

WAR-TIME MARITAL SEPARATION: MENTAL HEALTH AND REUNION  
EXPECTATIONS AMONG NON-DEPLOYED SPOUSES

By

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### **Abstract**

This project was broadly interested in the impact of military deployments on non-deployed spouses. Specifically, it examined how adjustment of the non-deployed spouse was related to the quality of the spouse's reunion experience. Non-deployed spouses' adjustment to the deployment was operationally defined in two ways, as relational adjustment and psychiatric adjustment. Relational adjustment examined aspects of a stream-of-conscious (SOC) recording non-deployed spouses made about their upcoming reunion experience with their husbands. Psychiatric adjustment was measured as a composite score of mental health symptoms, including: depressive, anxiety, and substance use symptoms from before, during, and after deployment. It was predicted that mental health symptoms would worsen following the deployment and improve following their husband's return; however, individual results were much more varied. In addition, I examined whether or not the composite scores of mental health were related to high adjustment during the deployment and a positive reunion experience later. While results were non-significant, this is likely due to the small sample size, as moderate effects were seen in the analysis involving more participants. Additionally, there was a strong relationship observed between the construct of balance during the Reunion SOC and mental health at Time 1, suggesting that mental health prior to a deployment may have behavioral implications during the deployment. Results from this project have some important implications for military families; by suggesting how adjustment relates to reunion experiences, programs can be offered to help non-deploying family members succeed through this difficult time.

Following the attacks of September 11, 2001, and the subsequent involvement by the United States military in both Operation Iraqi Freedom and Operation Enduring Freedom, military deployments have become commonplace in many American families. In 2006, the APA Task Force on Military Deployment estimated that “approximately 1.5 million American troops have been deployed in support of the war effort,” a conservative estimate made prior to the most recent troop surge (APA, 2007). Despite this recent increase in military involvement, the direct psychological impact of military deployments on both the service member and their families still remains relatively unknown. The lack of current research is cause for concern, as problems associated with military deployments are far broader than just issues associated with a service member going off to war. The current study investigates one dimension of how military deployment may be associated with couple-level well-being. In particular, I seek to understand how the psychological adjustment of the non-deployed spouse is related to the quality of the spouse’s reunion experience.

Current deployment research indicates that there is an *emotional cycle of deployment* that occurs while a service member is away (Logan, 1987). In anticipation of homecoming, both excitement and apprehension increase, as roles have been redefined, new family systems have developed, and both service members and their spouses have inevitably changed (Logan, 1987; Pineas et al., 2001; Pineas et al., 2005; Weins & Boss, 2006; Segal, 2006). The National Military Family Association indicates a spiral rather than a cycle of military deployment, as families never come back to the same place they started and oftentimes in subsequent deployments carry on unresolved anxieties and expectations from the last deployment(s), along with all of the skills they have gained (NMFA, 2005). Studies of wartime reunion by Bowlby (1960) indicate that reunion with the spouse can be just as much of a crisis as was the initial separation, as feelings of

ambivalence, irritation, fear of rejection, and emotional estrangement are commonly felt by war wives. In contrast, returning service members focus on reestablishing intimacy with their wife and do not experience the same anger or detachment. Relating Attachment Theory to reunion experience, Vormbrock noted that “the best reunion adjustment was made by families in which spouses had been interdependent on one another before separation. These families had experienced some maladjustment during separation and had closed out the husband from day-to-day decision making. However, the spouses had maintained an affectional relationship with each other, so that the husband’s reintegration into the family on reunion was relatively easy” (1993, p. 130). Ainsworth et al. found that individual differences in reunion adjustment of adults parallel those found in children. Reunion was more difficult for adults who experienced strong distress during separation, similar to that of anxious-ambivalent children, or emotionally detached themselves to a high degree from the absent person, similar to avoidant children (Ainsworth et al., 1978).

To date, the APA Task Force on Military Deployment is the most comprehensive assessment of the impact of military deployments on service members’ families, yet there is still much to be learned about how adjustment is related to the reunion experience in families that are left behind. Given that numerous questions exist in this literature, the current study was guided by the following aims and hypotheses:

1. **Examine whether the relational adjustment of the non-deployed spouse during the deployment predicts the quality of the participant’s self-reported reunion experience.** Here relational adjustment will be measured through the projective, stream-of-consciousness (SOC) recording about the reunion experience, gathered two weeks after the participant’s husband has deployed, and asking participants to talk openly and

honestly about any hopes, fears, dreams, desires, etc. they have about their upcoming reunion experience and their relationship with their husband. It will then be coded for high or low adjustment on several indices (See Appendix B for coding scales) and compared to the participant's self-reported reunion experience, which is measured upon their spouse's return (at Time 3). **Hypothesis one (H1)** predicts that higher (SOC-coded) reunion adjustment at Time 2 will predict a better self-reported reunion experience at Time 3. High adjustment in this instance is operationalized as being balanced (having a realistic view of both the positive elements and difficulties of a deployment and a reunion experience), emotionally expressive, having a high vividness of imagery, high coherence, and low avoidance of the question.

2. **Examine potential change over time trajectories for depressive, anxiety, and substance use symptoms from before, during, and after deployment.** This is a measure of psychiatric adjustment where a composite score from Beck's Depression Inventory, Brief Symptom Index, and Addiction Severity Index will be used to gain an overall picture of mental health. Here a higher composite score indicates a lower psychiatric adjustment. **Hypothesis two (H2)** predicts a worsening in mental health symptoms following their husband's deployment and a subsequent improvement in mental health symptoms following their husband's return, however there are several other possible mental health trajectories, and this study aims to examine individual differences in how individuals experience a deployment. I will also examine the trends qualitatively to see if there is a potential pattern of adjustment shown by all of the participants. This will serve as a descriptive analysis of how mental health symptoms change throughout the course of a deployment.

3. **Examine how mental health symptoms at Time 1 and Time 2 are related to high or low adjustment during the Reunion SOC at Time 2.** Here, I aim to examine the link between relational and psychiatric adjustment. **Hypothesis three (H3)** predicts that those participants showing a higher psychiatric adjustment at Time 1 and Time 2 will also show a high adjustment at Time 2 when they complete the Reunion SOC.
4. **Examine how mental health symptoms at Time 1 and Time 2 are related to the quality of the spouse's reunion experience at Time 3.** Similar to *H3*, this prediction aims to examine the link between psychiatric adjustment and the quality of the participant's self-reported reunion experience. **Hypothesis four (H4)** predicts that those participants showing a higher psychiatric adjustment at Time 1 and Time 2 will have positive self-reported reunion experience at Time 3, compared to those who show a lower psychiatric adjustment at those times.

