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## Families Facing the Demands of Military Life: New Research Directions

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## Chapter 16

# Families Facing the Demands of Military Life: New Research Directions

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Military families, whether Active-duty, Reserve, or National Guard, face a multitude of demands in times of both peace and war, and these demands will shift throughout a Servicemember's career. Our research at the Walter Reed Army Institute of Research (WRAIR), as well as research done at other institutions, has shown that the demands experienced by military families have both negative and positive effects in terms of health, marital satisfaction, and satisfaction with the Army. Appraisal of these demands and the ability to obtain the necessary resources to deal with them are important determinants of a variety of well-being-, family-, and Army-related outcomes. This chapter will focus on the findings of family studies conducted by researchers at WRAIR and examine the road ahead with studying military families based on the outcomes discussed.

## Introduction

As of September 2006, a total of 275,016 Active-duty (54 percent of the Active force), 189,975 Army Reserve (47 percent of the Reserve force), and 160,921 Army National Guard (46 percent of the National Guard force) Servicemembers were married (Maxfield, 2006). As we can see from the demographics, many in the Army have families that will experience a multitude of demands while part of the military, some of which have always existed. However, the war on terror has brought unexpected additional challenges. The long-term impact of these recurring demands within a military and society that continue to grow and change remains to be seen. Segal discusses a number of military lifestyle demands that may negatively impact family members. These include geographic mobility, residence in foreign countries, periodic separations from family, and risk of Servicemember injury/death. These demands may be experienced individually or collectively. They are also connected to another demand, which is the ability to integrate with the

military community. Of course, these demands are not all-inclusive, but they may often be closely tied to one another whether through creating conditions that lead to other demands and/or through their effects on various health-, family-, and Army-related outcomes.

### **Geographic Mobility and Residence in Foreign Countries**

The relocations that are part of military life can disrupt family life and existing supportive relationships. Although moving can be a positive experience for some spouses (Warner, 1983), many report experiencing difficulty adjusting to their most recent move (Croan, Levine, and Blankinship, 1992; Orthner, 2002). In the Survey of Army Families IV, recently moved spouses reported less positive adjustments on 13 out of 18 family, personal, and Army adjustment indicators (Orthner, 2002). Research in this area suggests that geographic mobility is related to lower psychological well-being (Croan et al., 1992; Gaylord and Symons, 1986; Norell and Copeland, 2002) and physical health (Jensen, Lewis, and Xenakis, 1986; Andersen and Arnetz, 1999), as well as with lower marital happiness (Schneider and Gilley, 1984; Ozkaptan, Sanders, and Holz, 1986; Makowsky, Cook, Berger, and Powell, 1988) and lower retention (Lewis, 1985; Mohr, Holzbach, and Morrison, 1981).

Moving across town may be difficult enough for some, so moving to an entirely different country, complete with its own customs and language, is likely to place a strain on even those families looking forward to the new assignment. As of 2006, approximately 186,393 of the 1,381,401 Active-duty Servicemembers were stationed overseas (Bruner, 2007), not including those who were deployed. Like geographic mobility, residence in a foreign country can be a positive experience (Ozkaptan, Sanders, and Holz, 1983); however, research also suggests that it can lead to lower well-being (Burnam, Meredith, Sherbourne, Valdez, and Vernez, 1992; Puskar, 1990).

### **Separation from Family**

Moving and living overseas may be tied to separation from family when the Soldier is assigned to a unit that is likely to deploy and/or frequently travel for field training exercises, school, peacekeeping, or combat missions. These separations can place additional demands on family members in terms of managing the household and taking on the role of single parent. They can also lead to feelings of isolation and loneliness.

Some of the research on periodic separations has examined its impact by focusing on the frequency of separations (Rohall, Segal, and Segal, 1999), while other research has focused on the hardships imposed on the family by separations (Rosen, Teitelbaum, and Westhous, 1993; Marshall-Mies, 2001). Generally, the research has shown a negative relationship between separations and well-being (Adler, Bartone, and Vaitkus, 1995; Bell and Schumm, 1999; Frankel, Snowden, and Nelson, 1992) and separations and marital satisfaction (Schumm, Bell, and Gade, 2000; Roschman, Patterson, and Schofield, 1989). While the effects of deployment on marital and familial relationships reported are generally negative, positive effects may also occur. Positive outcomes may include the opportunity for the spouse to develop independence and self-sufficiency (Coolbaugh and Rosenthal, 1992; Hunter and Hickman, 1981; Schwartz, Braddy, Griffith, and Wood, 1988). Generally speaking, research has indicated that there are spillover effects between job and family that can affect marital quality and job satisfaction (Gal and Syna, 1998; Rogers and May, 2003).

