Coming Home:

A Study of the Military Family Interactions and Relationships after Deployment

by

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Abstract

This thesis examines familial interactions and relationships between military veterans and their spouses and children after returning from foreign deployment. Although always an overly joyous occasion, post deployment is a transitional process that tends to strain the family system. Five Canadian Forces families were interviewed, fifteen participants in total. Through qualitative interviews, three superordinate themes emerged: Stressors and coping skills, family dynamics, and support networks. Communication with the military member during deployment plays an integral part in the transition back into the family. Communication patterns between family members are one of the determinants in the effectiveness of role and relationship negotiation during the reunion. The effectiveness of relationship renegotiation is also aided by the family's support system. Informal and formal support networks are crucial in helping military families during and post deployment. However, the effectiveness of reintegration programs requires active consultation with military families in the design and implementation of these programs.

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CHAPTER 1

Introduction

The Purpose, Structure and Focus of the Study

The reintegration of military members deployed abroad into family life is a difficult and conflictive process that affects all family members. Having to contend with two of the most violent and deadliest wars in recent modern history, many Canadian military families have had to face their toughest challenge in life: dealing with the after effects of combat exposure on a loved one: inevitably a new way of life, a new family life.

A survey of 894 United States Army service members from Iraq found that 95% observed dead bodies or human remains, 93% were shot or received small-arms fire, 89% were attacked or ambushed, 65% observed injured or dead Americans and 48% were responsible for the death of an enemy combatant (Hoge et al., 2004). In addition to witnessing traumatic events, approximately 22% of the wounded service members in Iraq and Afghanistan have experienced a traumatic brain injury (Okie, 2005). Trauma to the brain, as well as mental health issues have a profound effect and impact on veterans' social and personal relationships, and emotional and physical regulation (Okie, 2005), essentially changing the way the veteran interacts with his or her spouse and child in a constructive, supportive manner.

The return of the military member from combat is full of mixed emotions – excitement, happiness, anticipation, stress and resentment. Children generally express excitement to have their mother or father back home. However, some children struggle relating to their military father or mother: they may not understand their military

father/mother's mood swings or emotional behaviour due to physical injury or psychological trauma suffered during their foreign deployment (Richardson, Chandra, Martin, Messan Setodji, Hallmark, Campbell et al., 2011). Spouses also go through an adjustment period met with an overload of emotions as they renegotiate family roles and adjust to sexual intimacy. As a military spouse states, "they tell you it's going to be hard to adjust after the deployment is over and the unit returns home, but here we are a year later and we're still trying to adjust. And it's not just us. Other couples in the unit are going through the same thing" (Sierra & Kemp, 2011, p. 1).

As a result of family relationship readjustments and role renegotiation, the military parent may struggle with parenting and disciplinary responsibilities at home due to physical fatigue and/or emotional issues (Weins & Boss, 2006). This situation is exacerbated by the view among many military members that the family should function according to military culture. As such, the military father or mother tends to express frustration or anger when children do not comply with instructions or orders (Armstrong, Best, & Domenici, 2006). Irritability and angry outbursts interfere with the ability to connect with their loved ones, especially children. Military parents may have low disciplinary tolerance or may have difficulties coping with their children's behaviour. In some extreme situations, this unfortunate situation may lead to child abuse (Clark & Messer, 2006).

Exposure to physical injuries and psychological traumas incurred by foreign deployed military members eventually affect family relationships, including bonding and intimacy. Unfortunately, this topic has yet to be comprehensively examined in Canada. To promote healthy family relationships within the Canadian military, particularly among

members who have experienced foreign deployment, it is imperative to examine how families renegotiate their roles, interactions, and relationships after the return of a loved one from a warzone.

Structure of the Study

In Chapter 1, the thesis topics are introduced, the objective and the significance of the thesis. This chapter also provides background information on two theories that aid in explaining the reintegration process for Canadian military families. These theories provide a holistic explanation to the phenomenon, as one theory cannot fully explain the effect of reintegration on a military family. Chapter 2 provides a brief overview of the research completed thus far in the area of military families' experiences with deployment and reintegration. The literature provides a background of the Canadian military, war-related issues military families contend with, and the effects of war and the military on military families. Chapter 3 explains the qualitative methodology employed to answer the research question at hand. In this chapter, accounts of the families' experiences were gathered in a face-to-face interview with all family members to gain insight into their every day life. The sample population and recruitment process is explained, as well as the ethics protocol that was followed. Chapter 4 discusses the three main themes found in the participants' stories. The first theme is the stress and coping experiences each member experiences in his or her daily life. These experiences provide an initial baseline to understand the subsequent challenges and successes each member makes in his or her relationship with the other family members. The second theme examines the family dynamic, their perceptions of their relationships and interactions with one another, their behaviour, and family atmosphere. The third theme is the family members' support

system. This area will provide insight into how one's support network can influence family dynamics and facilitate further development in this area for future military families and communities. Chapter 5 discusses the conclusions and the important implications that arise for future research and service providers.

Theoretical Framework

There is limited theoretical and empirical literature examining military families (Riggs & Riggs, 2011); thus, the understanding of their processes is to some degree restricted. However, it is hypothesized that family systems theory in conjunction with family stress theory helps in explaining the relationship between family adjustment during the reintegration phase and the way in which each member affects one another. In other words, these two theories can be used to explain the process by which families become adjusted with one another after the return of the service member from the combat zone. The deployment and reintegration cannot be fully explained by one theory. Family systems theory and family stress theory help in explaining the pressures placed on the family system during the deployment process, and the shift in family dynamics when the military member reunites with the family. Furthermore, family stress theory further explains the shift in dynamics in the family system, as stress is a major contributor to the family relationship trajectories, thereby fully addressing the changes in family dynamics in stressful situations.

Family systems theory.

According to family systems theory, each family member responds to trauma as a system in which each member's behaviour, emotional expression and cognitive strategies

are crucial for maintaining the integrity and cohesion of the whole family and each member's wellbeing (Minuchin, 1974; Watzlawick, Beavin, & Jackson, 1967). Deployment and combat place an immense amount of stress on the family system and functioning. As a result, the family may experience maladaptive behaviours such as poor communication, stress, change in behaviour, withdrawal or neediness, and use of poor coping mechanisms (i.e., alcohol, abuse and violence, and drug use) (Riggs & Riggs, 2011). Caligiuri, Hyland, Joshi and Bross (1998) state that due to the interrelatedness of the family members, the service member overseas could potentially affect the psychological state of the family members at home via communication. This consequently disrupts the balance and cohesion of the family member's relationship with one another.

The media coverage of the wars in Afghanistan and Iraq amplified the already intense feelings and thoughts of military families' loved ones overseas. The communication between the service member and his or her family, as well as the information received via other military spouses, may increase an already overburdened system. This information may increase the stress level of the spouse at home, which may trickle down to the children, consequently adding to disruption and potentially "cracking" the already fragile system, further increasing the difficult adjustment in the reintegration phase. Therefore, the amount of psychological distress in the family is dependent on each individual, but in order to function well and balance each other's responses, members will express their pain at different times, and in different ways (Cox & Paley, 1997) such as isolation or withdrawal, substance use, possible marital dissolution, behavioural issues, emotional numbing, violence, and infidelity. Overall,

> "When change occurs in a family, the disturbance can cause a shift to a new position of balance. The family recognizes in a way that is different from any previous organization of the family; the family strives to maintain a state of equilibrium" (Wright & Leahey, 2009, p. 26).

The theory suggests that pressures from both outside and within the family can disturb the equilibrium of the family (Brett & Stroh, 1995). In the context of the military family, the pressure to return to the old family way, or to who they were and how they related to each other pre-deployment, can affect the adjustment of the family, as well as the cohesion of the family unit. McCubbin and Patterson (1983) find that military family adaptation to stressful events depends upon family resources and strengths, the "pileup" of demands on the family system, and family perceptions of the situation; this will affect how and when the family will return to a state of equilibrium.

Family stress theory.

Family stress theory is helpful in understanding the phenomenon of ambiguous loss pertaining to the service member and his or her deployment and reunion (Boss, 1999; Boss & Couden, 2002). Ambiguous loss is experienced when a person is physically present but psychologically absent (Dekel et al., 2005). When a veteran is Post Traumatic Stress Disorder (PTSD) positive, he or she is physically part of the family but no longer functions in the same roles or is involved with the family as he or she used to be (Dekel et al., 2005). As a result of this continuous ambiguity regarding the loss of the family member as he used to be, the wife may experience symptoms of depression, anxiety, guilt, and distressing dreams (Boss, 1999). In addition, the lack of clarity regarding the status of one family member immobilizes other family members such that decisions are

put on hold and the boundaries of the marital and family relationship are unclear (Boss & Greenberg, 1984).

Dekel and colleagues (2005) tested this theory using a phenomenological study of nine wives of Israeli veterans with PTSD. Dekel et al. (2005) found that the women faced constant tension between being drawn into a fusion with the husband and his needs, and a struggle to lead an independent life. The husband is physically present but is not the same person he was prior to PTSD (Dekel et al., 2005); thus, the spouse, and subsequently the children, experiences an ambiguous loss (Boss, 1999). Because the boundaries between the family members are unclear, the rules that govern their familial relationship and roles also are vague (Boss, 1999). Because of the persistent nature of their loss, the effort to reduce ambiguity becomes physically and psychologically exhausting (Dekel et al., 2005). These findings are consistent with findings of an earlier study, which revealed that women's struggles to reduce ambiguity predicted their depression (Boss et al., 1990).

Focus and Importance of the Study

This study examines familial interactions and relationships between military veterans and their spouses and children after returning from foreign deployment. It employs a qualitative approach to explain how the complex dynamic of reintegration process reshapes family interactions and relationships. Although always a joyous occasion, post deployment is a complex transitional process that tends to strain the family system, and, therefore, requires a careful and balanced examination.

The research literature focusing on the reintegration and post-reintegration process of foreign deployed military personnel has been based primarily on the United States military. Research on Canadian military families has not been conducted to the

extent that it has been in the United States mainly due to the fact that it is difficult for civilian researchers to gain access to participants within the Canadian Armed Forces. The Canadian military has closed itself off from the civilian world greatly in the past decade due to the large amount of negative publicity and media attention it has received. In regards to the reintegration process, the Canadian military does not hold a formal standardized briefing or workshop that is mandatory, thus not allowing for documentation. Yet, studying the subject is very important to inform clinicians and professionals working with military and veteran families. By providing insight into the military/veterans family life process during the reintegration and post-reintegration phase, this study can be useful in the design and implementation of evidence-based support programs these for these families.

This study is especially important in that soldiers serving or those who have served in the current wars in Afghanistan and Iraq have endured many traumatic events that span the course of ten years.

> "The Afghanistan deployment has been much more violent than the Iraq tour. Soldiers at Combat Outpost Monti were killed riding in their trucks and on foot patrols. A soldier had even died while sleeping in his bunk – an artillery shell crashed through the roof of his hut" (Jaffe, 2011, p. 3).

Exposure to these traumatic events and images has forever changed these soldiers, who then having to reunite with a family that does not know this "new" individual who is returning home to them and vice versa. Family roles have changed, children and spouses have grown and developed, and both sets of parties have missed out on and experienced different events throughout the deployment – all have lived separate lives. Rebuilding old relationships and trust take time, especially when factoring in trauma, mental health issues, and possibly resentment on part of the service member towards the family

members that stayed home, vice versa. It is important to understand how these families renegotiate their roles and their family as a whole, as there are many challenges for them and, at the same time, a lack of information on how to reconnect with one another in a healthy manner.

CHAPTER 2

Reviewing the Research Literature

The literature review provides an overview of the nature of the military, the impact the military has on the service member, the service member's family, and the affect combat exposure has on the service member and his or her family.

Segal (1986) states that the military and the family make great demands of individuals in terms of commitments, loyalty, time, and energy; they therefore have some of the characteristics of what Coser (1974) calls greedy institutions. Both the military and the family, like other social institutions, depend for their survival on the commitment of their members, for whose participation and loyalties they compete with each other and with other social groups (Segal, 1986). Harrison (2002) states that the Canadian military is based upon Goffman's concept of a *total institution* defined as a "place of residence and work where a large number of like-situated individuals, cut off from the wider society for an appreciable period of time, together lead an enclosed, formally administered round of life" (Goffman, 1961 in Harrison, 2002, p. 14). This sentiment is congruent with Segal's (1986) "greedy" institution in that 'greedy' institutions tend to rely mainly on non-physical mechanisms to separate the insider from the outsider and to erect symbolic boundaries between them (Coser, 1974). For Canadian Forces (CF) personnel these mechanisms tend to occur during basic training where they are stripped of their former selves and remoulded into battle ready troops (Harrison, 2002). This socialization is crucial to the individual because as a civilian, being ostracized from a group means that one can join another; however, in the military, there are no other groups to join (Winslow, 1998).

While the military exerts some specific normative pressures directly on family members, most pressures affecting families are exerted indirectly through claims made on the service members (Knox & Price, 1995). As part of military culture, families, as well as the individual soldiers, are expected to be loyal to the military (Knox & Price, 1995; Burnam et al., 1992). Families are supposed to adapt to the way of life, however times are changing, societally and individualistically. Because of these trends - which include changes in women's roles in society (especially labour force participation rates), as well as increases in the numbers of married junior enlisted personnel, sole parents, active duty mothers, and dual-service couples - military families themselves are becoming greedier, increasing the potential conflict between the military and the family (Segal, 1986). However, with the unwritten prohibition against seeking assistance of any type because "the man with the right stuff does not require assistance of any kind to cope with the stressors of military life" (Knox & Price, 1995, p. 482), the woman must contend with the conflict herself.

The Hierarchical Nature of the Military

A closed nature and strict hierarchy characterize military workforces, meaning only recruiting from the lowest rank and filling all vacancies at higher ranks internally by promotion. These characteristics make military workforce planning distinct from workforce planning in civilian organizations such as universities or research institutes where vacancies, even at senior ranks, are open for outside application by advertisements (Wang, 2005). Some branches of the military endorse the concept of mission command, others endorse a philosophy of centralized control and decentralized execution, and in other services, the notion of network-centric control and command is prominent (Pigeau

& McCann, 2002). Historically, a military's chain of command has been the principal way for both providing and constraining command opportunity. The commander position is the traditional way that militaries provide and constrain opportunity for command expression (Pigeau & McCann, 2002). Although all individuals in a military can exhibit command behaviour, the position of commander is where such behaviour is encouraged and ultimately expected (Pigeau & McCann, 2002).

The chain of command is formed when the Chief of Defence staff (CDS) assigns a portion of his authority to carefully selected subordinate commanders immediately below the CDS and directly accountable to the CDS. Each of these commanders in turn, and following an established custom, assigns a portion of their entrusted authority to subordinates directly accountable to them. Thus the chain of command is formed. It is also a hierarchy of individual commanders who make decisions within their linked functional formations and units (Minister of Public Works and Government Services Canada, 1997). The chain of command is a military instrument joining a superior officer—meaning

> "any officer or non-commissioned member who, in relation to any other officer or non-commissioned member is, by [the National Defence Act], or by regulation or custom of the service, authorized to give a lawful command to that other officer or non-commissioned member" (National Defence and Canadian Forces, 1985)

to other officers and non-commissioned members of the Canadian Forces.

Who the Canadian Forces Attracts

Over the past three years, the Canadian Forces Recruiting Group has processed more than 25,000 applicants annually. Out of this number, approximately 5,000 new Regular Force members and 3,000 Reservists have been enrolled each year (Cote, 2006). The CF recruits individuals through advertisements (and advertising campaigns) on the Internet, television, radio and in various print media outlets. They also include outreach programs that are carried out by the Canadian Forces Recruiting Centres throughout the country (Cote, 2006). Since the introduction of the Employment Equity Act and the advent of the Charter of Rights and Freedoms, the issues of equal opportunity for women and increasing immigration, have highlighted the discrepancy in the colour palate of the CF in comparison to that of the Canadian society (Jung, 2008). However,

> "The Department has not been able to improve its recruiting of Aboriginal people, visible minorities, or women since the 2002 audit. Despite an increase in the youth population of these groups, the number of these recruiting joining [sic] the Regular Force is declining…the number of women recruited into the military has steadily decreased since our last audit in 2002. And the same trend appears for visible minorities and Aboriginal people" (Office of the Auditor General of Canada, 2006).

Based on the available data, the recruitment pool for the CF traditionally has been fit young men between the ages of 17 and 24, coming from rural areas or from urban areas with a population of less than 100,000. Recruits generally have been white males with previous familial CF ties, possessing a high school education or less (Wait, 2002).