## Methods

### *Subjects*

Forty-five (n=45) women between the ages of 18 and 50 (M=29.91, SD=6.98 years), whose husband's are currently employed by the United States military and deployed in service of Operation Iraqi Freedom (Iraq) or Operation Enduring Freedom (Afghanistan) were recruited from the Tucson community to participate in a three-part study. Both participants with and without children were included, however, participants outside this age range or those who had lost a previous partner in a combat related death were excluded. Recruitment strategies included posting fliers around Tucson, AZ, placing ads on Craigslist, and through communication with Family Readiness Groups and other such military family organizations. Many of the participants have been Active Duty Air Force wives, due to the close proximity of Davis Monthan Air Force

Base to the University of Arizona; however, there also is an Army Reserve Base nearby. The typical deployment in the Air Force is between three and four months, however, length of each participant's participation depends on the length of their husband's deployment.

Because the current study draws from an ongoing longitudinal project and due to unequal lengths of deployment for each service member, only those participants who have completed all (n=12) or most (n=29) of the study were included in the results.

### *Procedure*

The current study investigated a small dimension of the larger parent project. Specifically, participants in this study provided informed consent by phone upon entering the study. After informed consent was obtained, and two weeks prior to their husband's departure from the country (Time 1), participants completed a series of online self-report questionnaires assessing mental health symptoms such as depression, anxiety, and substance use; individuals' self-reported attachment styles; perceived relationship quality; parenting stress (if applicable); social support; religiosity; general life satisfaction; and other demographic questions.

Two weeks after their husband left for deployment (Time 2), participants came into the laboratory where they completed a series of tasks including another set of self-report questionnaires and a three minute Reunion stream-of-consciousness (SOC) task where they were asked to speak freely into a voice recorder about any thoughts, feelings, hopes or desires about their upcoming reunion experience and their relationship with their husband. This SOC recording was later transcribed and coded on several indices related to high and low adjustment (See Appendix B for coding scales).

The last session for these participants occurred two weeks after their husband's return from deployment (Time 3). Here, they completed a final series of online self-report

questionnaires, similar to those in Time 1. For this project, an additional question was added into the Time 3 questionnaire asking participants to report about their actual reunion experience. This was then compared to the Reunion SOC recording to gain a measure of relational adjustment.

### *Stimuli and Materials*

For this project, adjustment was operationally defined in two ways, as relational adjustment and as psychiatric adjustment. Relational adjustment examines aspects of the Reunion SOC recordings (an open-ended projective measure asking participants to talk about their upcoming reunion experience) to see how they relate to the participant's self-reported reunion experience upon their husband's return. This measure was coded on several indices for high or low adjustment (See Appendix B for coding scales). Here, the SOC-coded reunion expectations were scored on five, five-point Likert scales related to high and low adjustment to create a composite score of relational adjustment. High adjustment was characterized as having balance (acknowledging both positive elements as well as the difficulties of a deployment and reunion experience), high emotional expressiveness when describing the upcoming reunion experience, a high vividness of imagery in their description of the upcoming reunion, high level of coherence (the recording made sense, they did not contradict themselves or change the tempo of their speech when talking about difficult topics, etc.), and low avoidance of the question (they did not try to avoid talking about their upcoming reunion experience).

Psychiatric adjustment examines change over time for depressive, anxiety, and substance use symptoms using Beck's Depression Inventory II (BDI-II), Brief Symptom Index (BSI), and Addition Severity Index (ASI). Here, a composite score of these measures from Time 1, Time 2, and Time 3 was created in order to map out potential trajectories of mental health changes. This data from Time 1 and Time 2 was also used to see if mental health predicts high or low

adjustment of the Reunion SOC at Time 2 and later if mental health is related to the participant's subjective reunion experience at Time 3. Here, better self-reported mental health was characterized by lower scores on the BDI-II, BSI, and ASI. Low scores on the BDI-II indicate lower depressive symptoms and include items such as: "I am sad all of the time", "It's hard to get interested in anything", and "I am too tired or fatigued to do a lot of the things I use to do". These items are coded on a scale from 0 to 3, where 0=minimal and 3=severe and the total score is achieved by summing the scores from each of the twenty-one items (Beck, Steer, and Brown, 1996). Low scores on the anxiety scale of the BSI indicate lower anxiety symptoms and include items such as: feeling "nervousness or shakiness inside", "feeling tense or keyed up", and "feeling so restless you couldn't sit still". These items are coded on a scale from 0 to 4, where 0=not at all and 4=extremely and the total score is achieved by summing the scores from each of the six items (Derogatis, 1993). Low scores on the alcohol and substance abuse subscale of the ASI indicate lower substance abuse symptoms and include items such as: "How many days did you drink alcohol in the last 30 days?", "In the past 30 days, how many days have you experienced drug problems?", and "How troubled or bothered have you been by these drug problems in the past 30 days?" The total score from this measure is based on the calculated composite score from each of the nineteen items and scores range from 0 to 1, where 0=no endorsement of any problem and 1=maximal endorsement of all problems (Rosen, Henson, Finney, and Moos, 2000).

Lastly, the participant's self-reported reunion experience was coded for reunion quality on two, three-point Likert scales related to level of description and the overall positivity/negativity of their response. Greater reunion quality was characterized by having a

greater description of the reunion experience and showing a greater positivity in their description of their reunion experience.

### *Data Analysis*

For **H1**, the Reunion SOC was coded on several indices for high and low adjustment to obtain an overall picture of how aspects of the SOC recording are related to the participant's self-reported reunion experience. These composite scores at Time 2 were compared to the participant's self-reported reunion experience at Time 3, where higher reunion quality was characterized by greater description and greater positivity when describing their actual reunion experience. The composite score values from each of these measures were then statistically correlated to see if a relationship exists. For **H2**, a composite score of mental health symptoms, measured using Beck's Depression Inventory, Brief Symptom Inventory, and Addiction Severity Index, was created for each participant to map out the potential trajectories of change from Time 1 to Time 2 to Time 3. Later these potential patterns of adjustment were conceptually grouped into similar group-based trajectories to see if there was a recurring pattern among all of the participants. It was predicted that participant's mental health symptoms would worsen when their husband left and improve upon his return, but this may not be the case for everyone, as there is great individual differences among participants. This analysis served as a descriptive analysis of how mental health symptoms changed throughout the course of a deployment. For **H3**, the composite score of mental health at Time 1 and Time 2 was compared to the high or low adjustment score from the Reunion SOC to see how psychiatric adjustment is correlated with high or low adjustment during Time 2. For **H4**, the same composite score for mental health at Time 1 and Time 2 was correlated with the participant's self-reported reunion experience to see

how psychiatric adjustment is related to the quality of the spouse's reunion experience at Time 3, which was coded for reunion quality as it was in **H1**.

