Reintegration of ex-Military Personnel with Civil Life- A social Issue and **Big Challenge: An Empirical Study**

Dr. Priti Verma¹ and Shahriar Al Imran² ¹Assistant Professor, General Management, School of Business, Sharda University, INDIA ²Undergraduate Student, School of Business, Sharda University, INDIA

²Corresponding Author: 2019002440.shahriar@ug.sharda.ac.in

ABSTRACT

Every year a large number of individuals have to quit different military services: army, navy, air force etc. for different reasons all over the world. Among all the reasons, medical discharge is the most unacceptable one. After forced departure from the service, these personnel face several problems as they go through a difficult and sensitive time in their life. Starting from post-traumatic stress disorder (PTSD), they go through different mental, psychological, social and psychopathological problems. Further, people look at them in a different way when they come to know that the person had to resign from military services. Moreover, the behavior and attitude of the family members and relatives make the situation worse. Ex-military personnel of this category suffer from depression. However, the person can be turned into a positive and effective power of the society by proper support from the surroundings as the person can use the learning from his/her experience in other occupations as well. The paper draws attention towards this social problem.

The benefits of the research will have an impact on the ex-military community of forced departure, as this problem has not been addressed properly in broader context before.

Keywords-- Military, Personnel, Departure, Stress, Society, Acceptance

I. INTRODUCTION

The job of military administration throughout everyday life and security of each different nation is precious, as each officer, independent of his/her position, status, and benefits, serves for a decent motivation of the whole nation and its regular citizens also. In any case, to turn out to be such individual, it is usually essential to know a ton about the past, the present and conceivable fate of the nation. The military profession has been recognized as the oldest profession in the world ("Professions," 2001).

The training in the military academies is very difficult, vigorous and robust as they are trained to fight for the nation even if they have to sacrifice their lives. But the military academies are very sensitive about being the trainee to be in full fit physical condition. By any chance if any trainee loses fitness (e.g. breaks leg, fractures etc.) the trainee is declared as medically unfit for the training and he/she does not get the chance to complete the training by any chance (D. Singh, 1996). After the discharge of the trainees from the academy, they suffer from frustration and face a lot of problems in their life. They lose the motivation to do anything in their life as they lose their identity of military. The situation is same for those who cannot continue their service in military even after getting commissioned also. They face trouble readjusting to the family, to establish a new identity and they find it very hard to accept the differences between the military life and civil life (M. Hasan, personal communication, April 12, 2019).

Although they face a lot of problems, they can be turned into a positive and effective power of the society if they are given proper support from the family and the surroundings. Because they possess a number of extraordinary qualities for which they have been selected in the military and they can use the learning from their experiences in other occupations as well.

1.1 Types of Military Discharges

There are many different types of military discharges. They might vary from country to country, but on a large scale, they are the same. Contrary to popular belief there are only the two most well-known discharges which are characterized as Honorable and Dishonorable. There are many more.

Some military discharges are punitive, others are administrative. Some are related to medical conditions, some are for the convenience of the government (Joe Wallace, 2016)

1.2 A List of Military Discharges

- Honorable discharge (It indicates the service member performed duties well, faithfully executed the mission, and then had to be discharged for administrative reasons)
- General Discharge under Honorable Conditions (This type of military administrative discharge is motivated by different things depending on the branch of service. The overall conduct of the military member may have been exemplary in some areas, but other areas of misconduct or

www.ijemr.net

- failure to adapt to the military environment may have resulted in such a discharge)
- Other Than Honorable (OTH) discharge (Security violations, trouble with civilian authorities, assault, drug possession or various degrees of drug violations or other problems could all potentially motivate an Other Than Honorable Discharge)
- Bad Conduct discharge (issued by special court-martial or general court-martial)
- Dishonorable discharge (this is the most punitive of all military discharges and is given as the result of a court-martial. Desertion, murder, fraud, and other crimes performed in uniform can result in court-martial proceedings that lead to a Dishonorable Discharge)
- Medical Discharge (A Medical Discharge may be given to service members who become sick or injured to the point where military duty is no longer possible based on a medical evaluation of the medical condition)

II. BACKGROUND

The majority of research on military populations has focused on active duty members in the primary branches of the military (i.e., Air Force, Army, Navy, and Marine Corps); relatively few studies have focused on exmilitary group. Clearly, more data from this particular group are needed to inform our understanding of the unique challenges that ex-military group experience and their implications for successful reintegration into the civilian community and family unit. Drawing on survey data from a sample of ex-officers who have served in the Army for at least one year and then discharged for medical reasons, this study examines rates of commonly reported post-armed forces service challenges. The study aims to describe the scope of challenges faced by persons coming out from uniformed services.