Effects of Deployment on the Family

In response to deployment, children often experience sadness, loneliness, abandonment, anger, and exhibit acting-out behaviour (Amen et al., 1988). Changes in parenting behaviour and couple interactions, increased time spent at work in preparation

for deployment, parents' reluctance to discuss the upcoming deployment with children, children's difficulty understanding (especially in the case of younger children) or accepting the impending separation all contribute to difficulty both prior to and during the separation period (e.g., Amen et al., 1988). Moreover, children whose fathers experience a more dangerous deployment experience more difficulty, and troublesome behaviour may not diminish as quickly for these children (Kelley, 2002).

In a study of the effects of prolonged separation in prisoner-of-war families, McCubbin, Hunter, and Dahl (1975) found that the social and psychological stresses of prolonged separation encouraged families to develop behaviours and styles of life that lessened the possibility of successful reunions. The wives had moved toward total autonomy during their husbands' absence and had become increasingly independent; the children assumed responsibilities that had traditionally belonged to the father, such as "caring" for the mother (McCubbin, Hunter, & Dahl, 1975). Where children are present, separation is more likely to affect the family if the oldest child is a male. A male oldest child, or first male child, is often viewed as a substitute father figure. However, problems may arise when father returns, and the son does not want to relinquish his position (Stoddard, 1978).

Military Retirement and the Transition to Civilian Life

Members of the armed forces who retire after years of service face a number of stresses and challenges as they move through the transition from military to civilian life. These retirees are at varying stages of their lives and have a wide variety of families that they live with or support (Wolpert, 2000). Establishing a new life in a nonmilitary community may be challenging. The service member may relish the decreased pressure and a new

challenge, but some service members may become depressed because they are home with unfamiliar responsibilities and a significant loss in status (Bosse, Aldwin, Levenson, & Ekerdt, 1987). Being home may be a welcome change, but the retiree may also feel like a stranger who has intruded on someone else's established routine (Wolpert, 2000).

Role transition.

The symptoms of "military retirement syndrome" occur during the preretirement phase and often become more intense as the separation from the military becomes more imminent (McNeil, 1976, p. 251). The complaints are as follows: "anxiety, irritability, apprehension, job ineffectiveness, loss of interest, increases alcohol intake, depression, somatic complaints for which no physical basis can be found, and even over psychotic illness (Schnurr, Sengupta, Lunney, & Spiro III, 2005). When these problems manifest themselves, there is a ripple effect in the family. "Role discontinuity" provides the longitudinal perspective that is crucial to this problem because it involves a lengthy transition process. First, there is a loss of status. In the civilian world, military rank has little or no meaning and no formal clout (Little, 1981). Second, there may not be the equivalent level of responsibility, leadership, or management in civilian employment (McNeil & Giffen, 1965b). Third, there often is a need to continue to work for both financial and emotional reasons (Schnurr, Sengupta, Lunney, & Spiro III, 2005). Problems arise when skills learned in the military are not easily transferable to the civilian labour market (Dunning & Biderman, 1973; Schnurr, Sengupta, Lunney, & Spiro III, 2005). Fourth, in that job market, the military retiree, who is middle-aged, often must compete with younger job applicants (Stanford, 1971). Fifth, the retiree must adapt to a more open, less clearly defined civilian environment that may not understand or

appreciate the military experience (Stanford, 1971). Finally, family dynamics are often changed. While the military retiree is most likely playing a much larger and often different role in the family, the family too may be changing (Giffen & McNeil, 1967). Thus, for the first time, the military member and his or her family will have to make decisions based on a different set of priorities, possibly adding more stress to an already stressful situation (Wolpert, 2000).

Soldiers' Psychopathology

All three characteristics of the Fortress – secrecy, stoicism, and denial – are crucial for success of the warrior, success of the mission, and ultimately success of the military (Hall, 2008).

A US survey of 1,965 Operation Iraqi Freedom (OIF)/Operation Enduring Freedom (OEF) veterans sampled from 24 geographic areas found that 14% screened positive for PTSD, 14% for major depression, and 19% for probable Traumatic Brain Injury (TBI) in the past 30 days (Tanielian & Jaycox, 2008). Research on factors that contribute to combat stress disorders among military personnel has revealed a consistent relationship between soldiers' war zone experiences and risk for PTSD, depression, and other combat stress disorders (Grieger et al., 2006; Hoge et al., 2006; Hoge et al., 2004; Smith et al., 2008a). For example, regardless of the two deployment locations, combat experiences (e.g., being shot at, killing enemy soldiers, handling corpses, knowing someone who was killed, number of firefights) were strongly related to the prevalence of PTSD at post-deployment (Smith et al., 2008a). Lee and colleagues' (2011) findings from their study of 177 U.S. Army soldiers show an ongoing positive relationship between level of war-zone stressors and war zone stress reactions tapping PTSD, depression, and

general emotional distress symptoms assessed in theatre, which are consistent with previous reports using retrospective assessments of war zone stress obtained from soldiers after returning from deployment (Grieger et al., 2006; Hoge et al., 2006; Hoge et al., 2004; Smith et al., 2008b).

Post-traumatic stress disorder.

Historically, the emotional and mental problems soldiers experienced during and after combat duty were known as "shell shock." Currently, the Diagnostic and Statistical Manual of Mental Disorders 4th Edition (DSM-IV) states that

> "The lifetime prevalence for Post Traumatic Stress Disorder is approximately 8 percent of the adult population in the United States, with the highest rates (ranging between one-third and more than half of those exposed) found among survivors of rape, military combat and captivity, and ethnically or politically motivated internment and genocide" (American Psychiatric Association, 2000).

Solomon and colleagues (1987) state that the two most common and conspicuous manifestations of combat psychopathology are combat stress reactions (CSR) – also known as battle shock, battle fatigue, war neurosis – and posttraumatic stress disorder. Combat stress reaction refers to reactions occurring during or shortly after battle; posttraumatic stress disorder refers to stress reactions present one year later (Solomon et al., 1987). For example, a service member with PTSD would re-live or re-experience the trauma at a later time when cued by something in the environment. Patients also have symptoms of hyperarousal, numbing of feelings and avoidance of people, places or things that could remind them of the event. Patients often have difficulty sleeping and

experience nightmares of the event. When they experience nightmares and/or flashbacks, they feel like “they are back in the same situation” or “back in country” and respond in the present as they did at the time of trauma (Wieland, Hursey, & Delgado, 2010).

According to former Ombudsman Marin (2002), there are conflicting perceptions regarding the prevalence of PTSD in the CF. Some senior CF personnel, including medical personnel, believe the occurrence of PTSD in the CF is minimal and therefore easily managed; others are convinced that there may be thousands of CF members with PTSD, whether diagnosed or undiagnosed, who may present a threat to themselves or to others (Marin, 2002). Part of the issue of determining a true prevalence rate for PTSD in the CF is the stigma attached to the diagnosis of PTSD and seeking help for mental health issues. Britt (2000) explored the stigma of psychological problems in the military and discovered that admitting to a psychological problem was more stigmatizing than admitting to a medical problem and over half believed their careers would be affected if they disclosed a psychological problem. Britt (2000) found that the most common concerns were being “perceived as weak,” “being treated differently by unit leadership,” and “members of my unit having less confidence in me.” A review of attitudes about PTSD in the Canadian Forces found that soldiers felt stigmatized and abandoned after seeking help and many had not sought help for fear of being ostracized (Marin, 2002).

The family environment has been associated with combat-related psychopathology in that it has been found that the emotional relationship between husband and wife was an important predictor of the civilian reintegration of both World War II veterans (Hill, 1949) and Vietnam prisoners of war (Moos & Moos, 1981). Kadushin and Boulanger (1981), in a study of Vietnam veterans, reported that the risk for

combat-related psychological problems was lower among veterans whose families were supportive than among veterans whose families were nonsupportive, and that married veterans with little support from their wives were more demoralized and had more stress reactions than unmarried veterans.

For female soliders affected by PTSD, Skopp and colleagues (2011) found in their study using a screening database at a large army installation that female soldiers were nearly 2.5 times more vulnerable to postdeployment PTSD symptomatology, as compared to male soldiers. Their findings were consistent with previous research conducted with combat-exposed service members (Turner et al., 2007) and general population research (Kimerling et al., 2004).

In an initial study that attempted to explicate the relationship between combat exposure and family adjustment, Gimbel and Booth (1994) found that PTSD symptoms and antisocial behaviour fully accounted for the effects of combat on marital adversity (i.e., divorce, separation, infidelity, and intimate partner violence) among a large, representative study of Vietnam veterans; overall, it was found that the PTSD symptoms led to higher psychopathology and the psychopathology variables led to more marital adversity. Several other studies of military veterans have demonstrated that those with PTSD evidence poorer family adjustment, more relationship problems, more problems with intimacy, higher relationship distress, more parental problems, lower family cohesiveness, and less constructive communication behaviours than do veterans without the disorder and that veterans with PTSD are more likely to take steps towards separation and divorce (Cook et al., 2004; Jordan et al., 1992; Riggs et al., 1998; Solomon et al., 2007).

The literature on resilience in relation to trauma suggests that intimate relationships may protect against the development of PTSD symptoms (see Agaibi & Wilson, 2005). Attachment theory suggests that significant stress activates attachment systems and the tendency to seek supportive others to help regulate and reduce emotional distress (Hazan, Gur-Yaish, & Campa, 2004). Individuals in intimate relationships report superior adjustment to stressors and lower levels of mental health symptoms as compared to individuals with weak support (Holt-Lundstedt, Birmingham, & Jones, 2008). Intimate relationships also may facilitate development of competent coping skills that can be garnered during times of separation and prolonged stress, serving as "social capital" (Orthner & Rose, 2009; Voydanoff, 2005). Skopp and colleagues (2011) state that attachment theory and data suggest that deployed soldiers with intimate home front partners may be buffered against some of the negative effects of combat exposure associated with the development of PTSD symptoms. Positive appraisals of military service and the perception that military service is valued and military leaders support, the soldier may also protect against combat-related PTSD symptoms (Dohrenwend et al., 2004; Jennings et al., 2006; Folkman & Moskowitz, 2000).

Traumatic brain injuries (TBI).

Mild traumatic brain injuries (mTBIs) are regularly cited as one of the characteristic injuries of the Iraq War (Jones et al., 2007). An mTBI is defined as an acute brain injury resulting from mechanical energy to the head from external physical forces and its symptoms include headache, dizziness, fatigue, memory loss, nausea, tinnitus, visual disturbances, loss of concentration and irritability (Holm et al., 2005). In contrast, TBI occurs when an outside object forcefully contacts the head and causes disruption in

the brain's normal functioning (Wieland, Hursey, & Delgado, 2010). In soldiers, TBI can result from penetrating head injuries from bullets or shrapnel, or closed-head injuries (concussion) due to IEDs. Patients who experience TBI have physical, cognitive, emotional and psychosocial symptoms. Patients with moderate to severe TBI have focal deficits and occasionally profound brain damage (Hampton, 2011). Complicating TBI are substance abuse, chronic pain and PTSD (Wieland, Hursey, & Delgado, 2010).

Recent data from the RAND Center for Military Health Policy Research study (Tanielian & Jaycox, 2008) indicates that approximately 14% of returning troops in the USA (or 300,000 OEF/OIF veterans) meet criteria on structured surveys for PTSD or major depression and 19% for TBI, affecting 320,000 individuals. Of those reporting probable TBI in the RAND study (Tanielian & Jaycox, 2008), 57% had not been evaluated by a physician for brain injury.

There are some civilian data that suggest that the quality of family functioning can impact outcomes for those with TBI. Sander and colleagues (2002) found that TBI individuals in families with unhealthy functioning made less progress in the post-acute phase of rehabilitation than those with healthy functioning families. Testa, Malec, Moessner, and Brown (2006) concluded that individuals with family dysfunction at the time of discharge were at greater risk for distress and behaviour problems at follow-up.

Girard (2007) found that there are many challenges involved in managing TBI. First, the unique occurrence of physical, cognitive, and emotional symptoms associated with TBI requires the cooperation of many disciplines. Second, severe TBI frequently occurs with other traumatic injuries that can complicate emergency treatment, recovery, and rehabilitation (Girard, 2007). Third, mild and moderate TBI, particularly for those in

which the head is not penetrated, may not be immediately obvious (Girard, 2007). Altogether, these factors add to the difficulty of early identification of mild to moderate TBI.

Depression.

Mental disorders are relatively common among active military personnel, with approximately 9-17% having at least one mental disorder either currently or within the past year (Sareen et al., 2007; Hoge et al., 2004). In a study published in June 2010 (Thomas et al., 2010), findings conclude that the prevalence rates of PTSD and depression with serious functional impairment ranged between 8.5% and 14%, with some impairment between 23.2% and 31.1%. About one-half (53%) of those who met criteria for current PTSD or major depression in the RAND study (Tanielian & Joycox, 2008) had sought treatment from a physician or mental health provider in the past year. Sareen and colleagues (2008) reported that 6.9% of Canadian Forces personnel serving in combat and peacekeeping missions reported an episode of major depression in the past 12 months, with higher rates among female personnel. Furthermore, they found that the risk for major depression was strongly related to participation in combat and peacekeeping operations (Sareen et al., 2008).

The CF 2002 Supplement of the Statistics Canada Canadian Community Health Survey (CCHS) found significantly higher rates of depression among CF members compared with the general population and that the yearly prevalence of panic disorders was significantly higher among military members (Statistics Canada, 2002). Gutschi, Vaillancourt, and Boddam (2006) found that the use of antidepressants for depressive disorders was consistent across all seven bases they studied, suggesting that the condition

is being identified and diagnosed at a steady rate. Furthermore, they detected a higher rate of referrals to psychiatrists than that reported in civilian practice settings which could reflect CF members' enhanced access to specialist psychiatric care; alternatively, Gutschi and colleagues (2006) suggest that family physicians serving military members are not comfortable treating depression in this population.

Two US studies have found that although National Guard and active component soldiers reported comparable levels of combat exposure and comparable rates of mental health problems immediately post-deployment, the National Guard soldiers had substantially worse mental health in the ensuing months, including higher rates of depression and PTSD (Browne, Horn, Jones, Murphy, Fear et al., 2007; Hotopf, Hull, Fear, Brown, Horn, Iversen et al., 2006; Iversen, van Staden, Hughes, Huges, Brown, Hull et al., 2009). Findings from the UK show that reservists (who are comparable to the US National Guard soldiers) had worse physical and mental health than regular soldiers (comparable to US active component soldiers), although they also reported higher levels of trauma exposure (Browne et al., 2007).

Responding to Child Maltreatment Involving Military Families

The Department of Defense defines child maltreatment as "physical injury, sexual maltreatment, emotional maltreatment, deprivation of necessities, or combinations for a child by an individual responsible for the child's welfare under circumstances indicating that the child's welfare is harmed or threatened" (Department of Defense, 2004, p. 6). The annual incidence of child maltreatment in military families appears to differ from child maltreatment in civilian communities nationwide (Brewster, 2000). In reviewing the studies of child maltreatment in the military, the most common type of abuse found was

physical abuse, accounting for 33% to 70% of all reported child maltreatment cases; child neglect cases accounted for 18% and 50% of the child maltreatment cases; child sexual abuse in the military accounted for 6% to 18% of all child maltreatment reports; and emotional abuse among child maltreatment cases ranged from 0.7% to just over 15% (Brewster, 2000). In comparison with the civilian population, the strongest evidence implies lower rates of child maltreatment in military populations (Rentz et al., 2006).

Rentz and colleagues (2006) pointed out that the military lifestyle also creates a number of protective factors that could reduce the amount of family violence, including the fact that the discovery of severe problems, including criminal conduct, mental health problems, and drug and alcohol abuse, are cause for punishment or discharge from the military. To help combat child and intimate partner maltreatment in CF families, the CF assembled a team to research this phenomenon developing 51 recommendations to combat child and partner maltreatment (Moloughney, 2007). The recommendations served as the basis for the family violence action plan, whose policies and programming provides family crisis teams to coordinate education and interventions in the matter of family violence, education to promote awareness, and response protocols for alleged or suspected incidents of family violence (Moloughney, 2007).

Young Children's Adaptation to a Military Lifestyle

Children in military families experience the same general developmental and motivational processes as other children. However, they also experience unusual developmental pressures imposed by the unique demands of the military environment, including father absence, relocations, and an authoritarian structure. The unusual demands can become disruptive to normal childhood development. For example, with the

military adolescent, the authoritarian military structure may frustrate the development of independence and self-reliance. Teenagers in military families may feel that they are under frequent surveillance due to the closeness and structure of the military community (Watanabe & Jensen, 2000). A therapist in Arizona pointed out that when families live "on the economy" (in a civilian community), the children, particularly once they reach adolescence, often rebel against this authoritarian parenting style because they see children in other families with very different family structures (Jensen et al., 1991; 1995). Research has shown that there is a correlation between concerns with family well-being and the soldier's work performance (McCreary, Thompson, & Pasto, 2003). For this reason, it is important that the military fosters a positive and family-friendly environment and provides support to military families in order to help families successfully adapt and meet the demands of military life (Coulthard, 2011).

