli et al., 2009). Findings show that, as care providers, military spouses experience higher levels of financial difficulties, physical challenges, anxiety, depression, and stress (Sinclair et al., 2019). The quality of military marriages may be more critical than ever given the increased frequency, duration, and combat intensity of deployments over the past 15 years with active duty, reserve, and National Guard service members in the United States deploying in unprecedented numbers (Pflieger et al., 2016).

Military spouses are familiar with uncertainty and living a life that is never completely stable. There is no class provided to new military spouses on how to handle the stress and strain associated with deployments or remote tours and the subsequent reintegration phase. Never feeling wholly settled or knowledgeable on planning a meaningful future with their service member spouse can lead to chaos within their marriage and family structure. Post-deployment reintegration begins to show the invisible scars that the servicemember spouse may carry with them. Access to targeted military supports and resources can help calm the chaos of reintegration post-deployment. The future may depend on these service members and their families, and it is our task not only to help them reintegrate successfully but to give them the skills and confidence to become the next greatest generation (Danish & Antonides, 2013).

According to data collected from Lewey, Oliver, and McFarland (2014), one-fourth of military spouses surveyed report that they were unsure where to go for mental

health services. Additionally, the military spouses expressed concerns with confidentiality, negative opinions within the community, and facing specific barriers to their overall care and understanding of military life and culture. This study could benefit the mental health community, support services, and chain of command as they continue to reshape how to better serve the military spouses with services they utilize. The purpose of this study was to provide firsthand insight on how to best support military spouses during the reintegration phase and how each spouse and their abilities tie into adjustment, coping, and overall quality of life. Often the reintegration phase focuses on the initial reunion, the homecoming. The couple is reunited in the post-deployment reunion phase and enters what used to be considered a "honeymoon period." In the post-deployment transition, the homecoming begins with a honeymoon period stemming from the joy of being reunited (Knobloch et al., 2018). However, this is also stressful for many couples, particularly when service members return with unpredictable changes in their mental or physical health (Mallonee, Riggs & Stander, 2020). This study sought to gain an authentic understanding of the reintegration post-deployment experiences of the military spouse.

Background

The scenario of a not-so-happy homecoming and challenges with the post-deployment reintegration describes the authentic experiences of my life as a military spouse and the reason for this research. Unfortunately, this scenario is not unique to just me and is the reality of many other military spouses. Therefore, this research aims to better understand the reality of post-deployment reintegration on the spouses of military

members. Mental health prevention and intervention service providers can utilize these findings to equip military spouses' services better. Those involved with military families must understand the reintegration process and its effects on the service member and their family because this multifaceted period of time has been found to have a profound impact on multiple life domains (Marek, 2014). Creating and promoting prevention and intervention services assist and support military spouses in a way that allows them to thrive, feel supported, and advocate for themselves and other military spouses.

September 11, 2001, drastically changed the course of the military and the shape of the military family. Since 9/11, military service in the United States has been characterized by wartime deployments and reintegration challenges that contribute to a context of stress for military families (Lester et al., 2016). Twenty years later, the military is still adjusting its responses to foreign and domestic threats. The military continues to press on in its mission to ensure America remains safe. The demand for global security and safety for America has increased the military's need for force protection and continued peacekeeping efforts. Over 2.1 million military service members have served in the wars in Iraq and Afghanistan, with more than 3.3 million deployments (Lester et al., 2016). The extreme increase in the pace of deployments for service members occurred during the middle to later part of the 2000s. The surge in Iraq occurred from 2007 to 2008 and was followed by a gradual reduction in troop strength through the formal end of operations in December 2011. Deployments to Afghanistan peaked in 2010 and have been gradually declining (Meadows, Tanielain & Karney, 2016).

Although there has been a reported decline in deployments to the Middle East, in 2017, the Department of Defense stopped providing military deployment figures for Afghanistan, Iraq, and Syria. In addition, the official deployment data does not include troops deployed in support of contingency operations. In short, the data for members deployed in this region is not fully public. There may be 80,000 personnel in the region (USAFacts, 2020). Each deployment cycle consists of an approximate departure and return date. These dates can change numerous times and often with limited to no notice. However, these approximate dates provide some certainty among the considerable instabilities for military families. Military families can begin planning and re-creating their day-to-day lives and routines according to this approximate departure and return date.

As time has passed and heavy deployment cycles remain, the military relies on a five-stage deployment theory. This five-stage cycle includes pre-deployment, deployment, sustainment, redeployment, and post-deployment (Pincus et al., 2001). Pre-deployment occurs when service members receive orders to deploy and prepare for departure, deployment refers to the first month after departure when individuals adjust to their new circumstances, sustainment includes the duration of the time apart when people settle into new routines, redeployment involves preparation for homecoming during the month before the service member's return. Finally, post-deployment focuses on the six months following reunion when the military couples adjust to living together again (Pincus et al., 2001).

The deployment cycle varies based on the mission and the individual military member. Much of the distress service members experience occurs following the deployment and is a consequence of the difficulties encountered during their efforts to reintegrate into their families and communities successfully (Danish & Antonides, 2013). The length of each deployment cycle can vary from deployment to deployment and can be months to years. Each stage of the deployment cycle carries its own weight based on each military spouses' expectations versus the reality and their emotional responses to each of the stages of the deployment cycle. The emotional reactions associated with each stage of the deployment cycle include anticipation, loss, emotional disorganization and irregularities, instability, uncertainty, readjustment, and anxiety associated with finding balance during and after the deployment. Each stage is characterized by a specific emotional challenge that must be dealt with and mastered by each family member to maintain psychological health (Pincus et al., 2001).

The deployment rotation schedule has remained high in our post 9/11 military. The intensity, frequency, and duration of stressful combat, combined with the life history and personality differences among service members, are likely to produce a varied and unpredictable array of reactions to coming home (Danish & Antonides, 2013). Many military members have experienced one deployment after the next with a short three to six months stay at home before deploying again. Heavy and rapid deployment cycles do not exempt these military members from other duties at their home front base. These include temporary duty assignments, extended training, or even a permanent change of station. These heavy and rapid deployments create just as many post-deployment or

reintegration cycles for the military family, specifically the spouse. Despite these more recent efforts, it is our belief that service members experiencing reintegration difficulties may represent the untreated casualties of the longest war in U.S. history (Danish & Antonides, 2013). Reintegration for many families brings initial excitement for the return of their loved ones. Once the excitement begins to fade, the military spouse becomes flooded with feelings of stress, anxiety, uncertainty, and continued instability. The return of their loved one begins to stir up new emotions of how the impact of the deployment has changed both themselves and their loved one, never truly knowing how the post-deployment reintegration unfolds.

Statement of the Problem

There is a saturation of research on the overall impact of a deployment cycle on a military spouse and the family unit. However, there is limited research on the perceptions, expectations, and lived reality of the military spouse post-deployment reintegration. Research on how to evaluate and fully understand how reintegration impacts life quality, functionality, adjustment, and level of distress through these military spouses' lived experiences is still needed. According to the research, as many as 1/3 of all combat veterans experience symptoms of post-traumatic stress disorder (Lucero, Jones & Hunsaker, 2017). During this reintegration phase, the unpredictability, uncertainty, and fluctuating emotions link increased stress and anxiety. Reintegration can be a turbulent time for the family, as members must re-form into a functioning system (Marek, 2014).

Understanding and uncovering caregiver burden, emotional distress, anxiety, and instabilities through the reintegration process provides firsthand insight into the military

spouse's responses. Gaining this insight provides valuable information on the resiliency factors, self-compassion, and overall impact on these military spouses' psychosocial factors. Although military spouses do not serve directly, their health and well-being can have direct consequences for the military (VanWinkle & Lipari, 2015). The military spouses' ability to navigate the post-deployment reintegration creates a foundation of stability and eases the reintegration phase's burden. However, instability and inadequate emotional responses can create challenges when reshaping family structure throughout the deployment cycles, specifically during reintegration. Due to past research findings on post-deployment reintegration, it was hypothesized that military spouses would experience challenges with emotional stability, re-identification of role structures, and overall quality of life. Additional challenges during the post-deployment period may entail negotiating new roles and boundaries within the family system, household management, financial status, parental rejection, and new social supports (Drummet et al., 2013; Vincenzes et al., 2014).

Research Questions

The following research questions were derived from the literature review in the areas of learned resourcefulness theory, transactional theory, integrative quality of life theory, caregiver burden, self-compassion, and military spouse's lived experiences post-deployment reintegration. This phenomenological qualitative study focused on the following research questions:

Research question 1. What are the lived experiences of a military spouse during the reintegration post-deployment?

Research question 2. What are the connections between these lived experiences and the psychosocial well-being, overall quality of life, and functionality of a military spouse during and after post-deployment reintegration?

Research question 3. What are the lived experiences of a military spouse's level of distress and caregiver burden during and after post-deployment reintegration?

Research question 4. How does the military spouse cope with distress in order to prevent a worsening situation?

Purpose of the Study

This phenomenological study aimed to explore and describe the expectations versus the reality of reintegration post-deployment. This research analyzed the lived experiences of military spouses' to determine resiliency factors, levels of distress, and overall impact on life quality. The military spouse's military life experiences are quite different from the service member's experience. Therefore, they should be considered when understanding factors that influence marital quality from the military spouse's perspective (Pflieger et al., 2018). This study can benefit the mental health community, support services, and chain of command as they continue to reshape how to better serve military spouses with services they utilize. We are only beginning to understand the implications of wartime service for military families (Lester et al., 2016).

The findings of this research provided firsthand insight on how to best support military spouses during the reintegration phase and how each spouse and their abilities to adjust are tied directly to distress, coping, and overall quality of life for themselves. Military couples are unique, and a counselor's awareness of needs particular to this group is

imperative for therapeutic success (Vincenzes, 2014). Often, the reintegration phase only focuses on the initial reunion or homecoming. In the post-deployment reunion phase, the military couple reunites at the initial homecoming or honeymoon phase and enters the post-deployment reintegration phase. This is also stressful for many military couples, particularly when service members return with unpredictable changes in their mental or physical health (Mallonee, Riggs & Stander, 2020). This research provided a more in-depth and authentic understanding of the post-deployment reintegration from behind closed doors and better equipped the mental health and military communities to create and deliver effective services that meet the needs of the military spouse through the challenges of reintegration they utilize.

Theoretical Framework

Learned Resourcefulness Theory

Learned resourcefulness theory was formulated by Rosenbaum (1990) as the conceptual model of self-control. It is a concept that can affect a wide range of behavioral outcomes, involves coping with various stressful situations successfully, such as chronic diseases, and emphasizes individual differences in self-control (Rosenbaum, 1990). Coping is defined as the actual effort made to render perceived stressors more tolerable and minimize the distress induced by the situation (Braun-Lewensohn & Bar, 2017). This theory suggests that individuals who can demonstrate high levels of creativity and originality learned resourcefulness in their lives. As a result, they can minimize stress, challenges, and problems and how this impacts their lives. Learned resourcefulness is gained as a result of interaction with the environment throughout life. Therefore, the

behaviors defined as learned resourcefulness are learned within the environment in which the individual grows (Rosenbaum, 1990).

In attempting to understand the reintegration phase post-deployment, the learned resourcefulness theory provides insight on self-efficacy expectations, ability to cope, level of distress, overall quality of life, and relationship functionality of each military spouse. Learned resourcefulness relies on the logic of self-help and the military spouse's ability to take on the difficulties of life head-on while engaging in successful coping strategies. Evidence suggests that healthy levels of cohesion and flexibility can promote positive adaptive processes for military families (Oshri et al., 2015), whereas unhealthy family functioning, on the other hand, can lead to maladaptive outcomes for military families (O'Neal et al., 2018; Saltzman et al., 2011). Understanding the military spouses' ability and capabilities of interacting, growing, and learning from the environment surrounding them helps to understand the post-deployment reintegration phase's successes and failures.

The Transactional Theory of Stress and Coping

American psychologist Richard S. Lazarus developed the Transactional Theory of Stress and Coping. The transactional theory of stress and coping serves as a framework and scaffold to approach, organize, and understand the plethora of literature on adjustment and coping. The transactional theory of stress and coping is unique as it distinguishes between the interactions that occur between an individual and their environment. This model is used to analyze the imbalance created between an individual's demands and resources, resulting in one's ability to cope or adjust to stress.

This theory's core assumption is that coping is a process wherein adaptational outcomes are determined by how individuals appraise stressful experiences, the coping styles that the individual employs, and how dispositional and situational factors serve as mediating variables (Lazarus & Folkman, 1984; Lazarus, 1999).

The research to date has shown that individuals exposed to complex types of stressors tend to be vulnerable to various psychological and social problems, such as anxiety, depression, somatic complaints, aggressive behavior, anger, and PTSD (Braun-Lewensohn & Bar, 2017). Psychological distress is strongly linked to an individual's interpretation of a threat or threatening situation rather than the actual event itself. This theory postulates that an individual experiences stress, stressful events, and the negative impacts or emotions associated with stress when their pressure or demands exceed their ability to cope or access resources. Coping is a function of the interaction between situational antecedents and individual characteristics, perceptions of the situation, coping intentions, and strategies. Military spouses differ in their unique experiences and overall reactions to their spouse's reintegration after deployment. The transactional theory provides firsthand knowledge and understanding of the post-deployment reintegration phase through the military spouse's eyes. Understanding that reintegration is a phase and not a single homecoming, and the importance of how each military spouse interprets the reintegration, helps eliminate the cookie-cutter approach to a very individualized experience.

The Integrative Quality of Life (IQOL) Theory

Quality of life is more than merely having a good life; it believes that one's life is good and of quality. Quality of life is linked to numerous factors. The notion of a good life, a life of quality, is observed subjectively and objectively and incorporates numerous life theories. As these three overall aspects of the quality of life are loosely grouped with notions relevant to the quality of life, which tend to overlap, they can be placed in a spectrum ranging from the subjective to the objective (Ventegodt, Merrick & Anderson, 2003). This spectrum is referred to as the integrative quality of life (IQOL) theory. This spectrum incorporates several existing quality-of-life theories from the subjective to the objective quality of life via the quality of life in existential depths. Therefore, we call this spectrum the integrative quality-of-life (IQOL) theory (Ventegodt, Merrick & Anderson, 2003).

The IQOL theory looks at well-being, satisfaction with life, happiness, meaning in life, the biological information systems ("balance"), realizing life potential, the fulfillment of needs, and objective factors (Ventegodt, Merrick & Anderson, 2003). The IQOL analyzes three different quality of life groups: subjective, existential, and objective quality of life. The subjective quality of life examines how individuals feel or believe about their quality of life. Existential quality of life takes a more in-depth look at how individuals live a balanced and harmonious life. Objective quality of life analyzes how others perceive individuals' lives outside their immediate circle. These three groups overlap and integrate to assist in understanding the very complexities and richness in life. For example, personal stress in military spouses is thought to be influenced by the

perception of well-being in family members, relational strains, and the assignment's danger (Everson et al., 2014). Understanding the complexities and richness in life provides critical insight into each military spouse and their post-deployment reintegration experiences.

Nature of the Study

This research study was based on the qualitative phenomenological approach to understanding the essence of human experiences about a phenomenon (Creswell, 2013). A qualitative phenomenological approach assists in exploring the overarching goal of this research study, gathering authentic and genuine information regarding the lived experiences of the military spouse participants. Furthermore, a qualitative phenomenological study culminates in the essence of the experiences of several individuals who have all experienced this phenomenon (Creswell & Creswell, 2018). Therefore, the phenomenological design for this research study was based on the expectations versus the reality of post-deployment reintegration through the lived experiences of the military spouse.

One-on-one interviews with participants either in person or virtually based on the individual preference of each participant were conducted. Participants were selected after they completed a prescreening questionnaire. The prescreening questionnaire ensured that all participants are over 18, are currently living with and married to an active-duty military member and have had experiences with a deployment or remote assignment within the last 12 to 18 months. The experiences post-deployment reintegration of the participating military spouses was collected through the utilization of open-ended and

semi-structured questions. The interview process allowed for the genuine collection of the military spouses' lived experiences with post-deployment reintegration and the challenges they may have individually and collectively faced. This phenomenological research study was designed to include the formulation of the research questions, investigatory stage, data collection, reflection, data management, and the analysis of the collected data.

Operational Definition of Terms

Active duty- are full-time military service members

Dependent- is the military service members spouse or children who are unmarried and under the age of 21 or those individuals that, regardless of age, are physically or mentally not capable of caring for themselves.

Deployment- is the rotation, movement, and activities of military personnel and their supplies and equipment from their home base or unit to a specified area of operation.

Deployment cycle- including the preparations before, during, and after that need to be taken care of within the service member's home.

Emotional cycle of deployment- is the stages of emotions experienced during pre-deployment, deployment, sustainment, redeployment, and post-deployment.

Homecoming- the initial return of military members from deployment

Post-deployment reintegration- This is the phase in which the military member returns home to their life, community, and military duties.

Psychological adjustment- is the behavioral process of an individual balancing conflicting needs or needs challenged by obstacles within their environments.

Retention- is the number of military members that are eligible to re-enlist and make the decision to remain on active duty.

Assumptions, Limitations, and Scope

It is assumed that all participants were honest in completing their questionnaires, face-to-face interviews, and short essay responses. Additionally, it was assumed that the process of creating a participant pool would not create bias among the participants or myself. Finally, the assumption can be made that the military spouses participating in this study may have confounding factors that impact their ability to manage their distress and adjust during the post-deployment reintegration phase. This includes but is not limited to age, education level, number of children, years of marriage, and years as a military spouse.

Limitations of this study include the following:

There is significant importance in studying the reintegration phase for military spouses that are male and female as well as heterosexual and same-sex marriages from varying branches of service. However, it is difficult to predict or project what the participant pool would be comprised of. Therefore, this research could be limited by gender, sexuality, and branch of service. The utilization of electronic questionnaires and the potential need for zoom calls as opposed to face-to-face interviews could create a limitation for military spouses that are uncomfortable with this platform choice. The military community remains fairly reclusive and reluctant in sharing personal details as well as challenges they face. Military spouses may be reluctant while answering questions due to the fear of interfering with their spouses' career and promotion stability.

Significance

This study has the potential for positive social change in several different areas. First, the unpredictability associated with the deployment cycle, specifically post-deployment reintegration, can increase emotional distress. Second, a psychosocial weight is attached to the post-deployment reintegration phase on the military spouse. Third, military families face unique circumstances such as trauma exposure, separations, frequent moves, and social isolation that can place additional burdens on the marital relationship (Pflieger et al., 2018). Finally, attempting to regain a physical and emotional connection with one another after a long, seemingly permanent separation has been found to be extremely stressful, resulting in struggles with communication, co-parenting, returning to pre-deployment routines, and marital intimacy (Orthner et al., 2005; Vincenzes et al., 2014).

The military has faced increased demands since September 11, 2001. These increased demands have also created challenges on the homefront. In 2019, more than 1.3 million active-duty members were serving in the four military service branches: Army, Navy, Marine Corps, and Air Force; of these 1.3 million service members, 50.7% are married (DoD, 2019). Family members are an integral part of the military community and shape the unique military family unit. In 2019, there were 1.6 million family members; of these, almost 1.6 million family members, 605,716 members, were spouses (DoD, 2019). There were 12,392 reports to the Family Advocacy Program (FAP) of suspected child abuse or neglect in fiscal year (FY) 2019 (DoD, 2929). 5,600 incidents of child abuse and neglect met the criteria in FY 2019. (DoD, 2020). These child abuse and neglect incidents

were comprised of 59.53% neglect, 20.66% physical neglect, 16.02% emotional abuse, and 3.79% sexual abuse (DoD, 2020). In FY 2019, there were a total of 7,921 met criteria incidents of domestic abuse (spouse abuse and intimate partner violence) reported to FAP (DoD, 2020). Of these 7,921 incidents, 73.74% represented physical abuse (DoD, 2020).

Numerous intervention and prevention programs are designed to support military spouses and their overall quality of life specifically. While these attempts to support and assist military spouses' post-deployment reintegration are a valiant effort, they often fall short and continue to remain underutilized. Often military spouses do not seek out support in the chaos unless their hand is forced. The dynamics and levels of distress vary from family to family during the reintegration phase. Additional research of post-deployment reintegration, expectations versus reality, and the impact on the military spouses' overall quality of life could lead to a more tailored approach in providing effective prevention and intervention strategies through support programs that spouses utilize and rely on. Although recent research indicates that military families are relatively high functioning (Lucier-Greer et al., 2014), deployment and reintegration are considered stressors for military families, making an examination of their behaviors and experiences during these times paramount to understanding how families may thrive in the midst of adverse conditions (O'Neal et al., 2018).

The military spouses' ability to maintain positive mental health, self-care, and self-compassion can relieve caregiver burden and build resiliency, thus creating stronger marital and family bonds and military connections. Self-compassion has shown clinical relevance as both a protective factor and through interventions aimed at increasing self-

compassion (Furkus et al., 2019; Mak et al., 2018; Wilson et al., 2018). Practicing self-care behaviors during deployment and reintegration is vital, as a lack of self-care can be linked with caregiver burden and higher stress levels (Mulholland, Dahlberg & McDowell, 2020). Increased stress for the military spouse's post-deployment can decrease service member retention (Mallonee, Riggs & Stander, 2020). The post-deployment reintegration phase can leave military spouses in a continued state of distress and instability. This research hypothesizes that the reintegration phase can lead to emotional distress, prolonged instability, anxiety, and periods of uncertainty.

Stressful life events, in general, correlate with an increase in mental and physical health complaints. Military spouses are exposed to traditional stressful life events as well as unique stressors associated with being a military spouse. The impact of stressful events and the distress created can exacerbate challenging symptoms related to one's physical or mental health. Tying in learned resourcefulness theory, transactional theory, and the integrative quality of life theory set the foundation and groundwork for understanding the real impact of post-deployment reintegration on military spouses. Understanding how these unique stressful life events apply to the reintegration phase of the deployment cycle can provide valuable insight into the military spouses' ability to cope, adjust physically and mentally, and build resiliency through the distress that reintegration can have on the military spouse. Greater deployment exposure predicted greater dysfunction in affective involvement, family communication, problem-solving, and general family functioning (Lester et al., 2016), Military spouses that are unable to find a balance and regain stability during the reintegration phase may develop heightened levels of distress, anxiety, and

other vulnerabilities. The inability to find or create balance post-deployment reintegration can lead to interpersonal turmoil and marital and family discord.

