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The lived experience of military wives with children during multiple deployments

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ABSTRACT

In this qualitative research study, 10 military wives with children were interviewed. The participants were between the ages of 18 and 45 and had experienced a minimum of two deployments. The information obtained through the interviews answered the research question, "How do military wives with children perceive and describe their experience during their husbands' multiple deployments?" Each participant identified her experiences raising children in the absence of her husband. Five themes emerged from the research: (a) deployment differences, (b) communication, (c) stability, (d) support networks and (e) spousal relationship. All of the participants in this research study reported being able to adjust in the absence of their husbands. They were also able to focus on the well-being of their children by providing and maintaining stability within the household, in addition to ensuring that the children remained in constant communication with their fathers to provide a sense of connectedness even in their absence. Despite missing their husbands, these participants continued to find the resources and the solutions needed to continue to balance their lives during multiple deployments.

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1. Introduction

Civilians, defined here as individuals who are not in the military and do not rely on a family member that is a part of the military, may simply refer to the military life as difficult: frequent deployments, training exercises, and long workdays. However, the military wife and mother has a very different perspective; a more personal one. A series of emotional highs and lows, the fear that her husband may die in combat and the inconsistency in the life of her child (ren) all cause significant distress. Some of this distress is aggravated when the responsibilities in the military family have to shift due to the soldier's absence. Chapin (2009) identified the stressors for military families of deployed soldiers as being single parenting, changing jobs, relocating, loneliness and financial issues. These stressors weigh heavily on the wife who remains at home because the responsibilities once shared with the husband can be overwhelming when the mother has to maintain child-rearing, lawn mowing, bill paying and other common chores (Warner, Appenzeller, Warner, & Grieger, 2009).

However, many military wives understand the price attached to being married to a soldier in the U.S. Armed Forces. They accept that there are times when the needs of the military supersede the plans they may have for their lives. If we consider the frequent and unpredictable deployments to Iraq and Afghanistan, military families experience a great amount of instability (Davis, Ward, & Storm, 2011). Such drastic changes could make it difficult to maintain the consistency needed to raise well-adjusted children. And if the transition is not smooth, these circumstances could potentially result in increased amounts of stress that inhibits a productive lifestyle for the wife and her children. The absence of the service member, as a result of deployments, has negatively impacted some military families. The effects of deployments have resulted in an increase in divorces, child and spousal abuse and mental health issues (Leiner, 2009). The children of military personnel experience stressors related to the absence of their parents, which could potentially put them at a higher risk for emotional and behavioral disorders (Aranda, Middleton, Flake, & Davis, 2011). The adjustment associated with school-aged children places them at an even higher risk of psychosis, because they are becoming more self-aware during this stage in their lives.

The emotional toll that deployments have taken on the soldiers' families are often negative, to say the least. In addition to an increase in divorces within this group, child and spousal abuse as well as mental health issues among the wife and her children are common (Leiner, 2009). This is in part because the children of military personnel experience stressors related to the absence of their parents, which could potentially put them at a higher risk for emotional and behavioral disorders (Aranda et al., 2011). These risks are dependent upon the age of the child; however, it is known that the adjustment associated with school-aged children places them at an even higher risk of psychosis, because they are becoming more self-aware during this stage in their lives.

In spite of these findings, military wives must be able to contend with such difficulties and continue to be the best mothers and wives possible. Some military wives with children succumb to the stress and develop ineffective coping strategies, which results in the maltreatment of their children (Chapin, 2009). The pathology of the mother is often linked to that of the child. When the mother is able to cope with the absence of her spouse effectively, the children are more adjusted and better able to cope (Cozza, Chun, & Polo, 2005; Leiner, 2009). For this reason, the focus of this dissertation is the effective management of self and household by military wives with children while their husbands are deployed.

In the armed forces, there are approximately 1.4 million active duty personnel (Department of Defense (DOD), 2012). With numbers as large as these, there are millions of dependent military wives and children whose lives have been impacted by the current military climate. It is important to investigate this aspect of being a military wife with children, because of the large population. There is a need to understand the constant deployments and transitions military wives with children experience. Qualitative research is limited on military wives with children whose husbands have been to Iraq and Afghanistan during multiple deployments.

1.1. Literature review

The military family has undergone a number of changes due to permanent change of station (PCS), and more recently, the constant rotation of soldiers to Iraq and Afghanistan in support of Operation Enduring Freedom. In a climate where military personnel are frequently being deployed to Iraq and Afghanistan, it is important to identify how military wives with children are able to manage daily life during these deployments. In this chapter, relevant quantitative and qualitative research studies on military families are discussed and serve to identify the need for this research. The role mental health plays in the lives of military families during times of deployment is also

discussed to better understand how the mental health of one family member impacts the entire family (Bowling & Sherman, 2008; Drummet et al., 2003; Eaton et al., 2008; Hoshmand & Hoshmand, 2007; Pincus et al., 2010).