According to Watanabe's (1985) study of self-image, growing up in a military environment does not seem to deter the adolescent from developing a healthy self-image. This study indicated that in the area of impulse control, military adolescents exceed their nonmilitary counterparts, reflecting the attitude toward discipline in the military (Watanabe, 1985). Military adolescents also scored well on the vocational and educational goal scale. This may reflect the positive value placed on education by military parents since advancement in the military is highly dependent on one's level of training and education (Watanabe & Jensen, 2000).

Overall results from the literature indicate that absences of a service member of less than one year are associated with temporary behavioural and emotional symptoms in family members, particularly in wives and sons (Bach, 1946; Tiller, 1958; Lynn &

Sawrey, 1959). Absences of greater length, frequency, or under combat or wartime conditions may exert more persistent effects. Extensive absences during a child's early years may exert cognitive effects, with a shift in relative verbal-math abilities, such that verbal skills are increased, while math scores are decreased (Watanabe & Jensen, 2000). Absence effects are apparently mediated by pre-existing father-family relationships; the age, sex, and order of siblings; the meaning of the absence to the family; the extent of danger to which the father is exposed; and how the mother copes with the father's absence (Carlsmith, 1964; Hillenbrand, 1976; Jensen et al., 1990). Father-absence and reunion effects on children may be partly mediated by the mother's responses. In a study relating the psychiatric disturbances of children to the length of father-absence, it was found that father-absence difficulties were related to maternal psychopathology (Pedersen, 1966). Pedersen (1966) noted that father-absence in a stable home setting was associated with better adjustment on several measures, suggesting that in the more normal ranges of psychological adjustment, some degree of father-absence may lead to increased coping and "hardiness" in children (Jensen et al., 1986).

Children's reactions to deployment are very closely related to family responses. Therefore, an awareness of the difficulties that parents experience during deployment is necessary in order to understand children's functioning. In this context, children's difficulties during deployment are best understood as a family problem (Watanabe & Jensen, 2000). Because the differences in outcomes among deployed personnel's children are related to family stressors and levels of parental symptomatology, assistance to such children requires assistance to the whole family (Fitzsimons & Krause-Parello, 2009; Chandra et al., 2008). The caretaking parent does not cause his or her child's increased

symptoms during deployment of the service member parent; rather, the functioning of the parent at home and the functioning of children are closely intertwined and may be most effectively dealt with by addressing the family's multiple needs (Watanabe & Jensen, 2000).

In contrast, the older child and adolescent may have a wider repertoire of adaptive responses and coping capabilities (Chartrand et al., 2008). When considering the role of war stressors on children and adolescents, it should be noted that war traumas might unmask vulnerabilities to psychopathology, or perhaps more commonly serve as stimulation for more normal developmental fears (Watanabe & Jensen, 2000).

Antisocial behaviours and drug and alcohol use.

With military parents away on deployment and at-home parents in the workforce, many military children experience a lack of adult supervision after school. The majority of the military adolescents in a study conducted by PRIDE (Parents Resource Institute for Drug Education, 1996) had not engaged in any mild to moderate antisocial behaviours (e.g., gambling, shoplifting, vandalism, or carrying a weapon) in 1996. Comparisons with available civilian data revealed that these military adolescents were slightly more likely than their civilian counterparts to have damaged property on purpose but less likely to report that they had hurt someone badly enough that they needed medical attention (Parents Resource Institute for Drug Education, 1996). In all other areas the two groups reported similar behaviours (Jeffreys & Leitzel, 2000). Of those youths who reported ever using any substances (29%), the drugs of choice were alcohol, marijuana, and inhalants. For those military adolescents reporting any drug use, 56% used alcohol during the past 30 days and 97% reported they had ever used alcohol (PRIDE, 1996).

Reunion with Children

The reunion with the children is often also a challenge, depending on their age and understanding of why the military parent was gone. Babies younger than a year old may not know the soldier, be frightened, and cry when held, whereas toddlers (ages 1 to 3) may be slow to warm up (Pincus et al., 2005). Preschoolers (ages 3 to 6), who may have felt guilty and scared by the separation, may have difficulty trusting; school-aged children (ages 6 to 12) may want a lot of attention; and teenagers (ages 13 to 18) may be moody and appear to not care (Pincus et al., 2005).

Children are often loyal to the parent who remains behind and do not respond well to discipline from the returning service member (Huebner & Mancini, 2005). Some children may display significant anxiety up to a year later, triggered by the possibility of another separation (Weins & Boss, 2006). Certainly as more and more service members are being deployed a second and sometimes third time, these anxieties will, more than likely, increase (Fitzsimons & Krause-Parello, 2009). In addition, the retuning military parent may not approve of some of the new rules, routines, or privileges granted to children by the nondeployed parent. This upheaval of the system may upset the balance that has been achieved during the separation, requiring each member to re-negotiate their place within the family as each member adapts to their new reality.

Issues with Attachment

Erikson (1968) maintained that the child must establish a basic sense of trust within the first few years of life. Bowlby (1988) argued that during the first two years of life, separation from a parent, especially a major attachment figure, could be damaging to

the development of a child. Researchers demonstrated that it is imperative for attachment figures to be available to a child through each of the developmental stages (Ainsworth, 1989; Bowlby, 1988; Erikson, 1968), an availability which is much more difficult to maintain in the military. The discontinuity, such as the deployment of a parent, is potentially problematic for the development of a secure attachment style (Schaetti, 2002) due to the fact that the military parent is unable to fulfil his or her role as a primary attachment figure to the child (Kelley, 2002).

Issues Related to Identity

Research indicates that close interpersonal relationships influence identity formation (Erikson, 1968), which can be particularly problematic for the child in the military. The highly structured society of the military requires that all members of the military family be accountable for their actions (McIntrye & Drummond, 1978). The behaviour of a "brat" is a direct reflection on the military member, so the child's identity and self-worth are directly tied to the family (Truscott, 1990; Useem, Useeum, & Donoghue, 1963).

Secondary Traumatization

Hall (2008) defines Type II trauma as trauma that occurs over and over again, often in small increments, for instance, domestic violence, alcoholism, military relocations, or numerous deployments. Hall (2008) believes that many families in the military are experiencing Type II trauma as a result of the constant fear and constant planning for disaster, the constant readiness for change, and the constant awareness that even if the disaster has not yet affected us personally, it has happened to those around us.

When the military culture encourages secrecy, stoicism, and denial, and discourages or even punishes the expression of fears and grief, families and service members are often faced with the same kind of consequences seen in clients who suffer from constant levels of Type II trauma (Hall, 2008).

In a clinical sample of combat veterans, Sayers and colleagues (2009) found that among those veterans with children, having a diagnosis of PTSD was associated with a 5.5 times greater likelihood of veterans reporting that their children acted afraid or not warm toward them. Rosenheck and Nathan (1985), who treated children of Vietnam veterans with PTSD, noted that the children displayed symptoms similar to children of Holocaust survivors. The symptoms included identification with and intense involvement in the emotional life of the father, guilt, anxiety and aggressiveness. The effects of having a parent with PTSD varied from family to family, but common responses to father's irritability, aggressiveness, depression and withdrawal were secondary traumatization with depression, guilt, anxiety and irritability (Rosenheck & Nathan, 1985; Harkness, 1993), or becoming "rescuers" of their parents (Rosenheck, 1986). Second generation effects included an increased susceptibility to the development of PTSD in the children themselves (Bremner et al., 1993; Yehuda et al., 1998). Among the few Australian papers, a review of veteran's services found that Vietnam veterans and their partners believed their children had suffered because of the veteran's emotional and adjustment problems (Sainsbury, Lambeth, & Westerink, 1994).

Raftery and Schubert (n.d.) reported families of World War II veterans had to deal with multiple problems including chronic illness, drinking problems, social withdrawal, anxiety, mood swings, negative war-focused behaviour and lack of empathy. In some of

these families, symptoms consistent with secondary traumatization of partners and children occurred. Westerink and Giarratano (1999) found that a sample of Vietnam veterans' children lived in families with significantly higher levels of conflict. There were a small number of veterans' children who have very low self-esteem and some had high levels of distress. There was a non-significant trend for more of them to report stress symptoms similar to those of their fathers.

Problems of the children of Vietnam veterans with PTSD reported in the literature include "secondary traumatization" (Rosenheck & Nathan, 1985) and elevated risk of developing behaviour or psychiatric problems (Davidson, Smith, & Kudler, 1989). Jordan and colleagues (1992) found that veterans with PTSD are much more likely to report marital, parental, and family adjustment problems than veterans without PTSD, and these reports are supported by their spouses. It was also found that there is more violence in the families of veterans with PTSD; the children of the veterans with PTSD are more likely to have behavioural problems than children of veterans without PTSD; and more than one third of male veterans with PTSD have a child with problems in the clinically significant range (Jordan et al., 1992).

The family environment impacts the health of all the members of the family unit. Repetti and colleagues (2002) found that poor health outcomes for children (including depression, poor development, higher rates of illness, lower academic performance, cardiovascular and neuroendocrine disruption) were closely linked to a stressful family environment. Many of the traits of a stressful family environment as defined by Repetti and colleagues (2002) are common symptoms of PTSD and emotional numbing.

Samper and colleagues (2004) conjecture that this detachment between parent and child may cause children to act out, further affecting the relationship and the parent's satisfaction. Curran (1997) noted that one of the ways that PTSD can affect the father-child relationship is that fathers can become preoccupied with the safety of their children. They may feel as if they need to be constantly on guard to protect their children from any number of unseen dangers. Ray and Vanstone (2009) found evidence in their data that some veterans might have seen their emotional numbing and avoidance as protective of their family. By not discussing their feelings or experiences, they see themselves protecting their children, spouse, and loved ones. However, veterans who are experiencing emotional numbing, avoidance, and anger are not modelling good behaviour and strategies for dealing with problems with their children (Ray & Vanstone, 2009). Symptoms (or anticipation of symptoms) may interfere with the father seeing and meeting the child's needs, and the father may distance himself from the child in order to protect the child from his anger, or to protect himself from fears and intrusive thoughts that his children may absorb, causing estrangement, emotional difficulties and other consequences (Ray & Vanstone, 2009). Gavlovski and Lyons (2004) survey of the literature found that a father's unexplained PTSD symptoms contributed to children's sense of the family atmosphere of fear, caution and guilt.

The interpersonal impairment observed in a course of PTSD secondary to combat exposure may directly impact the ability of the veteran to parent his child and interrupt the development of a positive parent-child relationship (Gavlovski & Lyons, 2004). Ruscio, Weathers, King, and King (2002) hypothesized that avoidance and numbing symptoms of PTSD would be most correlated with impaired parent-child relationships.

Degree of combat exposure, financial instability of the veteran in childhood, psychopathology in family of origin, childhood relationships, premilitary trauma, and the presence of current major depression and/or substance abuse were included as covariates in their examination of 66 male Vietnam veterans' posttraumatic stress and parent-child relationships. Results supported the main hypothesis in that the strongest relationship emerged between emotional numbing and all of the parent-child relationship variables, even after the inclusion of the covariates. The authors suggest that emotional numbing, detachment, and avoidance may directly impact the veteran's ability to parent by diminishing the father's ability to engage the child in the level of normal interactions required to develop a meaningful relationship (Ruscio, Weathers, King, & King, 2002).

Jacobsen, Sweeney, and Racusin (1993) observed clinically that children of veterans with PTSD manifested symptoms of psychopathology during group therapy (n=7). The children displayed aggressive behaviours, were unable to relate to peers in social situations in an age-appropriate manner, were unable to obtain assistance from caregivers in modulating stress, and evidenced severe regression when confronted with psychosocial stressors. Harkness (1991) found that combat veterans' children often manifested difficulties in academic performance, peer relations, and affective regulation. However, Harkness reported that the violence in the PTSD veteran's family may account for more of the children's observed depression, anxiety, hyperactivity, delinquency, poor socialization, and academic difficulties than the actual PTSD itself.

Gavlovski and Lyons (2004) make note that further clarification of the impact of combat on the veteran's children requires assessment of a broad array of variables including knowledge of the initial trauma, risk and protective factors that may be present,

biological variables, general environment, and quality of relationships with both the primary trauma victim and other important caregivers. Determining the pattern and timing of possible deficits requires assessment of all domains of school, home, and social functioning, with recognition that effects may manifest in many different ways, including somatisation, aggression, academic dysfunction, depression, and PTSD-like symptoms.

In a study examining 257 children of male veterans, Rosenheck and Fontana (1998a) found that the experience of participating in war atrocities in Vietnam was related to later behavioural disturbances in the Vietnam veterans' children even after statistical adjustments for PTSD symptoms, combat exposure, and postmilitary relationships (including domestic violence). Using a hierarchical multiple regression analysis, the researchers showed that after adjusting for combat exposure, the statistically significant relationship between veterans' participation in war atrocities and their children's behavioural disturbances remained unchanged. Thus, it appears that the experience of combat exposure alone by the veteran did not impact the children's behavioural disturbances independently from his participation in war atrocities; hence, the combat veterans' mental health condition plays a role in the outcome of the child's behaviour during and post reunion phase.

Process of Children's Secondary Traumatization

Rosenheck and Fontana (1998b) suggest that the traumatic experiences of the parent can be transmitted to the child in one of three ways. First, the child can be directly traumatized by the parent's behaviour (such as through violence). Second, the transmission may occur as the child identifies with the parent. Third, the impact of the

parental trauma on the child may occur indirectly as a result of the nonspecific dysfunction within the family.

Ancharoff, Munroe, and Fisher (1998) offered four possible mechanisms of transmission through which the parental trauma becomes the child's trauma. First, they suggested that silence can promote the process of transmission. The child senses the parents' fragility and keeps silent so as to avoid providing any stimuli that the parent may find upsetting. The silence becomes a barrier between the parent and the child, and the child feels unable to seek out help or comfort form the parent. Second, they identified over disclosure as a mechanism of transmission of trauma. This process occurs primarily when a parent attempts to explain the trauma to the child in raw detail. Often, the detail is overwhelming and the child becomes terrified rather than knowledgeable. The third mechanism of transmission is termed identification and occurs when the child is constantly exposed to the parents' posttraumatic symptoms. Processes of modeling and identification may cause the child to adopt or mimic the parent's symptoms. Finally, it was suggest that re-enactment is a mechanism of transmission. This process involves the engagement or inducement of the child to participate in trauma re-enactment. The child may then feel traumatized or feel as if he or she was the perpetrator. Ancharoff and colleagues (1998) note that multiple factors may influence whether a child manifests problems: the severity of the parental trauma, parental symptomatology or recovery, the presence of environmental cues that are reminiscent of the trauma, and the degree to which the child's worldview and perception of personal safety and integrity has been altered.

Much of the literature has focused on the effect combat exposure has had on the service member's mental health, and the effect the service member's mental health status has had on the family. While some studies have focused on the effects of deployment on the family, the effects of the reintegration process and combat exposure on the family has yet to be examined in depth, especially in Canada. My study will help to fill this gap.

CHAPTER 3

Designing the Research Study

Research Design

A qualitative approach was taken in collecting data for this study of military families and their reintegration experience. As the central question of the research examines the family members' lived experiences, qualitative research is the most fitting paradigm for this study, utilizing a phenomenological perspective. Qualitative methods facilitate "study of issues in depth and detail without being constrained by predetermined categories of analysis which contributes to the depth, openness, and detail of qualitative inquiry" (Patton, 2002, p. 14).

Lofland (1971) states that qualitative research is used to capture participants in their own terms; one must learn their categories for rendering explicable and coherent the flux of raw reality. That, indeed, is the first principle of qualitative analysis. The interpretation is essential to an understanding of experience in such a way as to make sense of the world and, in so doing, develop a worldview (Patton, 2002).