Importance for Social Change

These findings of increased interpersonal turmoil, marriage and family discord, and prolonged instability during the post-deployment reintegration phase can pose significant challenges in coping, adjustment, and overall quality of life. This research impacts social change, and its potential ability to bring light to military spouses' experiences face post-deployment reintegration. As it relates to distress and instability during the reintegration phase, this research can assist in the creation of prevention and intervention strategies and program supports that military spouses utilize as their specific needs have been targeted. The military spouse's resiliency, stability, positive mental health, self-care, and self-compassion are tied to stable and prosperous relationships with themselves, their spouses, and their children. In considering the aftermath of a decade at war on military families, it may be particularly relevant to refine public health strategies to include better identification of those parents and children at highest risk, as well as intervention strategies that specifically target parenting and family-level processes identified as salient to child and social and emotional development (Lester et al., 2016).

Summary

Military spouses are the foundation of family stability throughout the entire duration of the deployment cycle. Despite much literature suggesting that the reintegration stage lasts several months, this stage can persist for months to years depending on the individual service member, his or her family, and the fuller context of

the service member's life (Marek, 2014). The reintegration phase can prove to be challenging, stressful, and unstable. Continued instability and distress significantly impact the military spouses' ability to adjust and find their balance during this challenging time. Pincus, House, Christenson, and Alder (2001) postulated that post-deployment is arguably the most critical stage for service members and spouses. They often must reduce expectations and take time to become reacquainted with one another and build communication. The family dynamics created during deployment are often challenged during reintegration (Marek, 2014). The military spouse plays an integral part in the military family unit's dynamics and structure and the success of the military member. Military spouses are often the closest source of support for service members, and, in fact, social support has been shown to buffer the effect of trauma exposure on service member's risk for posttraumatic stress disorder (Allen et al., 2011; Brewin et al., 2000; Pflieger et al., 2018). Increasing utilization of targeted prevention and intervention strategies better assists the spouses during the reintegration phase of a post-deployment. In supporting the military spouses' mental and physical health, we strengthen the collective military family unit.

Chapter 1 provided a condensed preview of the foundational principles and findings that serve as the basis for this research study. Chapter 2 is an extensive review of the literature. The literature review examined research on the reintegration phase post-deployment, the lived reality of these experiences and their impact on relationship functionality and the overall quality of life of the military spouse. Additionally, the following theories were explored to explain and understand the adjustment, coping, and

psychosocial challenges that reintegration post-deployment has on the military spouse.

Learned resourcefulness theory, transactional theory, and integrative quality of life theory set the groundwork and foundation in understanding this phenomenon.

Chapter 2: Literature Review

Introduction

The problem studied was that although research exists on the overall impact of a deployment cycle on a military spouse and the family unit, there is limited research on the perceptions, expectations, and lived reality of the military spouse post-deployment reintegration. A gap arose from the fact that the military spouse's life experiences are quite different from the service member's experience and should be considered when understanding factors that influence marital quality from the military spouse's perspective (Pflieger et al., 2018). According to existing research, as many as 1/3 of all combat veterans experience symptoms of post-traumatic stress disorder (Lucero et al., 2017). The unpredictability, uncertainty and fluctuating emotions link increased stress and anxiety during this reintegration phase that must be explored.

Understanding and uncovering caregiver burden, emotional distress, anxiety, and instabilities throughout the reintegration process provided firsthand insight into the military spouses' lived experiences and their responses to these experiences. Gaining this insight provides valuable information on the resiliency factors, self-compassion, and overall impact on military spouses' psychosocial factors. The military spouses' ability to navigate the post-deployment reintegration creates a foundation of stability and can ease the burden during the post-deployment reintegration phase. However, instability and inadequate emotional responses can create challenges when reshaping family structure throughout the deployment cycles, specifically during post-deployment reintegration. The purpose of this qualitative phenomenological study was to explore military spouses' lived

experiences to determine resiliency factors, levels of distress, and overall impact on their overall quality of life during the post-deployment reintegration phase.

In this chapter, a review of the literature was presented organized by themes identified in the existing literature on the experiences of military spouses during post-deployment reintegration. Following an introduction to the search strategy, the review of literature starts with a discussion on the theoretical framework of the study, which is composed of three theories, namely learned resourcefulness theory (Rosenbaum, 1990), the transactional theory of stress and coping (Lazarus, 1999), and the integrative quality of life (IQOL) theory (Ventegodt et al., 2003). In the section that follows, a review of literature on the key themes identified in the literature was presented. This section is organized by three themes: deployment cycle, reintegration process, and military spouse's experiences.

Literature Search Strategy

The literature review involved a discussion on the experiences of military spouses during post-deployment reintegration. In order to identify the relevant literature on these themes, several research databases, including Taylor and Francis, PubMed, Educational Resource Information Center (ERIC), JSTOR, and Science Direct, were utilized. Further, when relevant studies were identified concerning the themes under consideration, I used the references cited within them to identify additional studies. In order to search for the literature within the databases, several keywords were utilized either on their own or in combination. The keywords utilized included *post-deployment reintegration*, *military spouses*, *resiliency*, *distress*, *quality of life*, and *transition*. To ensure the authenticity of

the findings, only peer-reviewed studies were included in this literature review. Further, to ensure the discussed findings reflected a current understanding of the related themes, most of the studies included were published after 2017. However, in order to include seminal research, such as for the theories discussed in the theoretical framework, some older foundational research studies were included in this literature review. Overall, research published after 2017 constituted 86% of all the studies included in the literature review, while older studies formed the remaining 14%.

Theoretical Framework

The theoretical framework in this study was comprised of three theories. First, the learned resourcefulness theory (Rosenbaum, 1990) helps form a theoretical foundation regarding the self-regulation and resiliency aspect of military spouses' experience with post-deployment reintegration. Second, the transactional theory of stress and coping (Lazarus, 1999) helps form a theoretical foundation regarding the distress and coping aspect of military spouses' experience with post-deployment reintegration. Finally, the integrative quality of life (IQOL) theory (Ventegodt et al., 2003) helps form a theoretical foundation regarding military spouses' overall impact on life quality of post-deployment reintegration. Together, these theories formed the overall theoretical framework for this study.

Learned Resourcefulness Theory

Learned resourcefulness is rooted in the concept of learned resourcefulness. According to Rosenbaum and Jaffe (1983), learned resourcefulness refers to the group of acquired skills and behaviors through which an individual relies on for internal response

regulation for responses such as cognition and emotions that may negatively influence the attainment of a specific desired behavior. Learned Resourcefulness Theory consists of four elements: perceived self-efficacy, the tendency towards delayed gratification, implementation of strategies for solving problems, and utilization of statements to oneself for emotional response control (Bulut & Zeren, 2021; Rosenbaum & Jaffe, 1983). According to Rosenbaum (1990), the influence of learned resourcefulness manifests in an individual's self-efficacy. This is the belief regarding one's capacity to effectively cope with a situation rather than one's perceived stress level.

According to the tenets of learned resourcefulness theory, individuals with greater resourcefulness can significantly reduce the negative impact that stress has on their performance. Consequently, they can perform better under stressful conditions compared to those who have lower resourcefulness (Karaoğlu & Yalçın, 2020; Martin & Kennett, 2019; Rosenbaum, 1990). Furthermore, Rosenbaum and Ben-Ari (1985) showed that learned resourcefulness has a significant impact on an individual's performance when facing situations that are stressful. Thus, the key assumption of the theory was supported by research.

Historically, the origin of the term learned resourcefulness could be traced back to the 1970s. It was first used by Meichenbaum (1977) in the context of a stress reduction program. Meichenbaum (1977) conceptualized learned resourcefulness as consisting of those attitudes that assist a person in coping effectively with stressful situations while attaining control on stressful and challenging events in life. However, Rosenbaum (1983) conceptualized learned resourcefulness as a repertoire of behaviors consisting of a set of

skills through which internal events are self-regulated by a person to enable the attainment of more desirable behavior. Findings from the early literature showed that individuals with greater resources had a greater capacity for pain tolerance (Rosenbaum, 1983). They also can effectively cope with such challenging situations as depression (Siva, 1991) and epilepsy (Rosenbaum & Palmon, 1984). Thus, the theory has been applied in multiple contexts.

In the context of the current study, it can be noted that military spouses' experience with post-deployment reintegration is directly associated with stress, in addition to possible experiences of social isolation, depression, marital discord, helplessness, anger, and fatigue. Some military spouses may cope better with distressful events during post-deployment reintegration compared to others. As is evident from previous literature, in which learned resourcefulness has been examined in relation to coping with events that are stressful (Siva, 1991; Rosenbaum & Palmon, 1984), it is evident that learned resourcefulness has a significance in adjusting during post-deployment reintegration. As a result, learned resourcefulness theory was useful in this study when considering the aspect of self-regulation of such responses as cognition and emotions that may negatively influence the attainment of well-being during post-deployment reintegration.

Transactional Theory of Stress and Coping

When dealing with events that are stressful, individuals attempt to prevent the negative consequences resulting from such events on their well-being through coping strategies. In the context of the transactional theory of stress and coping, coping refers to

the behavioral and cognitive efforts through which individuals manage the external as well as internal demands resulting from a transaction as part of a person and environment relationship, which is determined as exceeding the available resources at that person's disposal (Folkman & Lazarus, 1985). Such management may involve tolerating, mastering, minimizing, or decreasing the demands.

Within this theory, stress is viewed as transactional in nature since it takes place through an interaction between environment and person. In such interaction, stress occurs as an imbalance when the environmental demands exceed the person's resources (Alizadeh et al., 2020; Gieselmann et al., 2020). The transaction involves two processes, appraisal and coping (Lazarus & Folkman, 1984). When an event occurs, a person evaluates the source of stress and its possible consequence as part of the initial appraisal process. At this stage, an event may be viewed as unfavorable if the person associates psychological or physical harm with it and as positive if the person associates positive consequences with it (Lazarus & Folkman, 1984). The initial appraisal is followed by a secondary appraisal, which is when the person determines whether the event requires a response, whether a response is feasible given the available resources, and whether it results in stress reduction (Sousa & Veronese, 2021). After the appraisal, a person may utilize strategies for coping.

The origin of the transactional theory of stress and coping can be traced back to a seminal study in the 1980s. Folkman and Lazarus (1985) studied the alteration in coping responses and emotions as part of an examination on students. The researchers examined coping and emotion across three phases of an examination among students, namely prior

to the exam, after the exam before the results were declared, and after results were declared (Folkman & Lazarus, 1985). The researchers found that the participants experienced both challenging emotions and threat emotions, and complexities in appraisals and emotions suggested a lack of clarity about the multidimensional nature of examination, particularly after the exam before the results were declared (Folkman & Lazarus, 1985). The researchers also noted the complex nature of coping, as the participants utilized combinations of different types of the available emotion-focused and problem-focused coping strategies during each phase (Folkman & Lazarus, 1985). For example, the participants relied on problem-focused coping when highlighting the positive aspects prior to the exam. While waiting for results, they employed distancing as a coping mechanism.

The theory has been used in the context of the military. For instance, Vickers et al. (1989) used the transactional theory of stress and coping with examining stress and coping among recruits undergoing training at U.S. Navy and found significant correlations between coping style and personality traits. More relevant to the current study, Dimiceli et al. (2009) examined stressful experiences and coping strategies among military spouses with the use of the transactional theory of stress and coping. The researchers found that spouses described using problem-focused coping to deal with stress from deployment more often compared to emotion-focused coping (Dimiceli et al., 2009). Further, when accompanied with control over stressors, problem-focused coping was found to be associated with reduced symptoms of depression (Dimiceli et al., 2009).

Thus, the usability of the theory in the context of military spouses' experiences was established by previous studies.

The coping process involves behavioral elements, action, and cognitive elements, for assessment. Thus, the coping process is resource-intensive, both in terms of energy and attention (Avcioğlu et al., 2019; Loewenstein et al., 2019). If a person is exposed to stressors frequently, it may result in exhaustion and withdrawal (Li et al., 2017). In the context of military spouses adjusting to post-deployment reintegration, stressors related to reintegration may result in higher levels of distress, which results in the person experiencing emotional exhaustion. Because of its relevance to the current research focus, the transactional theory of stress and coping was appropriate to form the theoretical framework of this study.

Integrative Quality of Life (IQOL) Theory

Quality of life is another crucial element explored in this study. Within the integrative quality of life (IQOL) theory (Ventegodt et al., 2003), it is proposed that a person's quality of life arises from eight factors. IQOL can also be thought of as a meta-theory, formed with these eight factors as individual theories. The eight factors or theories forming the IQOL theory include well-being, meaning in life, happiness, satisfaction with life, biological order, fulfillment needs, realizing the potential of life, and objective factors such as societal norms (Ventegodt et al., 2003). These factors are along a spectrum, with subjective quality of life on one end, objective quality of life on another end, and existential quality of life in the middle. The subjective quality of life concerns the extent to which a person feels his or her life to be good (Ventegodt et al.,

2003). Every person assesses their views and notions about their quality of life.

Satisfaction with one's life is an element that manifests in subjective life quality.

The existential quality of life refers to the extent to which a person's life is good on a deeper level. Within the IQOL theory, the researchers assumed that every person has a more profound element within them which must be taken into consideration (Ventegodt et al., 2003). This element may comprise a person's biological needs that must be satisfied, or it may comprise the need for individual development that must be optimized (Ventegodt et al., 2003). It may also include living one's life consistent with some religious or spiritual ideals.

Finally, the objective quality of life refers to the extent to which the external world views a person. This perception is affected by a person's culture (Ventegodt et al., 2003). This element manifests in an individual's capacity to adapt to the cultural values of his or her environment. For instance, certain status symbols may manifest that a person has a good life within a particular culture (Ventegodt et al., 2003). The objective factor is distinguished from the subjective factor in that it deals with those conditions of life that are easy to establish by all observers based on external criteria.

The IQOL theory was initially developed as a philosophical framework. Specifically, Ventegodt et al. (2003) developed it as a philosophical and theoretical framework of the Danish Quality of Life Survey. Ventegodt et al. (2003) noted that, while different frameworks may highlight different aspects regarding quality of life, their particular conception is characterized by the inclusion of existential elements into social and health sciences. Consequently, the researchers considered it to be an essential initial

step in developing a new respect for the complexity and richness of life (Ventegodt et al., 2003). In the context of the current study, the IQOL theory provides an essential framework for assessing the overall quality of life as affected during post-deployment reintegration among military spouses. Furthermore, since this theory assesses both subjective and objective elements and deeper existential elements, it provides a broader framework through which to assess the quality of life. Consequently, its inclusion, along with the learned resourcefulness theory and the transactional theory of stress and coping, formed an adequate theoretical framework through which to explore the lived experiences of military spouses during post-deployment reintegration.

Literature Review Related to Key Variables and/or Concepts

This section presents a review of literature pertaining to the key themes related to the research phenomenon. The first sub-section consists of a review of literature on the deployment cycle. The second sub-section includes a review of the reintegration process. Finally, the third sub-section contains a discussion on the literature related to the experiences of a military spouse.

Deployment Cycle

The deployment of military members is an ongoing phenomenon. It is estimated that more than 2.6 million U.S. military members have been deployed to assist in Operation New Dawn, Operation Iraqi Freedom, and Operation Enduring Freedom (Bommarito et al., 2017). Of these, 40% have been deployed multiple times (Bommarito et al., 2017). The consequences of deployment are wide-ranging and affect both the service members and their families (Chopik et al., 2020). Consequently, it is crucial to

provide assistance to service members and their families across the different stages of what is called the deployment cycle (Pye & Simpson, 2017). Through such support, it is possible to encourage readiness and strength in the armed forces while also ensuring that individual members' mental and physical challenges are met.

Prior to enlisting in the military, irrespective of the branch in which the enlistment occurs, civilians are educated about the degree to which their commitment is required to meet the military's requirements. Providing services in the military as active-duty personnel includes certain obligations, of which military deployment is one (Thandi et al., 2017). Deployment occurs when a member of the military is away from their home base or permanent station (O'Neal et al., 2018). The deployment cycle is generally divided into four phases: pre-deployment, deployment, post-deployment, and reintegration (Knobloch & Theiss, 2018). The three phases are discussed in this sub-section, while reintegration is discussed in the following sub-section.

Pre-deployment Phase

The first phase of the deployment cycle consists of pre-deployment. Pre-deployment can be defined as the phase when combat conditioning occurs (DeVoe et al., 2019). At this period, a service member obtains orders for deployment and the date upon which active deployment begins (Russell & Russell, 2019). In general, relatively less research has been conducted on the pre-deployment period, even though preparation for deployment, which occurs at this phase, is significant in determining how the deployment shapes later (Wolf et al., 2017). Findings show that preemptive steps for planning and

readying oneself with respect to family are an important element in resilience once separation occurs and related stress occurs.

During the pre-deployment phase, military service members interact with their families. Service members talk and socialize with their children as well as spouses, sharing emotions and thoughts regarding deployment as part of the preparation (Gewirtz et al., 2017). Almost all service members discuss deployment with their families during the pre-deployment phase (Miller et al., 2018). Some service members may also discuss deployment with their counselors, especially the consequences of deployment on their role as spouse and parent as part of the process of preparing themselves for the change (Thandi et al., 2017). Service members obtain advice and counseling through professional consultation to prepare for the new phase.

Conditioning that occurs during the pre-deployment phase includes preparation and training for deployment. At this stage, recruits train regarding survival and combat skills and mental conditioning, which is part of the challenges (O'Grady et al., 2017). In order to prepare for the extraordinary circumstances and environment that service members may experience during deployment, training involves conditioning and practice through which the service members are equipped to automate their reactions in a high-stress environment (Weiss & Castro, 2018). Such experiences increase the service members' survival skills (Moore et al., 2017). As a result of such training, service members begin to think about their mission as well as their unit members (Hodicky, 2017). In addition, the training process increases the bond between service members in a single unit to develop the solidarity necessary for success during deployment (Nolan et

al., 2019). However, greater bonding with unit members results in distancing from family, which results in spouses preparing themselves for the actual deployment.

As the pre-deployment phase gets closer to the deployment phase, service members and their spouses begin to prepare practical matters. Such matters include home security, house maintenance, tax payment, wills and plans for child care, and finances. Some couples may experience greater affection, while questions regarding sexual loyalty may or may not be raised (Pye & Simpson, 2017; Strane et al., 2017). Couples may often have arguments due to stress, which in most cases may not cause significant strife (Meadows et al., 2017). Couples who are recently married and lack previous deployment experience may experience significant anxiety regarding their relationship (Chopik et al., 2020). Given the various issues that need resolving, many service members and their spouses may not be able to handle them all or handle them with the care necessary.

If a service member has not resolved conflict with their spouse during the pre-deployment phase, this can negatively affect their relationship and the service member's unit. Stress experienced by a spouse can affect their ability to care for their children, focus on work, or carry out daily errands (Cozza et al., 2017). If exacerbated, children may form negative beliefs regarding their parents' relationship or whether the deployed parents return (Bóia et al., 2017). Children may experience damaging psychological states and may not be able to focus on their education (Balderrama-Durbin et al., 2017). For the unit, a service member who is stressed and preoccupied with home affairs may not be able to fulfill their task during deployment (Knobloch & Theiss, 2018). Their

distraction could result in an accident and may even contribute to the failure of the mission.

Because of the negative consequences of pre-deployment stress, it is important to consider some of the steps that can be taken during the pre-deployment phase.

Researchers suggest that military couples have a conversation with each other regarding their fears and expectations once deployment begins during the pre-deployment phase (Chopik et al., 2020; Wolf et al., 2017). Such a conversation can cover a wide range of topics, including child care, finances, friendships, interactions with members of the opposite sex, and freedom with regard to decision-making (Strane et al., 2017). In the absence of such a conversation, couples may not be able to inform each other about their fears and expectations, which can result in a misunderstanding that can grow once deployment begins (Nolan et al., 2019; Russell & Russell, 2019). In addition, the challenge of resolving conflict when one partner is deployed in another region is more difficult compared to resolving conflict in each other's presence (Gewirtz et al., 2017; Weiss & Castro, 2018). Thus, the pre-deployment phase is an integral part of the deployment cycle, and the experiences of spouses at this phase remain relevant to consider in relation to the reintegration phase.

Deployment Phase

The second phase in the deployment cycle is the deployment phase. This phase begins once a service member departs from home to the location of deployment, which may be within a combat zone or may not be within a combat zone (Gewirtz et al., 2017). While the pre-deployment phase is characterized by anxiety and stress related to the

anticipation of separation, the deployment phase is more overtly stressful for the service member (Moore et al., 2017). Couples may experience hindrances in remaining connected, and spouses may experience stress regarding the service members' safety (Russell & Russell, 2019). Spouses may experience negative emotions as they begin to adjust at home (Miller et al., 2018). At this phase, while the service member is away, spouses may still feel their psychological presence despite their physical absence (Gewirtz et al., 2017). The family members are still occupied with the service member deployed (Knobloch & Theiss, 2018). Eventually, they begin to adjust and adapt to a routine.

Service members may experience anxiety and fear. However, because of their training to work under adverse circumstances, service members are more likely to experience resilience (Cozza et al., 2017). With respect to remaining in contact with their spouses and children, researchers have identified both positive as well as negative aspects of such contact (Hodicky, 2017). Through various tools, which enable more accessible and faster communication, service members today have more likelihood of remaining in contact with their families (Bóia et al., 2017). However, such contact may reinforce their separation (Miller et al., 2018).

Additionally, remaining in contact may make service members experience powerlessness in relation to the problems at home (Wolf et al., 2017). Such difficulties that spouses may share as financial strain, stress, and academic challenges of children may result in service members experiencing distraction and stress as a result of communication (Meadows et al., 2017). Consequently, because of communication,

service members may experience negative emotions during deployment, which may hinder them from focusing in the combat zone (Nolan et al., 2019).

A chief source of stress for service members during deployment is that they are required to be prepared for combat. Combat may occur through direct or indirect warfare (Moore et al., 2017). While direct warfare is common in wars, indirect warfare is significant in many U.S. combats and includes warfare styles carried out through hidden and unexpected methods such as Rocket Propelled Grenades, Improvised Explosive Devices, and Suicide Bombs (Thandi et al., 2017). Consequently, service members of the U.S. military have to be prepared in an alert state all the time (DeVoe et al., 2019). Even when service members have been prepared, the requirements of indirect warfare may be exhausting, and its challenges may increase their sense of powerlessness (Nolan et al., 2019). If service members experience deaths, especially those close to them, then such a sense may increase even more.