1.2. Deployment and mental health

Eaton et al. (2008) concluded that military spouses and offspring have a higher rate of depression and anxiety than the general American population. These issues result in the use of medical and mental health facilities at a greater rate during and after their military service member has deployed. This information is an indication that deployments not only affect the military service members, but their families also (Eaton et al., 2008; Pincus, House, Christenson, & Adler, 2010). The emotional and psychological changes experienced by the military wife with children are important aspects to understand. With the continued deployment cycles, the need for mental health services is important to assist military families in identifying effective coping skills. Although there are more mental health resources available, there are still Military wives who will not seek assistance when it is needed.

And because a stigma still exists for service members seeking professional help for stress, anxiety, and marital issues, only 35% of service members returning from Iraq and Afghanistan seek out such assistance (Bowling & Sherman, 2008). Since servicemen and women and their families avoid seeking professional help, family life educators exist to provide assistance through support groups. These groups focus more on the educational aspects and shy away from pathology in general. Although peculiar, only one-third of Army spouses know that these groups exist (Drummet et al., 2003). And only half of those who participate in the groups report that they are beneficial. Eaton et al. (2008) estimates 23% to 40% of service members seek professional help for the issues they face.

Partly due to the low rate of servicemen and women seeking this treatment and as a result of the psychological changes related to deployment, the military has adopted the emotional cycle of deployment in its literature. This literature is available through various military websites, such as Military.com. Information on this cycle has been an instrumental part of educational sessions held prior to the deployment of military service members to Iraq and Afghanistan. These sessions are generally held in a large auditorium of approximately 300 or more soldiers and families before the military spouse's deployment (Drummet et al., 2003; Eaton et al., 2008). In addition, military spouses have also taken part in a seminar called *Field Exercises* on various posts including Fort Hood in Killeen, Texas. *Field Exercises* is a seminar conducted to assist military spouses; some who also have children, in managing life while their spouses are away (Armed Forces Press Service, 2009). During the seminar, military spouses come together to share their stories and understand that there are others experiencing the same hardships. The topics of discussion are myths about deployment, reintegration, and how to remain connected to their spouse. In the end, the spouses are able to network and discover resources to assist them during their loved one's deployment (Armed Forces Press Service, 2009).

Not only are these seminars important to the emotional and mental health of military spouses, it is beneficial to understand the possible emotional difficulties one may experience during a spouse's deployment; however, not every military spouse will experience the same emotions. With an increasing number of resources available about deployment and the newly identified stressors that affect military wives, there is a need to focus on the aspects of deployment that involve military wives who are finding solutions to their problems, despite the constant deployment cycles.

Understanding these emotions and coping mechanisms is precisely why Hoshmand and Hoshmand (2007) called on psychologists to conduct research, consultations, and create programs and evaluations to assist military families and their communities. With the assumption that the military provides the mental health services needed for military personnel, including the service member's family, there has been a lack of civilian counselors and psychologists working with this population. Expectedly, the recent increase in deployment cycles has prompted the military to seek the assistance of more civilian professionals. This is due partly to the financial constraints of the U.S. Department of Veterans Affairs: it is not capable of wholly caring for those returning from Iraq and Afghanistan. The money set aside for military family assistance is less than one-ten thousandth of the defense budget (Hoshmand & Hoshmand, 2007). Because of this shortfall, more psychologists, therapists, and social workers to assist in providing the counseling services are needed. But perhaps a more proactive approach and complete understanding of the military spouse's coping is a better answer to budgetary and other logistical quandaries.

1.3. Coping and military families

The ability of military wives to adapt has been associated with the recruitment, retention, morale and job performance of the soldier (Harris & Segal, 1993). For instance, these wives have been required to (a) maintain stability by balancing new roles of a matriarchal family life, (b) maintain emotional responsiveness as waiting wives, (c) cope without the resources of husbands, and (d) proactively adjust their lifestyles to meet complex challenges as they surface during the separation. Further confirming those factors, deployment separation studies on military wives have been published in relationship to stress, coping, and adaptation during times of crisis (Bell, 1991; Durand & Rosen, 2002; Figley, 1993; Kerpelman, McFadyen, & Pittman, 2004; McCubbin & Patterson, 1984). Although these studies do not focus on being a military wife with children, in addition to multiple deployments of a spouse, they provide pertinent information necessary for managing family life during deployments.