### **Risk of Soldier Injury or Death**

While the risk of Servicemember injury or death is most obvious during wartime, it is also present during humanitarian and peacekeeping missions, as well as during field training exercises. Approximately 500 civilian wives of enlisted Soldiers were surveyed regarding their spouses' deployment to Somalia in 1993. Fears regarding Soldier safety were some of the most cited problems regarding the deployment along with loneliness and lack of knowledge of the Somalia situation (Schumm, Bell, and Knott, 2001). Research conducted during the Gulf War (Operation *Desert Storm*) also indicated that spouses feared for the safety and welfare of their Soldiers (Rosen and Durand, 1995). This and other studies of wartime fears have shown that spouse reports of such fears were related to their reports of health symptoms (Scurfield and Tice, 1992; Cohen and Dotan, 1976). Other studies have found that negative health symptoms such as anxiety and depression can also occur during peacekeeping missions (Adler, Bartone, and Vaitkus, 1995; Van der Kloet and Moelker, 2002).

### **Integration with the Military Community**

Such fears may be exacerbated if spouses feel isolated from the military community. Reserve and National Guard Soldiers have taken

on duties and responsibilities closely reflecting those of the Active Component, to include deployments. Yet it is unclear how well the spouses of these Soldiers have become integrated into the military way of life and how that may compare to the integration of Active-duty spouses, especially considering that they are more likely to be geographically isolated from military communities. In McClure and Broughton's (1988) study of military communities, they note that the term *community* refers to constructs, such as satisfaction with and attachment to the community, social networks, and a psychological sense of community, which tap into the construct cohesion. Regardless of component, if spouses feel they are not integrated into the military community, findings indicate that they may experience less marital satisfaction and have a negative attitude toward their Soldier continuing in the organization (Bourg and Segal, 1998; McClure and Broughton, 1988).

The focus of this chapter will be on health-, family-, and Army-related findings, and those demands spouses experienced that either positively or negatively contributed to those outcomes. The findings presented below reflect earlier studies conducted by researchers at Walter Reed that examine the impact of both deployed (peacekeeping) and nondeployed environments on Active-duty, Reserve, and National Guard spouses who were primarily civilian.

## Research Hypotheses

The findings presented are from two survey studies we conducted in the late 1990s to early 2000s timeframe. Each spouse study was based on a study that was conducted separately with their Soldiers. Before discussing the findings, a brief overview of the study questions and methodology will be presented.

### Study 1

1. Active-duty spouses will report greater levels of integration within the military community than will Reserve or National Guard spouses.
2. Spouses who are less integrated into the military way of life will a) report poorer physical health; b) report higher depression levels; c) report increased drinking and smoking; and d) want their Soldier to leave the military.

## Study 2

1. Hypothesis 1a-d: Fear for the Soldier's safety will be negatively related to (a) psychological well-being, (b) physical well-being, (c) Army life satisfaction, and (d) marital satisfaction.
2. Hypothesis 2a-d: Impact of moving will be negatively related to a-d above.
3. Hypothesis 3a-d: Impact of separations will be negatively related to a-d above.
4. Hypothesis 4a-d: Impact of foreign residence will be negatively related to a-d above.

## Study 1 Methods

### Participants and Procedures

During 2000, a convenience sample of Soldiers within the III Corps area completed a questionnaire that was given in person. A subsample of all participants who indicated they were married was identified ( $N = 1,384$ ). This subsample included 444 Active-duty, 417 Guard, and 523 Reserve Soldiers ranging in age from 18 to 63 years ( $M = 33.44$ ,  $SD = 9.97$ ). Of these, 92 percent were men, 74 percent had children living in the home, and 70 percent had working spouses.

Questionnaires were then mailed or delivered, via the units, to the spouses of the Soldiers who previously participated. Of the 709 spouses who participated, 90 percent were female and 8 percent were male. The response rate for Active-duty spouses was 31 percent, while the rates for National Guard and Reserve spouses were 76 percent and 42 percent, respectively. The mean age of the participants was 35. With regard to education, only 1 percent had less than a high school education. Twenty-two percent had a high school diploma or its equivalent; 66 percent had some college or a college degree; and 10 percent had some graduate training or a graduate degree. The majority of participants (89 percent) were Caucasian; 4 percent were Hispanic, 2 percent were African-American, 2 percent were either Asian, Native American, or other, and 2 percent were multiracial.