The possibility of sacrificing one's own life is another factor that becomes relevant during the deployment phase. The majority of service members experience situations during active combat where they undergo injury, experience the death or violent injury of other service members, or come across dead bodies (Meadows et al., 2017; Strane et al., 2017). Research findings show that when service members experience trauma due to other people or due to their having to injure other people, the impact of such trauma lasts for a longer duration and is wide-ranging compared to when they experience trauma due to some cause other than other people, such as a natural event (Bóia et al., 2017; Wolf et al., 2017). The deployment phase involves combat, and this

experience has the potential to result in the most harmful mental states, as such experiences are retained in the brain for a longer duration.

The impact of the combat experience during the deployment phase continues on into the next phase. The experience during combat makes it difficult for service members to mentally adjust to the experience afterward (Russell & Russell, 2019). This is due to the fact that the extraordinary nature of combat experience involves the release of chemicals that increase the possibility of memory encoded for storage in the long term (O'Neal et al., 2018). Consequently, the experiences during combat remain in service members' minds for a long time and are experienced profoundly (Strane et al., 2017). After the deployment phase comes to an end, and service members come back to a non-combat environment, many still find themselves reacting as if they were in a combat zone when exposed to a similar stimulus (Knobloch & Theiss, 2018). Thus, the impact of the deployment phase is experienced more acutely and chronically by service members during the reintegration phase.

Post-deployment Phase

The post-deployment phase occurs once combat comes to an end and the service members are debriefed. Following combat, service members usually go through a stable and safe environment where they are debriefed (Wood et al., 2018). At this stage, they are provided assistance in processing their experiences during deployment and are provided assistance in readying themselves for the next phase of the deployment cycle (Rona et al., 2017). Additionally, during debriefing, any issues service members may have regarding their mental health at the time are dealt with (De Soir, 2017). The

stabilization period after deployment may range from two to three months or longer, depending on the individual military member and their experiences.

Researchers have noted that group psychological debriefing is the most common of the early interventions provided to military units after deployment. Different psychological debriefings share the common characteristic of a group discussion carried out to review stressful experiences (Rona et al., 2017). Findings show that psychological debriefing carried out in a group context is more effective at improving mental health than stress education provided during the post-deployment phase among service members returning from combat (Wood et al., 2018). Thus, the importance of post-deployment debriefing has been highlighted.

In the post-deployment phase, service members who are coming back from a combat zone may experience varied and confusing feelings. On one end, they may experience relief as a result of having been out of the combat area and excitement for connecting with their family once again (Gewirtz et al., 2017; Rona et al., 2017). On the other hand, some service members may also experience anxiety regarding their having left the combat zone while their friends were left behind (Wood et al., 2018). It has been noted that family reunification is considered a primary target in the post-deployment phase to prepare service members for reintegration, which is the next phase in the deployment cycle (De Soir, 2017).

Reintegration Phase

Following the post-deployment phase, service members experience the reintegration phase of the deployment cycle. Deployment involves training and activities

which may enable service members opportunities for self-improvement and growth (Hawkins & Crowe, 2018). However, trauma and challenges experienced during deployment may have lasting consequences on service members (Romaniuk & Kidd, 2018). These challenges and exposure to trauma may affect their post-deployment reintegration process into civilian life.

For service members exposed to combat, the consequences of those experiences have a long-lasting impact. They subsequently affect their relationships, careers, worldviews, and domestic life (Hawkins & Crowe, 2018). Findings suggest significant negative consequences on service members' mental health and happiness before and after deployment (Romaniuk et al., 2020). In addition, many former or current service members in the military have been diagnosed with some psychological disorders, including PTSD, substance abuse, anxiety, and depression (Castillo et al., 2019; Libin et al., 2017). Consequently, understanding the mental health among service members, both active and former, remains an active field of research.

With respect to PTSD, PTSD has been found to be the key mental health challenge among service members in recent periods as characterized by wars in Afghanistan and Iraq. PTSD can arise in response to indirect or direct trauma exposure (Romaniuk & Kidd, 2018). Some PTSD symptoms, such as exaggerated vigilant and startle behavior, have been found to have a higher likelihood of manifesting during the initial part of the reintegration process, while other symptoms may be manifest afterward (Elnitsky & Kilmer, 2017). Development of PTSD during the integration phase is correlated with greater stress among those service members who have been exposed

more to combat zone (Belrose et al., 2019). PTSD development during reintegration is also likely to occur more with depression and has been associated with other conditions, including obesity, aggression, substance abuse, suicidal behavior, and sleep difficulties (Romaniuk et al., 2020). Being junior in rank, single, and young are some of the factors that increase the likelihood of a service member developing PTSD during the reintegration phase (Eichler & Smith-Evans, 2018). Further, stressors experienced after deployment, limited social support post-deployment, trauma, and challenging conditions during deployment are also found to increase the risk of service members developing PTSD during the reintegration process (Kranke et al., 2018; Libin et al., 2017). Thus, the impact of PTSD during the reintegration phase has been highlighted.

After PTSD, the second mental health disorder found more common among service members is depression. Depression has been found to occur with multiple other factors related to health (Elnitsky et al., 2017). As previously noted, PTSD and depression are more likely to occur together (Belrose et al., 2019). Additionally, depression is more commonly associated with eating disorders and obesity (Kranke et al., 2018). A major non-health factor that increases the risk of service members developing depression during the reintegration phase is unemployment (Weston et al., 2021). Being young, non-college-educated, unmarried, or a woman increases the likelihood of a service member developing depression.

Further, compared to service members serving in the Air Force and Navy, those serving in the Marine Corps and Army are more likely to develop depression during the reintegration phase. A more extended deployment period is more likely to result in

depression among Army service members (Castillo et al., 2019). Traumatic experiences during deployment or before, including childhood abuse and sexual trauma, increase the likelihood of service members developing depression (Hawkins & Crowe, 2018). Those service members who experience a physical injury that alters their appearance are also more likely to experience depression.

During the reintegration phase, mental health conditions may increase and be increased by sleep difficulties among service members, presenting a challenge for successful reintegration. Challenges with sleeping often occur in relation to other issues related to mental health, such as depression and PTSD (D'Aniello et al., 2017). Findings show that sleep-related challenges are widespread among service members (Elnitsky et al., 2017; Romaniuk et al., 2020). Different types of sleep-related problems, including remaining awake for many hours, obtaining less than five hours of sleep, and difficulty in falling asleep, have been associated with the reintegration phase (Clark et al., 2018). In addition, researchers have found a positive correlation between sleep difficulties and higher exposure to combat, lower rank, being male, higher stress, and lower educational attainment.

The rate of suicide among service members is higher compared to the general population. Consequently, suicide risk poses another challenge during reintegration (Eichler & Smith-Evans, 2018). Intention to commit suicide has been found to be associated with being male, young, and white (Libin et al., 2017). Further, abuse during childhood and loss of someone close are other factors that increase the risk of suicide during the reintegration phase (Gil-Rivas et al., 2017). While depression has been found

to increase the likelihood of suicide, social support has been found to reduce suicide intention and suicidal behavior among service members during the reintegration phase (Romaniuk & Kidd, 2018). Isolation, emotional numbing, and increased tolerance to pain are other developments related to deployment that influence suicidal behavior during the reintegration phase.

Substance abuse is another challenge identified in the reintegration process. Findings show that service members are at higher risk of developing problematic alcohol consumption habits (Hawkins & Crowe, 2018). Additionally, there is a positive correlation between military service members that have been deployed to Afghanistan and Iraq and alcohol abuse. Both alcohol abuse and use have been found to increase among service members after deployment (Gliske et al., 2019). Some of the factors associated with alcohol abuse include high avoidance symptom levels, exposure to combat, and greater severity of PTSD (Elnitsky & Kilmer, 2017). Alcohol consumption can also increase or be increased by other mental health conditions.

Further, service members who experience difficulties during the reintegration phases have a higher likelihood of being involved in impulsive behavior. For example, exposure to traumatic events as part of the driving experiences while in a combat zone has been found to increase anxiety related to driving and being close to vehicles as part of the reintegration phase (Ainspan et al., 2018). Likewise, PTSD and exposure to combat are associated with unsafe behaviors during driving, such as aggressive driving and a higher number of accidents (Lisle et al., 2019). Anxiety-related to driving may also increase the likelihood of limited social interaction and mobility (Cederbaum et al.,

2017). In addition to driving, criminal activities and promiscuous behavior are other high-risk behaviors observed among service members during the reintegration phase (Elnitsky et al., 2017). With respect to sexual behavior, compulsivity has been found to be associated with childhood abuse and the severity of PTSD among veterans (Belrose et al., 2019). With respect to crime, traumatic injury and PTSD have been found to be associated with incarceration among veterans during the reintegration phase.

While social support has been found to decrease the impact of stress during the reintegration phase, treatment hindrances and relationship difficulties may reduce the ability of service members to obtain social support. With respect to hindrances to treatment, it has been found that some service members may be unwilling while others are unable to look for treatment during the reintegration phase (Weston et al., 2021). Unwillingness may be due to the stigma related to looking for treatment as well as questions about the process of treatment (D'Aniello et al., 2017). Beliefs regarding one's own ability to treat oneself may also prevent support-seeking behavior (Romaniuk & Kidd, 2018). Lack of time, challenges related to work, and lack of comfort around mental health services may also prevent military members from seeking the support they need during the reintegration phase.

Service members may face challenges related to reintegration with family and friends. Service members may find it challenging to adapt to their role as parent and spouse (Lisle et al., 2019). Challenges relating to civilians who have not had the deployment experience serve as a major barrier that disrupts interpersonal relationships for service members (Elnitsky et al., 2017). Interpersonal conflicts occur among some

service members with their colleagues, close friends, members of the family, or spouses (D'Aniello et al., 2017). In relation to the risk of marital dissolution or marital conflict, service members experience difficulty sharing their innermost thoughts and confiding in others (Gliske et al., 2019). Difficulties forming friendships as well as maintaining friendships with those without military experience have been noted (D'Aniello et al., 2017). Service members experience gratitude towards those providing them with support, and they nevertheless face difficulty adapting to civilian life after deployment, experiencing strain and conflict in relationships.

Outside of the immediate family and friends, the broader social functioning of service members may be affected during the reintegration phase. The broader social structures within which a service member operates may be disrupted due to the differences between civilian and military cultures (Lisle et al., 2019). In the culture of the military, obedience and group submission are prized highly (Cederbaum et al., 2017). However, in the context of the civilian culture, social relationships and individualization are prized (Gil-Rivas et al., 2017). Consequently, the conflict in cultures may make post-deployment reintegration difficult for service members.

Especially in the context of the workplace, differences in culture may pose some challenges. Some findings suggest challenges due to the differences between civilian and military culture for service members in the workplace (D'Aniello et al., 2017). However, findings also show that values instilled in service members result in personal growth and resilience during the reintegration phase in relation to the workplace environment (Libin et al., 2017). Also, in relation to work, unemployment has been found to be associated

with anxiety and depression (Lisle et al., 2019). However, there is a lack of evidence showing an association between unemployment, traumatic injury, and mental health.

The physical health of service members also plays an important role during the post-deployment reintegration phase. Some service members may experience problems related to their physical health, which, similar to mental health, has been found to worsen before and after deployment (Elnitsky et al., 2017). As with mental health, service members' physical health may continue to worsen during the reintegration phase. An important element in the research on physical health among service members during the reintegration phase is obesity, which obtains relevance especially due to its relation to mental health (Gil-Rivas et al., 2017). Obesity and being overweight have been observed from veterans, and a correlation between having PTSD and being obese among men and between having depression and being obese among women service members have been identified (D'Aniello et al., 2017). Eating disorders among service members have also been found to be correlated with PTSD and depression (Kranke et al., 2018). Because of depression, many service members are not able to obtain the required physical activity recommended, which may contribute to further physical problems during the reintegration phase.

Deployments have been found to be negatively correlated with general concerns related to health. For example, recidivism related to smoking and beginning to smoke are health behaviors that have been found to be associated with a deployment (Clark et al., 2018). In addition, service members who have had multiple deployments, deployments lasting for a longer duration than average, and experiences in combat have been found to

have a higher likelihood of developing these smoking behaviors (Hawkins & Crowe, 2018). Consequently, service members who have been deployed have a higher likelihood of developing respiratory diseases compared to those that have not deployed.

Other physical health issues have also been noted in the literature. PTSD and exposure to combat have been found to be correlated with developing heart disease. Exposure to multiple combats has been associated with a higher likelihood of experiencing hypertension than those without combat exposure (Gil-Rivas et al., 2017). Fatigue, chronic pain, back pain, and musculoskeletal pain are other physical health conditions that have been reported among service members returning from deployment (Hawkins & Crowe, 2018). Service members with experience in combat have a higher likelihood of having a new diagnosis for headaches compared to those not deployed (Weston et al., 2021). The challenges related to physical health, mental health, and interpersonal relationships negatively affect service members' reintegration process (Eichler & Smith-Evans, 2018). The various challenges experienced by service members also affect their spouses and the challenges unique to spouses (Libin et al., 2017). In the following sub-section, findings from the extant literature on the experiences of military spouses are discussed.

Military Spouse's Experiences

The experiences of the spouses of service members have been an important field of research. It is estimated that more than half of the service members in the military are married (Bommarito et al., 2017). Of these, the vast majority of the service members are married to a civilian spouse, while a small number of service members are married to a

spouse who is also in the military (Bommarito et al., 2017). Furthermore, among the various demographics, being male, active duty, and officers increase the likelihood of a service member being married compared to being female, reserve duty, and enlisted service members (Keeling et al., 2019; Lufkin, 2017). Thus, marriage is an essential element during the deployment cycle.

Because the majority of service members are male, the majority of service member spouses are female. The majority of the spouses of active duty service members are younger than 30, followed by those younger than 40 and over 30 (Bommarito et al., 2017). In the United States, more than half of the spouses are White, while a third of the spouses are non-White (Owen & Combs, 2017). The vast majority of college spouses have a college education, while more than a third of them are employed (Richardson et al., 2020). During service members' deployment, most military spouses face such tasks as managing family (Skomorovsky et al., 2017).

Further, they have to experience moving geographically, which results in disruptions of their educational and employment paths (Sinclair et al., 2019). Fewer difficulties for spouses characterize the reintegration phase compared to previous phases, although some experience such challenges as financial difficulties, mental and physical health issues, and problems with relationships, especially after the initial reintegration period (Donoho et al., 2017; Huffman et al., 2019). A primary concern for military spouses during the reintegration phase is their service member partners' mental and physical issues.

Military spouses experience anxiety, stress, issues with sleep, depression, and mood alterations with respect to mental health. Between different phases of the deployment cycle, preexisting issues with mental health may reinforce themselves, affecting the extent to which the particular conditions of a phase results in their experiencing stress (Owen & Combs, 2017). In addition, their ability to deal with their stress based on the resources available and the stress of their service member spouses can further affect their mental health (Skomorovsky et al., 2017). Finally, military spouses may experience mental health issues during the reintegration phase, including alcohol abuse, depression, and suicide intention.

During the reintegration phase, military spouses' mental health is affected by numerous factors. These include prolonged deployment lasting for more than a year, their lack of readiness during the deployment, lack of communication, financial difficulties, and spouses coming home with mental and physical health problems (Trone et al., 2018). PTSD among service members, especially, has a higher likelihood of inducing stress among military spouses (Gribble et al., 2019). The impact on their mental health further affects their wider life, while the particular conditions specific to the reintegration phase may also disrupt their lives.

Across all phases of deployment, military spouses play various roles both in relation to their family and outside of it. For example, military spouses may be students, employees, managers of household affairs, and care providers for injured service members (Huffman et al., 2019). In the context of the household, once deployment has occurred, service member spouses find themselves with multiple different responsibilities

in the context of their home (Ross et al., 2020). These include child care, home maintenance, and financial affairs management (Zwanziger et al., 2017). Once the reintegration phase begins, these roles are altered further (Richardson et al., 2020). During reintegration, the initial period may be characterized by a sense of calm and effortlessness (Sinclair et al., 2019). However, after the initial reintegration phase elapsed, couples may find themselves renegotiating daily tasks and their individual and cohesive family roles.

After about a year, initial confusion regarding the division of tasks and roles recedes, and families may begin to fall into a stable pattern. While during deployment, couples have to become independent, during the reintegration phase, they learn to depend on each other once again (Donoho et al., 2018). Military spouses experience more responsibilities upon them during the deployment phase (Kritikos et al., 2018). For many, these challenges also increase their independence (Keeling et al., 2019). Consequently, military spouses may feel as if they have lost their previous independence (Pflieger et al., 2018). For successfully navigating the reintegration phase, a mutual effort to assimilate the military member once again into the home and communicate with each other have been found to be critical components for the couples.

Military spouses who are students and those who are employed may experience more challenges compared to spouses who are not across the different phases of the deployment cycle. Since a military career involves deployment-related disruptions and frequent displacement, some military spouses may experience difficulties following their educational and career goals (Ziff & Garland-Jackson, 2019). More than a third of the

military spouses are employed in civilian work, while a third are not part of the labor force (Donoho et al., 2017). The remaining are either in the military themselves or unemployed (Ormeno et al., 2020). Because of the disruptions associated with military deployment, military spouses who are part of the civilian labor force tend to have lower earnings compared to civilian employees on average (McGaw et al., 2019).

Further, issues related to child care availability and bias among employers can pose additional difficulties for military spouses in obtaining and keeping desired employment. During reintegration, some military spouses may experience difficulties with pursuing their education (Gribble et al., 2019; Lufkin, 2017). Some of the challenges include time management in relation to school work and financial difficulties with college fees (Bommarito et al., 2017). However, there is limited research conducted on the educational difficulties of military spouses, especially during the post-deployment reintegration phase.

Various factors affect the relationship between a military spouse and the military members. During the reintegration phase, service members who come back with mental and physical health issues require additional care (Borah & Fina, 2017). Consequently, military spouses for such service members adopt the additional role of care provider. While resilience characterizes the attitude of service providers, which helps them during recovery from mental and physical health challenges, some who experience injuries may experience an alteration in their behavior, personality, and competence with tasks (Donoho et al., 2017; Kritikos et al., 2018). For the majority of such service members,

their spouses are their primary care providers (Gribble et al., 2019). They may obtain further assistance from friends, siblings, and parents.

Being a care provider comes with additional roles as well as challenges for military spouses. Findings show that, as care providers, military spouses experience higher levels of financial difficulties, physical challenges, anxiety, depression, and stress (Sinclair et al., 2019). Military spouses have to alter their plans in order to be able to provide care and may feel helpless and overwhelmed (Ziff & Garland-Jackson, 2019). In addition, employee care provider spouses may have to decrease their number of work hours (Gribble et al., 2019). Such changes may have an impact on the quality and functionality of their relationship with their service member spouses.

The relationship between service members and their spouses has been an important area of research. Researchers have examined such elements as the impact of mental health issues among service members on their relationship, domestic violence, divorce, and marital satisfaction (Trone et al., 2018). More than half of the service members have spouses, and their relationships have an impact on the overall functioning of the military (Pflieger et al., 2018). Many service members have strong, stable, and satisfactory marriages (Sinclair et al., 2019). However, problems in interpersonal relationships remain an issue for both service members and their spouses (Kritikos et al., 2018). Findings show a decline in the quality of marriage, separation intent, and risk of infidelity among service members after deployment (Lufkin, 2017). For some, such problems may continue or re-emerge during the post-deployment reintegration phase (Donoho et al., 2018). It can be noted that relationship difficulties between service

members and their spouses are more likely for those service members who experience substance abuse, PTSD, depression, and physical health problems (Bommarito et al., 2017). Thus, the relationship experiences of service members and spouses may vary depending on multiple factors.

During the initial period of post-deployment reintegration, couples may experience difficulties in their relationships. Specifically, experiences of doubts about the trajectory of their relationship have been known to occur in the first few months of reintegration (Gribble et al., 2019). Such doubts may be about themselves, as couples may wonder how they feel about their relationship, about their spouses, as couples may wonder how their spouses feel about their relationship, and about the relationship, as couples may wonder about the longevity of their relationship (Skomorovsky et al., 2017). Because of these doubts, military spouses may experience challenges during reintegration, as do their service member spouses (Huffman et al., 2019). However, there is a lack of research in which military spouses' experiences have been explored in this regard in the post-deployment reintegration phase.

There has been a rise in divorce among service members since the beginning of the twenty-first century. Findings show a lack of consensus regarding the causes of the increase in divorce rates (Ross et al., 2020). However, researchers have focused on deployment as a potential explanation (Trone et al., 2018). Findings in this regard are inconclusive, showing both an increase and a decrease in divorce risk due to deployment across different studies (McGaw et al., 2019). In addition, a prolonged period of deployment, PTSD, exposure to combat, and relationship challenges have been found to

be associated with higher rates of marital instability between service members and their spouses.

In relation to marriage and marital instability, a significant risk for military spouses is domestic violence. Violence, abuse, and aggression from service members occur for some military spouses and vary with regards to their intensity as well as methods (Sinclair et al., 2019). Sexual violence, financial abuse, physical abuse, verbal abuse, and psychological aggression are some of the methods through which military spouses may experience domestic violence (Ormeno et al., 2020). In terms of causes, PTSD and deployment have been found to be associated more frequently with domestic violence towards military spouses (Donoho et al., 2017). Having been deployed increases the likelihood of violence towards a partner, especially when the service members have a history of abuse and are young (Donoho et al., 2018). With respect to PTSD, there is broad consensus regarding the relationship with violence towards military spouses, especially when the service member is male (Borah & Fina, 2017). Service members who experience numbing and anger are more likely to perpetrate violence towards military spouses during reintegration (Donoho et al., 2017). While many incidents of abuse and violence between partners involve male service member aggression towards a female military spouse, in some cases, the violence may be perpetrated by both parties and by female civilian spouses to male service members.

The relationship of military spouses with their service member spouses during reintegration is affected significantly by PTSD among the latter. Symptoms of PTSD among service members are correlated with distress in both spouses and with challenges

in a relationship (Huffman et al., 2019). PTSD is associated with lower dedication to relationships, intimacy, confidence, and satisfaction in marriage among military spouses (Donoho et al., 2017). PTSD has also been found to be associated with communication difficulties, conflict resolution difficulties, and inadequate adjustment during post-deployment reintegration.