III. LITERATURE REVIEW

Every year more than 5000 persons come out from different uniformed services including army, navy, air force, police, fire brigade, and ambulance service etc. for different reasons in India. They have to go through a lot of problems after they get out from the service. In fact, the transition period is very sensitive and without proper support, a person can turn into an alcoholic, drug addict or serious criminal. As the person faces the problems, he/she gets frustrated with life and loses the interest to do anything in the future. At the same time, an ex-military person is treated differently in a group, which makes him/her

uncomfortable. The criticism from friends and neighbors become intolerable. All these problems create a mental pressure for the person who recently came out from any military service. Common post-service reintegration problems include mental health symptomatology, unemployment and financial problems, and family relationship difficulties (Hazle, Hassan, 2012).

3.1 Mental Health Symptomatology

Symptoms of mental health problems, including posttraumatic stress disorder (PTSD), generalized anxiety disorder (GAD), and major depressive disorder (MDD), are common among ex-military personnel who were recently undeployed (Cotting, Koffman, 2004). The rates of mental health symptoms exceed those in the general population. indicating that military personnel are a high-risk population with unique needs (Wilcox, Finney, 2013). Mental health problems are of particular concern for ex-military personnel, who may not live within close proximity to a military treatment facility and who often only have limited access to medical benefits (Gorman, Blow, 2004). Among scholarly peer-reviewed literature, rates of mental health problems among ex-military personnel range from 11% in a sample of 157 post-deployed ex-military personnel (Interian, Kline, 2012) to 13.8% in another sample of 522 post-deployed military personnel (Polusny, Erbes, 2011). However, relatively few number of officers report seeking treatment for a mental health problem in the post service stage (Khaylis, Polusny, 2011), which can lead to continued mental health problems as well as exacerbation of other problems.

3.2 Employment Problems

Another common concern for ex-military personnel is unemployment and subsequent financial problems (Conner, Pinquart, 2014). While some military personnel will remain on active status after withdrawal, some will return to the civilian work environment or intend to return to the civilian work environment, but do not have a job waiting for them (Hasin, Stinson, 2007). No such laws exist to protect the jobs of discharged military personnel; there is a risk of losing their job from layoffs or termination of positions, leaving returning military personnel unemployed. Unemployment and job loss are significant stressors for returning military personnel (Jacobson, Ryan, 2008).

3.3 Post-Service Alcohol Misuse

Alcohol consumption at post-military service is normally accepted behavior in military culture (Conner, Pinquart, 2009). There are temporary benefits, including reducing stress and promoting social activities. However, post-service alcohol consumption can quickly turn into alcohol misuse (Marshal, 2001). Alcohol misuse is particularly common in returning military personnel; research has found the prevalence of alcohol misuse in ex-

www.ijemr.net

military group is higher than both the general population and active duty service members (Kehle, Auerback, 2012). Alcohol misuse is associated with reduced combat readiness, psychological health problems, and post service readjustment difficulties (Pincus,Black, 2003). Other research on returning military personnel by Kehle, Nyreli, et. al (2001) found that 13% reported diagnosable alcohol use disorder criteria, 73% met alcohol dependence criteria, and 27% met criteria for alcohol abuse. Additionally, those who reported alcohol misuse were more likely to report severe PTSD symptoms.

3.4 Family Relationship Difficulties

Upon returning from a service, there is typically a "honeymoon period" – a joyous reunion between the service member and family members (Sheppard, Malatras, 2010). However, as time passes, the immediate positive emotions from the honeymoon period become subdued as family reintegration challenges emerge. Family reintegration challenges involve role transitioning, child behavioral problems, and mismatched expectations, among others. Although being withdrawn from the service is a stressful event that undermines family stability, the service member's homecoming also disrupts routines (Faber, Willerton, 2008), which can serve as a contributor to relationship conflict. In the post-service stage, roles and responsibilities will need to be reestablished as the service member transitions back into the family unit. Role shifting can cause military personnel to feel like an outcast in their own family or feel anxious about being unable to fit into the new family roles (Sayers, Farrow, 2009). The burden from role shifting is a source of emotional distress (Kline, Ciccone, 2011).