The aim of interpretative phenomenological analysis (IPA) is to explore how participants make sense of their experiences; IPA engages with the meaning that experiences, events, and actions hold for participants, while recognizing that the researcher's own conceptions are required in order to make sense of the personal world being studied through a process of interpretative activity (Chapman & Smith, 2002). IPA studies involve a detailed case-by-case analysis of individual transcripts. The primary aim of such studies is to examine in detail the perceptions and understandings of the specific

group studied rather than make more general claims (Chapman & Smith, 2002). IPA emphasizes that the research exercise is a dynamic process with an active role for the researcher in that process. One is trying to get close to the participant's personal world, which is complicated by the researcher's own conceptions. Thus, the two-stage interpretation process, or a double hermeneutic, is involved (Smith & Osborn, 2003). IPA is therefore intellectually connected to hermeneutics and theories of interpretation (Packer & Addison, 1989; Palmer, 1969). Its emphasis on sense-making by both participant and researcher means that it can be described as having cognition as a central analytic concern, and this suggests an interesting theoretical alliance with the cognitive paradigm that is dominant in contemporary psychology and social cognition approaches in social and clinical psychology (Fiske & Taylor, 1991), a concern with mental processes (Smith & Osborn, 2003).

The interpretive phenomenological perspective involves detailed examination of the participant's lifeworld, attempts to explore personal experience, and is concerned with an individual's personal perception or account of an event, as opposed to an attempt to produce an objective statement of the object or event itself (Smith & Osborn, 2003). This perspective is especially important in studying the unique population of military families, in that there are many preconceived notions and controversies surrounding this population. Without this approach, the Canadian context surrounding the reintegration and post-reintegration process would remain buried, as would the potential for further theory development, policy change, and intervention and prevention program development. With interpretive phenomenology's main concern being that of an individual's personal perception or account of an event (Smith & Osborn, 2003) any

preconceived notions and controversies will be dispelled and possibly addressed. Also, by gaining the participants' personal perspective, as a researcher, the researcher will be able to make the necessary and proper recommendations for future research and policy via the personal experiences of these individuals.

Participant Recruitment

Five military families (consisting of a child, spouse, and military member) were recruited from CFB Shilo and CFB 17 Wing to participate in the study via three sources. Recruitment posters (Appendix A) were posted in Military Family Resource Centres in Manitoba, local organizations that serve military families, as well as in local military newspapers and community newspapers. Second, permission was obtained to attend family programs at the Military Family Resource Centre in Winnipeg from the social workers on site in order to ask individuals whether they would be willing to participate in the study. Lastly, through word of mouth and recommendation by other participants, other military families were asked if they would be willing to participate in the study. The advertisement that was placed in organizations' and community and military newspapers was described in plain language so individuals would be able to comprehend what would be asked of them in the interview.

The target population for this study is children and spouses of Canadian Forces veterans who have participated in a combat mission overseas, as well as the military member. Both purposive sampling and snowball sampling was used as the approach for participant selection. In purposive sampling, the researcher decides what needs to be known and sets out to find people who can and are willing to provide the information by virtue of knowledge or experience: a key informant (Bernard, 2002). Families that were

eligible for the study must have a partner serving or had served in the Canadian Forces. Also, the parents must be currently involved in a committed romantic relationship of at least 6 months, physically together and have at least one child. The child must be over the age of 7 years and had been born prior to his or her parent's deployment overseas. It is recognized that children born during and post deployment also experience difficulties during the reintegration process; however, this study focuses on the experiences of children who have the knowledge of what his or her parent was like prior to deployment and was able to witness the change that took place in the veteran.

Due to the concern of confidentiality in this population, I did not contact interested participants directly. If individuals were interested in participating, my information was given to the individual, and the individual was told to contact me from the privacy of their own home or where he or she felt comfortable to speak about potentially participating the study. At time of contact, an initial screening of participants took place to assist in the decision of whether the potential participant would be able to participant in an interview, as the chief concern of the research process is the well-being and safety of the participants. The participants were also informed of the purpose of the study beforehand. Also, the research questions (Appendix E) and process of the interview was disclosed to ensure each participant was confortable with the interview and study. Further, they were informed of their right to receive a summary of the study's major findings. Finally, participants were informed of their right to refuse to answer any question or to withdraw from the study at any time without penalty.

Participants

The participants included five Canadian Forces families from CFB Shilo and CFB 17 Wing in Manitoba. The families consisted of a service member, his spouse, and one of their children. All of the families in the study volunteered to participated in the study. However, at the end of the interview process, each member of the family was given an honorarium to compensate for their time given to complete the interview. Each family had experienced at least one deployment overseas to a combat zone. Some families had experienced multiple deployments to combat zones and peacekeeping missions; therefore, all five families were very experienced and knowledgeable about the deployment-reintegration process.

All of the participants in the study were Canadian citizens, English speaking, had been in the Canadian Forces for at least three years, endured at least one relocation, and had experienced at least one deployment overseas to a combat zone. Due to the classified nature of the military, the service members were not able to disclose their position in the military, but all five service members were a part of the Canadian Army. All spouses were housewives, however, three women did have part-time employment within their community. Finally, the ages of the children in the study ranged from seven years of age to 14 years of age (Table 1).

The researcher was only able to obtain five families, as there is great difficulty in finding willing Canadian Forces families to participate in research studies. As stated previously in the thesis, there is a culture of secrecy in the military and families must uphold the traditional image of a military family. There is also a lack of distrust of civilian researchers.

Table 1: Study Participants

	Family 1	Family 2	Family 3	Family 4	Family 5
Service Member	Greg – 38	Roger - 42	Gerry - 32	Brad - 36	Doug – 29
Spouse	Marnie – 36	Debbie – 38	Andree - 29	Kim - 32	Barb - 28
Child	Laura – 8	Jill - 12	Breanne - 7	Leanne - 7	Curtis - 8

Note: Each family member was interviewed separately in a different room. Each family member was given a pseudonym to maintain confidentiality.

Research Questions

The central research question for this study is as stated: From the perspective of the family member, how has the service member's combat experience affected his or her family?

Within this broad question specific areas of interest:

a) What stressors have you encountered and how did you cope with them?

b) Did the roles and responsibilities within the family change?

c) Has there been a change in your interaction and relationship with the service member after the reunion? How was it affected?

d) Did your behaviour change after the service member came back from the war? If so, how?

e) How did the reunion affect your family life, and what were some of the challenges you faced?

f) What type of support did you receive from military in regards to your reintegration process?

g) Did you receive social support did you receive from both the military and family/friends after the service member came back from the war?

h) Has the family's social life changed as a result of the reunion?

i) Did you know of any programs or social services that could have helped you with your family's adjustment?

j) What traumatic experiences did the service member experience abroad?

Ethics Protocol

An ethics protocol was developed, submitted and approved by the University of Manitoba Joint-Faculty Research Ethics Board for study with human participants. At the beginning of each interview, each participant was required to review and sign the consent form, which outlined the purpose of the study, any potential risks associated with participating in the study and matters of confidentiality. Both the child and the child's guardian were required to sign the consent form for children to be able to participate in the interview process (Appendix B, C, and D). After interview completion, each participated in the debriefing process and was asked if they had any further questions or needed clarification. Participants were also given a list of community services they could contact if they were experiencing any form of distress. Confidentiality was maintained throughout the process as each participant was given a pseudonym and referred to by that pseudonym on documents and in the thesis, as well as transcripts and consent forms were secured in a locked cabinet file in a secure location. Furthermore, any participant identifiers were omitted in order to maintain confidentiality. Finally, participants were made aware of the fact that they would be able to receive a summary of the study's major findings.

Data Collection

Semi-structured interviews were employed to generate rich data from each participant. Each member of the family was asked open-ended questions about their relationships, behavioural change, and knowledge about military and community

resources. Open ended questions and semi-structured interviews allow the researcher and participant to engage in a dialogue whereby initial questions are modified in the light of participants' responses and the investigator is able to probe interesting and important areas that arise (Smith, 1995). The interviews took place in the participants' homes, as well as in local coffee shops. Interviews were recorded using a digital recorder and field notes were also taken during the interview to track the researcher's feelings and comments during the interview, as well as additional notes. The length of the interviews ranged from thirty minutes to one and a half hours.

The interview questions addressed each family member's experiences during the reunion phase following the reintegration of the service member back into the family unit. Queries focused on the changes in each member's interactions with each family member, how his or her behaviour changed and how his or her behaviour changed towards each family member, their individual social supports, military and community resources the individual sought out, stressors he/she encountered, coping skills, and the change in their family life as a whole. As the questions were open ended, it allowed the participant to express his or her feelings and opinions on the matter from his or her point of view. There was very little dialogue between the participant and the researcher, however, with the child interviews, I had to clarify the questions more often and provide more examples than with the adult participants. At times, I also needed to guide the participant back to the question that was at hand. It is also important to note that not all questions pertained to each individual and some participants chose not to answer all the interview questions.

Data Analysis

Transcribed interviews were analyzed using interpretative phenomenological analysis. During the analysis process, the first transcript is read and examined a number of times and, with each reading, the researcher annotates the text with initial comments. The next stage involves transforming these comments into themes that capture succinctly the essential features of the initial readings. Subsequently, connections are forged between themes until a coherent and organized thematic account of the case is produced. Connections across cases can be made until a set of superordinate themes for the group of respondents is produced. Each superordinate theme is connected to the underlying themes, which in turn, are connected to the original annotations and extracts from the participant. Finally, the table of superordinate themes is translated into a narrative account, where the themes are outlined, exemplified and illustrated with verbatim extracts from the participants (Smith, Jarman, & Osborn, 1999).

It is important to note that throughout the data collection and data analysis process the issue of researcher bias was acknowledged to ensure that the findings and interpretation reflect the individual perspectives of each participant. I acknowledge that I come from a family systems approach whereby I recognize that

> "The only way to understand a person fully is to look at the individual in the context of her family and to understand the family's interaction...because the family is an interactive and dynamic system, everything [sic] occurs, including an individual's behaviour, is attributable in some way to the family as a whole" (Brooks, 1999, p. 960).

Therefore, it is my belief that the participants' experiences are shaped within a familial context and that the effects are not only on the child and his or her relationship with the

veteran, but also on the relationship and dynamic of the family as a whole and how those effects are affecting the child.

It is also my belief that the participants are the experts of their own experiences and I look to them for the knowledge and experience to illustrate how combat exposure changes a parent, the parent-child relationship, the veterans' child(ren), and the family dynamic. The knowledge gained through the interviews will hopefully provide the necessary conclusions to develop future directions in areas such as policy, programming, and resource by the Department of National Defence for military families in Canada.

Finally, there are many controversies surrounding this topic in both research and the social media. It is my goal that I be as objective as possible while recognizing my own personal biases as well as the biases of those in the media and in research.

Limitations of the Study

The main limitation of this study is the small number of participants: This study only reflects the stories of five families, fifteen individuals in total. Moreover, it only included intact families — family members living together — based in Manitoba in which a family member served abroad. This sample excluded families in which a family member underwent basic training or training sessions in other provinces and, consequently, were separated from their family members for long period of time. Certainly, these families experienced separation and changes in the family dynamic; however, they did not experience risks associated with war or relief missions.

Participation in this study was voluntary and each participant had the option of not answering a particular question. As a result, the fifteen participants did not answer all the eleven questions. This study also did not interview all the children belonging to these

intact families, as only one child per family was necessary for the study. Furthermore, the children participating in the study needed to be over the age of seven, hence the reason why not all of the children were interviewed.

Another limitation of this study is that there is no inter-rater reliability: I was the only individual who read, transcribed, coded, and evaluated the stories of these individuals. Another unbiased reader of these transcripts could have found different themes emerging from the stories. The identification of similar superordinate themes would have helped strengthen the validity of the findings.

Finally, the study consisted of personal interviews; therefore, social desirability may have emerged during the interview. Also, the participants could have reacted to the interviewers own characteristics, reactions to the participants' accounts, as well as the interview process as a whole (i.e., having their stories tape recorded).

CHAPTER 4

Analyzing the Research Data Collected

Data Analysis

The data analysis was conducted based on the initial coding categories. In analyzing the data, emerging themes arose, further creating superordinate themes. Due to the fact that the themes emerged in the order of the interview questions area, the analysis is presented in the same manner that the themes emerged, the three areas being: 1. Stressors experienced and coping skills used in everyday life; 2. Family dynamics and the flux of these relationships, interactions, and personal behaviours experienced; and 3. Forms of support, formal, informal, or both, each individual or family as a whole accessed during the reintegration period. These superordinate themes, as explained above, were found to best describe that data collected to its fullest. Within each of these three themes, numerous subthemes arose that further highlighted these three superordinate themes.

In conducting qualitative research it is important to establish trustworthiness of methods in the collection and analysis of the data. The data has gone through the process of member checking with participants to ensure the developed themes provide an accurate account of what each participant was disclosing. This technique mentioned helps to ensure that the study findings are credible, dependable, and confirmable.

This chapter is organized around the superordinate themes and each superordinate theme's subsequent subthemes. The discussion is in the context of each interview and

also includes my analyses of the related research literature. The analysis of the data is used, along with the literature review, to generate findings, conclusions, and implications.

Stressors and Coping Skills

Deployments and reunions place a great deal of pressure and strain on the family system. In a study of Belgian Army families in which soldiers were deployed to Bosnia, DeSoir (1999) equates the process families' experience to an emotional roller coaster. A few days before the deployment, family members typically distanced themselves from one another. Beginning at the time of departure, tension and/or detachment were replaced by sadness and loss. Next, families began to settle into a routine and adjust to the soldier's absence; however, upsetting media reports or a lack of communication with the deployed family member could disrupt this equilibrium. A few weeks before the soldier's return, families anticipate reunion. High expectations for reunion, however, may lead to disappointment as family members may have unrealistic expectations (Amen, Jellen, Merves, & Lee, 1988; DeSoir, 1999; Norwod et al., 1996). In this section, the stresses and coping of the reintegration phase will be examined; the types of stressors faced, whether its internal or external to the family and the variety of coping mechanisms used to deal with these pressures.

Fear of the unknown.

The spouses and children in the study indicated that the hardest challenge they had to overcome while their loved one was away was a fear of the unknown regarding their loved one's status. For spouses, it has been found that in the first month of the separation, spouses feel abandoned, worried, or jealous, and have difficulty sleeping (Sierra & Kemp, 2011). Although all of spouses were affected by not knowing on a

regular basis if their husband was alive or dead, the children had been affected the most. All of the spouses mentioned that this fear was intensified by the media, as the daily reports of what was happening over in Iraq and Afghanistan made the news each night. Kim mentioned:

> *I remembered getting a call from a friend at night, asking whether I heard from Brad. She told me saw something on the news about troops getting ambushed. I remember telling her that I didn't hear anything, which made me seriously panicked. I would call the people at the base and ask them if they knew about my husband because I just saw the clip on the news but they couldn't tell me anything. I didn't know what to do; I didn't know what to think. My mind was racing a mile a minute. "I would flip the channel every time I saw something about the war on TV after that. I couldn't handle it anymore."*

However, Debbie was able to have intermittent contact with her husband. Even though she was able to have contact with him, she found that having intermittent contact made the situation worse.

> *Sometimes I didn't know what he was doing or he didn't keep me in the loop, or his phone would die or this or that." "It killed me…I literally killed me. When it would die, I couldn't sleep, I couldn't eat, I didn't know if something happened or if it actually was just his phone." "My world stopped. My whole life was in shambles."*

These abandonment issues or disconnect between partners may not allow the spouse to recover from the stresses of the day and increase the likelihood of psychological and physiological arousal, in turn increasing the likelihood of rumination and intrusive thoughts to persist, increasing the risk for insomnia and other psychological disturbances (Troxel, 2010). Furthermore, Saavedra, Chapman and Rogge (2010) found that spouses with deployed partners may be experiencing attachment anxiety due to the separation, which has been linked to higher levels of psychological distress and lower relationship satisfaction and declines in relationship quality over time.

Deployment is considered to affect certain children more than others. Each of the children described that they were constantly thinking that their dad would be hurt in the war. However, Laura described that she would *"try my best to think of the positive while he is gone, like that he's safe, he'll be coming home soon, or I'll get a letter from him."* Certainly, age and developmental factors may set important limits on children and adolescents to respond adaptively to war crisis. The young child lacks the cognitive capacities available to the adult. Young children's theories of causality are egocentric, and they may be unable to talk about frightening experiences (Huebner & Mancini, 2005). Jill noted that she was always scared that the Taliban would kill her dad. It was the only thing she could think about until she heard from him. She would think about it at school, at home, at soccer practice. However, she never told her mom or her brother that she thought about this. She said, *"If I said it out loud it could come true…kinda like a wish or something."* In the same sense, Curtis said

> *When mom was worried or when people would come over and start whispering or would stop talking when I came in the room, I got scared and when I would ask what's going on they said nothing or everything's okay Curtis. I started to worry that something had happened to my dad … It got worse if they didn't tell me what's going on…I wanted my mom to tell me what's going on so I would feel better."*

Deployment takes a huge emotional toll on the family members left at home. This fear is all consuming. It takes time and energy that could be used on different areas of their lives, thereby disrupting the routines and activities of their daily lives. As mentioned in the literature, the unknown status of the military member has the potential to place the children and spouses left at home at risk for psychological distress (Troxel, 2010). This potential side effect can further hinder the reintegration process with the service member,

as well as the potential to produce side effects in other areas of the individual's life, family life, and relationships with others.