Military spouse's support may, however, decrease the severity of symptoms of PTSD among service members. Likewise, communication with military spouses, especially concerning deployment experiences, reduces the severity of symptoms of PTSD (Skomorovsky et al., 2017). For military spouses, their own distress may also depend on how they perceive the symptoms of PTSD among their partners (Huffman et al., 2019). For instance, military spouses who identify external factors as the cause of their partners' PTSD symptoms, such as trauma-related to combat, are less likely to experience distress compared to those who identify internal factors, such as the personality of their partners (Ormeno et al., 2020; Ross et al., 2020). Further, some PTSD symptoms, such as withdrawal, have negative consequences on marital harmony, as military spouses may be more likely to view such symptoms to internal factors.

Military spouses are also responsible for child care; a majority of the military spouses have children. During the reintegration phase, military spouses may worry regarding the way their children act in relation to the returning partner or the fear the children may have regarding whether the service member parent would leave once again (Donoho et al., 2017; Gribble et al., 2019; Sinclair et al., 2019). Overall, there are various challenges military spouses experience during the deployment cycle in general as well as

during the post-deployment reintegration phase. However, there is limited research in which the experiences of military spouses have been explored through their lived experiences to determine resiliency factors, levels of distress, and overall impact on life quality during post-deployment reintegration.

Summary and Conclusions

In this chapter, a literature review on the research problem concerning the perceptions, expectations, and lived reality of the military spouses during post-deployment reintegration was conducted. First, an introduction to the search strategy adopted to conduct the review was identified. Next, a review of the literature on the theoretical framework was presented. Comprising of three theories, the theoretical framework included learned resourcefulness theory (Rosenbaum, 1990) for the self-regulation and resiliency aspect, the transactional theory of stress and coping (Lazarus, 1999) for the distress and coping aspect, and the integrative quality of life theory (Ventegodt et al., 2003) for the overall impact of life quality for military spouses during post-deployment reintegration.

Following the discussion on the study's theoretical framework, a review of literature on the key themes related to the research phenomenon, namely deployment cycle, reintegration process, and the military spouse's experience, was presented. It was noted that the deployment cycle is divided into four phases, namely pre-deployment, deployment, post-deployment, and reintegration (Knobloch & Theiss, 2018). All of these phases are characterized by different experiences both for the service members and their spouses (Thandi et al., 2017). With respect to the reintegration process, various relevant

issues related to mental health, including PTSD, depression, substance abuse, anxiety, interpersonal relationships, and physical health, were discussed (D'Aniello et al., 2017; Hawkins & Crowe, 2018; Romaniuk & Kidd, 2018). Finally, issues relevant to the experiences of military spouses, including their mental health, family role, career and education, and interpersonal relationships, were discussed (Donoho et al., 2017; Gribble et al., 2019; Kritikos et al., 2018). Overall, it was found that military spouses experience many challenges during the deployment cycle, but there is limited research in which the experiences of military spouses have been explored through their lived experiences, which is the focus of the proposed study. Chapter 3 provides an overview of the qualitative design using, Learned Resourcefulness Theory, the Transactional Theory of Stress and Coping, and the Integrative Quality of Life (IQOL) Theory. The integration of these qualitative designs through which this research study was conducted further assists in exploring the post-deployment reintegration phase through the lived experiences of military spouses. Additionally, Chapter 3 provides the research methodology through defining the proposed research design, proposed rationale, proposed role of the researcher, proposed participant selection, proposed procedures, and lastly, the proposed data collection and analysis process.

Chapter 3: Research Method

Introduction

There is a general lack of research focusing on spouses' reintegration (Hawkins et al., 2018). This lack of research supported the need for this research study. Military spouses face many challenges during post-deployment reintegration. Notably, although many service members, spouses, and children or youth demonstrate remarkable resilience during what can be a smooth and joyful reintegration process, many individuals and families have difficulties with this stage of deployment (Marek, 2014). The purpose of this qualitative phenomenological research study was to understand the perceptions, expectations, and lived reality of post-deployment reintegration through the eyes of the military spouse. Gaining insight into these military spouses' lived experiences provided valuable insight into the overall impacts on their quality of life, emotional distress, functionality, adjustment, caregiver burden, and anxiety associated with post-deployment reintegration. Reintegration is fraught with complex emotions and stressors, and the US military is well served to focus more attention on this critical issue (Hawkins et al., 2018). This chapter included the research design and rationale, the role of the researcher, methodology, participant selection, instrumentation, recruitment, and data collection procedures. This chapter also includes the data analysis plan, concerns, issues with trustworthiness, ethical procedures and guidelines, and a summary.

Research Design and Rationale

The research design of this study utilized a phenomenological qualitative method. Qualitative research considers the natural context in which individuals or groups

function, as it aims to provide an in-depth understanding of real-world problems (Korstjens & Moser, 2017).

Immersion in the participant's world helps the researcher gain insight into the context of the study, which minimizes the distortions of information that might arise due to the researcher's presence in the field (Anney, 2014). The lived experiences of these military spouses were gathered through one-on-one interviews as well as a brief follow-up short essay. The military spouses' lived experiences were obtained through the integration of open-ended questions during the interview process, as well as the quick follow-up short essay questions and answers. The open-ended questions included questions about a military spouse's experiences with their mental and physical health, overall quality of life, functionality in their relationships, emotional distress, caregiver burden, adjustment capabilities, role transfer, marital discord, and other reintegration challenges or concerns that assisted in further exploring the lived reality of these military spouse's during post-deployment reintegration. Only more recently has there been a consideration of military spouses' mental health and well-being as a critical component of servicemember readiness (Richardson et al., 2020; Verdelli et al., 2011).

The integration of phenomenology was critical in formulating the interview process, overall design, and subsequent questions. The proper formulation of the interview process drove data gathering, data reflection, interpretation, data management, and data analysis procedures. For this study, interviews were audio-recorded and later transcribed. After the data was transcribed, it was analyzed by looking for code themes and identifying patterns directly related to this study's research questions.

The following research questions guide and set the foundation for this research study:

RQ1 1. What are the lived experiences of a military spouse during the reintegration post-deployment?

RQ2. What are the connections between these lived experiences and the psychosocial well-being, overall quality of life, and functionality of a military spouse during and after post-deployment reintegration?

RQ3. What are the lived experiences of a military spouse's level of distress and caregiver burden during and after post-deployment reintegration?

RQ4. How does the military spouse cope with distress in order to prevent a worsening situation?

These research questions reflected the overarching goal of this phenomenological research study. Specifically, to understand the impact post-deployment reintegration has on the overall quality of life, psychosocial well-being, relationship functionality, levels of distress, caregiver burden, and anxiety that a military spouse may experience. To fulfill members' caregiving needs, spouses often limit their employment, take on additional responsibilities at home, and forgo opportunities for a healthy social life and personal time, all while navigating the military health system to understand better their family members' entitlements and benefits (Skomorovsky, 2017). The research questions provide a means in exploring, analyzing, and understanding how to fill the gap in the literature regarding post-deployment reintegration and the expectations, perceptions, and lived reality of these military spouses through their individual experiences. Most military

spouses harbor no delusions about having an easy life (Blaine Everson et al., 2013). Reintegration is fraught with the complexities of reestablishing old routines and creating new ones (Hawkins et al., 2018).

Central Concepts

The central phenomenon of this research study was the lived experiences of military spouses post-deployment reintegration. These experiences include being the spouse of a military member, post-deployment reintegration within the last 12 to 18 months, challenges with the post-deployment reintegration, quality of life, relationship functionality, distress, caregiver burden, marital discord, and role transference. In addition, there is evidence of higher marriage instability rates and family dysfunction in families with military deployment experience (Lester et al., 2016; Mulholland et al., 2020).

Research Design

A qualitative phenomenology method was utilized to gather detailed information on the participants' lived experiences for this research. The phenomenological design identified the phenomena precisely as well as the expectations versus the participants' lived reality. Phenomenology was the most appropriate design for this research as this research aimed to understand the lived experiences of a military spouse through the post-deployment reintegration phase. The phenomenological analysis began with the formulation of the phenomenological question of what lived experience the researcher is attempting to explore (Van Manen, 1997). This research study's phenomenological questions are: What are the lived experiences of a military spouse during the reintegration

post-deployment? What impact do these lived experiences have on a military spouse's psychosocial well-being, overall quality of life, and functionality? Lastly, what impact do these lived experiences have on a military spouse's level of distress, anxiety, and caregiver burden? During the investigatory stage, the participants' lived experiences were analyzed through observations and interviews. The research further explored and investigated the narrative, thematic and semiotic approaches. The integration of these three approaches allowed for the coding of themes, descriptions of the participant's lived experiences, and understanding and interpreting the world in which they live.

Rationale

Phenomenology was the most appropriate design for this research study as this phenomenon remains under-researched. This may be partly because of the difficulties collecting data from spouses after deployment when they are focused on reconnecting with their servicemember rather than on research (Hawkins et al., 2018). However, it may also reflect an oversight in the literature or perhaps a misconception that reintegration is a period of relative ease and high functioning for spouses and families (Hawkins et al., 2018). This phenomenon is understudied; Therefore, generating a detailed hypothesis would prove to be extremely difficult. Gathering information on the participants' lived experiences allowed for firsthand knowledge and insight while filling the gap in the literature. Researcher bias was not necessarily viewed as problematic in qualitative research, as long as the researcher willing brought their preconceived beliefs into the dialogue by explicitly disclosing their biases, assumptions, and aspects of their backgrounds that could influence the interpretations they make (Carlson, 2010). A

quantitative approach was not selected for this research as quantitative research requires comparing groups of participants and not individual participants or one select group of participants. The phenomenological method was the most appropriate selection of the significant qualitative research designs for this research study. Phenomenology was the most consistent with the overarching goal of understanding a military spouse's reintegration experiences post-deployment.

Ethnography, case study, and grounded theory are other qualitative approaches; however, they were not appropriate selections for the overarching goals of this research study. Ethnography would have provided insight into the culture and behaviors of military spouses. Culture and behavior are essential in deciphering the unique qualities of a military spouse. However, it would not provide the valuable insight required to understand the lived experiences of the post-deployment reintegration. Grounded theory was not evaluated as a research design as the generation of a specific theory would not reach the goals of this particular research study. Lastly, the case study approach was not selected, as it did not fit with the overall objective of this research study. Although having the participants in a safe, trusting, and comfortable setting would ease the interview process. Studying or observing the participants and their natural environment was unnecessary to this research study. Phenomenology was selected as this research study seeks to understand the experiences from another person's perspective (Creswell et al., 2017).

Role of the Researcher

The role of the researcher included recruiting participants, interviewing participants, collecting, and analyzing data. There were no prior personal or professional relationships or power over the participants that would have created bias or ethical violations within the research. When conducting phenomenological research, a researcher should not be nor pretend to be separate from his or her own presuppositions about the phenomenon (Groenewald, 2004). I have significant ties to the military community as a veteran and as a military spouse of 19 years. I have experienced post-deployment reintegration as a returning military service member and numerous occasions as a military spouse. My own lived experiences as a military spouse provided valuable personal knowledge about the challenges and impacts of a military spouse's quality of life during post-deployment reintegration.

This firsthand knowledge served to be both beneficial and challenging while conducting this research study. I quickly established rapport and trust with participants as they shared detailed and intimate recollections from their own post-deployment reintegration experiences. In addition, a significant benefit of my own experiences with the military is the insight it provided regarding familiarity and personal experiences with military terms, culture, and military life overall.

Researcher bias was mitigated through the collection of data, and subsequent findings provided verification of the military spouses' individual experiences. The participants maintained a higher position through the research process as their recollections, experiences, and participation drove the outcomes of this research. The

participants' perspective was purposefully sought out and confirmed with data that was collected from their one-on-one interviews and the short essays. This assisted in establishing credibility and helped ensure that the study findings reflect the intended perspective of the participant instead of the researcher (Trochim et al., 2016).

Participant Selection

Participants of this research study were spouses of military members who had experienced at least one deployment cycle or remote tour. Remote tours were a part of the inclusion criteria as they mimic a deployment cycle and create a reintegration event. Inclusion criteria shall include a deployment cycle or remote tour within the last 12-18 months, married to a servicemember (enlisted/officer) that is in the Air Force, Army, Coast Guard, Navy or Marine Corps, at least one child, and that their only affiliation with the military is through marriage to their servicemember. Reintegration is the stage of the deployment cycle that is characterized by the service member's reentry into his or her daily life as experienced prior to deployment, or into a new civilian life, including the domains of work, family, and personal experiences (Marek, 2014). Evidence suggests strains and hazards associated with deployment spillover and negatively influence the family system (DeGraff et al., 2016; Lester et al., 2010; O'Neal et al., 2018). The military lifestyle places heavy demands on members and their families, including frequent relocations, separation from family and friends, members deployments, as well as physical and emotionally demanding work duties (Herzog et al., 2011; Skomorovsky, 2017). Reintegration in the context of the family considers how each member of the

family perceives the post-deployment adjustment following the return of the active-duty service member (O'Neal et al., 2018).

Understanding the spouses' experiences during reintegration was critical. The spouse's own experiences can primarily impact understanding a military family structure and dynamics with their physical and mental health and well-being. The experiences that a military spouse lives through impact their personal functioning, relationship functionality within their marriage, role as a parent, and overall quality of life. A military spouse's experiences have broadly impacted their surroundings and their loved ones. This supported the inclusion criteria of being married, with no affiliation with the military other than through their service member, and a deployment or remote tour within the last 12 to 18 months. Having at least one child as part of the inclusion criteria was based on the goal of understanding the post-deployment reintegration challenges and stressors that a military spouse experience through a much deeper lens as children can be a source of both comfort and strain (Braun-Lewenson & Bar, 2017).

Military spouses' adjustments during separation and reunion have implications for the family's well-being and for soldier's retention (Dimiceli et al., 2010). Families within the military system live in a dual world where they must adhere to varying roles, rules, and expectations often dictated by a variety of sources (Blaine Everson et al., 2013). The constant changing of military lives can take a toll on military spouses, which can spur maladaptive or problematic reactions (Hawkins et al., 2018). There is a strong need to understand the experiences that military spouses have individually, as partners, and as parents. During the deployment and again subsequently during the reintegration, a

military spouse's many roles supported the inclusion criteria of the military spouse being married and having at least one child that they are the primary caregiver to residing in their family home. The literature and the selected theoretical framework for this research study supported the need to understand how an individual member of a military family can elicit challenges and stress for a military spouse.

Procedures

For a phenomenological study, the suggested number of participants is 3 to 10 (Dukes, 1984). A minimum of eight sample sizes for phenomenological studies that use interviews (Moustakas, 2004). This research study utilized no less than eight one-on-one interviews to gather sufficient data from military spouse participants to ensure data saturation was achieved. Participants were recruited through social media and emails to military acquaintances following the research study's approval.

Personal ties to the military as a veteran and as a military spouse were utilized through email and direct messages to military acquaintances to seek their support and help in sharing public notice with others to further recruitment attempts. I included my contact information that was to be shared to encourage potential participants to reach out directly if interested. Participants were additionally recruited through Facebook with a public notice post. This public notice included a brief description of the research study and the inclusion criteria required for participation. This public notice was posted on my Facebook page and was encouraged to be shared to increase the potential participant pool. The initial intended sample size was 15 to 25 participants or saturation of the data.

All potential participants who expressed interest were briefly prescreened through the prescreening questionnaire that was completed through Google forms. In the brief prescreening questionnaire, the participants were informed that their participation in this research study was 100% voluntary and that they could withdraw consent to participate at any time or ask any clarifying questions as needed. In addition, the brief prescreening questionnaire ensured that the interested participants met the inclusion criteria set for this research study. The prescreening questionnaires were analyzed by Google Forms and myself. If the participants met inclusion criteria, they were instantly redirected to complete informed consent electronically. In addition, participants reviewed the intended purposes for this research study, information on confidentiality, and an informed consent document that required their electronic signature. Lastly, participants were reminded that ongoing participation in this research study was completely voluntary. These documents were completed via Google Forms and required acknowledgment of electronically signed informed consent, receipt about the intended research for this study, confidentiality, and voluntary participation. Once I received the acknowledgment and signed informed consent, eligible participants were contacted via email to schedule their one-on-one interviews.

The interviews were scheduled as either face-to-face or Zoom, depending on the participant's geographical location as well as their comfortability with completing a face-to-face interview. The interviews were driven by the interview protocol that was specifically designed for this research study. Interviews were recorded, transcribed, and analyzed with the ATLAS.ti 9 qualitative software application. I was the only individual

who had access to participant interviews' digital recordings. Confidentiality was established and maintained throughout the interview and data collection process. The digital interview recordings are going to be destroyed after the completion of this research study.

Upon completing the one-on-one interview process, all participants provided a debriefing. I ensured that the participants did not experience any psychological harm throughout the interview process. Participants were provided with the national helpline phone number 1-800-662-HELP (4357) and the number to Military One Source's personalized support, 1-800-342 9647. This information was to be shared to ensure participants have 24/7 access to mental health assistance and support if needed.

Participants were sent a follow-up email with the request to provide answers to two short essay questions. This request was sent to participants two weeks after their initial one-on-one interview. This brief follow-up served as a second attempt to gather any additional information from these military spouses about their lived experiences during the post-deployment reintegration phase. The two short essay questions that were asked are as follows: (1) Now that you have had some time to reflect on your initial interview, do you have anything additional you would like to add, explain, or expand on from your first answers? (2) Have you experienced any significant life changes or challenges since your initial interview? Participants provided their answers for the two essay questions, and their responses were entered into the ATLAS.ti 9 software application for further analysis.

After the data from the interviews and short essay questions were analyzed and transcribed, participants were asked to complete a review of their data transcriptions, participants were reminded about confidentiality and the voluntary nature of their participation. The opportunity to review their transcribed interviews confirmed their interviews' validity and accuracy.

Data Collection

Data was collected through face-to-face and zoom video interviews that utilized semi-structured questions with each military spouse participant to investigate their uniqueness. All participants answered the same semi-structured open-ended interview questions in appendix A of this research study. Open-ended questions allow participants to share in-depth what they think or feel about the subject being researched while feeling more empowered and motivated about the questions being asked (Singer & Couper, 2017). Additionally, the use of open-ended questions allows for participants in a study to share their lived experiences about a phenomenon without being restricted to a set of answers (Moustakas, 1994). Thus, genuinely providing valuable firsthand experiences of the post-deployment reintegration for military spouses. Each interview was designed to last 60 to 90 minutes, varying largely on the responses of the participants.

The integration of video interviews through the Zoom platform allowed participants from outside the geographical area to participate in face-to-face interviews. The integration of video interviews through the Zoom platform allowed for those not able to participate in face-to-face interviews for a variety of reasons the opportunity to participate in this valuable research study. The integration of video interviews was a way

to provide flexibility for the military spouses' participation due to family and work demands as well as concerns regarding the global pandemic, COVID-19.

Data Analysis

ATLAS.ti 9, a qualitative software application, was utilized to record, transcribe, and analyze the interviews' data and follow up short essay questions from all participants. ATLAS.ti 9 assisted in auto coding, which eased my ability to recognize similarities as well as evaluate their significance. ATLAS.ti 9 also assists with a quotation reader, named entity recognition and search and code option, that further narrows coding results and visualizes the collected data. Additionally, ATLAS.ti 9 assisted in memo writing while ensuring a complete, honest, and transparent investigation of the collected data occurred, which directed the successful maintenance of this research study's validity and reliability.

Open, axial, and selective coding were used to analyze the data (Strauss & Corbin, 1998). First, the interviews were transcribed and then analyzed to address the research questions of this study with the utilization of the ATLAS.ti 9 qualitative software application. Next, auto coding was utilized to summarize the collected data into categories formed based on the meanings that emerged through the coding process. Auto coding is very similar to open coding in that it takes the portions of the collected data and provides codes or themes based on similarities. Next, Axial coding was utilized to determine and identify relationships and connections within the findings. Finally, selective coding was utilized within the ATLAS.ti 9 software application to determine

concrete and valid concerns with core issues amidst the coded data related to this study's research questions.

The integration of the ATLAS.ti 9 software application for data analysis purposes eliminated the need to code each one-on-one interview and short essay responses individually. Rather, the auto-coded results produced were reviewed to ensure that significant statements were highlighted, that words were coded and grouped by themes, and that themes were transferred to descriptions of these participants' lived experiences as they related to this phenomenon. Additionally, it was ensured that the analyzed results produced accurately depict how the participant's experience during the post-deployment reintegration phase explains and describes the overall essence and importance of this research study. Qualitative researchers look for a variety of participants to describe, explore or explain the phenomena in real-world contexts (Korstjens & Moser, 2017). In phenomenology, the analysis aims to describe and interpret the meaning of an experience, often by identifying essential subordinate and major themes (Moser & Korstjens, 2018). Qualitative research also considers the natural contexts in which individuals or groups function, as it aims to provide an in-depth understanding of real-world problems (Korstjens & Moser, 2017). The first step in qualitative analysis is reading and re-reading transcripts of the discussion to ensure that the researcher becomes familiar with the entire body of data (Maguire & Delahunt, 2017).

Additionally, the ATLAS.ti 9 software application results examined patterns between themes related to this study's research questions. The analyzed results were then used to make conclusions and findings based on the coded themes throughout this

research study's data collection, interpretation, and analysis portions. The findings and results were presented to all the military spouse participants, and a request for their feedback to confirm the validity of the findings was made. The participant's feedback was further utilized to ensure that any required adjustments were made to ensure validity and reliability remained intact. Finally, the results of this research study were related to the foundational aspect of the pre-existing research found in chapter 2, the literature review.

Verification of Findings

This phenomenological qualitative research study aims to better understand the participants' lived experiences within this phenomenon. In a qualitative study, the study needs to demonstrate credibility (Creswell, 2007). Appropriate strategies must be utilized to ensure credibility is established and maintained. Creswell (2007) recommends integrating at least 2 to 8 validation strategies. This research study was verified using the following validation strategies: clarification of researcher bias, member checking, and a rich and detailed description.