Steelfisher, Zaslavsky, & Blendon, (2008) hypothesized that wives who experienced extended deployments would report greater negative attitudes toward the Army. Results indicated there were perceived impacts in both the physiological and psychological spheres. More than one-fifth of the wives reported a negative impact on their health, one-half reported feelings of loneliness, anxiety, and depression, but less than 10% reported weakened marriages. As expected, wives reported negative assessments of the Army's support during deployment. Findings suggested that extensions of deployments contribute to deployment related problems and frustrations for wives (Steelfisher et al., 2008; Davis, Ward, Storm, 2011).

For instance, when wives were dissatisfied, support for the retention of the soldier diminished (U.S. Army Research Institute, 2006). This study identified key stressors that caused wives to need extra support. These stressors included sending and/or receiving communication from soldiers, child care, and home maintenance. To deal with these demands, wives had to decrease outside work hours or resign from work. Although there were significant associations with mental health difficulties; the significance was lower for physical health problems. Addition to added stressors, a wife's age and support system can and do affect her level of stress and dissatisfaction with the Army.

McGrath and Wexler (1991) explored the effects of wartime separation on 180 American Army wives who completed a Family Stress Reaction Inventory and reported that stress reactions varied for different age groups. Younger spouses between the ages of 25-30 years reacted negatively to the lengthy separation and were unable to eat because of their high levels of emotional distress, anxiety, and insomnia. In contrast, 35% of wives over age 30 handled the stress by overeating. This behavior was accompanied by excessive colds and anxiety. The separation reactions were associated with age, ethnicity, education, length of deployment, and previous deployment. Findings concluded wives experienced a variety of health symptoms combined with stress associated with the pressure in meeting demands. Symptoms included amenorrhea, insomnia, weight changes, and frequent headaches. Problematic somatic symptoms have been reported and such large samples and can be generalized to general population, and we mustn't forget that psychiatric symptoms in military spouses have also been reported as a result of extended deployments of loved ones.

Rosen's (1995) quantitative study results confirmed pre-deployment events significantly predicted psychiatric symptoms. Psychiatric symptoms such as stress, feelings of sadness, loneliness, anxiety, and depression were measured twice utilizing the Hopkins Symptom Checklist. This longitudinal study showed that 70% of participants reported symptoms after the deployment, 40% recovered by the second testing, and 24% experienced symptoms during both testing. Similarly, Kelley (1994) found increased depressive behavior and dysphoria during wartime deployment in comparison to evaluation of women exposed to peacetime deployment. Mothers indicated that wartime deployment resulted in a decreased ability for them to maintain a nurturing, cohesive family environment compared to peacetime deployments. These military wives with children were affected on a greater scale than originally predicted.

This fact holds true with Jones, Renshaw, and Rodriguez's 2008 longitudinal study on a military wife's perception of her husband's PTSD. Surprisingly, these wives' depressive symptoms were significantly stronger than that of the soldiers' self-report of PTSD symptoms. The degree of the wives' PTSD severity was explained in the context of their perceptions of the symptoms of their soldiers and caregiver burdens. For example, results indicated the perceptions of the wives were positively related to the severity of the PTSD symptoms of their soldiers. It appeared when wives were highly distressed they overstated the degree to which soldiers were experiencing problems. Given this, civilian wives of National Guardsmen (civilian soldiers) experienced less

wartime conditions in contrast to wives of active duty military; the authors reasoned they reported inflated symptoms of depression.

In addition to experiencing debilitating episodes of PTSD with their husbands, military wives also report poor mental health overall according to Davis, Flori, Lawler, and Volk (1997). Wives reported poor mental health problems ranging from sadness, depression, anxiety, and a reduced sense of well-being to an increased utilization of health care. Importantly, findings showed that wives of National Guardsmen or civilian soldiers are at a higher risk for developing negative health consequences with wartime separation than active duty personnel. For instance, the sudden removal of soldiers to a war zone is a significant life event and creates a crisis for families. Many members joined the National Guard for educational benefits not anticipating they would be involved in war. Deployment to a hostile country was an unexpected experience they were not prepared to manage. The research suggests that the crisis that the deployment created was exacerbated because it was during the Christmas holiday.