### Measures

**Integration.** Two programs that the Army offers to assist spouses in adjusting to the military way of life include Family Support Groups (FSGs), which are now known as Family Readiness Groups (FRGs), and

Army Family Team Building (AFTB). These programs provide assistance regardless of deployment status. Spouses were asked if their units had FSGs, if they attended meetings, and if they had received AFTB training. Spouses also answered a two-part question regarding where they would go if they needed support: “Many spouses need support at some time—whether it is someone to talk to or someone to help with a specific problem. Below are listed persons or agencies where one might go for support.” The first part of the question was: “Please indicate how likely you are to seek support from each.” The resource choices were: 1) Your spouse, 2) Your children, 3) Your extended family (parents, siblings, etc.), 4) A clergyman from the civilian community, 5) Members of your church/mosque, synagogue, 6) Your boss, 7) Co-workers, 8) Friends/neighbors not associated with your Soldier’s unit, 9) A Soldier from your Soldier’s unit, 10) A spouse from your Soldier’s unit, 11) Army Community Service (ACS), 12) Army Emergency Relief (AER), 13) An Army Chaplain, and 14) Your Family Support Group. The second part of the question was: “Please indicate how often you have gone to that person or agency for support during the past year.” The four response categories were: 1) not at all, 2) a few times, 3) moderately, and 4) very often. We had two other questions that looked at military associations: “Are you friends with the members of your Soldier’s unit?” and “Are you friends with the spouses of unit members?”

An “integration score” was developed based upon spouses answering “yes” to attending FSG meetings, taking AFTB training, having friends in the unit, or being friends with spouses of unit members. Additionally, spouses who answered that they “moderately/very often” sought support from Army resources (AER, ACS, Chaplain) were included in the score. A score of 1 was given for each “yes” or “moderately/very” answer. Therefore, scores could range from 0 to 7, with 7 showing the highest degree of integration with the military.

**Physical and psychological health.** Physical health was measured through a self-assessment of one question: “How would you rate your current state of physical health?” Responses ranged from “excellent” to “very poor.” Questions also addressed the individual’s smoking and drinking habits. We used the four-item CAGE scale (Mayfield, McLeod, and Hall 1974) to determine if there was an alcohol abuse problem (key words, as italicized below, form the acronym CAGE). 1) Have you ever felt you should *cut* down on your drinking? 2) Have people *annoyed* you by criticizing your drinking? 3) Have you ever felt *guilty* about your drinking? 4) Have

you ever had a drink first thing in the morning (an *eye-opener*) to steady your nerves or get rid of a hangover? A score of  $> 2$  on the CAGE indicates a problem with alcohol. Participants were also asked how much alcohol they consumed in a typical week and scores were categorized from 1 (none) to 5 (10 or more). Smoking behavior was determined by the question: "Which statement best describes your smoking habits in the last year?" The statements were: 1) I have never been a smoker, 2) I smoked but quit, 3) I smoke 10 or fewer cigarettes a day, 4) I smoke 11–19 cigarettes a day, and 5) I smoke more than 20 cigarettes a day.

The individual's psychological health was evaluated by the Center for Epidemiological Studies for Depression Scale, which consists of 20 questions chosen to reflect various aspects of depression including depressed mood; feelings of guilt and worthlessness, helplessness, and hopelessness; psychomotor retardation; loss of appetite; and sleep disturbance (Radloff, 1977). Respondents reported the frequency of occurrence for each item during the previous week on the following 4-point scale: 0 (rarely, less than 1 day), 1 (some of the time, 1 to 2 days), 2 (a moderate amount of the time, 3 to 4 days), or 3 (most or all of the time, 5 to 7 days). Summary scores can range from 0 to 60 with a score of 16 or above indicating depression.

**Retention intentions.** We asked the spouses what their Soldiers' retention intentions were. Options included: 1) My Soldier wants to make the Army a career, 2) My Soldier wants to stay in the Army after his/her current enlistment/tour, 3) My Soldier wants to get out at the end of his/her current enlistment/tour, 4) My Soldier wants to get out of the Army before the end of his/her current enlistment/tour. Spouses were asked if they agreed with their Soldiers' retention intentions and, if not, what they would prefer their Soldiers to do.

## Study 2 Methods

### Participants and Procedures

During 2002, approximately 3,900 questionnaires were either mailed directly to spouses or delivered via units that were located within Germany and Italy. A total of 506 questionnaires were returned for a response rate of 13 percent. From this sample, a subsample of spouses who reported at least one deployment was drawn. Deployment was defined as the spouse being away from home for 30 days or more on a combat, peacekeeping, or humanitarian mission. This subsample



consisted of 346 (7 men and 339 women) persons ranging in age from 18 to 51 years ( $M = 30.41$ ,  $SD = 6.36$ ), the majority of whom were Caucasian (77 percent). African-Americans accounted for 9 percent of the sample, Hispanics 6 percent, Asians 3 percent, and others 5 percent. Most were well educated, with 25 percent indicating that they graduated from college and another 15 percent reporting either some graduate training or a graduate degree.