3.5 Mental and Behavioral Health Problems

Military demands and mental health challenges may also raise the risk of intimate partner violence (IPV) and child maltreatment among military and veteran families. IPV in military families is positively correlated with PTSD, depression, substance abuse, enlisted status, and length of deployment (Marshall, Panuzio, 2005). PTSD, IPV change relationships and have been tied to lower ability to communicate and intimacy, less positive engagement, sexual functioning issues, and higher divorce rates (Griffith, 2008). Additionally, specific factors correlated with increased rates of maltreatment in military families include: young age of child (McCarroll, Fan, 2004), service member leaving for deployment (Rentz, Marshall, 2007), and service member returning from deployment (Gibbs, Martin, 2007). During times of deployment and reintegration, military and veteran families would not be benefited from additional supportive services in the community and workplace.

The problems faced by ex-military personnel have been addressed by many writers. Also, the problem is a big issue to the neuroscientists as well. T.C. Smith (2010) noted that the habits grown inside a military person does not change ever like remaining alone in a crowded place, not having interest in personal issues, treating silly mistakes aggressively etc. According to A. Sarvimäki and S. Nivala (2015), "PTSD symptoms are found mostly in the exmilitary persons". Moreover, the problem is found worldwide and also it is being dealt properly in some countries. The Government of Nigeria has opened an entrepreneurial service for ex-military personnel because they think that ex-military persons are the most experienced persons to open up a new business (L. Yusuf, 2016).

A growing literature documents the substantial adverse impact of combat-related events and posttraumatic stress disorder (PTSD) symptomatology on the family life of male Vietnam veterans (Beckham, Lytle, & Feldman, 1996), using a treatment-seeking sample of male substance abusers, found combat veterans reported more marital and family problems than non-combat veterans, and suffered from interpersonal problems related to intimacy, anger dysregulation, and expressiveness. Roberts (1982) similarly found substance-abusing male Vietnam veterans with PTSD to report more problems with intimacy and sociability than noncombat veterans or combat veterans without the full disorder. Carroll et al. (1985) found treatment-seeking male veterans with PTSD to report poorer marital adjustment, consensus, and cohesion, and difficulties with self-disclosure, expressiveness, general hostility, and physical aggression in their relationship.

Members of the military returning from conflicts in Afghanistan and Iraq who had to leave the service for the convenience of the government face increased risk of post service psychiatric disturbance. The prevalence of mental health problems among service members returning from Iraq has been reported as 19.1% (Hoge, Auchterlonie, 2006). There is evidence that combat trauma leads to substantial long-term impact on family functioning (Kulka, Schlenger, 2005).

Jordan and her colleagues (1992) conducted perhaps the most comprehensive study of marital and family adjustment difficulties among male Vietnam exmilitary to date. Particularly notable strengths of this study were its use of a large, nationally representative sample derived from the National Vietnam Veterans Readjustment Study (NVVRS; Kulka et al., 1990a), a much more comprehensive, multiple-indicator approach for obtaining PTSD diagnoses, and the use of data from interviews with the female relationship partners of the veterans. Findings indicated that male veterans with PTSD reported more marital and parental problems and poorer family adjustment than those without PTSD.

B.H. Casey (2005) noted that the dominant factors for the psychological problems of armed forces personnel

are the perception of military by the civilians. Most of the research shows that the factors depend from person to person. But a common pattern is observed among all the findings, which is criticism from surroundings.

IV. RESEARCH QUESTIONS

As mentioned earlier, several problems are faced by an ex-military person. But it was doubtful whether all the ex-military persons are facing the same types of problems or not. So, to find out the answers, a thorough investigation has been done through the method of surveying. The research has been conducted based on the following questions:

- 1. What are the problems faced by ex-military personnel in personal, social and professional life?
- 2. How people react when they come to know that a person is from the military?
- 3. What are the reasons that people see ex-military personnel in a different way?
- 4. What difficulties are faced by ex-military personnel to cope up with civil life?
- 5. How can this mental condition be turned into an effective and positive power for the benefit of the person as well as the society?
- 6. What steps can be taken by the authority so that the rate of casualties goesdown?

V. HYPOTHESIS

 $H_{01:}$ The forced-quit-ex-military persons don't face problems like criticism from the family, criticism from friends, criticism in workplace & difficulties mixing with civilians.

 $H_{02:}\ Most\ of\ the\ forced-quit-ex-military\ persons$ don't get support from the family.

 $H_{03:}$ Forced-quit-ex military persons feel comfortable when they are treated differently in a group.

 $H_{04:}$ Forced-quit-ex -military persons rarely face post-traumatic stress disorders like nightmares, emotionally upset, memory loss, loss of interest, lack of future plans etc.

 $H_{05:}$ Forced-quit-ex-military persons lose confidence and believe that they don't have any quality to survive.

 H_{06} : The main reason for treating an ex-military person differently is not the perception that he/she has done something wrong in the military.