### Predictions/Hypothesis

Table 1: Study Hypotheses

	Predictor Variables	Predicted Variables	Hypothesis
Hypothesis 1	1.Aspects of the Reunion SOC at T2 a. Balance b. Emotional Expressiveness c. Vividness of Imagery d. Coherence e. Avoidance 2.Participant's self-reported reunion experience	1.High or Low Adjustment at T2 2.Quality of the participant's reunion experience	Higher adjustment at T2 will predict a better self-reported reunion experience at T3
Hypothesis 2	1.Psychiatric symptoms from T1, T2, and T3 a. BDI-II b. BSI c. ASI	1.Composite score of mental health at T1, T2, and T3	A worsening in mental health symptoms will follow their husband's deployment (at T2) and a subsequent improvement in mental health symptoms will follow their husband's return (at T3)
Hypothesis 3	1.Psychiatric symptoms from T1 and T2 a. BDI-II b. BSI c. ASI 2.Aspects of the Reunion SOC at T2 a. Balance b. Emotional Expressiveness c. Vividness of Imagery d. Coherence e. Avoidance	1.Composite score of mental health at T1 and T2 2.High or low adjustment at T2	Participants showing a higher psychiatric adjustment at T1 and T2 will also show a high adjustment at T2 when they complete the Reunion SOC
Hypothesis 4	1.Psychiatric symptoms from T1 and T2 a. BDI-II b. BSI c. ASI 2.Participant's self-reported reunion experience	1.Composite score of mental health at T1 and T2 2.Quality of the participant's reunion experience	Participants showing a higher psychiatric adjustment at T1 and T2 will have positive self-reported reunion experience at T3 compared to those who show more mental health symptoms at those times

## Results

**H1:** Pearson correlations were used to examine the association between relational adjustment at Time 2 ( $M=14.02$ ,  $SD=3.03$ ) and a participant's self-reported reunion experience at Time 3 ( $M=4.50$ ,  $SD=1.00$ ). **H1** predicted that a higher relational adjustment during the deployment would be related to a positive self-reported reunion experience upon their husband's return. No significant results were found (see Table 3) and this is likely due to the small sample size. Despite the non-significant results, the direction of this relationship suggests that higher relational adjustment at Time 2 was related to a subjective positive reunion experience at Time 3, and this association should be reevaluated after all participants have completed the study.

**H2:** Individual trajectories of mental health symptoms are depicted in Figure 2, mapping each participant's change in mental health symptoms throughout the course of the deployment. It was predicted that participants would show a worsening in mental health symptoms from Time 1 to Time 2, when their husband's deployed, and improved mental health from Time 2 to Time 3, when their husband's returned, but the results were much more varied. Using qualitative analysis, I attempted to identify conceptually similar group based trajectories of change. Figure 3 depicts these trajectories and Table 10 explains the characteristics of each of these five potential patterns of adjustment. These potential patterns of adjustment offer an interesting direction for the future of deployment research, largely because not much is understood about the individual differences in the mental health symptoms that spouses and families experience throughout course of a deployment.

**H3:** A Pearson correlation was performed addressing the relationship between relational adjustment at Time 2 ( $M=14.02$ ,  $SD=3.03$ ) and psychiatric symptoms at Time 1 ( $M=14.97$ ,  $SD=9.86$ ) and Time 2 ( $M=16.63$ ,  $SD=10.80$ ). **H3** predicted that participants reporting fewer

mental health symptoms at Time 1 and Time 2 also will show a high adjustment at Time 2 when they complete the Reunion SOC. No significant differences were found at either Time 1 or Time 2 (see Table 5); however, results approached significance with  $p$  values equaling 0.13 and 0.11, respectively. Figure 4 shows the relationship between psychiatric adjustment at Time 1 prior to the deployment and relational adjustment seen one month later at Time 2 during the deployment.

**H4:** A Pearson correlation was performed to evaluate the association between actual reunion experience at Time 3 ( $M=4.50$ ,  $SD=1.00$ ) and psychiatric adjustment at Time 1 ( $M=13.85$ ,  $SD=10.93$ ) and Time 2 ( $M=13.56$ ,  $SD=9.82$ ). **H4** predicted that participants showing a higher psychiatric adjustment at Time 1 and Time 2 will have a positive self-reported reunion experience at Time 3 compared to those who show a lower psychiatric adjustment at those times. No significant results were found at either Time 1 or Time 2 (see Table 3), which is again likely due to the small number of participants that have completed the study thus far. Despite the non-significant results, the direction of this relationship suggests that participants with fewer mental health symptoms at Time 1 and Time 2 were related to a subjective positive reunion experience at Time 3, and would be interesting to reevaluate once all of the participants have completed the study.

**Additional Analysis:** I conducted additional analyses to examine if a significant association was observed between psychiatric adjustment and any one of the Reunion SOC coding scales. At Time 1 the relationship between relational adjustment and psychiatric adjustment was driven almost exclusively by the balance scale ( $r(27) = -0.50$ ,  $p < 0.01$ ), where participants who had a lower psychiatric adjustment at Time 1 and Time 2, as evidenced by higher mental health symptoms, described their reunion in an overly positive or negative light at Time 2 during the Reunion SOC (see Figure 8). This is an interesting finding because it suggests

that participants' adjustment *prior to* the deployment is predictive of a distorted view of their upcoming reunion experience *during* the deployment. This same analysis at Time 2 showed that both the balance ( $M=3.07$ ,  $SD=1.07$ ) and vividness ( $M=3.14$ ,  $SD=0.92$ ) scales were related to psychiatric adjustment at Time 2, ( $r(27) = -0.38$ ,  $p = 0.041$ ) and ( $r(27) = -0.37$ ,  $p = 0.049$ ), respectively (see Figures 9 and 10). This indicates that participants who were balanced in their description of their upcoming reunion experience, acknowledging both positive elements as well as difficulties of a reunion and who also described their reunion with a greater vividness of imagery were more likely to have fewer mental health symptoms at Time 2 as well.

### Discussion

In the current study, no significant associations were observed between relational adjustment and psychiatric adjustment. One potential explanation for lack of significant results is statistical power. While 45 participants are enough to draw strong statistical conclusions, only twelve of those participants have completed the study thus far, making it difficult to detect significant effects and also making it difficult to generalize results to all military reunion experiences. In support of this argument, moderate effects were observed in *H3*, where twenty-nine participants were analyzed. These effects warrant further consideration and suggest that with a greater sample size, some of the effects obscured by the small sample size may become apparent.