The researcher's clarification was one of the first validation strategies utilized to verify this research study. One way to clarify researcher bias is by commenting on past experiences that may have shaped the research's approach and interpretation and any biases (Creswell, 2007). I maintain strong ties to the military community as a veteran and as a military spouse. These ties were discussed in the introduction section of chapter 1 and again in the role of the researcher section in Chapter 2. According to Creswell and Miller (2007), the integration of my past experiences allows the reader the opportunity to understand my position early on in the study, this allowed the reader the hindsight to

eliminate biases as the study progressed. Reflection was completed with my dissertation chair as warranted regarding personal thoughts, feelings, and opinions attached to the interview process. This ensured that any potential biases did not impact the data's overall interpretation while creating room for feedback. The ability to reflect and examine researcher biases ensured that this research study's validity and reliability remained intact. This process helped overcome any research bias or effects (Loh, 2013).

Member checking was utilized to further validate and verify the findings of this research study. Member checking was utilized to increase trustworthiness in a qualitative study (Chang, 2014). Chang (2014) additionally states that member checking allows for sharing data, analytic categories, and interpretation with participants in the study who have provided the collected information. To establish credibility through the verification and validation of participants through member checking, all participants reviewed their initial interview and essay question transcriptions. Established phenomenological procedures for data collection, management, and analysis were used, and all findings were then be validated through participant feedback (Loh, 2013; Trochim, 2008). Once participants completed the reviews, they were all given the opportunity to correct any misinterpretations or misunderstandings and provide any additional information they felt necessary to ensure validity and reliability remained intact. The participant's input regarding accuracy provides verification of the analyzed results (Loh, 2013; Trochim, 2016). Member checking is the most crucial technique for establishing credibility. Member checking allowed the participants ample opportunity to ensure that the collected, transcribed, and analyzed data were accurate and valid according to their recollections.

The last validation strategy that was utilized to verify this research study was the use of a rich and detailed description of this phenomenon. The use of rich and detailed descriptions with varied participant selections and responses allowed for a true reflection of these military spouses' lived experiences that could be transferred to other like individuals. Gaining insight into these military spouses' lived experiences through their rich and thick descriptions provides valuable information regarding the information that can be transferred to others (Loh, 2013; Trochim, 2016). This process allowed for the interpretation of shared characteristics that can be transferred to other settings or individuals, thus increasing validity and reliability. To obtain reliability, the ATLAS.ti 9 software application features to record, transcribe, and analyze the collected data from participant interviews and short essay responses were utilized. Analysis software can support you in managing your data, for example, by helping store, annotate and retrieve texts, to locate words, phrases, and segments of data, to name and label, to sort and organize, to identify data units, to prepare diagrams and extract quotes (Moser & Korstjens, 2018).

Ethical considerations

Under APA ethical standards related to research with human participants, issues with informed consent, voluntary participation, and confidentiality were addressed at every point of contact with the participants throughout the data collection process. Participants acknowledged receipt and understanding of this research study's intended purpose and use, confidentiality and provided their knowledge of their voluntary participation. They were informed that there would be no penalty for withdrawing from

participation in the proposed study. Participants were also required to read, sign, and date their informed consent document before participating in the data collection process. The acknowledgment, understanding, and signing of the above-described documents ensured all participants were fully informed on what their participation in this research study would entail while allowing them the opportunity to fully understand the intended purpose of this research and participate willingly and voluntarily.

There were no deception methods utilized in the collection of data from participants. This ensured that the participants were not exposed to pain, harm, or risk throughout the data collection process. Participants were informed that there would be minimal risk associated with their participation as well as the potential benefits that the data would provide in the overall understanding of this phenomenon and how it directly related to their expressed challenges. If participants experienced any negative emotions during the interview process, they were addressed immediately. Participants were consistently informed on their ability to pause, slow, or stop the interview process and were encouraged to ask questions at any time to eliminate confusion or the risk of harm. The phone numbers to the National Helpline as well as Military One Source both personalized support numbers were provided to all participants. If a participant experienced heightened levels of concern for their mental health and or physical well-being, the contingency plan was to remain on the Zoom video call or in-person with the participant and call local law enforcement officers to request a welfare check.

The collected data samples were not collected from a vulnerable population. Prior to the recruitment of participants or collecting data, approval from the institutional review

board was obtained. Participants remained fully informed of their right to withdraw from this research study at any time, as well as their anonymity, privacy, and confidentiality. Qualitative researchers do not aim to intervene. Their interaction with participants requires careful adherence to the statement of ethical principles for medical research involving human subjects, as laid down in the Declaration of Helsinki (Korstjens & Moser, 2017). Confidentiality was maintained through the utilization of assigned identification codes for each participant. All paperwork, files, digital recordings, transcriptions, and informed consents were stored in a locked file cabinet in my home office. The digital recordings of all participant interviews are to be permanently deleted after completing this dissertation. All paperwork associated with this research study is to be stored in a locked file cabinet only accessible by me for a minimum of five years.

Summary

The overarching goal of this research study was to examine post-deployment reintegration through the phenomenological approach qualitatively. This chapter presents this research study's methods, the design of this research, rationale, the researcher's role, methodology, verification process, and ethical considerations. This research study utilized a qualitative phenomenological design and approach to collect and analyze the in-depth and detailed information gathered from the one-on-one interviews and short essay responses. This specific design allowed the opportunity to explore the overarching phenomenological research question: What are the lived experiences of a military spouse post-deployment reintegration. This chapter's methodology portion included a review of participant selection, procedures, data collection, and data analysis. This research study's

specific intent was to recruit participants for one-on-one interviews that were then analyzed and coded for their themed similarities to address the study's research questions specifically.

Additionally, this chapter discussed the verification of findings (concerns with trustworthiness), ethical considerations, and the summary. The collected, transcribed, and analyzed data were then verified through the clarification of researcher bias, member checking, and a rich and detailed description of this research phenomenon. These validation strategies ensured that the analyzed results remained trustworthy, dependable, and credible. These validation strategies were intended to produce this research study's reliability and validity.

Chapter 4 explores the specified demographics of the population for this research phenomenon. The expectations versus the reality of post-deployment reintegration of military spouses assisted in understanding the participants' overall quality of life and the unique challenges that can further impact these participants' physical and mental health and well-being. Additional factors that were explored in Chapter 4 were the years of the spouse's service, years of marriage, the rank of service member spouse, the number of children, age of the participant, and their education level to evaluate further how these factors affected each participant and the subsequent data findings.

CHAPTER 4: Findings

Introduction

Chapter Four of the study contains the findings from the interviews with military spouse participants. The research study sought to understand each military spouse's responses to gain firsthand knowledge and insight into the challenges of post-deployment reintegration and resiliency factors that influence stability. A thematic analysis was performed on the 11 interviews to search for and uncover the common but meaningful themes across the participants' responses. ATLAS.ti 9 was also employed to assist in determining the hierarchy of themes from the analyzed interviews. The following research questions were also addressed in this chapter:

Research Question 1. What are the lived experiences of a military spouse during the reintegration post-deployment?

Research Question 2. What are the connections between these lived experiences and the psychosocial well-being, overall quality of life, and functionality of a military spouse during and after post-deployment reintegration?

Research Question 3. What are the lived experiences of a military spouse's level of distress and caregiver burden during and after post-deployment reintegration?

Research Question 4. How does the military spouse cope with distress in order to prevent a worsening situation?

In this chapter, I discussed the participants' demographics to gain an idea of their background. Further, the data analysis process followed the overview of the number of themes generated from the analysis. At the same time, the findings section contains the

study's exhaustive outcomes along with the participants' supporting responses from which the themes were established. Lastly, the chapter concludes with a summary of the findings.

Setting

The setting for eight of the interviews was in person, and the remaining three interviews were conducted over Zoom by video. The in-person interviews were conducted at local coffee shops in a quiet corner away from heavy foot traffic. The use of local coffee shops for participant interviews was selected for safety and ease of convenience for the participants to minimize the barriers of an in-person interview. The remaining three interviews were via zoom video calls conducted in my home office. All participants in this research study participated voluntarily and of their own freewill. At the start of all interview's informed consent was reviewed. The review included the purpose of the study, the procedures, the right to withdraw consent to participate at any time, the importance of protecting each participant's privacy and the assurance of confidentiality, and lastly, a reminder of how to contact me.

After reviewing informed consent, I informed all participants to alert me if they became too distressed to continue with the interview. If the participant became too distressed, the interview would be stopped immediately, and information on how to access and seek mental health support would be directly provided. No interviews needed to be stopped or discarded due to distress or any other unexpected event. All 11 interviews proceeded and concluded as planned.

At the conclusion of all interviews, each participant was asked if there was anything they thought we missed during our time together about their experiences with post deployment reintegration or anything additional they wished to share. Participants were then asked if they had any questions or concerns that they would like addressed. Questions were addressed as they arose. Lastly, all participants were thanked for their participation, time, and willingness to share their personal experiences as military spouses.

Demographics

Eleven military spouse participants married to active-duty service member spouses were interviewed for the current study. All 11 participants were female military spouses aged 26 to 50 years old. Their races varied; however, seven out of the 11 participants were White Non-Hispanic, two were Black, and two were Hispanic. The branches of military service of their spouses represented were the United States Air Force, Coast Guard, United States Army, and the United States Navy. The spouses also had different ranks and grades in the military. The lowest ranking military service member represented was an enlisted E4, while the highest-ranking member was an O4 officer. The majority, 10 participants, were married to enlisted military service members, while the remaining participant was married to an officer. Further, most of the participants were employed, and a number were students completing their studies. The years married and years in service and the on-base or off-base residency also varied from one participant to the next. Information for all 11 military spouse participants is detailed in Table 4.1.

Table 4.1*Breakdown of the Participant Demographics*

	Age	Gender	Race	Spouses Branch of Military Service	Spouses Rank/ Grade	Employment status/ Fulltime or Part-time/ Inside or Outside Home	Education al Attainment	Years Married	Years in Service	Living e On bas e or Off bas e
PA1	50	F	White Non- Hispanic	United States Air Force	Master Sergeant/E 7	Yes/ Fulltime/ Outside	Associates Degree	13 years	14 years	Off bas e
PA2	35	F	White Non- Hispanic	Coast Guard	E6/Petty Officer First Class	Yes/ Fulltime/ Outside	Masters	8 years	16 years	Off bas e
PA3	31	F	Hispanic	Navy	E6, Petty Officer 1 st Class	Stay at home/ Full- time student	High School, currently studying	7 years	7 years	Off bas e
PA4	32	F	Black Non- Hispanic	United States Air Force	E5/ Staff Sergeant	Yes/ Fulltime/ Outside	Bachelor's Degree	12 years	14 years	Off bas e

PA5	35	F	Non-Hispanic	United States Air Force	Tech Sergeant/ E6	Yes/ Fulltime/ Outside	11 TH Grade	15 years	13 years	On base
PA6	42	F	Hispanic	United States Army	Sergeant First Class/ E7	Employed/ Fulltime/ Work from Home	Bachelor's Degree	9 years	18 years	Off base
PA7	42	F	White Non-Hispanic	United States Air Force	Tech Sergeant/ E6	Employed/ Fulltime/ Outside	Bachelor's Degree	4 years	13 years	Off base
PA8	26	F	Black Non-Hispanic	United States Navy	CS/ E4	Stay at home mom/full-time online student	High School Diploma and pharmacy technician certificate	5 years	8 years	Off base
PA9	39	F	White Non-Hispanic	United States Army	Staff Sergeant/ E6	Stay at home mom	11 th Grade	9 years	15 years	Off base
PA10	38	F	White Non-Hispanic	United States Air Force	Major/ 04	Self Employed/ Working from home	Master's degree in counseling , currently working	15 years	14 years	Off base

							on PhD in education.			
PA1 1	38	F	White Non- Hispani c	Not Mentione d	Staff Sergeant/ E5	Disabled/ Stay at home mom	Certified nurse's aide and certified pharmacy technician	10 years	1 2 years	Off bas e

Data Collection and Management

Twenty-three individuals expressed interest in volunteering for this research study by completing the prescreening questionnaire. Of the 23 individuals, 20 met the criteria to participate. Three individuals did not meet the inclusion criteria for participation in this research study. The first potential participant did not meet the inclusion criteria as they were not currently the primary caregiver to a child residing in their home. The second and third potential participants did not meet inclusion criteria as they were not currently married to an active-duty military service member and had other affiliations with the military outside of their marriage. The three individuals that did not meet the criteria were individually emailed and thanked for their time, expressed interest, and a brief explanation as to why they were not selected to participate in the research process was provided. The 20 individuals that met the inclusion criteria were emailed to schedule the in-person face-to-face or zoom one-on-one interviews. Of the 20 individuals, 11 individuals responded and scheduled their one-on-one interviews. The remaining nine

individuals expressed interest; however, they did not follow-through on scheduling a date and time for the interview after numerous attempts to schedule the interviews were made.

Participants completed the prescreening questionnaire electronically after seeing the recruitment flyer. The recruitment flyer contained a QR code for quick and easy access for any interested participant to complete the prescreening questionnaire through Google forms. If the individuals met all of the inclusion criteria, they were automatically redirected to complete informed consent and electronically provide their consent to participate or not in this research study. Participant answers were reviewed through Google forms to ensure inclusion criteria was met. The participants expressed their willingness to participate in this research study by proving their consent. Once the information was verified, individual emails were sent to schedule their one-on-one interviews.

To truly understand the expectations and reality of post deployment reintegration through the lived experiences of the military spouse participants, semi-structured one-on-one interviews in person and over zoom were conducted. All interviews followed the ethical guidelines that were outlined in Chapter 3. Each interview was 60 to 90 minutes in length. All interviews were audio-recorded to ensure accuracy and validity through the transcription process. Two short essay style questions were emailed to all participants two weeks after their initial one-on-one interview and included the following two questions:

1. Now that you have had time to reflect on your initial interview, do you have anything additional to add, explain, or expand on from your first answers?
2. Have you experienced any significant life changes or challenges since your initial interview? If yes, please explain.

Of the 11 participants, no one expressed that they had anything additional to add or that they had experienced any significant life changes or challenges since the initial interview. After each interview, the recordings were transcribed in preparation for analysis. The transcription of each interview was provided to the participant for their review and to verify that the transcription adequately captured their responses. This form of member checking was used to further ensure that the participants' data were a fair and accurate reflection of their experiences as military spouses. Throughout the member checking process, no participant expressed the need to change any of the transcription material. No unusual circumstances were encountered throughout the data collection process.

Data Analysis

Axial coding procedures, as defined by Strauss and Corbin (1998) was used to analyze the interview transcript data for thematic analysis. Axial coding involves a set of procedures for open coding to make connections between the categories of data that emerge. A coding paradigm that elicited the conditions, context, interactions, and consequences were employed according to the Strauss and Corbin (1998) approach. To initiate this process, the ATLAS.ti 9 qualitative software application was used for

selective coding of the interview transcripts. The use of selective coding through the ATLAS.ti 9 qualitative software application also facilitates the auto coding of the data to create categories of codes. The emergent code categories were then re-coded using an open coding process. The open coding process involved merging the initial list of codes into overarching structures to outline possible themes. Axial coding was then conducted to determine and identify the conditions, context, interactions, and consequences between the emerging themes. The meaning within the themes that outlined the interactions, relationships, and connections were then thematically analyzed and grouped into themes. The results of the axial coding procedures for the thematic analysis of the interview data led to the discovery of 23 themes. The themes consisted of five major themes and 18 minor themes. The 23 identified themes were grouped into categories based on their relationship to the four research questions. The totality of themes served to address the four research questions of the study, such that major and minor themes responded to each question.

Under the first research question, two major themes and four minor themes emerged. The second research question had one major theme and four minor themes. Meanwhile, research question three had one major theme and two minor themes. Finally, the fourth research question had one major theme and eight minor themes. It must be noted that the major themes are the themes with the most references from the participants. The minor themes followed the other significant experiences but with fewer references than the major themes. Table 4.2 contains the breakdown of the number of study themes per research question.

Table 4.2*Breakdown on the Number of Themes*

Research Question	Number of Major Themes	Number of Minor Themes	Total
RQ1. What are the lived experiences of a military spouse during the reintegration post-deployment?	2	4	6
RQ2. What are the connections between these lived experiences and the psychosocial well-being, overall quality of life, and functionality of a military spouse during and after post-deployment reintegration?	1	4	5
RQ3. What are the lived experiences of a military spouse's level of distress and caregiver burden during and after post-deployment reintegration?	1	2	3
RQ4. How does the military spouse cope with distress in order to prevent a worsening situation?	1	8	9
Total	5	18	23

Evidence of Trustworthiness

Evidence of trustworthiness is defined by the consideration of credibility, dependability, confirmability, and transferability of qualitative data (Braun & Clark,

2019). This study utilized several modalities to provide evidence of trustworthiness throughout the development of the methodology for procedures, procurement of interview data, and analysis of the findings. The four components of trustworthiness in relation to this study are described below.

Credibility

Credibility is referred to the capacity for a researcher to verify that the findings of a study are a correct interpretation of the collected data (Creswell 2007). This study established credibility by utilizing three validation strategies. First, researcher clarification was used to clarify the experiences of I had and how these experiences alter the perception and understanding of the data obtained. By integrating my past experience, the reader is better able to understand I's position and aid the elimination of biases throughout the completion of the study (Creswell, 2007). The second validation strategy used was the development of this study on a solid basis of empirical support. A comprehensive review of the literature described in Chapter 2 provided a foundation for this study to develop the constructs and objectives that guided the methodology. Designing a study out of the established empirical body substantiates the credibility of this study. The final validation strategy used was purposefully, situating the participants into a higher position than myself. This was done by encouraging participants to honestly describe their recollections and experiences in individual interviews and short essay responses. Member checking was then used to allow the participants to verify the accuracy of their responses. The collection of data in this manner allowed the participants to truthfully share their experiences without the interference of researcher bias and

confirm an adequate reflection of their individual experiences with post deployment reintegration.

Transferability

Transferability refers to the reader's capacity to apply the methodology and findings of this study among different sample populations (Creswell, 2007). Clear and concise descriptions of the process were used to develop this study, collect the data, and analyze the results. Comprehensive explanations of the context and setting of this study aids in the ability of future researchers to apply the methodology and findings among other populations. The participants' experiences as military spouses were also thoroughly described in such a way that future researchers may extend the results of the study and infer the application of findings for other populations. While qualitative studies' transferability is fundamentally limited, the thorough description of the studies' methodology aids in the transferability of this study's results.

Dependability

Dependability refers to the ability of future researchers to implement the methodology and design of this study and obtain comparative results (Creswell, 2007). Triangulation was used to support the dependability of this study by collecting data from individual interviews and short essays, as well as following up with the participants to confirm the accuracy of their transcriptions and whether or not they had additional information to share following the initial interview. In addition, the collection of multiple data points allowed me to connect the findings from the analysis across data points to infer similar meanings and confirm the results.

Confirmability

Confirmability refers to the neutrality of findings that emerge from the data analysis procedures (Creswell, 2007). This study established confirmability by first adhering to the coding and analysis procedures as defined by Strauss and Corbin (1998). By maintaining an established coding and analysis modality, I was able to reduce the risk of a researcher bias, present detailed descriptions of codes, and confirm that emergent themes of this study were directly related to the participants' responses. Additionally, a thorough explanation of the analysis procedures also supports the confirmability of this study by demonstrating the neutrality of the findings.

Results

The thematic analysis of the interviews permitted the discovery of the themes that describe and discuss the phenomenon of the current study. From the analysis, it was found that the lived experiences of a military spouse during the reintegration post-deployment centered on experiencing a disruption in their normal routine at home and noting the importance of sharing and delegating tasks equally within the military family unit. Concerning the connections between these lived experiences and the psychosocial well-being, overall quality of life, and functionality of a military spouse during and after post-deployment reintegration, it was found that spouses typically experience anxiety in connection with the routine disruptions and changes with reintegration. When asked about the lived experiences of a military spouse's level of distress and caregiver burden during and after post-deployment reintegration, participants highlighted that they have

already become accustomed to seeing themselves as single parents. Table 4.3 contains the complete breakdown of all the themes uncovered from the analysis.

Table 4.3

Display of the Themes Addressing the Four Research Questions

Research Questions	Themes	Number of References	Percentage of References
RQ1. What are the lived experiences of a military spouse during the reintegration post-deployment?	Experiencing a disruption in their normal routine at home	5	45%
	Noting the importance of sharing and delegating tasks equally	5	45%
	Feeling that the military husband had their own world	3	27%
	Experiencing a power struggle at home	2	18%
	Needing to adjust to the constant changes every after deployment	2	18%
	Learning to appreciate their time as family	1	9%
RQ2. What are the connections between these lived experiences and the psychosocial well-being,	Experiencing anxiety in connection with the routine disruptions and changes with reintegration	7	64%

<p>overall quality of life, and functionality of a military spouse during and after post- deployment reintegration?</p>	<p>Suffering from the negative effects of the mental and emotional changes in the military spouse</p>	4	36%
	<p>Admitting that the relationship suffers over time</p>	3	27%
	<p>Adjusting as one family makes them stronger and more united</p>	2	18%
	<p>Experiencing anxiety in connection with the lack of communication during deployment</p>	2	18%
<p>RQ3. What are the lived experiences of a military spouse's level of distress and caregiver burden during and after post-deployment reintegration?</p>	<p>Being accustomed to seeing self as a single parent</p>	8	73%
	<p>Feeling alone and isolated all the time</p>	3	27%
	<p>Having resentments toward the military husband</p>	3	27%
<p>RQ4. How does the military spouse cope with distress in</p>	<p>Being supported by family members and friends</p>	10	91%

order to prevent a worsening

situation?

Seeking help from mental health professional	9	82%
Practicing self-care such as sleeping, exercising, time for self	5	45%
Being responsible for their children	5	45%
Receiving support and affirmation from military spouse	3	27%
Being able to plan and delegate tasks accordingly	2	18%
Focusing on work and business	2	18%
Spending time as a couple	1	9%
Turning to alcohol, but not excessive	1	9%

RQ1. What are the lived experiences of a military spouse during the reintegration post-deployment?

For the first research question, I asked about the lived experiences of a military spouse during the reintegration post-deployment. From the analysis, I uncovered two major experiences shared: experiencing a disruption in routine at home and the importance of sharing tasks equally. Other minor themes that emerged were feeling that the military husband had their own world, experiencing a power struggle at home, needing to adjust to change after each deployment, and learning to appreciate their time as a family. The themes with less than 30% recorded references are found in their

respective tables, noting the need for further research. Table 4.4 contains the themes in response to the first research question.