VI. OBJECTIVE

The main objective is to examine the experiences of ex-military personnel who have been discharged for medical reasons. This research will not only explore the sufferings of the ex-military personnel but will also talk about the solutions for it.

VII. METHODOLOGY

The target group of this research was thirty persons who have served in any military service (army, navy or air force) for at least 1 year. A survey questionnaire containing questions related to the topic of research was given to them. The questionnaire contained two parts: personal questions and questions related to the problems faced by them after they left the military service.

VIII. DATA REPRESENTATION AND ANALYSIS

To collect accurate data, it has been requested to the respondents by mentioning the significance of the research and also telling them how important their honest opinion is. All the respondents have served at least one-year in any of the three forces (army, navy or air force). Out of the respondents, 23 were male and 7 were female.

		Participants		
		Value	Count	Percent
Labeled Values	1.00	Army	10	33.3%
	2.00	Navy	6	20.0%
	3.00	Air Force	14	46.7%
Codebook 2: Par	rticipants	' Gender Distr	ibution	
		Gender		
				D .
		Value	Count	Percent
Labeled Values	1.00	Value Male	Count 23	76.7%
Labeled Values	1.00			

https://doi.org/10.31033/ijemr.10.3.15

				Valu	ie	Count	Percent
Central Ter	ndency	andMean			1.5000		
Dispersion		Standard Deviation	on		.82001		
Labeled Values		1.00		1-5 Years		20	66.7%
		2.00		5-10 Years		6	20.0%
		3.00		10-15 Years		3	10.0%
		4.00		More than 1	5 Years	1	3.3%
Codebook 4: P	articipa	nts' Reason for Withdr	awal D	istribution			
		Reason					
		Value	Count	Percent			
Labeled Values	1.00	Medical Discharge	30	100.0%			
	2.00	Honorable discharge	0	0.0%			
	3.00	Dishonorable	0	0.0%			
		discharge					

Table 1: Description of Participants

Among 30 Participants, 10 persons have served in the army, 6 in the Navy and 14 in the Air Force (Codebook 1). Codebook 3 shows that most of the participants have served between range 1-5 years and 5-10 years. According to codebook 4, all the participants were withdrawn from the service due to medical reasons.

After collecting the personal information, the first question that was asked to the respondents is that what problems they faced after they left the military. The data collected is presented and analyzed below:

Table 2: Participants' Response: Problems								
	Frequency	Percent	Valid Percent	Cumulative Percent				
problems mixing with t civilians	ne 5	16.7	16.7	16.7				
criticism in the workplace	11	36.7	36.7	53.3				
criticism from friends	6	20.0	20.0	73.3				
Re-Integration with the family	8	26.7	26.7	100.0				
Total	30	100.0	100.0					

The response was as follows: 17% told that they had problems mixing with the civilians, 37% told that they faced criticism in the workplace, 20% told that they faced

criticism from friends and the rest 27% told that they faced problems with being re-integrated with the family.

	Ta	able 3: Participant'	s Service * Probl	ems Cross tabula	tion	
			Response:	Problems		
		problems mixing	criticism in the	criticism from	Integration with	
		with the civilians	workplace	friends	the family	Total
Participant's	Army	2	4	3	1	10
Service	Navy	2	1	1	2	6
	Air Force	2	4	3	5	14
Total		6	9	7	8	30

The table shows the participants' response about the problems faced by them on the basis of their service. Most of the participants those who served in the army and Air Force, faced criticism in the workplace, most of the participants those who served in the Navy, faced problems mixing with the civilians.

www.ijemr.net

		Table 4: Participa	ant's Gender * Pro	blems Cross tab	ulation		
			Response:	Problems			
		problems mixing	criticism in the	criticism from	Integration with		
		with the civilians	workplace	friends	the family	Tota	al
Gender	Male	3	9	5	6	23	23
	Female	2	2	1	2	2 7	
Total		5	11	6	8	30	30

The table shows the participants' response about the problems faced by them on the basis of gender. Most of the female participants faced criticism from their friends, and most of the male participants faced criticism in the workplace. The researcher on the basis of analysis of table 2, 3 and 4 concludes that null hypothesis H_{01} is rejected.