With limited studies conducted on families of National Guardsmen, the effects on the family's mental health have been underestimated. Therefore, researchers have called for policymakers to address the broad range of military components of active duty service families affected by war stressors (Davis et al., 1997). Moreover, health care providers must be knowledgeable about the challenges confronting all service branches of military families exposed to the Iraqi crisis to provide relevant treatment. Likewise, the military's role in supporting the wives of National Guardsmen is vital to establishing healthy coping strategies as described by Bourg and Segal (1999). As we have seen, a military wife's perception can affect her mental and physical health (SteelFisher et al., 2008; Davis, Ward, Storm, 2011), her soldier's morale (U.S. Army Research Institute, 2006) and her ability to maintain a nurturing home environment during deployment (Kelly, 1994). It also appears that military wives' perceptions are shaped by the organization's support for families. This in turn affects adaptation to and satisfaction with military life in general and the deployment separation demands (Bourg & Segal, 1999).

Considering the high statistical power of this study's results, they are also supported by a more recent study: military wives' satisfactions with support services are indirectly related to the recruitment, retention, morale, and commitment of soldiers (U.S. Army Research Institute, 2008). Results concluded the role, attitude, and satisfaction of the military wives' perception of organizational support determined positive organizational outcomes.

Similarly, Klein, Lindsay, and Tatone (1989) studied 60 wives of active duty senior enlisted soldiers (noncommissioned officers). The impact of social support, locus of control and temperament as a means to understand adjustment to life satisfaction within the context of constant changes these wives face were regarded. Wives who reported higher levels of satisfaction had greater levels of internal locus of control, perceived greater social support from both family and friends, and reported less fear and less distress. Characteristics of successful adjustments to life satisfaction ranged from being realistic and flexible, independent, staying active with routines, social support, and positive attitude (Klein, Lindsay, & Tatone, 1989). Providing advice for new spouses influenced maintaining self-development, an optimistic attitude, flexibility and adaptability, avoiding negative attitudes, and support from husbands. Wives who reported more fear and more distress had low social contacts (Klein, Lindsay, & Tatone, 1989). Results highlighted the importance of mediating emotional distress with support groups for high-risk women.

These findings are encouraging as the Armed Forces Press Service (2009) concludes that today's military climate has caused more military spouses to seek the support of other military spouses before their husbands' deployment. Being able to maintain close relationships with others who are experiencing the same situations is beneficial in fostering strength during the deployment cycle (Bates, 2006). Knowing that the military spouse has others to share her thoughts and feelings with is beneficial. It provides a sense of family in the absence of a family member. It is important to remember that the military spouse as well as civilians all have to address their well-being on a daily basis by incorporating some type of coping strategy into their routine (APA, 2010). These kinds of behaviors categorized participants in McCubbin and McCubbin (1988) study as resilient.

McCubbin and McCubbin (1988) identified seven coping mechanisms that help families endure challenges. These mechanisms include excellent marital communication, satisfaction with quality of life, financial management skills, family celebrations, family hardiness, family time and routines, and family traditions. Resilient families use a combination of individual, family, and community resources to adjust to changes and stressful events. Another aspect of resilience involves families' use of internal and external sources of support during a challenge or crisis (McCubbin & McCubbin, 1988; Walsh, 1998). Similarly, Chambers (2009) found that resources, when used collectively function as protective and recovery factors that motivate and empower military wives with children to

embrace new roles, responsibilities, and independence with greater confidence, optimism, and coping abilities in the absence of their husbands.

These findings may be especially true for individuals from cultural groups that place great value on interdependence or connectedness among its members (McCubbin, Thompson & McCubbin, 1996). Solution-focused therapy seeks to determine and build upon existing strengths and resources (Berg, 1994; Berg & deShazer, 1993; deShazer, 1985, 1988, 1991). Qualitative research and solution-focused therapy honor the existence of more than one reality and the importance of understanding the participant's story in context (Chenail, 1996). Concurrently, collecting the narrative of each participant provides the necessary data to analyze and interpret the phenomenon being studied (Gale et al., 1996). Maintaining stability in the family is a fairly new construct in research literature and requires continued research (Simon, Murphy, & Smith, 2005).

In addition to solution-focused therapy, the aforementioned familial behaviors and support systems, families also involve spirituality in their coping process (APA, 2010; Bates, 2006; Brooks, 2003). Spirituality is a coping strategy that can be used to enhance resilience. It involves associating with faith-based establishments, meditation, prayer and/or deep-breathing exercises (APA, 2010).

2. Materials and methods

The research methodology for this study was qualitative in nature with a phenomenological study research design (Berg, 2007; Creswell, 2003, 2007; Crotty, 1998; Glicken, 2003; Mertens, 2005; Neuman, 2006; Trochim, 2006). The purpose of the research methodology and design was to take an in-depth look at the lived experiences of military wives with children during multiple deployments. This research methodology helped to identify the common themes among each participant.