Table 4.4

Themes Addressing RQ1

Research Question	Themes	Number of References	Percentage of References
RQ1. What are the lived experiences of a military spouse during the reintegration post-deployment?	Experiencing a disruption in their normal routine at home	5	45%
	Noting the importance of sharing and delegating tasks equally	5	45%
	Feeling that the military husband had their own world	3	27%
	Experiencing a power struggle at home	2	18%
	Needing to adjust to the constant changes every after deployment	2	18%
	Learning to appreciate their time as family	1	9%

Major Theme 1: Experiencing a disruption in their normal routine at home.

The first major theme reported the experience of facing or dealing with disruptions in their normal routine at home. According to the interviewed participants,

they usually encounter issues during the reintegration post-deployment. Five of the 11 participants shared that it was difficult to experience disruptions to their established routines and practices during the post-deployment reintegration phase. These participants expressed that they become comfortable with the established routines and practices they developed and maintained through the deployment cycle to navigate their lives as they become single parents. These set routines and practices faced inevitable changes, disruptions, and challenged during the post-deployment reintegration phase. As Participant 1 stated, space issues build up during the reintegration phase. For Participant 1, she would feel like her husband would interrupt or take over her space, creating more significant issues over time. The participant explained:

PA1: That was very difficult. On both sides, I felt like you're in my space. I have figured out how to do this and to live without you in my space. And so, for him to come back and try to put himself in to it just kind of threw it off and created problems. And then on the flip side of that, he didn't know where he belonged either because I had figured it out on my own.

Further, Participant 5 admitted that it is difficult to constantly change the routine during reintegration, saying:

PA5: Sometimes because they're gone so much. They get used to being by themselves that Sometimes he doesn't want to join in and be part of the routine he's like, Oh, you got it.

Participants 6 and 7 echoed the struggle to realign their plans and daily routines once their husbands returned home. Participant 6 stated that she is accustomed to living away

from her husband and that it becomes problematic when her husband, the head of the household, comes home after being away for a long time.

PA6: The reality of it was a struggle to get used to each other all over again. The idiosyncrasies of you know, everybody's where do you put your toothbrush and you stink and or the things that you do, and you pop your mouth when you eat and things like that.

Major Theme 2: Noting the importance of sharing and delegating tasks equally.

The second major theme discussed the importance and effectiveness of sharing and delegating tasks equally among family members, especially between the spouses. The sharing and delegating of tasks and family responsibilities was a critical element of relationship functionality. For another five participants, it is helpful to practice properly delegating tasks and responsibilities at home to improve the reintegration process. For example, participant 2 stated that sharing roles and tasks equally helps in managing the household during reintegration. She also commented on how her husband tries to fulfill his duties, especially when he is home, saying:

PA2: So, I love to give my roles up, right. I'm like, here you go. You can have it. I hate acting like both parents. There's in my daily life. You know, I'll say go ask dad 1000 times, go ask dad for that go, go ask dad for that, go ask dad for that. Dad does a lot for me, right? In our relationship as far as like cooking. He's the main cook them the house. And you know, he does a lot, a lot more than most husbands.

Participant 3 expressed varied emotions while trying to adjust back to their normal life:

PA3: Again, like it was a lot of emotions. When he comes back, we're really happy. It's also like really hard. It was really hard for my son to like, get use to him and to remember his dad, and he kind of felt not to sure about it. So, I could tell it made like my husband a little sad, and like discouraged and it's just the whole thing of us like trying to get used to each other to. Yeah, you know, pretty, you know, pretty much at that point when they come back. I've already you know, learned to do pretty much do everything by ourselves, and we have our own routine that you add them back into the mix and you have to like, teach them okay, this is what we've been doing, how he's been doing it, you know, because they don't really know and for me, I got so used to doing things by myself that sometimes I'll be like, no, no, I got it. Like, I want to do the way that I want to do it. So, it's like a whole learning process.

Additionally, Participant 3 shared that during the reintegration phase she works with her military service member spouse to fulfil his roles and responsibilities in the home:

Um, I think what it is, is I have to learn, that I have a partner sometimes. I mean, when he comes back, I forget that he was part of the family not in a bad way, but you know, you go so long, like I said before, like you go so long for yourself you get into the groove of things. When you come back it's hard for me to like let him do things, especially with my son being smaller. You know, he was so used to me. I was so used to like making him food, feeding him at a certain time and he comes back, and he doesn't really know and instead of me like helping him I just do it.

So, I think that was probably the hardest for me is like allowing him to come back into this role as a dad.

Meanwhile, Participant 6 echoed the effectiveness of willingly passing on some of the duties and responsibilities to the spouse to prepare themselves and become used to being together at home. Participant 6 reported:

PA6: There's mental preparation to kind of let go of all the all the heaviness of parenting, you know, sort of being able to pass the baton over a little bit as far as the parenting of the kids because that's done mainly through myself when he's gone. You know, there's a little bit of discussions over the phone and things like that that do happen, but most decisions and most punishments or things like that are done by me while he's gone. So, there's the getting used to like the power struggle. So, I did have to mentally prepare myself to share that again and be used to a different mindset of what his parenting style is.

For Participant 8, it is also helpful to be open to assist the spouse in relearning being a parent and becoming part of the routine to ensure that they can transition successfully.

The participant shared a personal experience, highlighting how they were able to overcome such obstacle, saying:

PA8: She wouldn't let him hold her; she wouldn't go near him for a good two weeks. And I couldn't leave them alone for at least a month because she would scream and cry and ask for me. It took her a while to get used to him again. And we had a routine while he was gone. I had to have a routine to take care of them. And so, trying to integrate him back into our routine was also a struggle. Because

I was used to doing things and I was used to essentially be a single parent. So, I had to learn how to let him parent, let him help, get him used to our routine and to let go.

Finally, Participant 10 stated that the reintegration is a normal part of their lives.

Participant 10 expressed that they were quick to adjust when their spouse leaves for their deployment, but that they are just as quick to welcome him back home and redelegate tasks to them to share the load they have been carrying while their service member spouse was gone. They narrated:

PA10: I would say so for us, but it has to do with the Hey, we are saying goodbye. You're going to be gone and we go get you back and it's kind of expected that it's going to just be a few days. And then you're back into the swing of things because I'm pretty quick to say this is your laundry day. Welcome Home you are part of the team again.

RQ2. What are the connections between these lived experiences and the psychosocial well-being, overall quality of life, and functionality of a military spouse during and after post-deployment reintegration?

The second research question explored the connections between these lived experiences and the psychosocial well-being, overall quality of life, and functionality of a military spouse during and after post-deployment reintegration. From the analysis, I found that the majority of participants, seven of the 11, experienced anxiety in connection with the routine disruptions and changes with reintegration. At the same time, four other minor themes emerged but received limited references. The other themes included were

the experiences of suffering from the negative effects of the mental and emotional changes in the military spouse; admitting that the relationship suffers over time; adjusting as one family makes them stronger and more united and experiencing anxiety in connection with the lack of communication during deployment. Table 4.5 contains the themes in response to the study's second research question.

Table 4.5

Themes Addressing RQ2

Research Question	Themes	Number of References	Percentage of References
RQ2. What are the connections between these lived experiences and the psychosocial well-being, overall quality of life, and functionality of a military spouse during and after post-deployment reintegration?	Experiencing anxiety in connection with the routine disruptions and changes with reintegration	7	64%
	Suffering from the negative effects of the mental and emotional changes in the military spouse	4	36%
	Admitting that the relationship suffers over time	3	27%

Adjusting as one family makes them stronger and more united	2	18%
Experiencing anxiety in connection with the lack of communication during deployment	2	18%

Major Theme 3: Experiencing anxiety in connection with the routine disruptions and changes with reintegration.

The third major theme of the study discussed the development of anxiety in connection with the routine disruptions and changes due to reintegration. Seven of the 11 interviewed expressed that they usually develop stress, anxiety, mental and emotional challenges, physical challenges, and relational issues when they begin to resent the routine disruptions and changes, they experience once their service member spouse returns home. For example, participant 1 explained how anxiety builds up in her and then becomes a greater problem over time. The participant stated:

PA1: Yes, I have anxiety anyways, I have problems sleeping anyway, and so when I get upset, I'll internalize it until it blows. Then that creates a problem because he never saw it coming. He didn't know that that was the problem, to begin with.

Additionally, Participant 1 highlighted that whenever she feels that when there was a disruption in her usual routine, she gets stressed, upset, and is not able to sleep. The participant noted:

PA1: I'm already a very controlling person and very OCD and I like things done a certain way and everything has a place and you're disrupting stuff, such as like the disruption in schedule. I am a routine person; everything needs to be in a routine. And we have a way to do things and you're not allowing that to happen.

As for Participant 3, she experiences increased anxiety when she learns that her husband is coming home. Participant 3 traced this anxiety back to realizing that she has not seen her husband for a long period of time and his return induces her anxiety by stating:

PA3: I already have anxiety. So, there is definitely more anxiety with him coming home. Just because you don't know, I guess it's not seeing each other for someone; you definitely know how it's gonna go, which is like it's weird. Yeah, so I automatically get anxiety every time.

I want to say my stress level is moderate it's not severe. Because a lot of things happen, you know, while they're on deployment and when you would normally like have someone to talk about it, they're at home. Now they're gone, and they're 1000s of miles away, and you can't talk to them right away. So, I guess that would be my stress level, not being able to talk to him right away. My quality of life, I don't want to say has been changed at all. It's probably the same. As far as other stuff, too. It's probably the same. It's more my stress. My stress is higher.

Participant 4 echoed that she also had anxiety during reintegration after deployment. For her, this feeling comes from trying hard to divide the tasks and anticipating the feelings

and attitudes that may come out once the feeling of excitement and happiness pass after several days or weeks. The participant narrated:

PA4: Anxiety, definitely. I think during the reintegration phase everything is worse for me. So, he would come home, and the first few days are really exciting and everyone's really happy to be back together spending a lot of time together and just really enjoying each other's company. And then the reality of life kind of just sets back in, and there's kids to be taken care of and a house that needs to be taken care of and food that needs to be cooked and jobs that need to be gone too. So, I think just trying to figure out how to divide the load again and shift some of those responsibilities back off and letting go of the control of the schedule and the kids and the house is really hard for me. So, it definitely increases my anxiety because I tend to worry a lot when things are not going well or as perfect as I think they should. I also get really stressed when I feel like I'm having to beg for help from someone who sees that I need help but may not really know how to jump back in and help.

Participant 6 shared her experiences with the difficulties of reintegration and her feelings of lost independence:

PA6: Yes, because it's hard to get used to them coming back and wanting to take over the reins of everything that you've been independently taking care of while they're gone. It does feel like you lose a lot of your independence, and you lose a lot of your decision making and your time. So, it did cause anxiety and it did

cause feelings of inadequacy, because now you have to completely give away from your independence to someone. So, it's very difficult to go back and forth.

While Participant 7 expressed that a change in routine created stress and anxiety for her as they navigated the reintegration phase:

PA7: Um, probably just stress, I guess. You know, kind of just the well it's going to be this day no it was going to be this day or the back and forth with that because I have too many children and I work, and I have a lot going on. I like to have those yunno game plans or I've got that tight window of I can't just you know, take a day off of work or, or kind of a few weeks or whatever else. so, stress with that. Like I said, we weren't in a good place when he left and so it was the anxiety and the stress with that and then coming back on that alone. So yeah, that's probably it. And then, you know, adjusting my schedule because they come home, and they get some time off. So, they're out the house and then it's like, well, changing my schedule of doing this to hey, you're home. Can you do XY and Z or, you know, going back to all of that so I guess it just a little bit of stress and anxiety and changing things up.

Meanwhile, Participant 8 had a unique experience as she shared that her fear and anxiety of failing to manage the household brings much stress and anxiety to her. The participant narrated how there are always changes surrounding them. However, she added that it is extra stressful when she thinks about her inability to manage their lives properly and a good mother when her husband is not home. The participant shared:

PA8: All of it because essentially, I'm going from being a family of four with a partner that I can depend on even though he is in the military. The extra help, the mental support, even physical support with like stuff around the house, things like that to essential being a single mom. A single mom with no support system, really no friends, families too far away. They try their best to come and help but even when they've come, it's the same with my husband. They're kind of like dropping in on our routine and our schedule, things like that. It's helpful but it's also upsetting to the schedule. It causes even more anxiety and it's just the fear of failing. It does cause anxiety and depression because it's the constant thing like, am I gonna fail? You know, can I really do this alone even though I knew him being in the military that this is what I was signing up for, but it's not the same as living through it, especially because in the beginning we didn't have children. So that changes a lot because in the beginning I was like 20.

Finally, Participant 9 stated that she develops anxiety and depression as she anticipates the way that her husband takes control of their home once he returns home. The participant admitted that she becomes:

PA9: A hot mess. So, I start thinking about him coming home. then my anxiety just goes through the roof. And I was a mess. I was like oh my goodness, what is going on. Oh, well, he just thinks that he's gonna take control over everything again. I do it all. And here you are coming in not knowing what's going on. You're messing up everything that I just have scheduled for the last eight months.

RQ3. What are the lived experiences of a military spouse's level of distress and caregiver burden during and after post-deployment reintegration?

The third research question explored the lived experiences of a military spouse's level of distress and caregiver burden during and after post-deployment reintegration. From the analysis, I found that the majority, eight of the 11 participants, admitted that they have become accustomed to being a single parent whenever their husbands are away. As a result, they do not feel or see the changes in their situations as caregivers of their children and homes when their spouses are deployed. Meanwhile, two other minor themes emerged were: Feeling alone and isolated all the time, as well as having resentments toward their military service member spouse. Table 4.6 contains the display of the themes answering the third research question of the study.

Table 4.6

Themes Addressing RQ3

Research Question	Themes	Number of References	Percentage of References
RQ3. What are the lived experiences of a military spouse's level of distress and caregiver burden during and after post-deployment reintegration?	Being accustomed to seeing self as a single parent	8	73%

Feeling alone and isolated all the time	3	27%
Having resentments toward the military husband	3	27%

Major Theme 4: Being accustomed to seeing self as a single parent.

The fourth major theme of the study was the finding that the military spouses would usually see or view themselves as single parents, with or without their military service member spouse being deployed. The theme was reported by eight of the 11 participants. For example, participant 1 simply commented that she feels like a single parent to her children, she asked during the interview:

PA1: Being a single married parent? Okay, that's, I mean, that's how I feel I'm married. But I am very much single. I'm a single parent. And it bothers me a lot.

Participant 3 echoed feeling as though she was married single parent, especially in the early years of being a mother:

PA3: It was really hard. The first deployment my son was only three months when he left so he would wake up a lot. Even before that, he went out on under ways, even before he was a month old. So basically, like raising I was basically raising a newborn by myself. So, it's really hard. It was really hard on me. And, you know, I would say I probably got resentful a couple of times. It's like, you know, I guess mostly, I don't I'm still up with the baby. It was really hard. I would say that it was harder than I expected. I you know, I you know, you hear that it's hard. But I never thought it would be that hard.

Participant 2 shared her never ending worries as a parent with a military service member spouse that experienced numerous back-to-back deployments:

PA2: So, the overall deployment cycle. I've gone from a deployment every other year for nine months at a time. Basically, you don't have a normal life, right? You're always looking for the next bad thing. You know, you wonder how safe can you be, really, you're just putting yourself in harm's way constantly. And eventually, you're going to run out of luck. deployment cycle, or TDY cycle, then went to every six months, you were gone, then every three months, come and go every three months, for three months, come and go every six months for six months. And then it went to just now months at a time. And so, as the deployment cycle changes for us, we grow as a family, and we learn a lot from previous issues. But you know, you always have the same exact concerns. I mean, I worry about my kids when she goes to school. I mean, I think as somebody who loves somebody else, you're constantly having those feelings. It doesn't matter if they're here in Guam or Afghanistan or Publix. So, you know, the feelings don't change. But the way you deal with them does, and anxiety is always there. And you might get that bout of depression, you're dependent on how the other person is and it could change, the way you integrate, reintegrate one time is different than the next time based on experience.

Furthermore, Participant 4 had the same perception of being accustomed to life without the husband, admitting that:

PA4: I think it is impacted my relationship with my husband and our ability to communicate and for me to be able to rely on him for things even when he's home because we've become so accustomed to functioning without him.

Participant 4 added that she is used to being the family's main caregiver. She also noted that she had taken all the burden and responsibilities both during and post-deployment.

The participant narrated:

PA4: For our family, even though I work full-time, I probably assume the responsibility of all of the caregiver burden, whether that's during the deployment or even during reintegration. Sometimes I think it's just easier to keep the caregiver role on me with him coming and going as much as he does and the kids not knowing whom to go to for what or who's going to be there for what. So just trying to keep it consistent, I think it always just stays me, which makes it really hard for me even when he's home because it really is like I'm still kind of doing it by myself even though my partner is home.

Similarly, Participant 6 was also used to becoming the main caregiver. She noted how she carries the majority of the duties and responsibilities in their relationship. The participant shared her personal feelings and experiences, saying:

PA6: Yes, I've always carried a lot of the weight. It's been in our relationship, in particular, me doing most of the caregiving. There is a little bit of help when he does come back, but it's definitely I bear most of the weight all the time anyway. So, there is a little bit of resentment when he comes back, and it's not lifted. But

then I realized, well, it's been my job all the time anyway. So why am I so bothered about it?

For Participant 9, she is used to being alone. Although being alone is familiar, it is not a good feeling, she expressed that being alone got easier overtime:

PA9: It sucks. You never know when they're coming or going. You never really know what is going on. And it just sucks. I'd rather him be out. But that's just me.? I still carry it. Cuz it's easier that way. He's never taken them anywhere, like appointments, so it's just easier for me to do all.

Meanwhile, based on Participant 10's interview, she also did not see or feel the changes pre- and post-reintegration. This is because she was consistent in caring for their child and managing the household, saying:

PA10: I think that how we managed it. She did okay with it. Like she didn't have behavior problems whenever he was gone. But I think it had to do with the fact that I was pretty darn consistent. Previously I was a principal, I've worked in corporate America, and we get a schedule going. You know what the expectations are and the expectations were set and so for her behavior-wise, I just really didn't see any big changes. And then, as she's getting older, it might be a different story, just because she's older. But she did pretty good.

Finally, Participant 11 echoed that there was no change as she was always the caregiver, stating:

I was always the caregiver. He did not want any part of being the caregiver. It would actually cause a lot of fighting and issues if he had to watch the children. I didn't want to say babysitting.

RQ4. How does the military spouse cope with distress in order to prevent a worsening situation?

The fourth and last research question asked about the coping strategies of military spouses as they are faced with distress due to reintegration. I found that participants had varying strategies and techniques to overcome the stress and distress from the analysis. The majority or 10 of the 11 participants stated that having their family members and friends was the key to keeping themselves afloat despite the difficulties. Meanwhile, another nine participants admitted that they were opened to seeking help from a mental health professional. Five participants respectively shared that they practice self-care such as sleeping, exercising, time for themselves.

Additionally, they highlighted how caring for their children also helps in forgetting the distress of reintegration. The five other minor themes needing further researcher were: Receiving support and affirmation from a military spouse, being able to plan and delegate tasks accordingly, focusing on work and business, spending time as a couple, and turning to alcohol, but not excessive. Table 4.7 contains the breakdown of the themes under the final research question.

Table 4.7*Themes Addressing RQ4*

Research Question	Themes	Number of References	Percentage of References
RQ4. How does the military spouse cope with distress in order to prevent a worsening situation?	Being supported by family members and friends	10	91%
	Seeking help from mental health professional	9	82%
	Practicing self-care such as sleeping, exercising, time for self	5	45%
	Being responsible for their children	5	45%
	Receiving support and affirmation from military spouse	3	27%
	Being able to plan and delegate tasks accordingly	2	18%
	Focusing on work and business	2	18%
	Spending time as a couple	1	9%
	Turning to alcohol, but not excessive	1	9%

Major Theme 5: Being supported by family members and friends.

The fifth major theme of the study discussed the helpfulness of being supported by both their family members and friends with their needs and difficulties. Participants 2,

5, and 6 found themselves fortunate in having supportive friends and family members. For example, participant 2 usually gets help from her mother, who also acts as a third caregiver to their children. As a mother with a demanding job, the presence of her relatives and their willingness to help care for the children helps her a lot.

PA2: I am very lucky; I have my mom who lives with us full time and is a third caregiver to our children. Because my job requires me to travel a lot. And I have my grandmother and my aunt, and I have a really good system of friends who are like family, and I really make it a priority to have civilian friends, because they're more stable. You know, they're more available to you. They're not already caught up in craziness. And they're more understanding of situations because they almost can't view themselves in that situation. So, you're like the one-off wonder to them that you can do it. It's kind of nice to hear that you're so awesome all the time. Like, I am super lucky to have the support of the family without the support of family. No, I wouldn't. I mean, I do have a teenage daughter so she could help. But if I was completely alone, no.

PA5: Now? It's gotten better because I've opened up with working, I have friends at home. Few of our neighbors, and then people at work. And then my sisters, they come down once a month.

PA6: My support system looks like a few friends from work that I'm able to talk to and may sometimes be able to physically help me when I have a challenge. And then there's also spouses that I've made friends with that I probably can count on the fingers of one hand that have you know, stayed with me throughout the

years. Family, I can count on as far as like my parents, maybe if I need financial help, they can send me money. Physically, my parents can't come every time I need them. But other than that, it's myself really for day to day problem solving. Meanwhile, participants 3 and 9 identified their families as their main support system. Therefore, they communicate closely with their family members for both personal and business support, saying:

PA3: I have like, my mom, my mom does come out here from time to time when I was pregnant last year. She came out a couple of months before I had my second son. And she was here for a while. And my mom's probably the main person who comes out and visits us. We talk to her weekly. And then I have like one of my best friends that I talk to daily. She lives in in Texas and then also to like my dad, I Yeah, it's mainly my family. We talk to each other in a group chat. I want to say that's probably like, our business support. Most of my family.

PA9: Talking to my dad.

Participants 4, 7, 8, and 10 echoed the importance of support from friends that had truly become family over the years:

PA4: I have really great friends that I can count on, they are really more like family. I haven't lived at home since I was 19 years old so family is definitely there for me emotionally and to support me but physically, they can't be available as far as helping with the kids or toting them around to events or a doctor's appointment or even taking a day off from work when a child gets sick. So, my

support system really is my friends that have become family. I know that I can call anyone of my friends, and they would be willing to help me out if needed. My friends and family. I think just having that support system build into place and having people I can call and rely on and walk-through scenarios or go and do fun things we have to get out of the house while he readjusts to being in a family again is really important for me and for my kids to make sure that we have a sense of normal when things don't feel so normal.