After additional analysis of the Reunion SOC coding scales, a statistical association was observed between psychiatric adjustment and the balance and vividness SOC coding scales. At Time 1, this relationship was driven almost exclusively by the balance scale, where participants who showed more mental health symptoms at Time 1 described their upcoming reunion experience in an overly positive or negative light one month later at Time 2. This suggests that a

participant's psychiatric adjustment *prior to* the deployment was predictive of distorted perception of their upcoming reunion experience *during* the deployment. At Time 2, this relationship was driven by both the balance and vividness scales, where participants who reported fewer mental health symptoms at Time 2 were balanced in their description of their upcoming reunion experience, acknowledging both the positive elements of a reunion experience but also some of the potential difficulties associated with reunion, including a transition period of adjustment and the redefining of family roles. These participants also described their upcoming reunion with a greater vividness of imagery, which could include a description of the outfit she will be wearing when she goes to pick her husband up from the airport, how she is going to decorate the house for his return, the long embrace they will share, what she will cook for dinner when he arrives, among many other things. This suggests that a participant's psychiatric adjustment during the deployment was related to their description and perception of their upcoming reunion experience at that same time.

Despite the lack of power for the quantitative trajectory analyses, the qualitative analysis of potential grouped patterns of adjustment was successful and provides interesting insight into the nature of psychiatric adjustment throughout the course of a military deployment. Results suggest that the individual differences in mental health symptoms in response to a deployment are varied, creating interest for additional analysis to examine the mental health symptoms that are characteristic of each of these conceptually similar trajectories. For example, what factors differentiate people who show drops in their well-being after deployment and later improvement (following the deployment) from people who show drops in well-being that do not improve upon reunion (following the deployment)?

Despite the uniqueness of the present sample, some methodological concerns to consider in this study are the items on the SOC rating scales, which were coded twice, but by only one rater due to time constraints in this study. Additionally, these scales were created for this study and have not been independently verified for reliability and validity. It is likely that other constructs important to this relationship were not coded for, which could moderate any unobserved effects. Furthermore, a large majority of participants in this study are Air Force wives, due to the close proximity of Davis Monthan Air Force Base. This may also affect generalizability of the results, as Air Force deployments are often shorter, in less dangerous combat zones, and only comprise members from one of the four main military branches. Due to the nature of the small sample size in this study, only females whose husbands were deployed were considered. If we were to consider males whose wives were deployed, it may change the nature of the results somewhat as males are often considered less emotionally expressive than females and may not have some of the same emotions or concerns that wives would have. In addition to the nature of the deployment and the level of perceived danger for the participant's husband, length of deployment and social support during the deployment are other potential moderating factors.

Despite some of these limitations, this study could have important implications for many American families. By understanding what factors relate to a positive reunion experience for a returning service members and their families, additional programs can be established to help these people with the many burdens of military deployment. Many of the programs that exist now help with adjustment difficulties after the deployment is over, but hopefully by understanding the specific needs of non-deployed spouses and their families, programs can be

established helping them with adjustment problems all throughout the deployment and giving them encouragement and help to ensure a positive reunion experience.

In the future, it would be interesting to consider both men and women whose spouse has deployed. This will offer a more comprehensive picture of military reunion experiences in this country. It also might be worthwhile to run an additional experiment in several locations, so as to best achieve an equal representation of each of the main military branches. As an extension of this current study, it would be interesting to have the deploying service member complete some of the same questionnaire packets to see how they are adjusting to the deployment and to the separation and also to see what their concerns are and how they might differ at various stages of the deployment.

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## Appendix A

**Table 2: Descriptive Statistics for Hypotheses 1 and 4**

	Mean	Std. Deviation	N
Actual Reunion	4.50	1.00	12
Reunion SOC	14.42	3.03	12
Time 1 Mental Health	13.85	10.93	12
Time 2 Mental Health	13.56	9.82	12

**Table 3: Correlations for Hypotheses 1 and 4**

Actual Reunion	Reunion SOC	Time 1 Mental Health	Time 2 Mental Health
Pearson Correlation	0.11	-0.18	-0.18
Sig. (2-tailed)	0.75	0.58	0.57

**Table 4: Descriptive Statistics for Hypothesis 3**

	Mean	Std. Deviation	N
Reunion SOC	15.45	3.07	29
Time 1 Mental Health	14.97	9.86	29
Time 2 Mental Health	16.63	10.80	29

**Table 5: Correlations for Hypothesis 3**

Reunion SOC	Time 1 Mental Health	Time 2 Mental Health
Pearson Correlation	-0.29	-0.30
Sig. (2-tailed)	0.13	0.11

**Table 6: Additional Analysis Descriptive Statistics**

	Mean	Std. Deviation	N
Balance	3.07	1.07	29
Emotional Expressiveness	2.76	0.91	29
Vividness	3.14	0.92	29
Coherence	3.04	0.63	29
Avoidance	3.45	0.83	29

**Table 7: Additional Analysis Correlations**

Time 1 Mental Health	Emotional				
	Balance	Expressiveness	Vividness	Coherence	Avoidance
Pearson Correlation	0.499**	-0.26	-0.21	0.23	-0.10
Sig. (2-tailed)	0.01	0.19	0.29	0.24	0.62

\*\* Correlation Significant at the 0.01 level (2-Tailed)

**Table 8: Additional Analysis Correlations**

Time 2 Mental Health	Emotional				
	Balance	Expressiveness	Vividness	Coherence	Avoidance
Pearson Correlation	-0.382*	-0.26	-0.369*	0.20	-0.09
Sig. (2-tailed)	0.04	0.17	0.05	0.30	0.62

\* Correlation Significant at the 0.05 level (2-Tailed)

**Table 10: Explanations of Grouped Trajectories**

1	This potential pattern of adjustment was only shown by one participant and is characterized by high levels of mental health symptoms throughout the deployment and showed a sharp improvement in their mental health symptoms only after their husband returned. (Orange line)
2	This potential pattern of adjustment was shown by three participants and is characterized by a sharp improvement in their mental health symptoms after their husbands have deployed and remain at a similar level when he returns. (Red line)
3	This potential pattern of adjustment was shown by one participant and is characterized by a worsening in mental health symptoms while their husband was deployed but ultimately return to baseline levels when their husband returns. (Green line)
4	This potential pattern of adjustment was shown by two participants and is characterized by a worsening in mental health symptoms after their husband deploys and do not show a return to their baseline levels after their husband returns. (Purple line)
5	This potential pattern of adjustment was the most common pattern seen. It was shown by five participants and is characterized by mental health symptoms that remain stable throughout the course of the deployment. (Blue line)