2.1. Research design strategy

This research study was conducted using a qualitative research method with a phenomenological research approach. Through the participants' own descriptions, this method and approach helped identify the lived experience of military wives with children during multiple deployments. Leedy and Ormrod (2005) identified phenomenology as the perspective of the participant about a particular event. These participants were directly involved with deployment as a result of being married to military service members who had been deployed multiple times to Iraq and Afghanistan.

The participants for this study were obtained based on their response to an advertisement flyer distributed at three local restaurants in the area heavily populated by military families. The participants were military wives whose husbands had experienced multiple deployments post-September 11, 2001. These wives were ages 18 to 45, had been married for at least 2 years in heterosexual relationships, had at least one child, and whose husband was deployed at least two times during their marriage. Each interview lasted one hour and a half or until there was a sense of having fulfilled the research meanings (Moustakas, 1994). Informed consent was distributed to each participant by the researcher on the scheduled date before any interviewing took place. Their agreement to the terms of the informed consent was audio recorded on a digital recorder at that time.

The participants were audio taped using a digital recorder during the interview process. The data collection period lasted one month. Each participant's name was replaced with a code (e.g. Participant 1) by the researcher for confidentiality purposes. The in-depth audio recorded interviews were transcribed verbatim using Microsoft Word, 2010. Each interview was listened to three times and the transcript was compared to ensure accuracy in the transcription (Moustakas, 1998). The paper copies were collected into individual folders for each participant. All transcriptions were saved to a USB flash drive and deleted and erased from the computer hard drive. The audio recordings, USB flash drive, and paper copy documents related to research were kept in a locked file cabinet to ensure confidentiality and security (Mertens, 1998). All the data is kept for seven years after which each paper copy transcript will be shredded and the USB flash drive and audio recordings will be deleted and destroyed.

The information was member-checked with each participant during the follow-up session to ensure that the themes and the transcriptions were accurate. The researchers scheduled a date and time to conduct member-checking with each participant, at the conclusion of the interview session. Member-checking was also conducted in the small conference room located at the interview site. All participants returned for the follow-up meeting; as a result, none of the transcripts were thrown out. The interviews were analyzed for common themes in the lived experiences of the participants. For phenomenological research, the analysis of important statements, the

production of meaning units and the development of an essence of the experience could be developed using bracketing, transcendental-phenomenological reduction, and imaginative variation (Moustakas, 1994).

2.2. Sampling design

The type of sampling design for this research study was snowball sampling. Snowball sampling, allowed the potential participant to be referred by people who believed a potential participant met the criteria and could significantly provide rich information (Creswell, 2007). The participants were comprised of military wives who had experienced multiple deployments post–September 11, 2001. These wives were ages 18 to 45, had been married for at least 2 years in heterosexual relationships, had at least one child, and had experienced at least two deployments. The participants for this study were obtained based on their response to an advertisement flyer distributed at three local restaurants in the area heavily populated by military families. The women who chose to respond to the advertisement made initial contact with the researcher via telephone. This initial telephone conversation served as the screening process.

The potential participants were asked to identify their gender, how long they had been married, and their age, whether or not they had children, and the number of times their spouse had been deployed. Ten spouses were selected from the pool of potential participants. Creswell (2007) supported this sample size by indicating that 3 to 10 participants were adequate in phenomenological research studies. In the event the researcher was not available at the time of the initial telephone contact, an outgoing message instructed potential participants to leave their name, number and contact number. The researchers returned the telephone call within 24 hours.

2.3. Data collection

Moustakas (1994) indicated that the lengthy interview is the manner by which data is collected on a research topic and question. The phenomenological interview consists of a casual, interactive process that uses open-ended comments and questions. The participants were asked to focus on the experience and then describe their experiences during multiple deployments of their spouse. The interviews in this research study took one and a half hours each. This time frame has been deemed an adequate amount of time to conduct a phenomenological study (Leedy & Ormrod, 2005). As the participant talks about her experiences, additional questions were asked spontaneously for clarification of the replies (Moustakas, 1994).

2.4. Data analysis procedures

The researchers conducted the digital audio recording, transcribing, and analysis of the data collected, with the use of the MAXQDA software. Each participant was audio-recorded using a digital recorder during her respective face-to-face interview (Berg, 2007; Creswell, 2007; Leedy & Ormrod, 2005; Mertens, 2005). Journaling was utilized to document impressions of what was observed and thought about after each interview.

Each digital recording was assigned a number to identify the interview of each participant. The participants in the research study were given a random code (1-10) to protect their identity. Face sheets were constructed with the demographic information of each participant to include her name, date of birth and age. The digital audio recording of each participant was labeled with the digital time associated with the start of each interview. A code was added to anonymously identify the audio recording of each participant on the digital recorder (Groenewald, 2004).