Single parenthood.

All of the spouses felt that it was a difficult transition from a two-parent household to being single parents for an unknown period of time. All of the mothers had found it difficult to have to rely on others; for some, it was hard to ask family members for help. Other mothers found it difficult, as they did not have family members to rely on, so they had to rely on the military for help or close military friends because they did not have family in the province. As the spouses described it, they were left to do everything on their own; it used to be an *"us"* situation, now it is an *"I"* situation. They explained that there was no other option, I had to do it, I have a child(ren) that depended on me.

All mothers indicated that transitioning from a two-parent to single-parent household is "overwhelming" due to the fact that there is so much work to do and so many more responsibilities to take on. They had good days and bad days, times where they wanted to give up and others that they could only do so much and they had to be okay with that reality. Andree felt that some days she would have to tell herself at the beginning of the day to not overload herself so she would not get overwhelmed. Andree stated,

> *I've had to choose what I do in a day, as opposed to doing everything knowing that, okay, each day I can do just a little bit here and there cause before it would be I didn't know how to take control of everything, it was a big mess, really, and I'd get stressed out with the fact of how do I take care of it all. I had to learn how to pace myself.*

Andree and Barb said that their becoming a single parent was more stressful because they worked part-time. They felt that they did not have enough time in the day to

complete all of the chores, work, and spend quality time with their child(ren). They felt guilty at times having to work outside of the home since they felt that they did not have more time to spend with their child(ren) to make up the fact that their father was not there. Andree, working part-time and having to be the sole parent, felt like she needed to overcompensate so her child did not feel the effects of her father not going to be in the home for an extended period of time:

> *Being that single parent, you're in a different role. You don't have the other parent to parent with you, as well as to take over whenever she's having a tantrum or if she just does not want to listen so you're the main parent. You're that go to parent for everything….if she's sick or having a rough time or to just have fun with her…you're all of it. You're mommy and daddy, and you have to step in and make sure she feels that even though daddy's gone she doesn't feel him missing. You just have to take on that extra role to make sure she knows that even though daddy's not around that daddy's still here with us and daddy's still gonna be connecting with us, just in different ways. It's putting that frame of mind in your head so that she doesn't get too upset and that she knows that daddy will be coming back; it's just a matter of time.*

Barb had difficulty juggling being a single parent and working part-time. However, the biggest obstacle she had to face was relying on her parents for childcare purposes. Barb had felt that at times she started doubting herself and her parenting abilities because she was not able to "do it all." Before her husband's deployment, she felt as though she would be fine on her own, however, when she was on her own, and she needed her parents, she felt that it was a shot to her maturity; it was hard for her to accept that reality.

Conversely, these mothers' "go it alone" experience of parenting during deployment brought an amazing upside to the separation – a feeling of independence. Lapp and colleagues (2010) found that the experience of mastery and competence has been described among some military spouses as they gain confidence and newfound

independence as they manage multiple and complex responsibilities on their own. The role transformation among these stay-at-home parents has been found to contribute to significant resilience in the family unit post-deployment, as well as the potential for growth among military families (Lapp et al., 2010). The mothers mentioned that a couple of months into the deployment, they were able to establish a routine that worked for them and their children. This routine was important to establish as it provided a sense of stability within the household; it made life more manageable for the mothers; and it gave them a sense of relief and lifted a little bit of the weight off of their shoulders. Marnie mentioned that once she was able to get down a routine she felt like "phew, I can actually do this. I can pay the bills, do the cleaning, take my kids to their sporting events, get them to school…you know live life again." Some of the mothers still relied on family members and friends for childcare purposes or odd things, but overall they had the feeling of independence again.

The feeling of dependence had a serious impact on these mothers, and for some, it was a tough pill to swallow. Single parenthood forced the mothers to rely on others, however, for some it was harder to find the support, as they did not have extended family close to them. "Going it alone" placed a considerable amount of guilt on some of the mothers as they felt they were not able to provide the amount of support to their children as they needed or felt they needed to make up for the absence of their father. The "juggling act" these mothers had to perform created a number of psychological effects during the deployment phase. New research has indicated that as deployment continues, there is a decrease in "health promotion behaviours" for home-front parents, reflecting increasing exhaustion (mental and physical) as the separation wears on (Mansfield,

Kaufman, Marshall, Gaynes, Morrissey, & Engel (2010), therefore, having to continue to rely on others for help, dealing with overwhelming feelings, and role overload. Yet, for some of these mothers, as they were able to establish a routine, a sense of independence and confidence emerged. This routine provided stability within the household and at the same time provided the women with a sense of satisfaction and the knowledge that they could do it alone.

Role transition: putting the family back together again.

All of the service members stated that they had a difficult time transitioning back into the family. In the beginning, they had mixed feelings about coming back into the family, they did not know how to go about reconnecting with their loved ones, and physically how to go about transitioning back into the family. For the mothers, they too had these same feelings, but more importantly for the mothers, they were concerned with how their children were going to react to having their fathers back in the household. Bowling and Sherman (in press) found military separation programs identify a common experience of feeling like a "guest in your own home" as a challenge, while being home may be more difficult if the veteran is experiencing distress. Greg, who has been deployed many times in his military career, shared his concern the first time he was deployed. The first time he came back from his first deployment, his concern was,

> *I've been away my family for so long, I missed them a lot, and I appreciated my wife a lot for sticking it out and doing everything while I was gone. But when I left my kids were babies; when I came home they were kids. I thought "what the hell am I gonna do, I won't know who they are and they won't know who I am…but I hoped they would know who I am." I didn't know what they liked to play, what they liked to watch on TV, who their friends were. God, I didn't even know what size of clothing they wore. I thought, "What the hell can I do when I got home, I'm going to be useless?"*

Hill (1949) suggests there are three patterns of adjustment: “closed ranks” adaptation of the family to wartime separation, in which the soldier’s role in the family was assumed by the other family members, and when he returned, he was excluded from the family; “open ranks” adaptation in which the soldier’s place in the family was kept open during the deployment; and “partially open ranks” adaptation in which the soldier’s place in the family was kept partially open during the deployment. However, the ambiguity expereinced results in a great deal of anxiety experienced by family members during the deployment followed by anger during the reunion phase. The adjustment phase can include emotional stresses related to deployment factors, such as missing and worrying about the safety of the service member, as well as renegotiating roles and responsibilities. In addition to negotiating the stress experienced throughout the deployment, the stress of a homecoming can be more stressful than the separation (Black, 2003).

Both the military members and the wives explained that the first couple of weeks were always awkward. On the one hand, the family was excited to be back together again, knowing the service member was safe and back at home. On the other hand, it seemed as though everyone had the feeling of “okay, now what are we supposed to do with him?” The wives felt like they had their routine solidified and now they had to fit an extra person into this routine, but how were they going to do that because this extra member, the service member, also had his schedule, his wants and needs to be added into the routine. Bowling and Sherman (in press) found veterans to report having difficulty rediscovering their role in the family or difficulty renegotiating this role with the spouse who had managed the family in the service member’s absence. Doug can remember

saying to himself a number of times, “I don’t fit in anymore,” and “I was walking on eggshells around them, I didn’t want to disrupt their lives.” Brad had felt the same way; he felt like an outsider looking in. Debbie described how she had to change her ways to fit him in:

> *...I had to change. I realized that I had to include him in things again. There would be times where I would get so frustrated though because he wasn’t doing things the way we had always done them. I could remember times I was so pissed that I would just yell at him because I felt he was ruining things. Then I would see his face and he looked sad. I had to change and realize that he hasn’t been here for a while; he doesn’t know what we’ve been doing. I would try to be receptive and respectful of the ways he was doing things. If I’m talking to him, I’m not trying to tell him that he’s doing something wrong, it’s just the fact that this is how we’ve been doing it, not telling him that he’s wrong because he’s not. I would talk to him in a way that is helping him and not telling him that he’s wrong cause he’s not wrong, it’s just this is how we’ve been doing it; this is why we do it.*

It was interesting that Debbie was the only spouse who mentioned that she had self-reflected during this transition, the outcome of this self-reflection being her changing her ways and mindset, while accommodating her husband’s way of carrying out household chores and duties: “*I had to change and realize that he hasn’t been here for awhile; he doesn’t know what we’ve been doing.*” Debbie discussed later on in our conversation that after she began to accommodate and relinquish some control, the atmosphere and mood changed in the household, and “things” started to get better; the tension started to decrease a bit, relationships were strengthening little by little, and overall “things” were getting better.

All of the spouses’ main concerns during this reintegration period were their children and how this transitions would affect their children. It was essential for these mothers, no matter what, to keep their children happy and have little effect on their schedule or routine and overall well-being. Barb stated, “*I tried to keep it as normal as I*

could for him, so we would try not to shake up his routine and schedule." She would "*still run the house just the same to keep it the same for our son, so there wasn't a big hiccup in his daily routine when his dad was home*." Pincus and colleagues (2005) find that renegotiation is an essential task that requires considerable patience from both the service member and spouse. They find that soldiers may feel pressure to make up for lost time and missed milestones, taking back all the responsibilities they had before (Pincus et al., 2005), thereby possibly pushing the boundaries too far and too soon. However, things have changed since deployment: Spouses are more autonomous, children have grown, and individual personal priorities may be different (Pincus et al., 2005). If both members find their own equilibrium and patience with one another, the reunion can foster maturity, emotional growth and insight, encourage flexibility, build life skills, and strengthen family bonds (Pincus et al., 2005).

In summarizing the first theme, it can be seen that the reunion of the service member from war is not the happy, glorious, and easy homecoming that is generally depicted in the media. The reunion with the service member is met with many stressors that accumulate over the deployment period and percolate into the reintegration period. As one can see, each member of the family experiences the same stressor but in different ways, and it affects each person differently. Each member is met with many negative experiences. However some of the spouses gained a sense of accomplishment and independence, and for one spouse, self-reflection helped change the family environment. Initially, the family members that were left at home experienced stressors related to ambiguity regarding their loved one's status, as well as overwhelming feelings of "going it alone."

However, once they were able to establish a routine and, for some, obtain help from friends and family, the women were able to gain a sense of a new normalcy until the military member returned. Yet, for some of the spouses who had to rely on others for help, this need created an additional stressor, as it too created a sense that she was not able to "do it all" and for one mother, it was a shot to her maturity. Once the service member returned home, transitioning him back into the family unit created it own host of problems. The service member felt out of place, his spouse felt awkward at times, thereby creating an uneasy feeling within the household. Nevertheless, the main priority was to maintain a sense of normalcy in the household, as the children in the household were the main priority for the service member, and especially for the mother.

Family Dynamics

When describing their relationships and behaviours post-deployments many of the family members mentioned similar behaviour and relationship traits and dynamics. The descriptions of the relationships and behaviours each member shared were in accordance with what has been seen in both the literature and the media. However, the accounts provided by each of the family members delved deeper into each theme than what has been already stated regarding reintegration in the literature and media.

Rage, anger, and emotional overload.

Each child indicated that he or she experienced a whole host of emotions throughout the deployment process: when their father deployed for war, while he was deployed, and when he returned from deployment. As mentioned previously, each of the children stated he or she was worried and terrified about their father's safety, and that their father was going to be killed while overseas. Leanne stated that she was "*scared because I thought*

he would be dead like the other soldiers I saw on TV." Breanne, even at such a young age, comprehended the risk her father was taking deploying for Afghanistan. She revealed her range of emotions,

> *When he left, I was so sad, I didn't want him to leave me cause he might not come back like some of those soldiers on TV. He would call me and mommy sometimes. I was happy when he called but sad when he wouldn't. I was sad because he missed my birthday and my gymnastics. When he was home, I was really, really happy. I would show him my room and my stuffed animals and my posters, and he came to gymnastics and dance, only sometimes. I was mad at him sometimes because he wouldn't come to my gymnastics and dance, I didn't know why he wouldn't come. I was mad at him for that. He didn't want to play with me sometimes too.*

In line with Breanne's response, some of the child outcomes that have been linked in the research to deployments include higher levels of internalizing behaviour, including greater depression and anxiety (Levai et al., 1995; Jensen et al., 1996; Kelley et al, 2001; Orthner & Rose, 2005), a decrease in academic performance (Hiew et al., 1998; Orthner & Rose, 2005; Huebner & Mancini, 2005), experiencing intense feelings of sadness, loneliness, abandonment and anger (Amen et al., 1988; Huebner & Mancini, 2005; Orthner & Rose, 2005; Rosen et al., 1993), as well as acting out and the manifestation of externalizing behaviours (Kelley, 1994; Orthner & Rose, 2005; Huebner & Mancini, 2005; Chartrand et al., 2008). Curtis and Laura discussed not wanting to express their worries about their father, and sometimes about their mother and siblings, to their mother because they felt that she had enough to worry about. As previously mentioned, Curtis noted that he did not want to tell his mother his worries because he felt that if he was to say it aloud, "*it might come true, kinda like a wish*." Whereas, Laura discussed, "*mommy was always sad. I thought if she saw me sad, it would make her sadder, I felt bad, so I would try to be happy around her, but really I was really sad, but I was happy too*

sometimes, even when daddy was home." Fitzsimons and Krause-Parello (2009) would attribute these feelings children are experiencing to the caretaking parent's own psychological or behavioural symptoms, as deployed personnels' children's psychological and behavioural symptoms are linked together, as well as the family's stress level as a whole during this time period.

Jill was the only child who discussed her experience growing up in a military family. She had mentioned that she and her family had been relocated to a couple of military bases across Canada. She discussed that relocating, at least during her school years, was a difficult event to go through, as she would have to leave friends behind each time. Jill, Laura, and Curtis all discussed how they had anger and hatred towards the military for putting them, their father, and their family through these ordeals (i.e., deployments and relocations). Keith and Whitaker (1984) have found military children to have a "sense of betrayal" by the military, because they do not have the right to make the choices they see other young people making, but they realize their parents are not in a position to make many personal choices either (Keith & Whitaker, 1984). Jill, in particular, discussed her feelings towards relocating a couple of times,

> *Having a dad in the military, I moved around a lot. It got harder especially when I started school. I would have to leave my friends and make new friends. Let me tell you, it's not always easy making friends, because people have their own groups and trying to fit in doesn't always happen. It's sad having to leave your best friends behind because let's face it, I probably will never see them again. I would hate making plans sometimes because I wouldn't know if I would be there for the next trip to the beach, let's say. I would be so mad at my dad and the military because they were the ones taking me away from my friends, sometimes I wouldn't talk to him for days because I was so mad. Sometimes I just don't want to have to try so hard to make new ones. Sometimes I would have to change who I was to fit into some group at school. But over the years, you learn you have to make new friends fast.*

Bloom (1993) believed that by moving continuously, a person's self identity could be lost through the loss of those who become part of their identity. Through these losses, a new life must be reconstructed in a new community, with new social roles and rules (Erikson, 1968). Through continued uprooting, the military child may project unresolved feelings from previous relationships into new relationship, which Freud (1961) would call "negative transference" (Bloom, 1993). Therefore, the identity formation of a military child is highly influenced by the military and thus has a direct effect on the relationship between a child and his or her military parent.

For the service members, each of them described how they had anger and rage issues when they returned home from war. Gerry mentioned that he had "*full on rage"* and felt *"completely justified"* for it because of what he went through in Afghanistan and *"he's a solider."*

For a couple of the service members, they discussed how they did not know where this anger and rage came from, as one described, "*the anger came from nowhere, but it was there. It showed up like an angry monster. I felt like the guy in the book, Dr. Jekyll and Mr. Hyde. That was me, I was Dr. Jekyll and Mr. Hyde*." The common traits of a stressful family environment and PTSD include high levels of marital conflict, a cold and unresponsive parenting style, social isolation, anger, absence of emotional warmth and responsiveness, parental depression, lack of support, and low family cohesiveness (Kessler, 2000). The men all knew that the anger had affected their relationship with their children and their wives, but one of the service members did not realize the extent of his rage until his wife brought it to his attention. Doug mentioned,

> *I didn't realize my anger issues until my wife sat me down and told me what my kid had said to her the night before. She told me that he loves me, but*

> *sometimes he feels that it was nicer when I was deployed and didn't have me around because I yell so much. The yelling scared my kid, and I didn't realize that I yelled that much; it didn't occur to me. It was just normal. I do it at work; I guess I brought my work home with me, just like everyone else, but my work is a little different. I was treating my family like they were my troop in the military. I felt like a piece of shit. I don't know how to fix it.*

Emotional numbing and anger can also significantly impact the veteran's relationship with his children. Samper and colleagues (2004) and Ruscio and colleagues (2002) have hypothesized that the veteran's feelings of detachment from the world carry over into his relationship with his children. Although they found correlations between relationship quality and re-experiencing, effortful avoidance, and hyper arousal, the correlation of emotional numbing with low parenting satisfaction and poor parent-child relationship quality was much stronger than that of any of the other PTSD symptoms. For example, Roger mentioned,

> "*In combat, I had to shut down my feelings, I couldn't afford to have human emotions, that would get me killed. However, the problem was I brought that home with me. Being in the military and being at war messed up my ability to be human again. It's not an easy transition from being a "robot with a gun" to being a husband and a father that can be patient and listen and have emotions*."