Figure 1

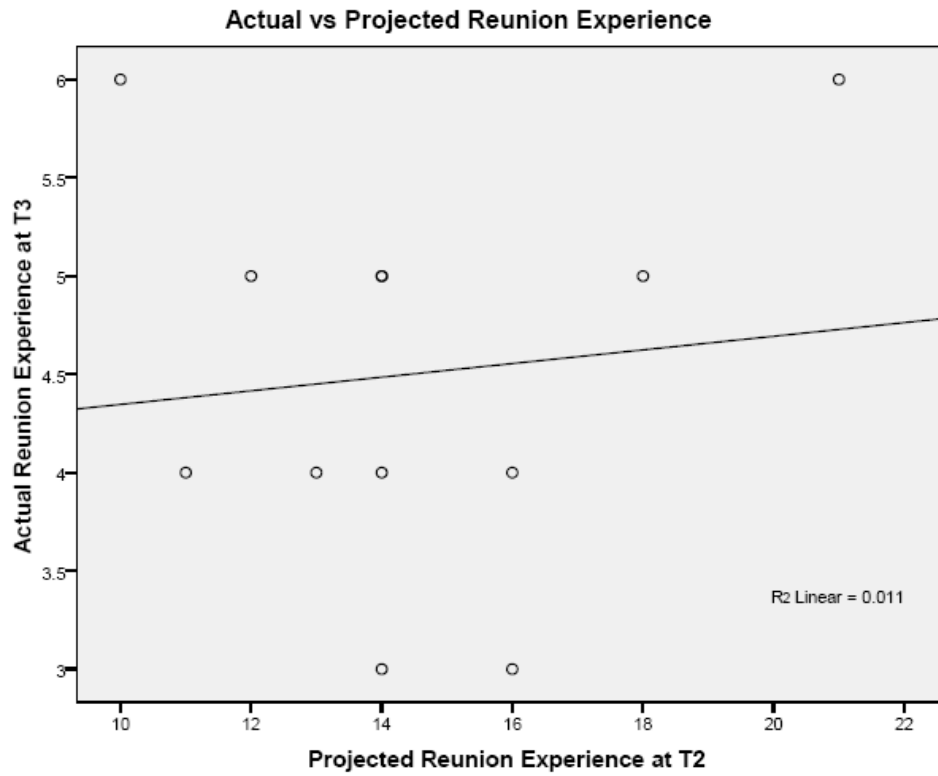


Figure 2

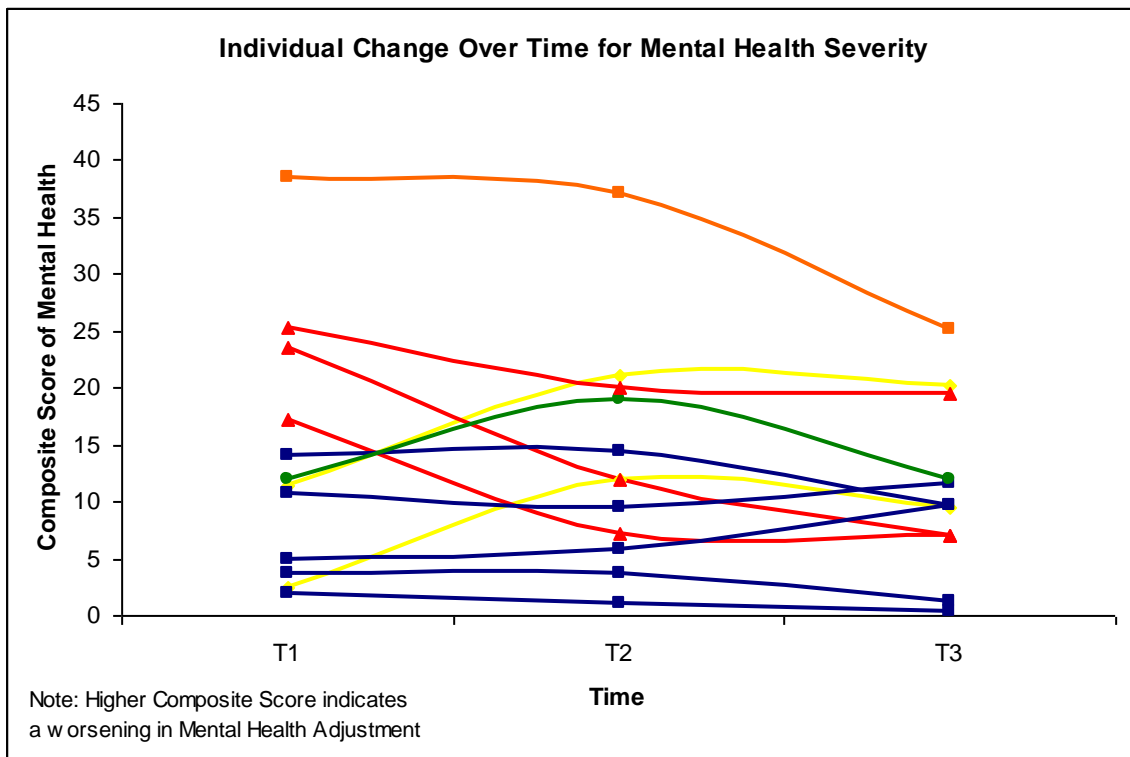


Figure 3

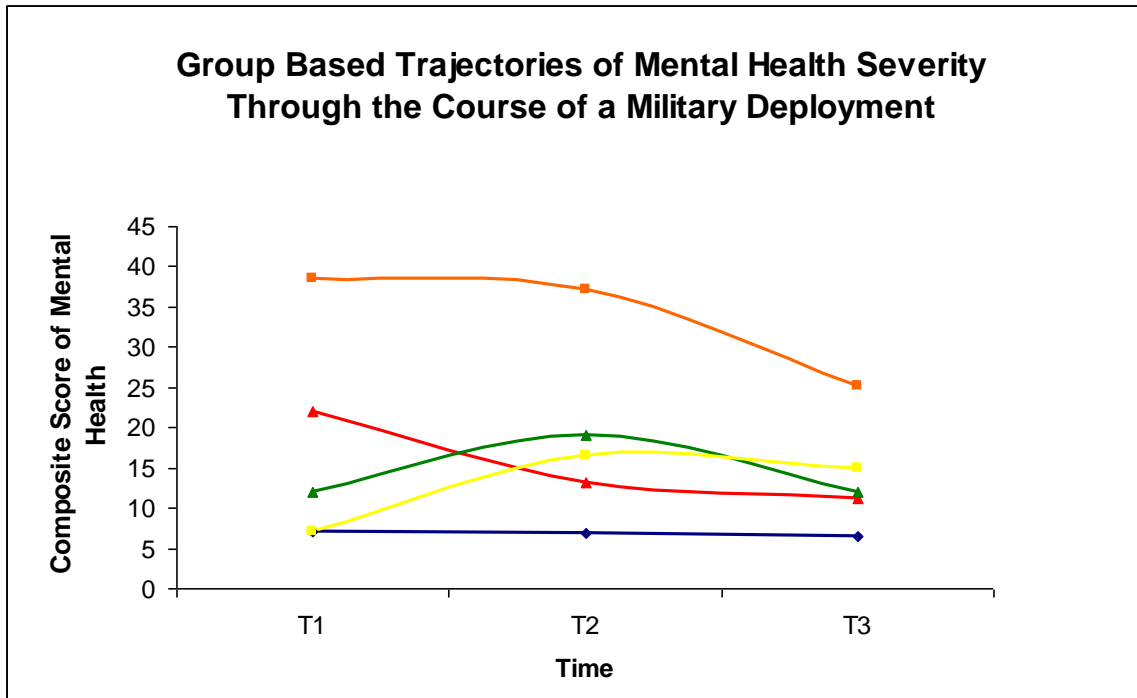


Figure 4

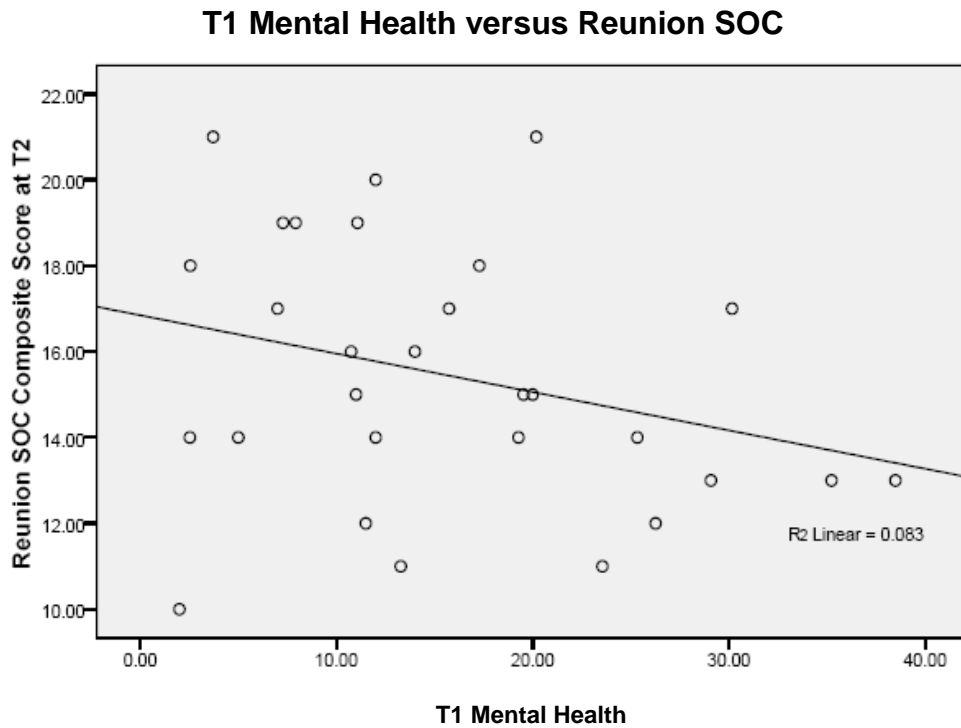


Figure 5

**T2 Mental Health versus Reunion SOC**

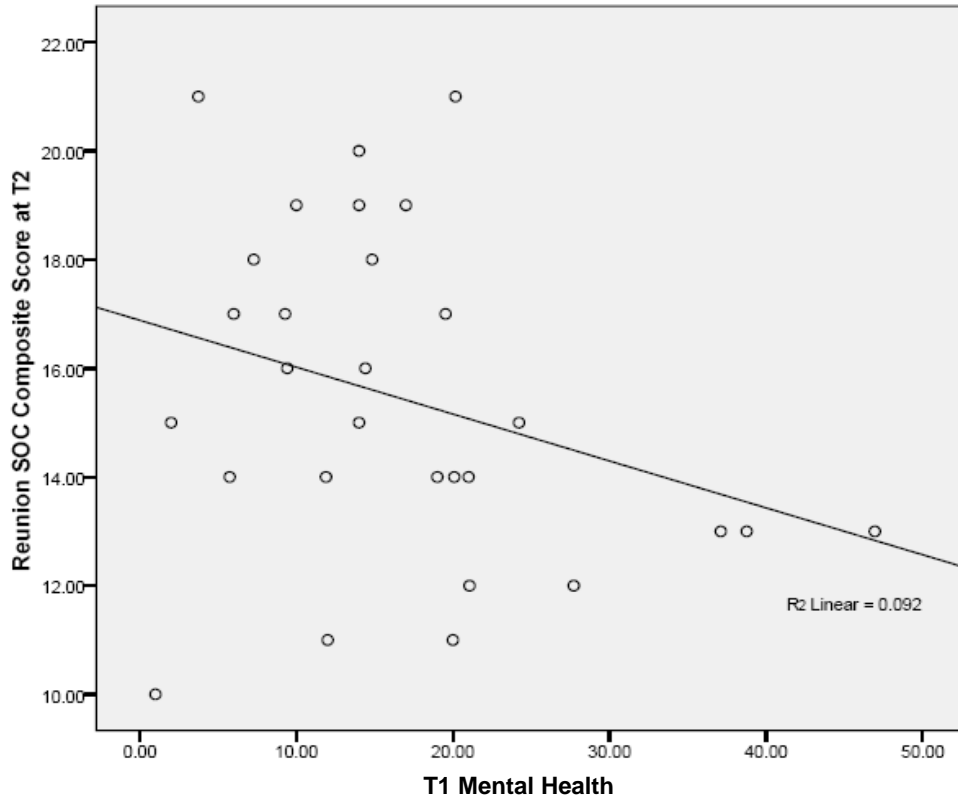


Figure 6

**T1 Mental Health versus Reunion Experience**

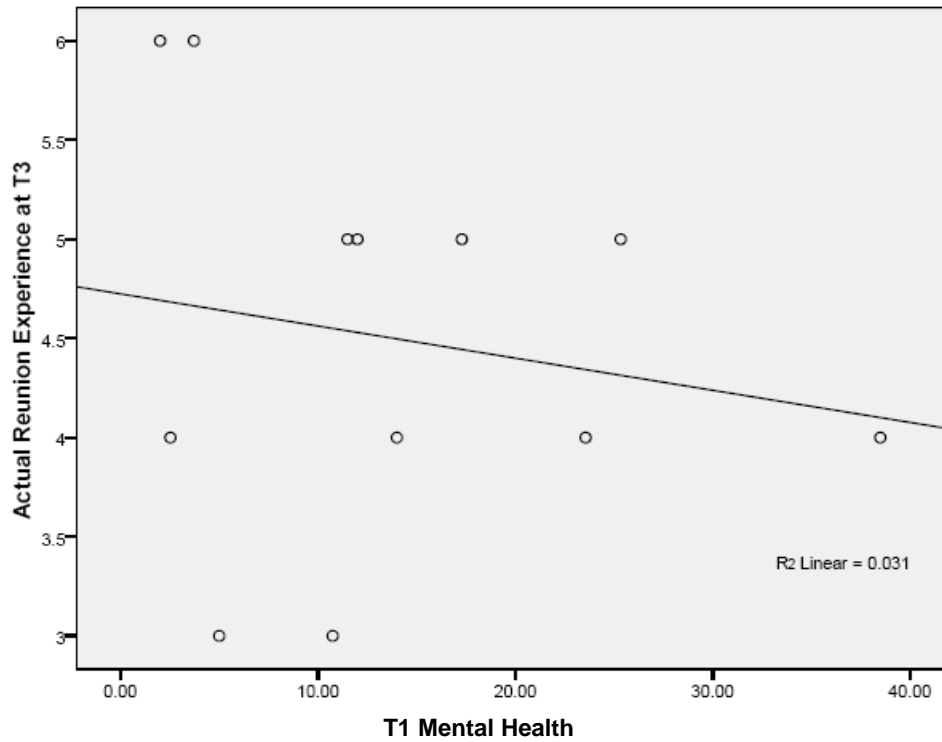


Figure 7

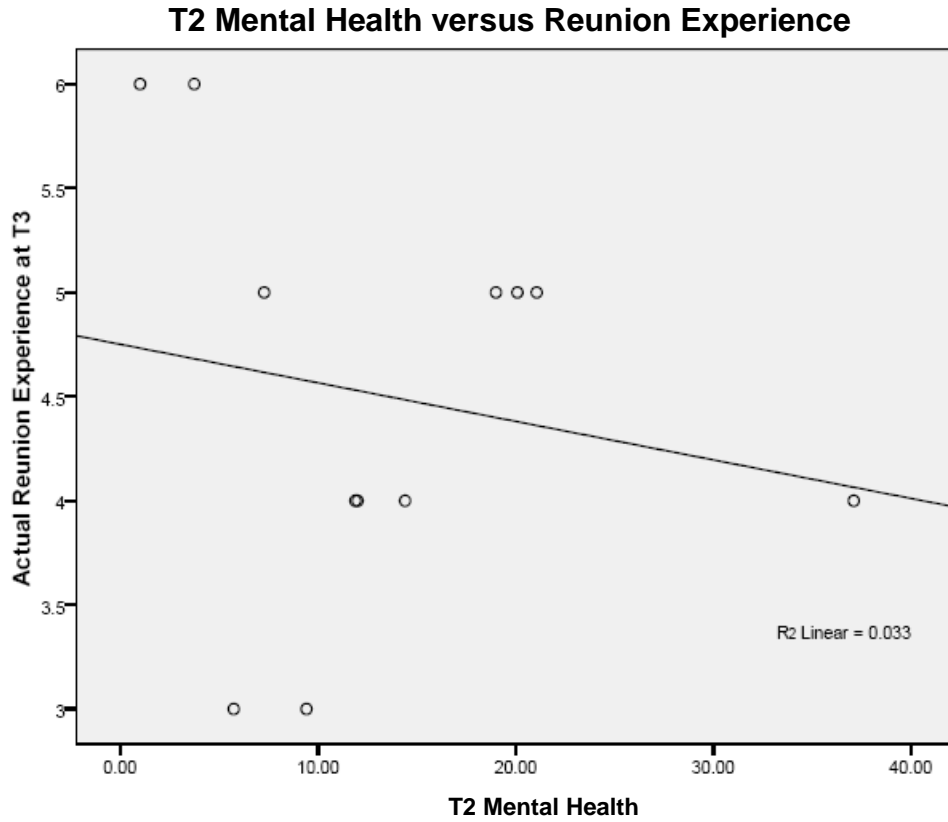


Figure 8

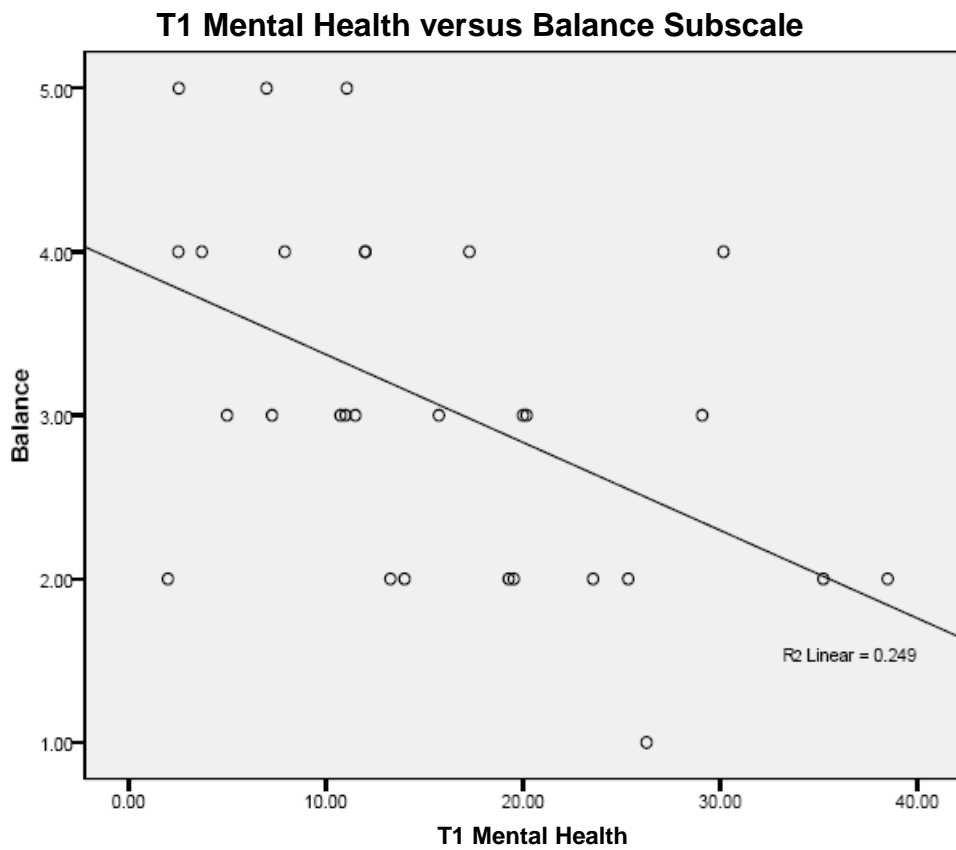


Figure 9

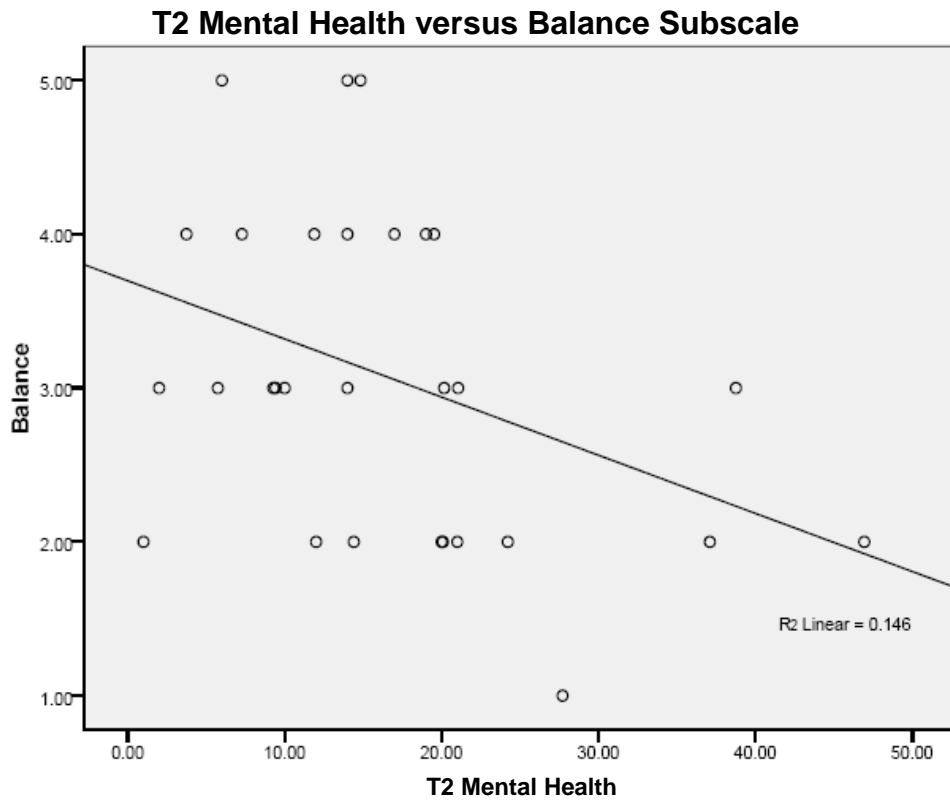