The researchers listened over and over again (Lincoln & Guba, 1985) to the digital audio recordings to become familiar with the perspectives of each participant. Through the use of intentional bracketing, the recollected life experiences of the participants were interpreted free of the preconceived assumption of the researcher. Transcendental-phenomenological reduction was conducted by analyzing the individual transcription. Each transcribed statement was considered to have equal value through a process called horizontalization (Moustakas, 1994). Every horizon was endless and had underlining meanings that were open for discovery. Therefore, none of the statements were ignored.

After prolonged reflection of the statements, non-repetitive and invariant horizons were clustered into themes. A detailed thematic analysis was made by coding (Glaser & Strauss, 1967), which consisted of organizing the material into chunks before bringing meaning to those chunks (Creswell, 2003). Each group of reports was given a thematic code in the actual term used by the participant. Textural description of meanings that included the participants' verbatim experiences was extracted from clustered thematic horizons with invariant constituents of the phenomenon. After finishing individual textural description of meanings, a composite textural description

was written that integrated the multiple meanings underlying the experience of the participant group as a whole. A great deal of time was spent on looking and describing again during the analysis in search for emergence of new perceptions and meanings. Overlap of meanings in the chunks of themes was expected because that is often the nature of human phenomenon (Hycner, 1999). The central meanings or essence of themes were determined carefully by analyzing the various chunks. Qualitative software such as MAXQDA 10 was utilized to enhance the analysis process by organizing and categorizing data.

3. Results

3.1. Description of the sample

In this study, the researchers interviewed ten female military spouses ranging from 26 to 39 years of age, who had been married for at least two years, had at least one child, and had experienced multiple deployments of their husbands. Two of the participants were 26 years of age; one was 27 years of age; one was 29 years of age; three were 32 years of age; two were 34 years of age; and one was 39 years of age. One participant had been married for three years; one for three and a half years; two for four and a half years; one for eight years; one for nine years; two for 12 years; one for 13 years; and one for 15 years respectively. Eight of the participants had two children and two participants had four children. None of the participants had children over the age of thirteen, or younger than five months old.

Each participant had obtained at least a high school diploma. One participant had obtained her high school diploma, four participants had obtained an associate's degree, and three participants held bachelor's degrees and one participant had obtained a master's degree. Five participants had experienced two deployments; four had experienced three; and one had experienced five deployments respectively. Six participants were of European American descent; two were of Pacific Islander descent; one was of Hispanic descent; and one was biracial--being of both European and African American descent. Each of the participants spoke English fluently.

3.2. Textural-structural descriptions

This section presents five themes that emerged from the clustered core experiences. The five themes were, (a) deployment differences, (b) communication, (c) stability, (d) support networks and (e) spousal relationship. This section is a demonstration and analysis of each theme. Only the most significant invariant constituents and core experiences are discussed in detail in this section.

3.2.1. Theme 1: deployment differences

The deployment differences theme is used to describe the way in which the participants experienced each deployment during their husband's tour of duty.

It is not expected that the views of these participants can represent every military wife with children during their husbands' multiple deployments because the participants were recruited from a specific military region (Leedy & Ormrod, 2001). It does explore, however, how the participants perceived their differences in deployments.

First deployment. Six participants experienced uncertainty, confusion and nervousness when they first experienced their husbands' deployment for a tour of duty to Iraq or Afghanistan. Seven of the participants described the difference in deployment number one, as not knowing what to expect when their husbands were deployed. Participant 5 and Participant 7 did not report any differences in the first and second deployment. Participant 5 stated, "Our lives have been the same each time, because we don't change any routines or do anything differently". Participant 7 confirmed the sentiments of Participant 5, when she stated, "We keep home life the same, so nothing is different there". In the case of Participant 9, she reported that her children also experienced the fear of the unknown.

Second deployment. Six participants felt more prepared for the second deployment because they understood a little more about what deployments meant for them as individuals and as parents. They became well aware that these deployments were not like field exercises. Field exercises require that servicemen and women complete a training session for a few days away from their family members. Although there were still uncertainties during the second deployment, these participants learned to find solutions for their fears and uncertainties. They learned

how to be single parents, place their primary focus on their family, and remain active during the deployment. When asked about what she learned in the second deployment Participant 1 stated,

This time around, we don't get caught up in the whole idea of, well, he's gone and what are we going to do? I think that if we got like that, this deployment would be the worst thing ever. It would be really hard.

Participant 2 stated,

Well, I was not as uhh afraid (laugh) with this second one. I'm not going to say that I'm used to him being gone, but uhh I wasn't as afraid this time. I was prepared, I knew what to expect so it was a lot easier.