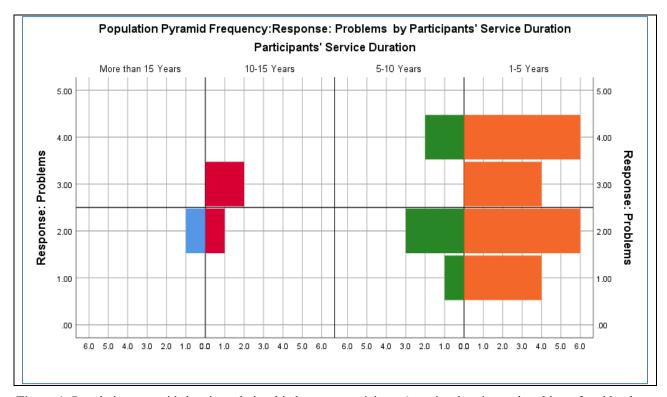


Figure 1: Population pyramid showing relationship between participants' service duration and problems faced by them

Color Labels: Blue: Service Duration More than 15 years, Red: Service Duration 10-15 Years, Green: Service Duration 5-10 Years, Orange: Service Duration 1-5 Years. Problem Number Labels: Problems mixing with the civilians indicated by 1, Criticism in the workplace is indicated by 2, Criticism from friends is indicated by 3, and Re-Integration with the family is indicated by 4.

Most of the participants who have served for 1-5 years, have faced problems re-integrating with the family, most of the participants from other two service duration ranges: 5-10 years, 10-15 years have faced criticism in the

workplace and the only participant who has served for more than years has faced criticism in the workplace.

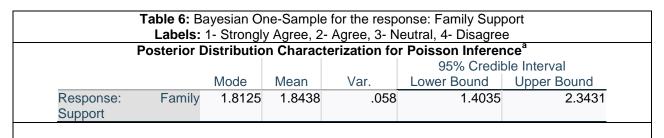
Although it was expected that the percentage of problems related to re-integration with family would be higher, the response shows that most of them had problems in the workplace. This can be related to one of the later sections: possible reasons for which people treat them differently (figure: 4).

Secondly, it was required to know if they got support from the family or not.

	Table 5: Response: Family Support							
		Frequency	Percent	Valid Percent	Cumulative Percent			
V / 11 1	0: 1 1							
Valid	Strongly Agree	12	40.0	40.0	40.0			
	Agree	11	36.7	36.7	76.7			
	Neutral	5	16.7	16.7	93.3			
	Disagree	2	6.7	6.7	100.0			
	Total	30	100.0	100.0				

Out of 30 respondents, 12 of them (40%) told that they got strong support from the family. 11 of them said that they got support (37%), 5 of them were neutral about their opinion (17%) & rest 2 participants told that they did not get any support.

The data shows that most of the respondents got support from the family. Only a few did not get support from the family.



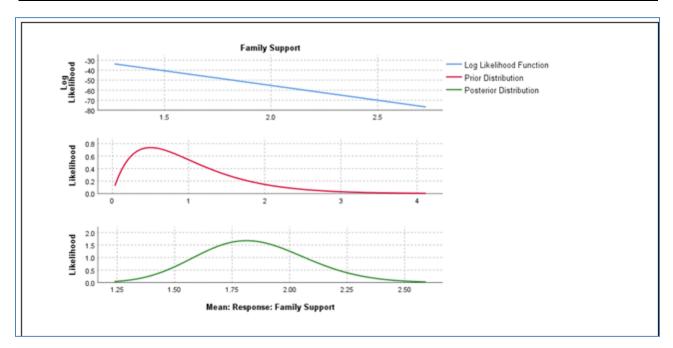


Figure 2: Posterior Distribution of likelihood of getting support from the family

The mean and mode of the response on family support in Bayesian one-sample test and it's posterior distribution shows that after being discharged from the military, a person is more likely to get support from the family.

The researcher on the basis of analysis of table 5 and 6 concludes that null hypothesis H_{02} is rejected.

Thirdly, it was asked that if they feel uncomfortable if they are treated differently in a group.

	Table 7: Response: If treated differently						
	Frequency Percent Valid Per					Cumulative Percent	
Va	alid	Yes	28	93.3	93.3	93.3	
		No	2	6.7	6.7	100.0	
		Total	30	100.0	100.0		

The response was obvious. 28 out of 30 respondents (93%) told that they feel uncomfortable when they are treated differently in a group.

The researcher on the basis of analysis of table 7 concludes that null hypothesis H_{03} is rejected.

Then it was asked that if they have experienced any symptoms of post-traumatic stress disorder (PTSD).