A consistent response from all of the service members in regards to their anger issues was that all of the service members knew they had an issue, however, they did not know how to "deal" with it, but they would not seek treatment. They all realized that it (anger) was "*not going away,*" but as military members, "*you don't talk about it, that's the thing. Its not an open discussion thing, you don't talk about it at work*." However, by not discussing their issues, whether it is with military support or community support, it affects their family members. As Kim mentioned, *"They come home and they've had it: They have a short fuse. Sometimes you don't know what you said wrong. It's like walking on eggshells sometimes. You never know when they're going to go off the handle*." These

anger issues directly affect each of the family members, especially the children. If these issues do not get addressed, they have the potential to have devastating effects for the family, and especially for the children. In the Vet Center counsellor survey (Matsakis, 1989), the most commonly reported problems for children of Vietnam veterans with PTSD or other war-related issues were low self-esteem, aggressiveness, developmental difficulties, impaired social relationships, and symptoms mirroring those of the veteran.

Resentment and tension.

All of the spouses expressed some form of resentment towards the service member and military. This resentment, in turn, manifested over the deployment period and carried over into the reintegration period. The resentment created tension between the spouse and service member, and in some families also occurred in the relationship between the service member and his child. Though the children, in the relationships they had with their father, did not describe the tension their mother had with their father, their feeling was strictly resentment; resentment for missed birthdays, missed opportunities, and overall missing out on their accomplishments and failures – their fathers were not there for them when they needed them. This sentiment was true for Leanne. Leanne said,

> *My dad missed so many of my birthdays. He was gone for everything. Well not everything, but a lot of things. He missed my first day of school. He missed my birthday, oh and Christmas. He wasn't here when my sister was born either because he was in Afghanistan. When my friends have birthdays their dad is there. Why couldn't my dad be there for mine? Well I know why, he was in Afghanistan.*

Willerton and colleagues (2011) found in their study of military fathers who have been deployed that due to the inability to "be there" for significant portions of time, many fathers were uncomfortable in the family arena. Some fathers talked about the need to

pull back whenever they were at home, not wanting to disrupt caretaking and household management activities (Willerton, Schwarz, MacDermid Wadsworth & Schultheis Oglesby, 2011); consequently, they left a gap open to increase the amount of resentment that had already developed. This need to pull back on parenting and household chores from the service member is the main source of resentment for the spouses. All of the wives indicated that this pulling back or lack of contribution to the household and family on the part of their husbands was angering, hurtful, disappointing, and unfair. For some, it did change over time, and for others, change did not occur. Many of the wives communicated over time that they needed their husbands to pitch in, because there are two heads of the house now, and she could not keep "doing it all."

One of the wives mentioned to her husband many times that he was a part of the family too and that he needed to help out. As days passed and the service member did not provide help, the resentment and tension grew.

Pincus and colleagues (2005) discuss how this resentment may be manifested in the feelings that the spouse has been "abandoned" for six months or more. For Barb, it was not the feeling of being abandoned; it was the feeling that he had chosen the military over her and her children each time he deployed. She felt like he was not making her and their family a priority; if they were his priority, he would not leave them for extended periods of time. Thus, for Barb, it was a double-edged sword. On the one hand she supported him, but on the other, she resented him for leaving her and the children. She made an interesting comment when she finished the interview. She said, "*Sometimes I wish he'd quit and be with me and the kids, but then when we have him home, it's like what are we going to do with him? He is military at heart"*; the comment confused me, as

it did not fit with her previous statements, as she resented him for leaving her and the children, but she does not know how to co-exist with him when he is at home.

When the service members arrive home, many of the wives expected that the service member would take some of the duties and chores off their hands. However, many of the service members did not fulfill their wives' wants. Andree explained:

> *I found that there's always that tension and tension where you almost feel a bit resentful because he was gone and everything. For example, let's say he wants to sleep in, and it's like "no, what about me?" I've been here longer so it's a little bit of resentfulness, and it's not that you mean to be in that frame of mind, but it's just odd. I don't know, it's just something that happens. Because he's home now, so you now you want your own time but in the same sense you can't just throw everything at him but in a sense you kinda want to because I've been dealing with all of this on my own; I want to get the chance to say "just do it yourself." You don't want to have to deal with any of it.*

For Andree, that resentment and the lack of co-parenting and co-sharing of chores, and the ambiguity led to the tension between herself and her husband. She went on to explain the tension:

> *When you get to that point where you don't want to deal with it anymore, and you want him to do it, there's that tension that develops. When there's tension and you kinda start to nit pick at things a little more, I find you've got the arguments that come up a little bit more. We realize that it's not always going to be that pretty picture that I'm sure everybody thinks because that's what they see on TV. However, in our house, it's not always sugar coated like you see on TV. But I mean, there are sometimes when he gets back where it's an easier transition.*

Pincus and colleagues (2005) discuss that the tension between the spouses may in part be due to the spouses' irritability with their mates underfoot when home and the desire to have their "own" space. Many of the women commented on how they struggled with sharing. One of the women stated that the concept of sharing should be simple at her

stage in life, but it was not. Kim mentioned, she had to "*relearn the art of teamwork*." Marine also mentioned,

> *I had to share everything with him again, EVERYTHING! I thought I'd be relieved to give some of those duties to Greg, but I wasn't. I found myself growing more and more impatient with him for not knowing where we kept things or not following the routine I had established during his deployment.*

From summarizing the women's views on sharing household duties once their husbands returned, I interpreted this relinquishing of control of household duties and parenting as the first step in the women giving up the independence they gained during the deployment period. Independence seemed to add to the women's confidence and self-esteem. When he came back and wanted things to go back to how life was like before he went away, she would have to go back to how she was pre-deployment, and she did not want that, hence the tension between the two; tension in a sense of resentment and opposing views of how they want lives to be post-deployment.

Relationship rediscovery.

All of service members and spouses indicated that each time the service member came home, it was a relationship rediscovery; the two spouses, along with their children, needed to re-learn who each person was in conjunction with the other. They all indicated that this process was "*probably the hardest part to tackle"* and "*definitely took the longest time to heal."* To help ease this process, all of the service members and spouses discussed that they would also spend more time together as a family to reconnect. Some of the families would devote weekends solely to family time, while others would specify certain days of the week. One family would spend family time together, while also having couple nights and daddy-child days. Marnie mentioned that her husband would take their child to the park some days, which would give her some much appreciated

alone time, but there were certain days where they would all go out together – to feel "normal" again. However, all of the women mentioned that they would not overwhelm each other and would respect each other's space, as they did not want to cram each other down each other's throat; you would have to feel each other out day to day.

The service members mentioned that it was easier to connect back to their children; especially the younger ones, than it was reconnecting with their spouse. Gerry stated,

> *I've had both ends of the spectrums. Sometimes my kids wanted nothing to do with. I could tell they were mad, but over time we worked on our relationship, and our relationship got better. We had to build that trust again, over time. We had to get used to each other again. On the other hand, I've had my kids be really clingy with me. They didn't let me leave the room alone. One time they would literally hang on my leg, saying "don't leave again," and I would say, "I'm just going to the store."*

The service members all indicated that they would try their best to spend as much time as they mentally and physically could with their children, try to learn their interests again and make up for lost time. The service members could also tell that their children had a "loyalty" to their mothers; they would only listen to her in the beginning and would always take her side. Doug mentioned that his son would have to "*warm up to him as the days went by; we had to build the trust.*" However, the men did mention that sometimes it was difficult for them to spend a large amount of time with their children because it would become overwhelming for them, as they only had to be concerned for themselves and their troops for six months or longer. It was hard for them to switch their mindset from "war and attack mode" to "father and husband mode." One of the service members stressed in the interview that it was not that he did not want to be a father and be a part of

the family again, he did, it was just hard for him to change his mindset, "*it's not an easy thing to do, especially in a short amount of time."*

Pincus and colleagues (2005) stress that post deployment is probably the most important stage for both solider and spouse. The change in roles and boundary ambiguity (Boss, 1999) may cause service members to feel as though their spouses do not understand them or what they have been through, and they may feel frustration over pressure to assume their former responsibilities (Faber et al., 2008); thus, tension and strain on relationships may occur, placing the couple at higher risk for marital conflict. However, to ease the transition, patient communication, going slow, lowering expectations, and taking time to get to know each other again is critical (Pincus et al., 2005). Debbie described communication patterns during the transition period with her husband:

> *He tries not to overstep because he knows things have changed that he can't just come in and say okay let's do it this way. He knows not to do that. He is very open-minded and receptive now. It's just a lot of communication. We try to communicate when our daughter goes to bed, so that way if there's a bit of an argument, she doesn't see that. Obviously we communicate in front of her as well, but anything that is more in-depth, we do it behind closed doors.*

In line with Debbie, all of the women indicated that communication is key in the reintegration process. They said that questions, concerns, needs and wants have to be laid out on the table; there is not any room for passive aggressiveness or undercutting comments because it would make the household atmosphere and tension worse. A couple of the women stated that by considering the other person's point of view, it eased the tension and made the transition and reconnection process easier and quicker.

A couple of the women also mentioned that the reintegration period felt as though they were in the dating process with their husband again. The spouses discussed that they would take many one-on-one days or nights with their husbands to reconnect with them and re-learn who each other was, just as they would when they were dating. Many of the women mentioned they would go out with their husband, sans children, and talk about what people would talk about on a date, just not about work. For example, Debbie explained: "*Its so easy to lose yourself in a parent role. We have to get back into the husband and wife role where it all started, just between the two of us. Yes, we're parents but we're also individuals, as well as a couple. We need that couple time."* One of the spouses felt in the last reintegration period with her husband that they were able to become closer then ever during their deployment and reintegration period. She felt as though they were in a long-distance relationship because, technically, they were. They were able to keep the spark alive with emails and telephone conversations; it brought them closer together.

At the conclusion of my interview with Barb, I felt as though she summarized the relationship rediscovery theme the best. She stated,

> *My goal was to reunite with my husband, put my family back together again, readjust our priorities, and move our family forward into the future. I had to do a lot of self-reflection; I had to come to that realization that I can only change myself. So by changing myself – my way of thinking, acting, and re-acting, I was able to reunite with my family from a different point of view and fall in love with my husband and my family for another time.*

Support Networks

Informal and formal support networks play an important role in the deployment and reintegration phases for military families. These networks are especially important

for spouses and children during deployment, as they help to maintain or enhance these individuals' quality of life during this period of time. These families did not access many formal supports, however, they did access a couple of informal supports such as a military padre, friends and family, and attending church on a weekly basis. Wood, Scarville & Gravino (1995) found social support systems have been positively linked to separation adjustment for military families, and women have specifically identified children, employment, close friends and family as their main sources of support when separated from their military husbands. Though social supports are found to be of great value for military families, both during and post deployment, many of these families did not access many, especially formal supports.

Formal support.

Two of the spouses mentioned they accessed a formal support, in the form of Drop-in Daycare at the Military Family Resource Centre, during deployment and subsequently after. These mothers identified the availability of casual childcare as a "relief" and "important" as both of these mothers work outside of the home, and one employed mother does not have extended family within the province. Kim described how the childcare has helped her family,

> *The MFRC provides casual childcare, so a lot of times I'll go there, talk with the other ladies to socialize and our daughter is being taken care of with the casual childcare that they provide and that way my husband can go off and do whatever he wants to do; take a little breather as well. He wants his time too so that's always a good support.*

Though the Canadian military provides structured resources for military families, such as the Military Family Resource Centres and the resource programs within the Centre and military as a whole, all of the families said that they did not access these

supports, except for the casual childcare. The overwhelming conclusion concerning the programs offered by the military and the Resource Centre is that they are too generic, over generalized, and do not meet the needs of their families, therefore they do not utilize the services.

Many of the spouses were dissatisfied with the information provided for families when the men come home. Many women discussed the lack of information that was provided to them. This information was given to prepare the women for when their husband comes home. They found that there was a lack of information on services, contact information, and information on what to expect when the military member comes home. Debbie described her wants from the military,

> *I think it would be nice, and would probably make a difference the next time he was deployed, if the military would give more information. For example, when they come back, if we were given a package, a package of phone numbers of people that we may need to contact in the privacy of our own home, so it's not like "come to us if you have issues and your marriage is under stress or whatever." It's more like here's a list of people who could help if you have x, y, or z situations. Then if that comes up when he comes home, you can discuss it together and make the calls yourself. Because sometimes people are too nervous to walk into a building and ask for a therapist. I think it's a stigma, sad to say, and people are always more comfortable in their own home talking on the phone with somebody and not in the office.*

Many of the interventions that the military and its Resource Centre provide for the families are structured as programs, drop-ins (i.e., come if you can), and in person meetings. However, many families, as Debbie mentioned above, would rather handle their own business and "keep it within the four walls of their home." These families noted that they do not like to "air" their business and problems out in the open, and would rather have specific information on how to deal with family issues effectively in their

own homes. Because these families want to keep their business private, the programs suffered. Andree spoke of this issue,

> *The deployment coordinator does a bunch of different things that you can go to and they'll provide you with sessions you can go to, but I've never attended one mind you. Unfortunately, there has been a lot of times they've had to cancel because not enough people have wanted to sign up for it, which I find is a sin because for people who do want to go, they're not able to. Unfortunately, when they try to run these sessions, it doesn't always work; they've tried it in different ways, and I don't know if it's because people are too shy to come or if it's just not informative enough. This is why we get the package of reading materials, then trying to get together in a program because it just wasn't available. I don't think it's the military not wanting to provide it, I think it's the lack of people, they're just not interested, so it's hard for them to run something if people aren't interested.*

Andree highlighted her frustration with one of the programs,

> *There is a woman's group, but they don't tend to want to talk about husbands being deployed; they just want to talk about whatever. I don't know if it's just because, like I said, it's just because they don't want to talk about it. I find with the programs, there's nothing really there.*

Andree further discussed what she is looking for in a program,

> *You can go talk to them on a one-on-one basis but that's not really for me, I'm not looking for that. I just want a group of other people sometimes, just to even talk about it [deployment and reintegration], if they all went all around the same time. I just want to talk about that. I find depending on where they go, depends on your experience. So if you can find the people that have the exact same experience as you, it is a lot more informative than the different deployments sessions.*

The spouses indicated that because the programs and resources that are offered through the military are not tailored to them and their families' needs, they do not utilize them. Even when accessed, as Andree mentioned, the program is of no help because military families do not want to talk about the important issues; everyone keeps their personal lives personal. Black (1993) indicates that because stigma is attached to use of more formal types of intervention (e.g., family counselling), Family Life Educators may

want to assist in the development of self-help or support groups on or near bases; only about one third of army spouses are even aware of these groups, and fewer than half of the participants rate these programs as beneficial when they know about and attend them (Orthner, 2002c). However, some of these families would not access these programs on or off base, and like the participants in the survey, they would not find them beneficial, as the program would not be specific to their family.

Informal support.

All of the spouses discussed how family, and especially friends, were extremely important to them during the deployment and reintegration phases. These spouses also discussed how friends, especially military wives, "got them through" the deployment process and helped during the reunion. Though the spouses indicated they had both civilian and military friends, they stated that military wives just understood their lives better. Other military husbands and wives were instruments to help women bounce and obtain ideas from, provided them a sense of "normalcy," a source to vent frustrations to, childcare, and companionship. Many military wives meet each other through attending groups held at the Resource Centre in their city, and go on to develop friendships, like a couple of these women have. Huebner, Mancini, Bowen and Orthner (2009) note the significance in the relationship between formal and informal networks, as they have cumulative effects in their common efforts, as well as each supports the other to support families. For example, Kim spoke about her and her family's relationship with their padre, who they met through one of the groups:

> *We went to a padre to talk to him because, they [formal supports] don't know your situation, they don't know your family, it's a piece of paper you're reading, you can take tidbits from it but it's not personal. Whereas, we knew this padre, he knows us, he knows our family, and so he's able to*

> *talk to us and has suggestions that would work for our family, not for every Joe Shmo.*

By linking these two resources, this family has been able to make a friend, who can also help the family in an informal setting. Kim felt that the padre was a good fit with their family, as he was able to make suggestions that are family specific, but also know what the service member has gone through during the deployment and his potential struggles; the padre is able to see both points of view, which is integral in the reintegration process.