Participant 4 reported,

Umm, like I said I was in school til July, so I would say the first three months went by fast; because I was busy taking care of the kids and school and stuff. This deployment, I realize that I'm just one person and I can't make it to work and then be at two different places by six o'clock. So I decided not to work til he gets back.

3.2.2. Theme 2: communication

The communication theme is being used to describe the way in which the participants experienced communication with their children and their husbands during multiple deployments for tours of duty to Iraq and/or Afghanistan. Communication served as a resource to keep the husbands connected to their children and their wives. This resource eliminated the barriers presented by the long distance and provided a solution to being apart, as a result of the service members being deployed. Being geographically isolated, Participants 1, 2, 3 and 5, found solace in being able to see that their husbands were doing well.

Technology. All of the ten participants used email, and video chats to communicate with their husbands during deployments. Only four of the participants report having constant daily communication with their husbands during deployments. The inconsistent contact depended upon where the husbands were located and the mission the husbands were assigned to complete while deployed to Iraq and/or Afghanistan. Participant 1 noted,

We send emails daily, but he can also call home so we keep the lines of communication open. Yes, I think that [communication] is important. The girls can hear his voice and I think that makes a difference for them.

3.2.3. Theme 3: stability

The stability theme is being used to describe how the participants experienced stability within the household during their husbands' deployment for a tour of duty to Iraq and/or Afghanistan. The ability to maintain stability within the household also holds the family, specifically, the children accountable for ensuring they have completed chores and other daily responsibilities, as was the case for the children of Participant 9. This is in addition to being accountable as a member of the family to do whatever is needed to maintain the family functioning in the absence of their fathers. Stability also served as a resource to prevent any incongruence between the structure of the household when the service members are at home and when they are deployed.

Household rules for children. Is a subtheme that relates to stability. Seven participants indicated that having stability in the household rules allowed the children to know what to expect on a daily basis. Participants 3, 5 and 8 reported that they did not have an established set of rules but were trying to determine what worked best through trial and error. The participants in this category had children who were under the age of four years old.

3.2.4. Theme 4: support network

The support network theme is being used to describe the experience the participants had with others who were available to assist them in some of their daily routines by providing childcare, friendship, and other resources.

Family. Four participants indicated that their family was a large part of the support they each received when their husbands deployed. These participants valued the ability to be able to call on their family to assist when they needed tasks completed, such as mowing the lawn and caring for the children. Despite the ability to fully understand military life, these participants welcomed the support provided by their family. The support system served as a solution to the void left within the family support system, as a result of the absence of the service members. Participant 2 stated,

Well, yes of course I have family. I think that's the biggest thing. A lot of that helps. Um, around the house it helps to have someone to call to cut the grass or to fix things around the house that broke. So basically my family is who I called for that.

Friends. Five participants indicated that they rely on their friends for support. Participants 1 and 3 agreed that their friends provide a voice of reason when they do not want to place burdens on their family members. Having friends around provided a solution for these participants by preventing family members from becoming overly concerned when they could not relate to military life.

3.2.5. Theme 5: spousal relationships

The spousal relationship theme is being used to identify how each participant experiences the marital bond with her husband during multiple deployments during his tours of duty to Iraq and/or Afghanistan. Nine of the participants indicated that their relationships with their husbands had grown, even when they factored in just how far away their husbands were from them. They have come to terms with the possibilities of what war brings, such as casualties. Participants 2 and 4 indicated they were able to draw strength from the love and concern they have for their husbands. It appears that each participant has been able to improve her spousal relationship through the resources at her disposal by remaining supportive of her husband despite his location. Conversely, Participant 8 identified being able to freely express her feelings, to include her frustration to her husband more at this time. She did not report having grown closer to her husband.

3.3. Composite descriptions

The composite structural descriptions were used to explain the themes of the research and clarify how the participants defined the themes related to being military wives with children during multiple deployments (Moustakas, 1994). The researchers extracted the composite descriptions from the textures and structures of each participant. The descriptions are themes that reappeared most often from the invariant constituents in each category (Moustakas, 1994). The five themes show the core of the lived experiences of the 10 military wives with children who have experienced multiple deployments. The five themes are the farthest level of reduction in phenomenological analysis using the MAXQDA 10 software program following the methods of Moustakas. All data obtained from the participants was analyzed to reflect core experiences among their lived experiences.