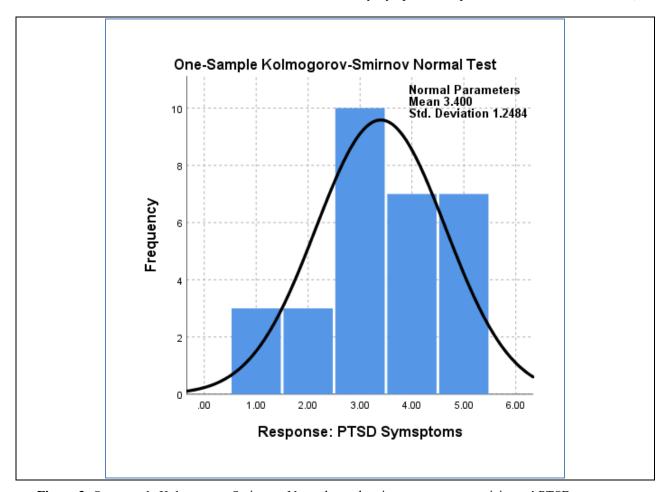


Figure 3: One sample Kolmogorov-Smironov Normal test showing response on participants' PTSD symptoms.

Labeled Values in the X-axis of figure 3:

Lab	sied values in the A axis of figure 3.
1	Lack of future plans
2	Lost interest
3	Nightmares
4	Experienced memory loss
5	Emotionally upset

33% of the respondents said that they had nightmares, 23% experienced memory loss, 23% have been

emotionally upset, 10% lost their interest and the rest 10% said that they had lack of future plans.

So, it can be concluded from analyzing the data from figure 3 that all the respondents had experienced PTSD including nightmares, memory loss, being

emotionally upset, loss of interest, lack of future plans etc, thus null hypothesis H_{04} is rejected.

Then the respondents answered to whether they can use the learning from the military in other occupations.

	Table 8: Response on Learning FromMilitary							
	Frequency Percent Valid Percent Cumulative Percent							
Valid	Yes	27	90.0	90.0	90.0			
	No	3	10.0	10.0	100.0			
	Total	30	100.0	100.0				

90% of the respondents told that they can, while rest 10% said that they cannot use it in other occupations. The data is represented in Figure 5 below.

So, the researcher can conclude by analyzing data from table 8 that the learning from the military can be used

in other occupations as well and null hypothesis H_{05} is rejected.

Finally, it has been asked about the possible reasons of treating them in a group differently. Although it was an open-ended question, similarities were found among the responses.

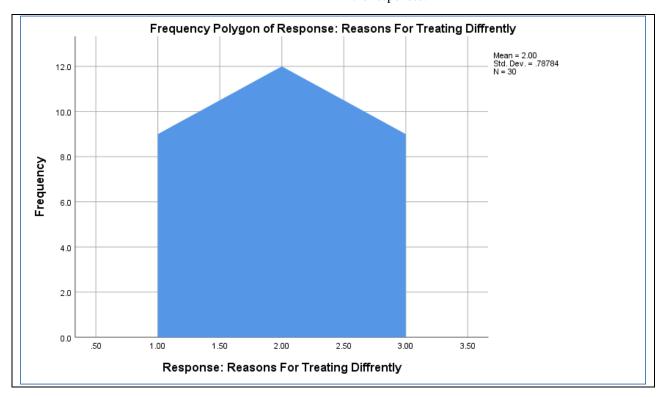


Figure 4: Histogram (polygon) showing possible reasons of treating participants differently in a group

Labeled Values in the X-axis of figure 4:

	\mathcal{C}
1	Perception about military
2	perception that the participant has done something wrong during service
	tenure
3	psychological differences

From the above data, it is clear that the main reason for treating an ex-military person differently is the perception that he/she has done something wrong during the service tenure and for that reason he/she is not in the service anymore. The next reason is the psychological differences followed by people's perception about the military.

So the researcher concludes by analyzing data from figure 4 that the null hypothesis H_{06} is rejected.

The findings of this research will have a great impact in the ex-military community as the benefits of this research findings will help to solve a lot of problems. At the same time, the readers will be benefited by getting to know the consequences that are faced by an ex-military person.

IX. FINDINGS

The data collected from the surveys did not match hypothesis. The summary is given in a nutshell below:

- All the ex-military persons have faced problems like criticism from the family, criticism from friends, criticism in workplace & difficulties mixing with civilians.
- More than half of the respondents got support from the family.
- Most of the respondents feel uncomfortable when they are treated differently in a group.
- Respondents experienced post-traumatic stress disorders like nightmares, emotionally upset, memory loss, loss of interest, lack of future plans etc.
- Almost all the respondents believe that they have a number of good qualities and they can use the learning from the military in their current occupation.
- The main reason for treating an ex-military person differently is the perception that he/she has done something wrong in the military.

So, from the above findings, it can be clearly said that the hypothesis has not been accepted.

X. CONCLUSION

The findings of this research will have a great impact in the ex-military community as the benefits of this research findings will help to solve a lot of problems. At the same time, the readers will be benefited by getting to know the consequences that are faced by an ex-military person.