All of the spouses also indicated that having military friends was extremely important to them and their families. Military families are able to understand what their family had gone and will go through, throughout the service member's military career. Debbie discussed,

> *I've got a lot of military friends, so when he does come back I'm able to kinda talk to them about it to make sure that this is normal or even just seeing how they reintegrate with their husbands when they come back. We're all so different so it's kinda nice just to go to one of their houses and see how they're doing it. You don't go there specifically for that but you do notice it, and sometimes it just makes you feel that much better.*

However, the literature contradicts what these women have discussed. The literature finds that women anticipate withdrawing from the close female friends who had helped to alleviate some of the difficulty of deployment, and are unclear as to whether or how these friendships would survive after the husbands' return (e.g., Wood, Scarville, & Gravino, 1995). The spouses in this study actually banded together during deployment and remained friends with their female military counterparts in the reintegration phase and today. These women find that they do not just need the companionship during tough times; it is needed on a daily or weekly basis. Friends, both civilian and military, provide these women with the support they require to deal with daily stressors that are

experienced by every wife and mother. Just because the reintegration phase is stressful, but the family also wants to spend more time together, does not mean these women do not need their friends anymore, on the contrary. Friends provide the essentials these women need to help cope with everyday life; childcare, companionship, validation, and reassurance that “everything is going to be okay,” “to just breathe.”

CHAPTER 5

General Conclusions of the Research Study

Main Themes

Three main themes emerged from the data collected from the five military families that participated in the study: stressors and coping skills, family dynamics, and support networks. The findings demonstrated how the deployment and reintegration process affects military families. Through understanding the impact, the necessary interventions and prevention efforts can be made to ease the burdens and difficulties these families face to improve the relationships and dynamics within the family.

The first theme described the many stressors family members faced during deployment and subsequently thereafter. During the deployment, the family members left at home experienced ambiguity, the feeling of not knowing the status of the loved one's well-being and physical state. Caligiuri, Hyland, Joshi and Bross (1998) state that due to the interrelatedness of the family members, the service member overseas could potentially affect the psychological state of the family members at home via communication, or lack thereof. This consequently disrupts the balance and cohesion of the family member's relationships with one another. This fear of the unknown, or ambiguity, was heightened for some of the spouses and children due to the media coverage on television, as well as other friends and family members relaying what was occurring on television and in the newspapers and asking the spouses if they had heard from their husbands. Therefore, the communication between the service member and his or her family, as well as the information received via other military spouses, may increase

an already overburdened system. This information may increase the stress level of the spouse at home, which may trickle down to the children, consequently adding to the disruption and potentially "cracking" the already fragile system, further increasing the difficult adjustment in the reintegration phase.

This difficulty was seen in the subtheme of role transition and "putting the family back together." When the service member arrived home, the families were initially excited to have him back, and they finally knew he was safe and sound, and would be home for a period of time. However, after the initial excitement was over, reality set in for these five families. The service members all had felt as though they did not fit in with the family anymore; they did not know how to insert themselves back into the dynamic, therefore, they either stood back and watched, or overcompensated to make up for lost time.

On the other hand, some of the spouses felt frustrated when the service member reintegrated back into the dynamic. For example, they did not understand why their husbands would not help out with the household chores and parenting now that he was back. However, these spouses did not know that he did not know how to go about taking back his roles, that he did not want to step on any toes, or disrupt the family's functioning. The spouses were also frustrated when the service member would try to take on roles and complete tasks around the house. They were frustrated because they had their routine down and the husbands were not completing the tasks in the way the wives had been completing them. Families believe "that communication during deployment is directly linked to the reunion process and the mental health needs of all concerned" (Jumper et al., 2006, p. 7). For these families, communication was imperative to aid in

the reintegration process. It was not until the one service member voiced his concerns, and one of the spouses self-reflected that the role renegotiation process was easier, as they were able to consider each other's point of view.

The reintegration of the service member back into the family dynamic was also an emotional process for each of the family members. The children were already emotionally overwhelmed during the deployment process, mainly worrying about their fathers' safety and physical well-being. When he came back, they were happy he was safe and sound; however, they also had feelings of resentment and anger towards their father. The children were upset that their father had missed out on so many important moments in their lives, such as birthdays, first days of school, and activities they participated in. Also, the children had to deal with their fathers' anger and rage issues. In turn, the children were mad that their fathers were mad, and sometimes, for no reason; one of the children mentioned how it would be easier without him because all he does is yell. On the other hand, the service members did admit they had anger and rage issues; however, many of them discussed that they did not know where the rage was coming from, that it would "just happen." They understood that it was affecting their lives and the lives of their loved ones, however they did not know what to do about it, and they did not know where to turn because they could not talk about it at work.

The children were not the only members who had resentment issues. The spouses were extremely resentful of their spouses and the military, but mainly their spouses. They were resentful towards the military for taking their loved ones away from them and their children for an extended period of time and putting them in harms way. However, the military demands a lot of military families. The family is expected to adapt to the

greediness of the military institution and support the service member in meeting military obligations. However, important societal trends in general, and in military family patterns in particular, are making this adaptability problematic (Segal, 1986). Because of these changes, many of the spouses gained employment; therefore, they had to depend of family and friends to help out during deployment and subsequently afterwards; single parenthood was not an easy feat for these women. However, these women survived and gained a sense of independence and confidence during the phase. Yet, when their husbands returned, this independence and confidence diminished for some. Because their husbands wanted their way of life to go back to how it used to be, the women became resentful. It was not until compromise and communication lines reopened that the women began to "let" their husbands back in, the tension and the strain began to ease, life was able to resume again and the family atmosphere began to change for the better.

Military families need social support to cope with separation stress, including friends, relatives, work colleagues, church members, and support groups, which have been positive linked to separation adjustment for families (Hobfoll et al., 1991; Wood, Scarville, & Gravino, 1995), and women have specifically identified children, employment, close friends, and family as their main sources of support when separation from their military husbands (Vormbrock, 1993). The women in this study heavily relied on family and friends for support during the deployment and reintegration process. The women relied on others for childcare, companionship, comfort, and as a sounding board to bounce thoughts and concerns off of. The spouses mentioned that having military friends was quite important, as other military spouses knew what they were or would have to go through; other military families just "got it." Military friends are there as a

sounding board, in terms of what works for their family during the deployment and reintegration period. One spouse mentioned that she would go over to her friend's house to spend time together, but she would also watch how her friend and her friend's husband would interact together when he was back from deployment, just to see what is "normal" in their household. Military wives are a source of a vast amount of information and these women learn from each other. For example, they learn about childcare, activities to do to take their children's minds off of the deployment, how to deal with chores, and how to cope. These women are there for each other, to vent their frustrations to, and to just talk to and get some companionship and comfort from. These women are valuable to each other.

The women mentioned that they had accessed only one source of formal support, drop-in childcare offered by their local Military Family Resource Centre. This casual childcare enabled the women the flexibility to drop off their children for a certain period of time, in case they needed to work during the day or gave them a break so they could get together with friends. They women expressed that it was comforting to know that if they were in a difficult spot and needed someone to watch their child during the day, they could drop off their child with someone they trusted and could go to work or go to an appointment.

The women also expressed reasons as to why they did not and would not access formal forms of supports from the military. The women were adamant that formal forms of support were not for them or their families. They expressed that the groups, programs, and information offered by the military were much too generic and generalizable for their families, and they would like to see programs and information that is tailored to their

family's needs. The women also mentioned that they would like these supports to be user friendly, as they would like to access these supports in the comfort of their own home, and would like to use them on their own. One spouse mentioned she would like a list of numbers of people she and her husband could contact on their own. Another mentioned she would like more specific programs that her family would specifically benefit from, and that is why they sought out a padre. The padre worked best for their family because he knew them personally. He knew what the service member had been through, but also knew what the spouse and children had to contend with on the home front, so he was able to give them resources and instructions for solutions to their wants and needs.

The women mentioned that it was not the military's fault for not providing resources for families, because they do. It is just that families are not accessing them; therefore, some of the programs have been shut down. Another reason why families are not accessing these supports, according to a spouse, is due to stigma. Military families like to keep their personal life personal; therefore, they do not want the world, specifically the military world, to know their business. Black (1993) and Orthner (2002c) have found this to be true for programs offered by military groups. Therefore, they assert that military programs need to be delivered in a more informal manner; thus creating the illusion that these informal groups are more acceptable than formal counselling (Black, 1993; Orthner, 2002c).

Implications

Furthering our understanding of the reintegration process and the effects the deployment process has on the reintegration process creates the possibility to explore the impact these effects and processes have on Canadian Forces families. The data collected

reveals that the deployment and reintegration phases have a great deal of impact on military families, their functioning as a whole and individually, and the family atmosphere as a whole. Based on these results, there are some recommendations that can be made for service providers, and researchers.

Implications for service providers.

The Canadian Forces should consider imposing mandatory debriefing and reintegration workshops for both the combat veteran and his or her family members. Debriefing and reintegration workshops provide time for family members to comprehend what each other has encountered during the separation as well as future roadblocks and issues each individual and family unit may encounter in the future. Many of the women indicated that they want more information on reintegration and what to expect when the service member comes home, because they do not know enough. The women found the information to be too generic, and of little help in the reunion process. Providing more specific information, examples of how to renegotiate specific roles and responsibilities, or providing individual accounts of how that family reintegrated could help these families in future reintegration processes.

The military should also consider consulting military spouses, service members, and children when developing programs, services, and information packages for Military Family Resources Centres and military services. The findings of this study indicate that military families are not utilizing the services provided by the military, as they are too generalizable and generic. By consulting these individuals, they will have a first hand account on what families are looking for and specifically need help with. With consultation, it is hoped that more families and individuals will attend the programs.

Also, providing families with specific phone numbers of service providers, both civilian and military, with whom they can contact in the privacy of their own home, may help military individuals seek out the help they need.

Due to stigma and military families wanting to keep their business personal, military families are not seeking out the help they need. One avenue the military could pursue is more online resources for families (i.e., interactive tutorials, videos, interactive programming for children). These online resources should be both child and adult specific, and touch on issues of mental health, reintegration, behavioural issues, and getting Canadian Forces families connected to one another. By connecting military families together, they will be able to help each other out in either an anonymous or personal way.

Finally, there is a growing need for greater access to and quality of mental health care for combat veterans in Canada. It is not the duty of the Canadian Forces to provide mental health care to Canadian Forces members, as the military members are covered under the provincial health system. The Office of the Ombudsman acknowledges this shortfall; however there has been no change in the lack of access to quality mental health care for combat veterans. The Office of the Ombudsman has suggested to the National Operational Stress Injury Coordinator to take measures to ensure that military families and military family members have access to the broad spectrum of services and care they need and do not fall through the cracks in the future (McFadyen, 2008).

Implications for future research.

All of the service members, as well as the children in this study have rage and anger issues. Though not specifically identifying mental health issues, war does have an effect

on service members and their family members. Future research needs to identify, both quantitatively and qualitatively, the effects war has on family members, as well as the process of transmission of distress on the family via the service member. Furthermore, many returning combat veterans come back with mental health and behavioural issues and face many challenges when home, yet do not receive the treatment they require. Current literature states that effective delivery of empirically supported yet flexible family treatment is difficult to accomplish (e.g., Baucom, Snyder, & Gordon, 2009). It is important to develop a comprehensive treatment plan for both the veteran and individual family members that involves interventions to reduce tension in the family that targets interactional problems in the family and psychological and behavioural problems of family members.

Conclusion

Military deployment and reintegration are becoming more and more frequent due to Canada's involvement in unrest overseas. Although the effects of deployment on families have been well documented quantitatively in the literature, the reintegration process is less known, especially qualitatively. This study represents a qualitative, Canadian perspective of the reintegration process and is a step towards a better understanding of how military families reintegrate and renegotiate with one another. This understanding, which is imperative for the Canadian Forces, service providers, and military families, has not been provided qualitatively in the literature, however, has many implications for these three groups.

This study has revealed that military family members have similar experiences in terms of familial relationships, interactions, and stressors post deployment, yet

experience these experiences in isolation; this is especially true of children. These experiences shape familial relationships and interactions, and the individual's behaviours, ultimately affecting the functioning of the family unit as a whole. How one individual in the family interacts with another has a domino effect on the rest of the family unit. This link between each family member not only shapes the relationship between these two individuals, but is also a contributing factor to the dynamic of the other family member's relationships, especially between the spouse and service member. Service providers can learn a great deal from these families' experiences and perspectives in order to better facilitate programming and information that will aid in the reunion process. In order to respond to the needs of Canadian Forces families, it is important that the military listen to their needs and include them in the decision making process when developing programming and information packages. These families are unique and face many challenges during their loved one's military career. We must not forget their needs even though they do not always express them. These families are strong, independent, and we can learn a great deal from them.

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Appendix A

Recruitment Poster

UNIVERSITY OF MANITOBA

Department of Family Social Sciences
Faculty of Human Ecology

204 Human Ecology Building
University of Manitoba,
Winnipeg, MB, R3T 2N2,
Canada

RECRUITMENT NOTICE

Project Title: Coming Home: A Study of Military Family Interactions and Relationship after Deployment

Principal Investigator: Alysha Jones, Master's Student (204-291-7739) (alysha.d.jones@gmail.com)

Research Supervisor: Dr. Wilder Robles, Assistant Professor, wrobles@cc.umanitoba.ca

Approved By: University of Manitoba **Joint Faculty Research Ethics Board**

A Master's student from the University of Manitoba is currently looking for military families (service member, spouse and child) who have been married or common law one year pre-deployment and has a child between the ages of 5-17. The service member must have served overseas in a combat mission.

I am interested in conducting a confidential interview with you and your family so that I can begin to understand the reintegration process and how it affects your family and your relationships with one another. To participate in this study, you must be:

- In a committed relationship (married or common law) living together one year pre-deployment
- The service member must have served in a combat mission overseas
- The child must be between the ages of 5-17

The interviews will take 60-120 minutes and will be audio-recorded. The interviews will be conducted in a private room at the Military Family Resource Centre (Winnipeg or Shilo) or an agreed upon location that the participant feels comfortable and safe to disclose information. The researcher will ask participants questions about their relationships with their family members during the reintegration process. This will include questions about your behavior, how you see your relationships with your family

members, what type of support you received from the military, the type of support your received from extended family and any community resources your accessed during this time. All of the information participants provide will be kept confidential and names will never be used in the findings of the study. Participants will be provided with a $35 honorarium for participation.

If you and your family is interested in participating or you would like more information please call or email Alysha Jones at 204-291-7739 or alysha.d.jones@gmail.com

Appendix B

Parental/Guardian Consent Form

UNIVERSITY OF MANITOBA

Department of Family Social Sciences
Faculty of Human Ecology

204 Human Ecology Building
University of Manitoba,
Winnipeg, MB, R3T 2N2,
Canada

Parental/Guardian Consent Form

Research Project Title: Coming Home: A Study of Military Family Interactions and Relationships after Deployment

Researcher: Alysha Jones
alysha.d.jones@gmail.com
204.291.7739

Approved by: University of Manitoba **Joint Faculty Research Ethics Board**
Complaints: Human Ethics Secretariat, 474-7122

There are two of these consent forms. One is for you to keep for your records. If you agree to have your child participate in the study please sign and return the other to (Alysha Jones or social worker at the Military Family Resource Centre). As his/her legal guardian, your child cannot participate in the study without your consent. Parental consent refers to legally sanctioned permission for their child to participate. **If you prefer to have us explain the information in this form, please call us.**

Purpose of the Study

The purpose of this study is to examine the lived experiences of military nuclear family members whose loved one has returned from a combat zone and/or prisoner of war camp (i.e. Bosnia, Hong Kong, Cyprus, Afghanistan, and Iraq), in particular, to explore how the each family member experienced these experiences within the family context. It is important to understand the impact combat experience has on military family members by exploring their lived experiences, i.e. adjustment and adaptation and how they coped with everyday life.

The potential outcome of this study is to bring awareness to clinicians and professionals, by addressing the unique aspects of both the military and veteran family way of life. By providing insight into some of the unique aspects of military/veterans family life during the reintegration and post-reintegration phase, this study will provide health professionals

insight into how to support these families and future families by meeting their unique needs

We would like your child to help us with this study by participating in the interview that will help us gather this information. However, before you decide whether or not you agree to allow your child to participate, we need to be sure that you understand why we are doing it and what it would involve. We are therefore providing you with the following information.

What Would Your Child Do in the Study?