PA7: I have a cat. I'm just kidding. But really, I don't have a lot most of my friends are military or a military spouse. They get orders, right? You have a good group for a while or close friends and then they get orders and kind of leave. So, as I've gotten older, it's just gotten harder, I guess to make those closer friendships or, you know, kids, different ages. They don't always get along or whatever. It's not like how it was when the kids were younger. You could kind of just all fall in. So locally, I probably only have like maybe, maybe to two or three friends that you know, I can call on in a pinch and say can help the kids or to go out and kind of I guess talk to. So mostly, it's just phone calls. I call like, you know, friends that I've had for a long time like bff back home. My BFF from the military could call my sister or something like that. Usually just phone calls.

PA8: Now, before I didn't have friends locally, but now I do have a few friends. Some of them are like civilian families, one family that we've recently gotten close to. The husband is ex-military, but now he's a contractor for the Navy. So, they understand the struggles that I face that but they're also here. I used to have a

bigger support system, but their spouses got out the military or they change duty stations. So, they're not here anymore. In the beginning, I didn't have a good support system, I didn't know how to reach out to other spouses. I didn't really know about any of the support groups or any of that I just randomly started finding some on social media but didn't also help when we moved to Norfolk from Newport News, we moved into base housing. so, then that's when my neighbors were other military spouses and that's when some of them started telling me about the resources, we had available. And you know, my kids have gotten bigger so then I would go to the park and meet new people and connect that way.

PA10: So, this is where our age and how long he's been in kind of comes into play. Whenever he first got in, we met some good friends in Florida. His first assignment, there, were still really good friends with those initial people that we've met whenever he first joined the Air Force. And this couple happened to move to Florida, Oklahoma, Las Vegas, California, we're together. And they are actually in the DC area right now not far away. And we were at their house just a couple of weekends ago. You know, having that consistency as a couple, you know that we can talk to him. But that's some kind of, you know, someone to talk to, we like being able to leave behind people that we didn't really like and then you keep up with those who you really do like, and we really value strong friendships. The people that we met when we lived in Las Vegas, we were still like, very good friends. Well, there's about five, five of us couples.

For Participant 11, she gains support and encouragement from her family, friends, and other members of the community. The participant shared her experience, saying:

PA11: I had very wonderful neighbors. We also found a very nice community. We would volunteer. And we also found really great mental health counselors, and I had a wonderful support group that I found for spouses, and I that was my support system. one of the spouses from my support group. She got tired so she's no longer with us. A lot of my friends back home kind of distanced themselves but I do have a lot of support from my parents and my sister. They are always a phone call and drive away. So, I do have very strong family support.

Minor Theme 1: Seeking help from mental health professional.

The first minor theme that emerged was the effectiveness of seeking help from a mental health provider or professional. According to nine of the 11 participants, mental health help such as, therapy could help calm them down and make them feel more at peace with their issues and difficulties. In addition, participants 1, 5, 7, and 10 all expressed that they sought mental health help in the past. Participant 8 noted that seeking help from a mental health professional is helpful as it is essential to be able to have someone to speak to and communicate with, especially during difficult times, saying:

PA8: I did therapy for a few years. I am looking for a new therapist, but I do have a psychiatrist and taking antidepressants that actually they're going to change those to fit better for my PTSD, but I do speak with somebody.

Similarly, Participant 11 commented that she gets help from:

PA11: my support system, my counselors, and trying to stay busy really helped me.

Minor Theme 2: Practicing self-care such as sleeping, exercising, time for self.

Five other participants added how self-care is an important technique or practice to keep themselves rational and stable during their most difficult moments.

Participant 2 expressed the need for self-care through resting and recharging:

PA2: Sleep. As an individual I struggle with, you know, ATD, ADHD, OCD. So, my coping strategies are probably not the best. You got to have self-care, right. And so my self-care sometimes is the most important thing because you know, healthy, rested present parents are better.

Read, sleep. Just be alone. Just recharge, right? As you get older, you get more exhausted, really? Like? So yeah, just kind of chill out. I mean, that's the best way to put it. Because sometimes you just wanna sit in your car and Target parking lot and drink your tea. But, yeah, time, time, and it all comes back to that. Right?

Participant 4 shared that she finds her self-care moments through finding time for herself, church, and friends:

PA4: I try to find time for myself when I can. I go to church on Sundays, I try to catch up with friends when I have time or do a play date with all of the kids so we can catch up and the kids can play. I also enjoy going for walks or running. And I know this sounds crazy but doing school online for me is a coping strategy because it allows me to kind of use my brain in a different way from my job and from being a mom and being a friend, so I do like doing schoolwork.

Participant 5 simply commented:

PA5: I go and get my nails done, do pedicures and massages just to do something for me.

As for Participant 7, self-care would mean taking the time to go out and have activities that would relax and make her feel at peace. The participant stated:

PA7: Um, yeah, I mean the kids and I go for bike rides and walks. We just like to get out and be outside and go, and you know, hiking, but the hiking that involves just walking on a trail and flip flops, bathrooms close by not, you know, mountain hiking, but yeah, we like that kind of thing. So. Okay, nature, I guess.

Lastly for Participant 8, self-care is going out for coffee and working out. She also stated that time for herself, without thinking about her duties and responsibilities at home help her a lot. The participant noted:

PA8: Now I do coffee dates. I exercise, I like to go jogging. Or just sitting outside and just giving myself a chance to breathe without any children without my husband, without my household responsibilities. Just the chance to breath and be an individual and not just the wife and mother.

Minor Theme 3: Being responsible for their children.

The third minor theme was the strategy of having the mindset that they must be strong because of their children. Again, five participants shared these themes. Participant 1 stated that the kids are the main reason why she pushes through each day despite her problems and issues, saying:

PA1: I think it gives you a necessity to do that, I think it makes it so you don't have a choice of how to deal with it. But I think it makes it in some respect more difficult, because you have to keep a routine for the kids and, you know, coming and going on a regular basis makes it a lot more difficult for your kids to, to kind of know what's coming next. And, you know, that creates a world of anxiety and constant confusion if you let it. So, I think in some ways it messes with you. But I think it gives you a reason to pull yourself out of bed every day, other than my job. You know, you have to make them happy. But I'm lucky that I have some support from family in that area. Because it makes life a little easier.

Meanwhile, Participant 3 admitted that life as a military spouse is hard. However, she needs to be strong and be okay for the children. The participant narrated:

PA3: It's hard. Honestly, it's like, you kind of have to, like balance it. As far as like, you know. So, with both deployments, I only had my oldest but we you know, we obviously didn't have our little one. So, it was kind of like I was sad, but then I had to, like pull it together because, you know, he needed me. I don't want my son to be sad. I had to stay strong for me to get, you know, do the things we normally do. So, I feel like it was a rollercoaster, really.

Participant 4 shared how she learned to shift the focus to her children:

PA4: I would say that having children significantly impacts the way that I'm able to cope with a deployment cycle and re-integration. The first deployment he ever went on it was just me and life kind of just carried on. I went to work. I clean the house. I hung out with my friends, and I waited for him to come home. When he

got home after the first deployment, we were really excited to see each other and just have that time together as a couple again and reconnect. We didn't have any responsibilities, so it made it easy for us to sort of figure out how to be a couple again. After having kids coping with a deployment cycle, you really just had to find a good schedule and stay on track. There was no one else to pick up the slack, it was just me. I'm not sure that it made it harder to cope while he was gone but I was definitely a lot busier, and I was a little more stressed out. Having children definitely impacted how we were able to cope with the reintegration phase because there was no time for just us. The focus was more on my husband getting situated and, on the kids, relearning routines and counting on their dad for things. For me it made it harder to cope with the reintegration phase because there was still very limited time for myself and limited time for us as a couple to reconnect. I think having children shifted the focus to them. Which is not a bad thing, but I think that our relationship has definitely suffered every time he leaves and comes back, and I feel like we are never fully reconnected.

Lastly, Participant 6 expressed that shifting the focus to her children helped her stay busy and not dwell on the challenges of the deployment cycle and her life as a military spouse:

PA6: I think it has helped me keep busy. So, it's helped me to not dwell. To not be stuck on like sadness or depression or overall overwhelming feelings because I have to just continue to function as a parent. And it's also added to my anxiety levels because of the same reasons because it adds to the amount of work and the

amount of responsibility and the amount of activity level for one person every time your spouse leaves.

Summary

Chapter Four of this study contained the findings from the analysis of the 11 interviews. This study sought to understand the individual military spouses' responses to gain firsthand insight into the challenges of post-deployment reintegration as well as resiliency factors that influence stability. The thematic analysis of the interviews led to the discovery of themes that directly addressed all four research questions. The data analysis pertaining to the first research question revealed two major themes and four minor themes. The second research question was answered through one major theme and four minor themes. Similarly, the third research question was addressed by one major theme and two minor themes. Analysis of the final research question revealed one major theme and eight minor themes. ATLAS.ti 9 was crucial in determining the hierarchy of themes upon coding and analysis of interview data to understand the lived experiences of military spouses better. The next chapter discusses the findings of this study in relation to relevant literature, provide an overview of the recommendations for research that culminated from this study, illustrate the implications for practice and theory, and conclude with the final conclusions of this research.

Chapter 5: Summary, Conclusions, and Recommendations

Introduction

There is a saturation of research on the overall impact of a deployment cycle on a military spouse and their military family unit. However, there is limited research on the military spouse's perceptions, expectations, and lived reality during post-deployment reintegration. Research on evaluating and fully understanding the intricacies of post-deployment reintegration and how post-deployment reintegration impacts quality life, functionality, adjustment, and level of distress through these military spouses' lived experiences is still needed. According to the research, as many as 1/3 of all combat veterans experience symptoms of posttraumatic stress disorder (Lucero, Jones & Hunsaker, 2017). The unpredictability, uncertainty, and fluctuating emotions link directly to increased stress and anxiety during the post-deployment reintegration phase. Reintegration can be a turbulent time for the family, as members must re-form into a functioning system (Marek, 2014).

Understanding and uncovering caregiver burden, emotional distress, anxiety, and instabilities through the reintegration process provided firsthand insight into the military spouse's experiences. Gaining this insight provided valuable information on the resiliency factors, self-compassion, and overall impact on the psychosocial characteristics of military spouses. Although military spouses do not serve directly, their health and well-being can have direct consequences for the military (VanWinkle & Lipari, 2015). The military spouses' ability to successfully navigate the post-deployment reintegration creates a foundation of stability and significantly eases the burdens during the post-

deployment reintegration phase. However, instability and inadequate emotional responses can create challenges as the family structure reshapes throughout the deployment cycle, specifically during post-deployment reintegration. Due to past research findings on post-deployment reintegration, it was hypothesized that military spouses would experience challenges with emotional stability, re-identification of role structures, and overall quality of life. Additional challenges during the post-deployment period may entail negotiating new roles and boundaries within the family system, household management, financial status, parental rejection, and new social supports (Drummet et al., 2013; Vincenzes et al., 2014).

This phenomenological study aimed to explore and describe the expectations versus the reality of post-deployment reintegration. This research analyzed military spouses' lived experiences to determine resiliency factors, levels of distress, and overall impact on quality of life. The military spouse's life experiences are quite different from the service member's experiences. Therefore, they should be considered when understanding factors that influence marital quality from the military spouse's perspective (Pflieger et al., 2018). Results from this study can benefit the mental health community, support services, and chain of command as they continue to reshape how to better serve military spouses with services they utilize. Additionally, we are only beginning to understand the implications of wartime service for military families (Lester et al., 2016).

The thematic analysis of the interviews permitted me the ability to uncover the themes that describe and discuss the phenomenon of the current study. The thematic analysis led to the discovery of a total of 23 themes, all specifically addressing the four

research questions of the study. The first research question produced two major themes and four minor themes. The second research question had one major theme and four minor themes emerge. While the third research question had one major theme and two minor themes. Lastly, the fourth research question produced one major theme and eight minor themes. It should be noted that the major themes that emerged are the themes with the majority of references from the participants. The 18 minor themes provided valuable information on the meaningful experiences that military spouses live through, with fewer shared references than the major themes that emerged.

From the analysis, it was discovered that the lived experiences of a military spouse during the post-deployment reintegration centered on experiencing a disruption to their everyday routines at home and stressed the critical nature of sharing and delegating tasks equally. Meanwhile, concerning the connections between these lived experiences and the psychosocial well-being, overall quality of life, and functionality of a military spouse during and after post-deployment reintegration, I found that spouses typically experience anxiety in connection with the routine disruptions and changes throughout the post-deployment reintegration phase. When asked about the lived experiences of a military spouse's level of distress and caregiver burden during and after post-deployment reintegration, participants highlighted that they are accustomed to seeing themselves as single parents.

The findings of this research provide firsthand insight into how to best support military spouses during the post-deployment reintegration phase and how each spouse and their ability to adjust are tied directly to their levels of distress, coping strategies, and

how they view their overall view quality of life for themselves. Military couples are unique (Vincenzes, 2014), and too often, the post-deployment reintegration phase only focuses on the initial reunion or homecoming. In the post-deployment reunion phase, the military couple reunites at the initial homecoming or honeymoon phase and enters the post-deployment reintegration phase. This is also stressful for many military couples, particularly when service members return with unpredictable changes in their mental or physical health (Mallonee, Riggs & Stander, 2020). This research provides a more in-depth and authentic understanding of the post-deployment reintegration from behind closed doors. The culmination of this study serves to better equip the mental health and military communities in creating and delivering effective services that meet the unique needs of military spouses through the challenges of post-deployment reintegration that they utilize.

The remainder of this chapter discusses the significance of these findings. An interpretation of the findings is offered first, drawing on the literature and theory discussed in Chapter 2. Limitations of the study were then discussed, and recommendations were offered based on these limitations and logical directions for future research. Implications of these findings for research, practice, policy, and social change were then discussed. Finally, this section concludes with a summary and outline of key points.

Interpretation of the Findings

This section interprets the findings and is structured based on each of the four research questions presented in this study. First, each question is re-stated, followed by its associated findings and their relevance to previous literature and theory.

Research Question 1: What are the lived experiences of a military spouse during the reintegration post-deployment?

The first research question pertained to the lived experiences of a military spouse during the post-deployment reintegration phase. Two major shared experiences were uncovered from the analysis. One pertained to experiencing a disruption in their normal routine at home and noting the importance of sharing and delegating tasks equally. In addition, several minor themes emerged:

- feeling that the military husband had their own world
- experiencing a power struggle at home
- needing to adjust to the constant changes after every deployment
- learning to appreciate their time as a family

Results related to this research question help extend the literature presented in Chapter 2 that pertained to many of the challenges that military spouses experience during deployment. For example, the literature presented in Chapter 2 showed that service members might find it challenging to adapt to their role as a parent and spouse (Lisle et al., 2019). Challenges relating to civilians who have not had the deployment experience constitute a significant barrier that disrupts interpersonal relationships for service members (Elnitsky et al., 2017). Additionally, the broader social structures within

which a service member operates may be disrupted due to the differences between civilian and military cultures (Lisle et al., 2019). Further, they have to experience moving geographically, which results in disruptions of their educational and employment paths (Sinclair et al., 2019). The impact on their mental health affects their life in a broader aspect. At the same time, the particular conditions specific to the post-deployment reintegration phase may provide additional disruptions in their lives. Since a military career involves deployment-related disruptions and frequent displacement, some military spouses may experience difficulties following their educational and career goals (Ziff & Garland-Jackson, 2019). Because of the disruptions associated with military deployment, military spouses who are part of the civilian labor force tend to have lower earnings compared to civilian employees on average (McGaw et al., 2019).

Research Question 2: What are the connections between these lived experiences and the psychosocial well-being, overall quality of life, and functionality of a military spouse during and after post-deployment reintegration?

The second research question pertained to the relationship between military spouses' lived experiences and their psychological and quality of life outcomes. From the analysis, it was found that the majority, seven of the 11 participants, experienced anxiety in connection with the routine disruptions and changes throughout the post-deployment reintegration phase. In addition, four minor themes emerged that received limited references. The minor themes that emerged were the experiences of suffering from the adverse effects of the mental and emotional changes in the military spouse; admitting that the relationship suffers over time; adjusting as one family makes them stronger and more

united and experiencing anxiety in connection with the lack of communication during the deployment cycle.

These findings were also supported by the literature presented in Chapter 2 that pertained to the anxiety that military spouses tend to experience throughout the deployment cycle. As the deployment cycle comes to an end and the military spouse begins to prepare for the homecoming and reintegration of their service member spouse, the anxiety, stress, and instability would return at an increased frequency and speed. While the reintegration phase for many military families is a time of joy as the sense of stability is regained and burdens begin to ease. There are just as many military families that may experience heightened anxiety, stress, fear, and prolonged instability during the post-deployment reintegration phase. While some spouses report not adjusting during reintegration, others report that their deployed partner is no longer the same person they knew previously (Marek, 2014). Findings from this study and the extensive literature presented in Chapter 2 showcase that, as care providers, military spouses experience higher levels of financial difficulties, physical challenges, anxiety, depression, and stress (Sinclair et al., 2019). The research to date has shown that individuals exposed to complex types of stressors tend to be vulnerable to various psychological and social problems, such as anxiety, depression, somatic complaints, aggressive behavior, anger, and PTSD (Braun-Lewensohn & Bar, 2017). As time continues, the shift from a two-parent home to a single-parent home becomes less complicated and stressful, leading to an ease of stress and anxiety for the military spouse.

Research Question 3: What are the lived experiences of a military spouse's level of distress and caregiver burden during and after post-deployment reintegration?

The third research question pertained to the lived experiences of a military spouse regarding stress and caregiver burden. From the analysis, I found that the majority, eight of the 11 participants, admitted that they have become accustomed to being a single parent whenever their service member spouses are away. As a result, they do not feel or see the changes in their situations as caregivers of their children and homes when their military service member spouses were deployed. Two minor themes emerged regarding stress and caregiver burden: feeling alone and isolated and having resentments toward their service member spouse.

These findings also help to extend the literature presented in Chapter 2. The military spouse plays an integral part in the military family unit's dynamics, structure, and success of the military member. Military spouses are often the closest source of support for service members, and, in fact, social support has been shown to buffer the effect of trauma exposure on service member's risk for posttraumatic stress disorder (Allen et al., 2011; Brewin et al., 2000; Pflieger et al., 2018). Consequently, it is essential to provide assistance to service members and their families across the different stages of the deployment cycle (Pye & Simpson, 2017). Through such support, it is possible to encourage readiness and strength in the armed forces while also ensuring that individual service members' and their spouses' mental and physical needs are consistently met. The following section reviews the implications of the findings related to the fourth research question.

Research Question 4: How does the military spouse cope with distress in order to prevent a worsening situation?

The fourth research question pertained to the ways in which military spouses cope with distress to prevent a worsening of their symptoms or worsening of their physical or mental situations. I found that participants had varying coping strategies and techniques to overcome the stress and distress from the analysis. For example, 10 of the 11 participants stated that having their family members and friends was critical to staying afloat despite their difficulties and challenges as military spouses, especially during the post-deployment reintegration phase. Concurrently, nine participants expressed that they were open to seeking help from a mental health professional. Five participants respectively shared that they practice self-care such as sleeping, exercising, and taking time for themselves. Additionally, the military spouse participants highlighted how caring for their children helps them forget the distress of the deployment cycle and the post-deployment reintegration phase. Five additional minor themes emerged that require further exploration and research; they were: receiving support and affirmation from a military spouse; being able to plan and delegate tasks; accordingly, focusing on work and business; spending time as a couple, and turning to alcohol, but not in excess.

Understanding how military spouses' unique stressful life events apply to the post-deployment reintegration phase of the deployment cycle provides valuable insight into the military spouses' ability to cope, adjust physically and mentally, and build resiliency through the distress that post-deployment reintegration can have on the military spouse. Greater deployment exposure predicted more significant dysfunction in affective

involvement, family communication, problem-solving, and general family functioning (Lester et al., 2016). Military spouses who cannot find a balance and regain a sense of stability during the post-deployment reintegration phase may develop heightened levels of distress, anxiety, and other challenges and vulnerabilities. The inability to cope and find or create balance during the post-deployment reintegration phase can lead to interpersonal turmoil and marital and family discord. The following section explores the relevance of these findings to the study's theoretical framework, as identified in Chapter 1.

Relevance for Theoretical Framework

Findings from this study also have implications for the theoretical framework presented in Chapter 1. Learned resourcefulness theory provides insight and understanding on the self-efficacy, expectations, ability to cope, relationship functionality, levels of distress, and overall quality of life. The transactional theory provides insight into understanding the post-deployment reintegration event and how individualized the event is for each military spouse. The Integrative Quality of Life (IQOL) theory offers valuable insight on the impact to each military spouse and their personal views of their overall quality of life. In attempting to understand the post-deployment reintegration phase, the learned resourcefulness theory can provide insight on self-efficacy expectations, ability to cope, level of distress, overall quality of life, and relationship functionality of each military spouse participant. Learned resourcefulness relies on the logic of self-help and the military spouse's ability to take on the challenges and difficulties of life head-on while engaging in successful coping strategies. Evidence

suggests that healthy levels of cohesion and flexibility can promote positive adaptive processes for military families (Oshri et al., 2015), whereas unhealthy family functioning, on the other hand, can lead to maladaptive outcomes for military families (O'Neal et al., 2018; Saltzman et al., 2011). Understanding the military spouses' ability to interact, grow, and learn from their environment helps understand the post-deployment reintegration phase's successes and failures.

The transactional theory of stress and coping is unique as it distinguishes between the interactions that occur between an individual and their environment. The research to date has shown that individuals exposed to complex types of stressors tend to be vulnerable to various psychological and social problems, such as anxiety, depression, somatic complaints, aggressive behavior, anger, and PTSD (Braun-Lewensohn & Bar, 2017). Applying the transactional theory provided firsthand knowledge and understanding of post-deployment reintegration through the military spouse's eyes. Understanding that post-deployment reintegration is a phase and not a singular homecoming event, and the importance of how each military spouse interprets the reintegration, assists in eliminating the cookie-cutter approach to a highly individualized experience.