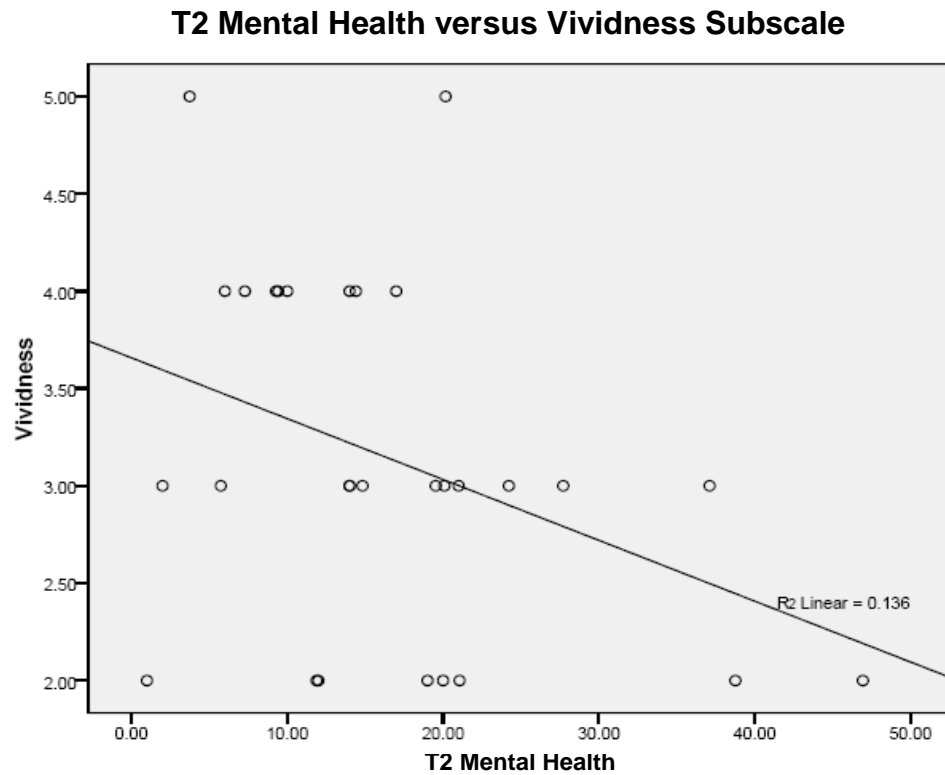


Figure 10



## Appendix B

Stream-of-Consciousness Coding Scales, based on a 1 to 5 Likert Scale where 1 = low adjustment and 5 = high adjustment

Scales:

1. Balance
  - a. Balanced (High Adjustment) – Participant is realistic about the positive elements as well as difficulties of a deployment, (e.g acknowledging an adjustment period upon reunion or the reestablishment of family roles) and would be better able to handle the stress of a reunion
  - b. Unbalanced (Low Adjustment) – Participant is either overly positive or overly negative about the upcoming reunion experience
2. Emotional Expressiveness
  - a. High Adjustment: Participant is emotional when expressing their feelings about the reunion
  - b. Low Adjustment: Participant holds their feelings back and may seem cold or robotic
3. Vividness of Imagery
  - a. High Adjustment: Participant uses a greater vividness of imagery in their projection of the reunion experience
  - b. Low Adjustment: Participant is vague about the details about the reunion experience
4. Coherence: whether or not the recording makes sense, the use of nonfluencies and filler words (e.g. like, youknow, um, hmm), contradicting themselves, speed of speech (e.g. do they change the tempo of their speech when talking about difficult topics?)
  - a. High Adjustment = High coherence
  - b. Low adjustment = Low coherence
5. Avoidance: do they talk about the question that is asked or find a way to avoid the question? (e.g of avoidance: “well, it’s really so far away that I don’t think that I should be thinking about it yet”)
  - a. High Adjustment = Low avoidance
  - b. Low Adjustment = High Avoidance

1	2	3	4	5
Low Adjustment		Moderate Adjustment		High Adjustment