In this study your child will be asked to answer some questions about their interaction and relationships with yourself and your spouse, their change in behavior if there was any, how he/she see's how the reunion affected the family as a whole and individually, what type of help they received from the military and their extended family, and any programs they attended during the deployment and after. The entire study will take 1-2 hours and will take place at the Military Family Resource Centre, at the most convenient time for you and your family.

Are There Good Things and Bad Things About the Study?

This study will give youth the chance to be part of the first study of its kind in Canada. They will provide information that will be used by researchers, schools, program workers, the military, and policy makers across Canada and other parts of the world and therefore they will be part of increasing awareness of military families experiences and perceptions of the reintegration process. However there is the chance that by answering these questions they may become upset if the questions bring up bad memories of events they have experienced. We will be giving your child a list of community resources they can use if they become distressed, including a therapist at the University of Manitoba. If you like we can also give you a copy of this resource list. Also, if your child tells us in person about current or past unreported abuse and violence in their lives we will be obligated to alert the authorities. We will be following the same procedure as set up in schools.

Will Your Child Have To Answer All the Questions?

Your child's participation is voluntary. We will be asking them to do an assent form before they participate in the study. Assent refers to their agreement to cooperate by participating. Both your parental consent and your child's youth assent are necessary for individuals 5 to 17 to participate in the study. Your child is free not to answer any questions they do not want to answer. They can also leave the study at anytime.

How Do We Maintain Confidentiality?

All of the information your child gives will be kept confidential. I will not share your child's individual responses with anyone and they have the right not to share the answers

they gave with anyone else. Your child's name will be replaced with a pseudonym. The audio recordings of the interview will be transcribed and kept in a password protected file on a computer. The transcripts of the interview will be placed in a locked filing cabinet in my office. The consent and assent forms and the transcripts will be stored separately so no one can link your child's name to his/her response. All of the transcripts, notes and consent forms will be destroyed one year after the thesis has been successfully defended (September 2013). The information your child gives will be combined with the answers given by the other military children in Manitoba. I will be writing up this information and presenting it during my thesis defense. Because your child's name will be given a pseudonym, and other children's responses will be combined your child will never be identified personally.

How Will I Know What Happened?

As a participant your child and yourself will have the opportunity to have a summary of the results of the study. This summary will be available by April 2012. If you would prefer to have a summary mailed or emailed to you please place your address and/or email at the bottom of this consent form. You can also contact me for copies of the summary.

Do You Have To Let Your Child Participate?

Your consent is voluntary, so you can choose for your child not to participate without any judgment or discrimination.

Do You Have Any Questions?

If you have any questions please feel free to call me. My names and contact information is at the top of this form, and please remember to keep one of these forms.

If you agree to allow your child to participate in this interview, please place your name and signature in the appropriate spaces below.

I _____(print name)
understand what the study is about and what participation involves and the signature below means that I give permission for my child

_____(print child's name)
to participate in this study.

_____ _____
(signature) (date)

Address and/or email (if you would like to receive a summary of the results of the larger study):

Appendix C

Youth Assent Form

UNIVERSITY OF MANITOBA

Department of Family Social Sciences
Faculty of Human Ecology

204 Human Ecology Building
University of Manitoba,
Winnipeg, MB, R3T 2N2,
Canada

Youth Assent Form

Research Project Title: Coming Home: A Study of Military Family Interactions and Relationships after Deployment

Researcher: Alysha Jones
alysha.d.jones@gmail.com
204.291.7739

Approved by: University of Manitoba **Joint Faculty Research Ethics Board**
Complaints: Human Ethics Secretariat, 474-7122

There are two of these assent forms. One is for you to keep for your records. If you agree to participate in the study please sign and return the other one to us.

What Are We Doing?

The purpose of this study is to examine the lived experiences of military nuclear family members whose loved one has returned from a combat zone and/or prisoner of war camp (i.e. Bosnia, Hong Kong, Cyprus, Afghanistan, and Iraq), in particular, to explore how the each family member experienced these experiences within the family context. It is important to understand the impact combat experience has on military family members by exploring their lived experiences, i.e. adjustment and adaptation and how they coped with everyday life.

The potential outcome of this study is to bring awareness to clinicians and professionals, by addressing the unique aspects of both the military and veteran family way of life. By providing insight into some of the unique aspects of military/veterans family life during the reintegration and post-reintegration phase, this study will provide health professionals insight into how to support these families and future families by meeting their unique needs

What Would You Do in the Study?

In this study you will be asked to answer some questions about your interactions and relationships with yourself and your parents, your change in behaviour if there was any, how you see how the reunion affected the family as a whole and individually, what type

of help you received from the military and your extended family, and any programs you attended during the deployment and after. The entire study will take 1-2 hours and will take place at the Military Family Resource Centre, at the most convenient time for you and your family.

Are There Good Things and Bad Things About the Study?

This study will give you the chance to be part of the first study of its kind in Canada and will give you a voice in the first study of its kind in Canada. You will be part of increasing awareness of Canadian military families experiences and perceptions of the reintegration process. However there is the chance that answering these questions may upset you. We will be giving you a list of community resources you can access, including a therapist at The University of Manitoba, if you become upset. You will be given a pseudonym and therefore your answers will be anonymous, but if you tell us in person about current or past unreported abuse and violence in your lives we will be obligated to alert the authorities. We will be following the same procedure as your school does.

Will You Have To Answer All the Questions?

Your participation is voluntary. You are free not to answer any questions you don't want to answer. You can also leave the study at anytime.

How Do We Maintain Confidentiality?

All of the information you give us will be kept confidential. I will not share your individual responses with anyone and you have the right not to share your answers with anyone else. You will be given a pseudonym. The audio recordings of the interview will be transcribed and kept in a password protected file on a computer. The transcripts of the interview will be placed in a locked filing cabinet in my office. The consent and assent forms and the transcripts will be stored separately so no one can link your child's name to his/her response. All of the transcripts, notes and consent forms will be destroyed one year after the thesis has been successfully defended (September 2013). The information you give will be combined with the answers given by the other military children in Manitoba. The information will be summarized and will be presented during my thesis defense. Please be assured that I will only use combined information and no one person's information will ever be presented, nor will you be identified with the information you have given.

How Will I Know What Happened?

As a participant you will have the opportunity to have a summary of the results of the study. This summary will be available in April 2012. If you would like to have a summary mailed or emailed to you please place your address at the bottom of this consent form. You can also contact me for copies of the summary.

Do You Have To Participate?

As your legal guardians, your parent(s) has given consent or permission for you to participate. However both parental consent and your assent is necessary for you to participate in this study. Assent refers to their agreement to cooperate by participating. Your assent is voluntary, so you can choose not to participate even if your parents have signed a consent form.

Do You Have Any Questions?

If you have any questions please feel free to ask us. Also if you have any questions at any time in your participation please ask me.

If you want to be in the study, please print and sign your name on the lines below:

Name, printed _____

Signature _____ Date _____

Signature of Researcher _____ Date _____

Address and/or email (if you would like to receive a summary of the results of the larger study):

Appendix D

Adult Consent Form

UNIVERSITY OF MANITOBA

Department of Family Social Sciences
Faculty of Human Ecology

204 Human Ecology Building
University of Manitoba,
Winnipeg, MB, R3T 2N2,
Canada

Adult Consent Form

Project Title: Coming Home: A Study of Military Family Interactions and Relationships after Deployment

Researcher: Alysha Jones (204-291-7739) (alysha.d.jones@gmail.com)

Research Supervisor: Dr. Wilder Robles
wrobles@cc.umanitoba.ca

Approved By: University of Manitoba **Joint Faculty Research Ethics Board**
Complaints: Human Ethics Secretariat, (204) 474-7122

This consent form, a copy of which will be left with you for your records and reference, is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information.

Purpose of the Research

This research is being conducted by Alysha Jones as a partial requirement for completion of a Master of Science degree in Family Social Sciences at the University of Manitoba. The aim of the research is to further the awareness and understanding of the impact combat experience has on military family members' relationships and interactions by exploring their lived experiences, i.e. adjustment and adaptation and how they have coped with everyday life. It is hoped that this research will provide guidance to clinicians and military personnel about these families, their strengths and challenges, and the potential support and aid these individuals can provide to these families to further better the quality of life for military families.

Research Procedures

As a participant, you have agreed to participate in the research study that involves a semi-structured interview conducted by myself at the Military Family Resource Centre (Shilo

or Winnipeg) or an agreed upon location where you feel safe and comfortable to disclose information. The interview will take approximately one to two hours. You have the right to refuse to answer any questions and to stop the interview at any time if you feel uncomfortable to go on.

Recording Devices

The interview will be audiotaped using a digital handheld audio recorder. I and only I will transcribe the tapes. No other individual will have access to the tapes and they will be secured under lock and key and destroyed after the research is completed.

Benefits to the Participant

By participating in the research process, you may be provided with a sense of catharsis (release of negative emotion) by having an outlet to discuss topics or issues that you been keeping bottled up that may be putting extra stress on yourself. Also, it may provide with a sense of self-acknowledgement or reinforcement that you and your family are doing the best you can and making the best of your situation and are resilient and have a sense of inner strength. The interview may reinforce or gain a sense of empowerment that you have been able to cope and deal with the stressors of deployment by yourself and as a family and realize that you can get through stressful situations. Finally, you will be able to provide a voice for other military wives and families who are not able to speak for themselves. You will be able to provide clinicians and other researchers accurate information on military families and how they cope with deployment and reunion, which will allow them to develop programs and policies that benefit military families now and in the future.

Risk to the Participant

In order to ensure your well being, interviews will not be conducted with individuals who have experience any serious or concerning life events within the past year. Also before the interview begins, participants will be screened using a personal well-being checklist to indicate whether or not you are too distressed to participate in the interview process. Due to the fact that this study deals with discussion of sensitive issues and stressful life events, there is a risk that you might find parts of the interview upsetting or that you may experience flashbacks or nightmares. Before the interview begins, as well as when it ends, I will provide you with information on community resources that may be helpful to you if you feel upset or agitated and need an individual to speak with.

Confidentiality

Confidentiality will be maintained. You are volunteering to participate so you can stop the interview at any time and you are free to not answer any questions that you do not want to.. All names of people, locations, events, and organizations will be concealed and kept anonymous and confidential. You will be given a pseudonym and the names or any individuals, communities, agencies, the military or military members, or businesses will

not be used in the transcripts. All information I collect will be kept securely under lock and key in a filing cabinet in my office, and destroyed one year after the study has been completed and the thesis successfully defended (September 2013). The transcripts will be downloaded to a password protected file and the consent forms and transcripts will be stored separately so no one can link your name to the interview. The only limit to confidentiality is in a case that it appears that a child may have been abused or neglected, it is my obligation to contact Child and Family Services and Winnipeg Police Service.

Remuneration

Participants will be provided with thirty-five dollar honorariums in the form of monies for participating in the interview process. The honorariums will be given after the interview session has concluded.

Debriefing

After the interview has ended, the physical and emotional state of the environment and participant will be assessed. Clear goals of the debrief will be communicated to the participant such as the participant communicating their feelings and experiences, venting frustrations, validating their experiences and feelings and gauging the well-being of the participant. Clear guidelines will be set, i.e., no judgement, no interruptions, respect, and confidentiality. The debriefing will consist of questions such as: "what is your response or feelings after finishing the interview?" "Do you wish to speak to a counsellor or social worker?" "Is there any topic or issue that you would like to discuss?"

Result Dissemination

The research results will be disseminated to my three thesis advisors to ensure for validity of the project. A summary of the results will also be disseminated to each of the other research participants if so requested. The information you give will be combined with information collected from other military families who are interviewed for this study. All of the combined information will appear in the thesis dissertation. Your name will never be attached to any piece of information in the thesis and no information that you identify you personally will be used in the report. If you would like a summary of the report sent to you, please provide me with an address or e-mail address to send it to in the space below on this page. This report will be available in April 2012.

Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the research project and agree to participate as a subject. In no way does this waive your legal rights nor release the researchers, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from the study at any time, and/or refrain from answering any questions you prefer to omit, without prejudice or consequence. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation.

The University of Manitoba Research Ethics Board(s) and a representative(s) of the University of Manitoba Research Quality Management/Assurance office may also require access to your research records for safety and quality assurance purposes.

This research has been approved by the Joint Faculty Research Ethics Board. If you have any concerns or complaints about his project your may contact any of the above-named persons or the Human Ethics Coordinator (HEC) at 474-7122. A copy of this consent form has been given to you to keep for your records and reference.

A copy of this consent form has been given to you to keep for your records and reference.

If you agree to each of the following, please place a check mark in the corresponding box. If you do not agree, leave the box blank:

I have read or had read to me the details of this consent form. ()

My questions have been addressed. ()

I agree to have the interview audio-recorded ()

I agree to have the findings (which may include quotations) from this project published or presented in a manner that does not reveal my identity ()

Do you wish to receive a summary of the findings? ()

How do you wish to receive the summary of the findings? () E-mail () Snail mail

Address: _____

_____ _____

Participant Signature Date

_____ _____

Researcher Signature Date

Appendix E

Interview Schedule

Interview Schedule – Adult

Name

Age

Where were you born?

Occupation (Spouse)?

Where was the deployment to?

Length of the deployment?

What is the service member's rank?

What service element was he/she in?

What trade was he or she?

How many children do you have?

Do you have any relatives in the Winnipeg or surrounding area?

Was this the service member's first deployment? If no, what other deployments has he/she been on?

Research Questions

These questions are tools and guidelines to seek out your personal experience of growing up with a combat veteran. Any information that you feel free to share that is not addressed in the questions, please do so. You are welcome to decline answering any question or end the interview at anytime without explanation.

Stress and Coping

- What stressors have you encountered and how did you cope with them?
- Did the roles and responsibilities within the family change?
- What traumatic experiences did you/your spouse experience abroad?

Probe:

Describe what a typical day in the family's life looked like and how is that different from before the deployment?

What challenges did you have to face and overcome during the deployment and after you/your spouse returned home and how were you able to cope with the changes? Example: problems dividing chores

Family Dynamic

- Has there been a change in your interaction and relationship with the service member after the reunion? How was it affected?
- Did your behaviour change after the service member came back from the war? If so, how?
- How has the reunion affected your family life, and what were there any challenges?

Probe:
Can you give an example of a change in your relationship with your spouse and child?

Can you give an example of a change in your military spouse from what he/she used to be like before the deployment and what he/she is like now?

Can you give an example of some of the challenges your family faced?

Support

- What type of support did you received from the military with regard to your reintegration process?
- What type of social support did you received from both the military and family/friends after your loved one came back from the war?
- Has the family's social life changed as a result of the reunion?
- Did you know of any programs or social services that could have helped you with the family adjustment?

Probe:

Can you give me an example of how the military helped you out? Did they phone or check in on you? Provide you with any activities or groups you could join? Provide you with any information?

How did you friends and family help you out with babysitting, cooking, cleaning for example?

Did you notice that your family didn't invite as many people over as you used to or went out less?

Interview Schedule – Child

Name

Age

Where were you born?

School Grade:

Age at which your parent was deployed (for children)?

Where was the deployment to?

Length of the service member's deployment?

Age at which the service member came home from combat (child)?

Do you have siblings?

Siblings age?

Do you have any relatives in the Winnipeg or surrounding area?

Research Questions

These questions are tools and guidelines to seek out your personal experience of growing up with a combat veteran. Any information that you feel free to share that is not addressed in the questions, please do so. You are welcome to decline answering any question or end the interview at anytime without explanation.

Stress and Coping

- What stresses you out? How did you deal with this?
- After your parent came home do you know how different responsibilities?
- Do you know if your parent saw some scary things during the war? If so, do you know what scary things he saw?

Probe:
Describe what a typical day in the family's life looked like and how is that different from before the deployment?

What challenges did you have to face and overcome during the deployment and after your parent returned home and how were you able to cope with the changes?

Family Dynamic

- Do you act differently around your parents since your parent came home from war? How do you act differently?
- Did your behaviour change after the service member came back from the war? If so, how?
- How has the reunion affected your family life, and what were some of the challenges you faced?

Probe:
Can you give an example of a change in your relationship with your parent?

Can you give an example of a change in your parent from what he/she used to be like before the deployment and what he/she is like now?

Can you give an example of some of the challenges your family faced?

Support

- What type of help did the military give you after your parent came home?
- What type of help did you get from both the military and family/friends after your parent came back from the war?
- Do you and your family go out more often/less often now that your parent is back?
- Did you know of any programs or social services that could have helped you and your family after your parent came home?

Probe:

Can you give me an example of how the military supported you?

How did you friends and family support you?

Did you notice that your family didn't invite as many people over as you used to or went out less?