The IQOL theory's application helped better understand well-being, satisfaction with life, happiness, meaning in life, the biological information systems (balance), realizing life potential, the fulfillment of needs, and objective factors (Ventegodt et al., 2003). Personal stress in military spouses is thought to be influenced by the perception of well-being in family members, relational strains, and the assignment's danger (Everson et

al., 2014). Understanding the complexities and richness in life provided critical insight into each military spouse and their post-deployment reintegration experiences.

Limitations of the Study

While this study is believed to significantly contribute to understanding military spouses' lived experiences related to psychological well-being, stress, and coping, some limitations warrant consideration. For example, there is significant importance in studying the post-deployment reintegration phase for military spouses that are male and female as well as heterosexual and same-sex marriages from varying branches of service. However, it was not easy to predict or project what the final participant pool would be comprised of. Therefore, this research may have been limited by gender, sexuality, and branch of service.

The utilization of electronic questionnaires and the potential need for zoom calls as opposed to face-to-face interviews also potentially created a limitation for military spouses that are uncomfortable with these platform choices. The military community remains fairly reclusive and reluctant to share personal details, especially regarding the physical or mental challenges they may face. Military spouses may have been reluctant while answering questions due to fear of interfering with their spouses' career and promotion stability. Thus, each of these factors may have influenced the validity of the research findings and their generalizability beyond the context of this particular investigation. Recommendations for future research are made based on these limitations and ways to extend these findings through subsequent investigations.

Recommendations

Based on these limitations, it is recommended that the non-survey instruments be implemented that directly increase the validity and authenticity of the findings. Non-survey instruments assist in measuring experiences that may not otherwise be reported honestly in a survey-style questionnaire. Some non-survey instruments that could be useful in measuring the lived experiences of military spouses during post-deployment reintegration are direct observation, vignettes, participatory research methods that study the military spouse community as a collective whole, and the integration of biomarkers that objectively measure indicators related to the overall health and well-being of military spouses. Additionally, a larger and more randomized sample is needed to ensure the generalizability of these findings.

Research designs and methodologies that incorporate triangulation measures may also help establish the trustworthiness and credibility of these findings. With respect to practice, it is recommended that the armed forces and its mental health professionals implement efforts that support military spouses through a targeted design throughout the deployment cycle, specifically during post-deployment reintegration. Additionally, more efforts should be made to provide logistical, physical, and emotional support to military spouses who suddenly become single parents during the deployment cycle. Finally, regarding policy and social change, it is recommended that policy be implemented to provide economic, psychosocial, physical, mental, and resource-related support to every military spouse during times of deployment regardless of the spouses' knowledge of such programs. The responsibility of ensuring physical and psychological wellness and

stability of all military family's rests on the shoulders of the policymakers and leaders across all branches of the armed forces, not the military service member spouse.

Implications

Results from this study have the potential for positive social change in several different areas. First, the unpredictability associated with the deployment cycle, specifically post-deployment reintegration, can increase emotional distress. Second, a psychosocial weight is blindly attached to the post-deployment reintegration phase for the military spouse. Third, military families face unique circumstances such as trauma exposure, separations, frequent moves, and social isolation that can place additional burdens on the marital relationship (Pflieger et al., 2018). Finally, attempting to regain a physical and emotional connection with one another after a long, seemingly permanent separation has been found to be extremely stressful, resulting in struggles with communication, co-parenting, returning to pre-deployment routines, and marital intimacy (Orthner et al., 2005; Vincenzes et al., 2014). Thus, these findings from this study have the potential to improve the ability to address and meet the unique physical, psychological, and emotional needs of military spouses.

Additionally, findings from this study may indirectly help address the increasing demand for military personnel while simultaneously protecting military spouses' mental health, overall well-being, and quality of life. The military has faced increased demands since September 11, 2001. These increased demands have also created ongoing and lasting challenges on the homefront. In 2019, more than 1.3 million active-duty members were serving in the four military service branches: Army, Navy, Marine Corps, and Air

Force; of these 1.3 million service members, 50.7% are married (DoD, 2019). Family members are an integral part of the military community and shape the unique military family unit. In 2019, there were 1.6 million family members; of these, almost 1.6 million family members, 605,716 members, were spouses (DoD, 2019). There were 12,392 reports to the Family Advocacy Program of suspected child abuse or neglect in FY 2019, and 5,600 child abuse and neglect incidents met the criteria in FY 2019. (DoD, 2020). These child abuse and neglect incidents were comprised of 59.53% neglect, 20.66% physical neglect, 16.02% emotional abuse, and 3.79% sexual abuse (DoD, 2020). In FY 2019, there were a total of 7,921 met criteria incidents of domestic abuse (spouse abuse and intimate partner violence) reported to FAP (DoD, 2020). Of these 7,921 incidents, 73.74% represented physical abuse (DoD, 2020). The results from this study may help address some of the key familial issues that military spouses and military children encounter throughout their life as a military family.

Findings from this study may also enhance the military community and mental health professionals' abilities to intervene in the event that military spouses demonstrate extreme distress. Numerous intervention and prevention programs are designed to support military spouses and their overall quality of life specifically. While these attempts to support and assist military spouses' post-deployment reintegration are a valiant effort, they often fall short and remain underutilized. Often military spouses do not seek support in the chaos unless their hand is ultimately forced. Additionally, the dynamics and levels of distress vary from military family to military family during the post-deployment reintegration phase. Additional research of post-deployment

reintegration, expectations versus reality, and the impact on the military spouses' overall quality of life could lead to a more tailored approach to providing effective and individualized prevention and intervention strategies through support programs that spouses trust and utilize and rely on. Although recent research indicates that military families are relatively high functioning (Lucier-Greer et al., 2014), deployment and reintegration are considered stressors for all military families. Therefore, an examination of their behaviors and experiences during these times is paramount to understanding how military families may thrive amid adverse conditions (O'Neal et al., 2018). These findings may help improve the ability to offer targeted physical and emotional support to military families.

Results from this study should generally improve the overall quality of life of military spouses and the military family unit. The military spouses' ability to maintain positive mental health, self-care, and self-compassion can relieve caregiver burden and build resiliency, creating stronger marital and family bonds and a more profound sense of connection with the military community. Self-compassion has shown clinical relevance as both a protective factor and through interventions aimed at increasing self-compassion (Furkus et al., 2019; Mak et al., 2018; Wilson et al., 2018). Practicing self-care behaviors during deployment and reintegration is vital, as a lack of self-care can be linked with caregiver burden and higher stress levels (Mulholland et al., 2020). Increased stress for the military spouse's post-deployment can decrease service member retention (Mallonee et al., 2020). The post-deployment reintegration phase can leave military spouses in a continued state of distress and instability. This research demonstrated that the post-

deployment reintegration phase could lead to emotional distress, prolonged instability, anxiety, and periods of uncertainty for the military spouse.

Results from this study may help in the long-term management of stress for military spouses. Stressful life events, in general, correlate with an increase in mental and physical health complaints. Military spouses are exposed to traditional stressful life events and unique stressors directly associated with being a military spouse. The impact of stressful events and the distress created can exacerbate challenging symptoms related to one's physical or mental health. Tying in learned resourcefulness theory, transactional theory, and the integrative quality of life theory set the foundation and groundwork for understanding the true impact of post-deployment reintegration on military spouses. Understanding how these unique stressful life events apply to the post-deployment reintegration phase of the deployment cycle can provide valuable insight into the military spouses' ability to cope, adjust physically and mentally, and build resiliency through the distress that post-deployment reintegration can have on the military spouse. Greater deployment exposure predicted greater dysfunction in affective involvement, family communication, problem-solving, and general family functioning (Lester et al., 2016). Military spouses who cannot find a balance and regain stability during the post-deployment reintegration phase may develop heightened levels of distress, anxiety, and other challenges and vulnerabilities. The inability to find or create balance during post-deployment reintegration can lead to interpersonal turmoil and marital and family discord. Results from this study may assist in understanding how military spouses can achieve balance and stability in their lives.

These findings of increased interpersonal turmoil, marriage and family discord, and prolonged instability during the post-deployment reintegration phase can pose significant challenges in coping, adjustment, and overall quality of life for military spouses. This research impacts social change and its potential to bring light to military spouses' post-deployment reintegration experiences. As it relates to distress and instability during the post-deployment reintegration phase, this research can assist in the creation of prevention and intervention strategies and support programs that military spouses utilize as their specific and individual needs have been targeted. The military spouse's resiliency, stability, positive mental health, self-care, and self-compassion are tied to stable and prosperous relationships with themselves, their spouses, and their children. Considering the aftermath of a decade at war on military families, specifically military spouses, it may be particularly relevant to refine public health strategies to better identify those military spouses, service member spouses, and children at the highest risk levels. Likewise, there is a need to examine intervention strategies that specifically target parenting and family-level processes identified as salient to child and social and emotional development (Lester et al., 2016).

Conclusion

The purpose of this chapter was to provide a discussion of the significance of the findings generated from Chapter 4. The thematic analysis of the interviews permitted me to uncover the themes that describe and discuss the phenomenon of the current study. The thematic analysis led to the discovery of a total of 23 themes, all of which address the four research questions of the study. Under the first research question, two major themes

and four minor themes emerged. The second research question had one major theme and four minor themes. Meanwhile, research question three had one major theme and two minor themes. Finally, the fourth research question had one major theme and eight minor themes. It must be noted that the major themes are the themes with the most references from the military spouse participants. The minor themes displayed significant experiences but with fewer references from the military spouse participants than the major themes.

An interpretation of the findings was offered first by drawing on the literature and theories discussed in Chapter 2. The study's limitations were then discussed, and recommendations were offered based on these limitations and logical directions for future research. Implications of these findings for research, practice, policy, and social change were then provided. Based on the evidence presented in this chapter, it is clear that military spouses and the military family unit face numerous psychosocial and logistical challenges during the deployment cycle, specifically during the post-deployment reintegration phase. More must be done by the policymakers and leaders of all of the branches of the armed forces to offer support both physically and mentally. This support should assist in ensuring military spouses and the military family unit maintain a sufficient level of stability, functionality, and well-being during their times of challenges and difficulties throughout all phases of the deployment cycle. This research study signifies that a problem remains in the military community and military practices regarding support services for military spouses. The military continues to leave mental health challenges in spouses unaddressed, as reported by military spouse participants,

specifically during the post-deployment reintegration phase. Military Spouses undergo complex psychological experiences that are distinct from the general population. Interventions are needed that are tailored to military spouses' unique and complex experiences.

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Appendix A:



Want to Help a Fellow Military Spouse?

This research study is looking for military spouses from any branch of service that are interested in sharing their experiences of the realities of post deployment reintegration.

Why?

- The goal of this research study is to bring an authentic understanding of the reality of post deployment reintegration through each military spouse's individual experiences.
- You may contribute valuable information to the military community in it's understanding of the impact that reintegration has on military spouses with the potential of creating support services that address the unique challenges you face.

Who?

- Any military spouse aged 18 or older
- Currently married to a military service member
- Only affiliation with the military is through their marriage
- Anyone who has experienced a deployment or remote tour within the last 12 to 18 months
- Have at least one child that you are the primary caregiver of residing in your home

Take the First Steps by completing the prescreening questionnaire and informed consent at

<https://forms.gle/L3wtDZF5zn1qT7edA>

or

by scanning the QR Code



Meet the Researcher:

Michele Brown is a Clinical Psychology PhD student at Walden University. This researcher is a Veteran of the United States Air Force and a Active-Duty Army Spouse. Additionally, this researcher has experienced both sides of the post deployment reintegration phase.

Appendix B: Prescreening Questionnaire and Informed Consent

Pre-Screening Questionnaire

You are invited to complete this brief prescreening questionnaire to determine your eligibility to participate in a research study that will explore the expectations and reality of post deployment reintegration through the lived experiences of military spouses.

Please note that the information provided during this prescreening questionnaire will remain confidential. All forms received will be saved electronically with password protection and encryption to ensure your security and confidential remains intact. If you are worried that your email address will identify you as a participant, you can establish a new free email address for the purposes of this research study. The email address provided will be utilized to notify you of your eligibility to participate and for all future communications regarding this research study.

Once you have completed this prescreening questionnaire your eligibility for participation will be immediately determined. If it is determined that you are eligible for participation, you will be automatically linked to the informed consent form. If you qualify for participation and complete your informed consent, you will receive a follow-up email from this researcher with a request to schedule your one-on-one interview.

Researcher: Michele M. Brown

If you have any questions or concerns, please contact this researcher by phone at [REDACTED] or by email at [REDACTED]

Date:

First Name Initial and Last Name Initial:

Email:

1. Are you over the age of 18?*

- Yes
- No

2. Are you currently married to a military service member (Army, Air Force, Coast Guard, Marines, or Navy) and residing in the same household?
- Yes
 - No
3. Is your only affiliation with the military through your marriage to your service member spouse?
- Yes
 - No
4. Have you and your service member spouse experienced at least one deployment or remote tour in the last 12 to 18 months?
- Yes
 - No
5. Do you have at least one child that you are the primary caregiver of currently residing in your home?
- Yes
 - No
6. Did you answer yes to ALL of the above questions?*
- Yes
 - No

*Selection of yes for question 6 will link the potential participants to the informed consent form.

CONSENT FORM

You are invited to take part in a research study that will explore the expectations and realities of post deployment reintegration through your lived experiences as a military

spouse. This form is part of a process called “informed consent” to allow you to understand this study before deciding whether to participate or not.

This study seeks 15 to 25 military spouse volunteers who are:

- 18 years of age or older
- Married to a military service member
- Have experienced at least one deployment or remote tour within the last 12 to 18 months
- Only affiliated with the military through their service member spouse
- The primary caregiver to at least one child that resides in the home

This study is being conducted by Michele Brown, who is a Clinical Psychology doctoral student at Walden University and the researcher of this study.

Study Purpose:

The purpose of this study is to bring a proper understanding to the reality of post deployment reintegration through the lived experiences of military spouses.

Procedures:

For this study participants will be asked to voluntarily complete the following steps:

- One-on-one interviews, face-to-face or video, will be conducted and should last 60-90 minutes.
- Two short essay style questions that will be emailed to all participants two weeks after their initial one-on-one interview that should take 10-15 minutes to complete and return.
- A follow up phone or video call will occur after the data has been analyzed from the initial interview and follow up questions. This call will be informal in nature and will allow participants the opportunity to review their transcribed data and confirm their validity and reliability. This follow-up call should last 30-60 minutes.

Here are some sample questions:

- How long have you and your spouse been married?
- Did you and your spouse marry prior to your spouse joining the military?
- How long has your spouse been in the military?
- How many deployments, temporary duty stations, or remote tours have you and your spouse experienced?
- How did you prepare for your spouse’s deployment and post deployment reintegration?

- During the reintegration phase, did you experience any negative psychological effects such as anxiety, depression, problems with sleep, etc.? If yes, please explain.
- What helps you cope and face the challenges of post deployment reintegration?
- How was the support from your spouse's unit during the deployment cycle, specifically during post deployment reintegration?

Voluntary Nature of the Study:

Participation in this research is 100% voluntary. This means that everyone involved will respect your decision to participate or not. No one affiliated with the military, your spouse, or your spouses' chain of command will be notified of your decision to participate or not. If you decide to join the study now, you can change your mind at any time and withdraw your consent to participate. If you become distressed during the process of this research, you can stop at any time. Additionally, you may skip any questions that you feel are too personal or may cause distress.

Risks and Benefits of Being in the Study:

Being in this study could involve some risk of minor discomforts that can be encountered in daily life such as the sharing of sensitive information. With protections in place, this study would pose minimal risk to your wellbeing. You will be provided with phone numbers for 24/7 mental health assistance at the close of the one-on-one interviews to ensure immediate access to professional mental health counselors and services if needed.

This study offers no direct benefits to individual participants. However, this study could have the potential to benefit the mental health community, support services, and military chain of command as they continue to reshape how to better serve military spouses with services, they will not only access but truly utilize. Once the analysis is complete, the researcher will share the overall results by emailing each participant a summary page.

Compensation:

There will be no compensation provided for participating in this research study.

Confidentiality:

The researcher is required to protect your privacy. Your identity will be kept confidential, within the limits of the law. Participant identity will be kept private and confidential through the use of assigned participant ID's. Participant ID's will consist of the participants first initials of their first and last names and the date that the prescreening questionnaire was completed (example: MB09012021). Data collected for this research will only be utilized for the purposes of this research. This researcher will not include any

personal identifying information in any reports attached to this research, the use of participant ID's will assist in ensuring confidentiality remains intact for all participants. Lastly, all records and collected data files will be maintained electronically for five years, as required by the university. After the five years all, electronic files will be securely erased. These files will be encrypted, and password protected to ensure privacy and confidentiality are maintained throughout the research and storage phases.

Dual Relationships:

If you know this researcher, Michele Brown, in another capacity personally or professionally, participating in this research study creates a dual or multiple relationship. There will be no dual or multiple relationships between this researcher and the participants that would impair this researcher's objectivity or lead any participant to feel exploited in any way. It is important to mention that not all dual or multiple relationships are unethical, unavoidable, or unexpected. Participation in this research study is 100% voluntary and will only occur with your informed consent. If at anytime you wish to end your participation in this research study, immediately notify this researcher by email.

Contacts and Questions:

You can ask questions of this researcher by email, phone, or text message. You may contact this researcher by phone or text at [REDACTED] or by email at [REDACTED]. If you want to talk privately about your rights as a participant or any negative parts of the study, you can call Walden University's Research Participant Advocate at [REDACTED]. Walden University's approval number for this study is 10-01-21-0756156. It expires on September 30, 2022.

Obtaining Your Consent:

If you understand this study and wish to volunteer to participate, please indicate your consent by selecting the words, "I consent," or "I do not consent" and submit.

- I consent.
- I do not consent.

NEED TO TALK IT OUT? Please Call:

Military OneSource: 1-800-342-9647
SAMHSA National Helpline: 1-800-662-HELP (4357)

You might wish to retain this consent form for your records. You may ask the researcher or Walden University for a copy at any time using the contact information above.

Appendix C: Interview Questions

Interview Questions

Researcher Name: Michele Brown

Date:

Location: In person or Virtual

Participant ID:

Email Address:

Age:

Gender:

Spouses Branch of Military Service:

Spouses Rank/ Grade:

Employment status:

Do you work fulltime:

Do you work inside or outside of the home?

Highest Education Completed:

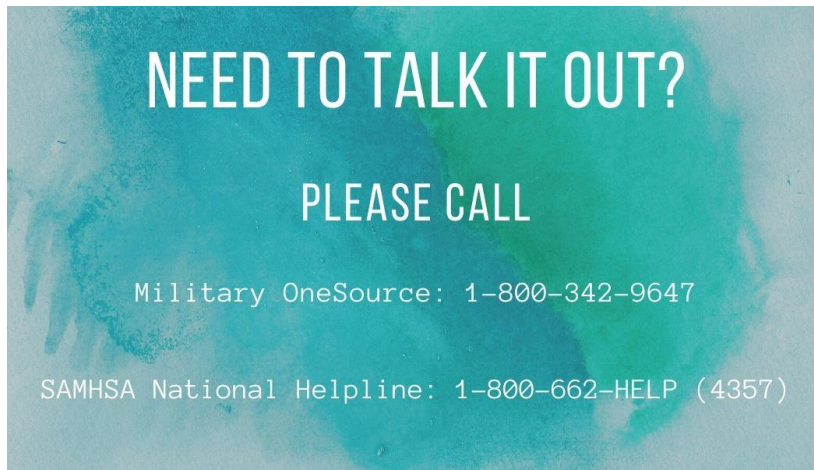
1. How long have you and your spouse been married?
2. Did you and your spouse marry prior to your spouse joining the military?
3. How long has your spouse been in the military?
4. Do you live on or off base? If you live off base what is your proximity to base?
5. What services on base do you utilize? How often?
6. If you do not utilize services on base, why not?
7. How many deployments, temporary duty stations, or remote tours have you and your spouse experienced?
8. How many children are you the primary caregiver of that reside in your home?
9. What are the ages of your children?
10. How does having child/children impact the way in which you are able to cope with the deployment cycle, more specifically the post deployment reintegration phase?

11. How do you prepare for your spouse's deployment and post deployment reintegration?
12. During the reintegration phase, did you experience any negative psychological effects such as anxiety, depression, problems with sleep, etc.? If yes, please explain.
13. If yes, did you seek the help of a mental health professional?
14. If yes, was the mental health professional on or base?
15. How much information do you share with your spouse about home and your challenges when they are deployed? When they return?
16. What does your support system look like?
17. Do you feel connected to and supported by your spouse's unit? If yes, explain.
18. How was the support from your spouse's unit during the deployment cycle, specifically during post deployment reintegration?
19. What effect did the reintegration phase have on you directly? Your children? Your family unit?
20. Do you feel that intervention and prevention services are designed specifically to support your needs as a military spouse? Why or why not?
21. What are your experiences as a military spouse?
22. What are your expectations with post deployment reintegration?
23. What was your actual experience with post deployment reintegration?
24. What are your experiences with caregiver burden during and after post deployment reintegration?

25. What coping strategies do you rely on? How are you able to manage challenges and difficulties you face as a military spouse?
26. Compare and contrast your experiences with post deployment reintegration and your spouses?
27. How satisfied are you with your overall quality of life as a military spouse?
28. How do you feel the outside world views you as a military spouse?
29. Please explain how the deployment cycle, specifically post deployment reintegration impacted your overall quality of life, level of distress, functionality, and ability to adjust?
30. Please explain how you navigate the five stages of the deployment cycle? (pre deployment, deployment, sustainment, redeployment, and post deployment).
31. What are your experiences regarding support service utilizations as a military spouse?
32. What are your experiences regarding mental health challenges as a military spouse?
33. What helps you cope and face the challenges of post deployment reintegration?
34. How would you ease the challenges and chaos of post deployment reintegration?
35. What is your experience regarding role transfer during the deployment cycle, specifically during the post deployment reintegration phase?
36. What recommendations do you have for military service providers regarding the post deployment reintegration phase?

Appendix D: Mental Health Support Information

Mental Health Support Information



Appendix E

Follow Up Email- Short Essay Questions

Please complete the following short essay questions. These questions are intended to capture anything that may have been missed or overlooked during the initial interview process now that you have had time to reflect. This should take 10 to 15 minutes to complete and return. Thank you in advance!!

Date: _____

Email Address: _____

- 1. Now that you have had time to reflect on your initial interview, do you have anything additional to add, explain, or expand on from your first answers?**
- 2. Have you experienced any significant life changes or challenges since your initial interview? If yes, please explain.**