First, the military wives had many common themes in their experiences during multiple deployments, in particular, their experiences during the different deployment cycles. Although they each had experienced at least two deployments, there were still instances where they were using trial and error, as a means to correct some problems with managing the duties once carried out by their husbands. Second, the communication each participant maintained with her husband during the deployments served as a sense of normalcy, despite the distance between them, as a result of deployment. The communication via Skype served to allow the family to see one another and bring a sense of comfort to their worries and fears for the safety of their husband.

Third, the stability within the household related to rules and daily duties were used as a form of establishing a consistent pattern for both the military wife and the children. It allowed the children to know what was expected of them daily, despite the constant absence of their fathers. Fourth, the participants relied on some form of support network, regardless of it being familial, friends, or the FRG. These supports assisted the participants during the daily rigors of life and in times of tragedy. Fifth, while experiencing the absence of their husbands, as a result of deployment, the participants in this study maintained close bonds with their husbands. These bonds became stronger, as a result of there being limited access on a weekly basis. They cherished the time they had, which became special time to catch up on what the other has been missing during the deployment.

Solution-focused theory allowed the participants the ability to reduce domestic disorder, as it arose by finding ways to quickly solve problems (Shallcross, 2011). Taking on the household responsibilities alone, required the participants to create a method for being able to complete the tasks once assigned to their husbands. Maintaining stability within the home prevented potential chaos within the households for both the participants and the children. Through participation in this study and review of the themes during member-checking, the participants were able to see that their issues are not uncommon to others in similar situations (Green, 2003).

3.4. Trustworthiness

The researcher confirmed the authenticity of the meaning of each theme through member-checking (Guba & Lincoln, 1988). Following the member-checking procedure specified in Chapter 3, the researcher made contact with the participants to ensure they could each meet at their agreed upon scheduled time. At the scheduled time, the researcher met individually with each of the 10 participants to review the themes extracted from the data analysis. The participant was provided with the printed transcript from her initial interview. The researcher then

explained the themes that described the experiences of the participants during the previous interviews and asked the participants to identify whether or not she agreed with each theme and the experiences described.

All of the participants agreed with the themes of deployment differences, communication, stability, support networks and spousal relationships. Only one participant, Participant 10, disagreed with having constant communication with her husband. She stated, "I understand the need to spend as much time with your husband as possible, but I just don't want all of that contact. It's just too much for me." When asked whether or not she felt that communication was important, Participant 10 agreed that communication was "very necessary, I would go crazy, if I didn't hear from him at all".

Three participants, Participants 3, 5 and 8, did not have responsibilities for their children, due to their ages. These participants had children who were under the age of five years old. Participant 3 chose to give her four year old some simple tasks to complete; however, she did not have stable responsibilities in place that she would complete each day. She stated, "I just have her help me in the garden, but that's not her chore.

It just gives her something to do." Participant 5 stated, "My kids are too small for that, but we do try to make sure we are teaching rules that will give them a good foundation." Participant 8 stated, "I wish she was old enough to have some responsibilities because she definitely would have them. She's just not old enough for that right now." When asked whether or not they would give their children responsibilities, had the children been older, Participants 3, 5 and 8 agreed that they would have household responsibilities for their children.

4. Conclusion

This section is comprised of the review of the analysis of relevant data from the ten participants in this research study. It provides a synthesis of the information provided to answer the research question. As stated previously, the primary research question was: How do military wives with children perceive and describe their experience during their husbands' multiple deployments? This study identified the lived experiences of military wives with children during multiple deployments. The interviews and analyses were conducted by the researcher in an attempt to provide information needed to answer the research question.

The 10 military wives who were interviewed helped to provide rich and meaningful insights into their experiences. Their views, answers, and explanations provided a deeper understanding of their experiences. During their deployment experiences, each participant was able to find solutions to the potential problems presented during deployment cycles. The participants learned from the experiences of the initial deployment. Worry and concern for their husbands was not all together relieved, as a result of multiple deployments, however, each participant identified ways to prevent being overcome with worry. The participants remain proud of their husband's profession and understand the hazards such a profession can cause.

Communicating with their husbands via telephone, email, and webcam created a sense of closeness for the participants, their children and their service members. The children were connected to their fathers, despite the distance that separated them. At least nine of the participants maintained consistent communication with their husbands. Family, friends and the FRG were supports the participants relied on in the absence of their husbands. These resources helped to fill the void left by the service member. Each participant reported feeling very supported. Through communication, specifically webcam, the spousal relationships of the participants grew stronger. Being limited to such methods provided the participants with a special connection to their husbands they cherish.

Overall, the participants were able to gain the strength to seek out solutions to any problems they faced as a result of their children. They wanted to maintain stability within the home and remain connected to their husbands for themselves and their children. Remaining connected served to reduce the barriers created by the distance.

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