COMPLIANCE WITH ETHICAL STANDARDS

Disclosure of Potential Conflicts of Interests:

- There are NO conflicts of interest:
- The paper is original one. Neither it is submitted anywhere for consideration, nor it is an extension of any earlier paper.
- No funding is done for this case study.
- The authors declare that they have no conflict of interest.

Research Involving Human Participants and/ or Animals:

- No experiment on human participants or animals is involved in the case study.
- Only a survey questionnaire has been filled by human participants.
- This paper does not contain any studies with human participants or animals performed by any of the authors.

Informed Consent:

Informed consent was obtained from all individual participants included in the study.

REFERENCES

- [1] Samuel B. Guze. (2006). *Diagnostic and statistical manual of mental disorders*. (4th ed.). Washington, DC: American Psychiatric Association.
- [2] Baron, R. M. & Kenny, D. A. (1986). The moderator—mediator variable distinction in social psychological research: Conceptual, strategic and statistical considerations. *Journal of Personality and Social Psychology*, 51, 1173–1182.
- [3] Beiser, M., Turner, R.J., & Ganesan, S. (1989). Catastrophic stress and factors affecting its consequences among Southeast Asian refugees. *Social Science and Medicine*, 28, 183–195.
- [4] Bentler, P. M. & Wu, E. J. C. (1995). *EQS for windows user's guide*. Encino, CA: Multivariate Software.
- [5] Byrne, C. A. & Riggs, D. S. (1996). The cycle of trauma: Relationship aggression in male Vietnam veterans with symptoms of posttraumatic stress disorder. *Violence and Victims*, 11, 213–224.
- [6] Chemtov, C. M., Novaco, R. W., Hamada, R. S., Gross, D. M., & Smith, G. (1997). Anger regulation deficits in combat-related posttraumatic stress disorder. *Journal of Traumatic Stress*, 10, 17–36.
- [7] Christensen, A. (1988). Dysfunctional interaction patterns in couples. In P. Noller & M. A. Fitzpatrick (Eds.). Monographs in social psychology of language, No. 1. Perspectives on marital interaction, pp. 31–52. Multilingual Matters.
- [8] Cohen, J. (1994). The earth is round. *American Psychologist*, 49, 997–1003.

- [9] Cohen, J. & Cohen, P. (1983). Applied multiple regression/correlation analysis for the behavioral sciences. Hillsdale, NJ: Erlbaum.
- [10] Cook, J. M., Riggs, D. S., Thompson, R., & Coyne, J. C. (2004). Posttraumatic stress disorder and current relationship functioning among World War II ex-prisoners of war. *Journal of Family Psychology*, *18*, 36–45.
- [11] Dandeneau, M. L. & Johnson, S. M. (1994). Facilitating intimacy: Interventions and effects. *Journal of Marital and Family Therapy*, 20, 17–33.
- [12] Davidson, J. R., Hughes, D., Blazer, D., & George, L. K. (1991). Catastrophic stress and factors affecting its consequences among Southeast Asian refugees. *Psychological Medicine*, *21*, 713–21.
- [13] Dekel, R. & Solomon, Z. (2006). Secondary traumatization among wives of Israeli POWs: The role of POWs' distress. *Social Psychology and Psychiatric Epidemiology*, 41, 27–33.
- [14] Dent, O. F., Tennant, C., Fairley, M. J., Sulway, M. R., Broe, G., Jorm, A. F., et al. (1998). Prisoner of war experience: Effects on wives. *Journal of Nervous and Mental Disease*, 186, 231–237.
- [15] Evans, L., McHugh, T., Hopwood, M., & Watt, C. (2003). Chronic posttraumatic stress disorder and family functioning of Vietnam veterans and their partners. *Australian and New Zealand Journal of Psychiatry*, *37*, 765–772.
- [16] Boss, P. (2002). *Family stress management*. Newbury Park, CA: Sage Publication.
- [17] Boss, P. (2004). Ambiguous loss research, theory, and practice: Reflections after 9/11. *Journal of Marriage and Family*, 66, 551–566.
- [18] Boss, P. & Greenberg, J. (1984). Family boundary ambiguity: A new variable in family stress theory. *Family Process*, 23, 535–546.
- [19] Cohen, J. (1960). A coefficient of agreement for nominal scales. *Educational and Psychological Measurement*, 20, 37–46.
- [20] Drummet, A. R., Coleman, M., & Cable, S. (2003). Military families under stress: Implications for family life education. *Family Relations*, 52, 279–287.
- [21] Dunning, C. M. (1996). From citizen to soldier: Mobilization of reservists. In *R. Uranso& A. Norwood (Eds.), Emotional aftermath of the Persian Gulf War*, pp. 197–225. Washington, DC: American Psychiatric Press.
- [22] Fleiss, J. L. (1973). *Statistical methods for rates and proportions*. Oxford, England: Wiley.
- [23] Golish, T. D. & Powell, K. A. (2003). Ambiguous loss: Managing the dialectics of grief associated with premature birth. *Journal of Social and Personal Relationships*, 20, 309–334.

- [24] Hill, R. (1949). Families under stress: Adjustment to the crises of war separation and reunion. New York: Harper.
- [25] Hogancamp, V. E. & Figley, C. R. (1983). War: bringing the battle home. In *C. R. Figley & H. I. McCubbin (Eds.), Stress and the family: Coping with catastrophe, 2*, pp. 148–165. New York: Brunner/Mazel.
- [26] Hoge, C. W., Castro, C. A., Messer, S. C., McGurk, D., Cotting, D. I., & Koffman, R. L. (2004). Combat duty in Iraq and Afghanistan, mental health problems, and barriers to care. *New England Journal of Medicine*, *351*, 13–22.
- [27] Kerner-Hoeg, S., Baker, S. Lomvardias, C., & Towne, L. (1993). *Operation restore hope survey of army spouses at Fort Drum*. New York: Survey Methodology and Data Book.
- [28] Y. McCubbin, H. & Patterson, J. (1985). The double ABCX model of family stress and adaptation: An empirical test by analysis of structural equations with latent variables. *Journal of Marriage and the Family*, 47, 811–825.
- [29] McCubbin, H. & Patterson, J. (1983). The family process: The double ABCX model of adjustment and adaptation. In *H. McCubbin, M. Sussman, & J. Patterson (Eds.), Social stress and the family: Advances and development in family stress theory and research*, pp. 7–37. [30] Miles, M. B. & Huberman, A. M. (1994). *Qualitative data analysis*. (2nd ed.). Thousand Oaks, CA: Sage.
- [31] Patton, M.Q. (2002). *Qualitative research and evaluation methods*. (3rd ed.). Thousand Oaks, CA: Sage.
- [32] Pincus, S., House, R., Christenson, J., & Adler, L. (2006). *The emotional cycle of deployment: A military family perspective*. Available at: http://www.hooah4health.com/deployment/familymatters/emotionalcycle.htm.
- [33] Quadrennial Defense Review. (2002). Review of reserve component contributions to national defense. Washington, DC: Office of the Assistant Secretary of Defense for Reserve Affairs.
- [34] Rienerth, J. G. (1978). Separation and female centeredness in the military family. In *E. J. Hunter & D. S. Nice (Eds.), Military families: Adaptation to change*, pp. 169–184. New York: Praeger.
- [35] Riggs, B. (1990). Routine work-related absence: The effects on families. *Marriage and Family Review*, 15, 147–160.
- [36] Rosen, L. & Moghadam, L. (1990). Matching the support to the stressor: Implications for the buffering hypothesis. *Military Psychology*, 2, 193–204.
- [37] Segal, M. W. & Segal, D. R. (2003). Implications for military families of changes in the Armed Forces of the United States. In *G. Caforio (Ed.), Handbook of the sociology of the military*, pp. 225–233. New York: Kluwer Academic/Plenum.
- [38] Stretch, R. H., Marlowe, D. H., Wright, K. M., Bliese, P. D., Knudson, K. H., & Hoover, C. H. (1996). Post-

traumatic stress disorder symptoms among Gulf War veterans. *Military Medicine*, 161, 407–410.

- [39] Sullivan-Bolyai, S., Bova, C., & Harper, D. (2005). Developing and refining interventions in persons with health disparities: The use of qualitative description. *Nursing Outlook*, *53*(3), 127–133.
- [40] Wiens, T. W. & Boss, P. (2006). Maintaining Family Resiliency Before, During, and After Military Separation. In C. A. Castro, A. B. Adler, & T. W. Britt (Eds.), The Military Life. Military life: The psychology of
- serving in peace and combat: The military family, pp. 13–38). Praeger Security International.
- [41] Westport, CT: Praeger Security International. Wood, S., Scarville, J., & Gravino, K. (1995). Waiting wives: Separation and reunion among Army wives. *Armed Forces & Society*, *21*, 217–236.
- [42] Yerkes, S., & Holloway, H. (1996). War and homecomings: The stressors of war and of returning from war. In *R. Uranso & A. Norwood (Eds.), Emotional aftermath of the Persian Gulf War*, pp. 25–42. Washington, DC: American Psychiatric Press.