## Measures

**Military lifestyle demands.** Fear for Soldiers' safety was measured with four items: "I worry about my spouse being injured while on deployment," "I worry about my spouse being killed on deployment," "There is a strong possibility that my spouse will be involved in combat during deployment," and "Given my spouse's job in the military, there is a higher risk for injury or death during deployment." Impact of moving was measured with seven items: "Moving has had a positive impact on my family," "We move more frequently than I would like," "Moving has provided me with many positive opportunities," "Moving has allowed me to make new friends," "We have moved to exciting places," "Moving is difficult on our children," and "One of the benefits of being a military spouse is getting to move." Impact of separations was measured with four items: "The separations from my spouse are stressful," "The number of deployments has put a strain on our family," "The number of deployments has hurt the stability of our marriage," and "I worry about the effects of my spouse's deploying on our children." Impact of foreign residence was measured by 11 items: "I like living in Europe," "I find the people in this country are very friendly to our Soldiers and families," "Since I have been living here, I feel isolated," "I am comfortable using the local language," "It has been difficult for me to make friends with others in the military community," "I like learning about this country," "I like to shop on the economy," "It has been difficult to make friends with the Germans/Italians," "I try to participate in this country's activities," "I can hardly wait to get back to the States," and "Being away from friends and relatives back home is very hard for me." All items for these measures were rated on a five-point, Likert-type scale ranging from 1 (strongly agree) to 5 (strongly disagree), and then scored/reverse-scored such that a higher score indicates a higher/more negative standing on the variable of interest. That is, higher scores indicated greater fear and a greater negative impact of moving, separations, and foreign residence.

**Physical and psychological health.** Well-being was measured in two ways. The Brief Symptom Inventory was used to assess psychological well-being. Participants were asked to indicate how much they had been bothered or distressed by each of 18 items over the past 7 days (Derogatis, 2000). Sample items included, “Feeling no interest in things” and “Nervousness or shakiness inside.” The response scale ranged from 1 (none) to 5 (extreme). Walter Reed Army Institute of Research’s physical health symptom checklist was used to assess physical well-being. Participants were asked to indicate how often they experienced each of 22 health symptoms during the past month. Sample items included “headaches,” “eye/ear/nose problems,” “stomach/intestinal problems,” and “shortness of breath.” The response scale ranged from 1 (not at all) to 5 (very often). For both measures, items were scored/reverse-scored such that a higher value represented higher levels of well-being (fewer symptoms). These scores were then averaged to create a composite score.

**Army-related attitudes.** Participants were asked to indicate how satisfied they were with each of five items related to Army life attitudes. Items included, “The Army as a way of life,” “The concern your spouse’s unit has for families,” “The respect the Army shows spouses,” “How you would feel if your spouse were to make the Army a career,” and “The kind of family life you can have in the Army.” The response scale ranged from 1 (very satisfied) to 5 (very dissatisfied). Items were scored/reverse-scored such that a higher value represented a more favorable value on the variable and then averaged to create a composite score.

**Marital satisfaction.** Participants were asked to indicate how much they agreed with each of six items from Norton’s Quality of Marriage Index (Norton, 1983). Sample items included, “I have a good marriage,” “I am happy in my marriage,” and “I feel like I am part of a team with my partner.”

## Results of Studies 1 and 2

Various analyses, including correlations, analyses of variance, chi-squares, and regressions, were conducted to assess the impact of separations, moving, residence in a foreign country, fear for a Soldier’s safety, and community integration on health, Army, and family-related outcomes.

### Predictors

Using our indicators of integration in study 1, the data suggested that the United States Army Reserve (USAR) and Army National Guard

(ARNG) spouses are not integrated into the military way of life to any great degree. Table 16–1 shows that only about half of the Reserve Components had FSGs and, where they were available, only about one-fifth of spouses attended meetings. Similarly, only about 20 percent of them had taken AFTB training. Approximately half of ARNG spouses claimed no friends in the unit, as did 70 percent of USAR spouses.

There were significant differences between the Reserve and Active Component spouses on all these measures. Significant results emerged on whether or not they attended FSG meetings ( $X^2 = (2, N = 494) = 67.62, p = .000$ ) and if they attended AFTB training ( $X^2 = (2, N = 663) = 77.87, p = .000$ ). Likewise, there were significant differences on where they had friends in the unit: with regard to having Soldiers as friends ( $X^2 = (2, N = 697) = 34.70, p = .000$ ) and with regard to having unit spouses as friends ( $X^2 = (2, N = 693) = 34.95, p = .000$ ). Thus, hypothesis 1 was supported. However, while there were significant differences between Active-duty spouses and the Reserve Component spouses, even Active-duty spouses were not strongly integrated into the military way of life;

Table 16–1. Indicators of Army Spouse Integration into Military Way of Life (in percent)

Integration Indicator	Active-duty spouses	Reserve spouses	National Guard spouses
Does your Soldier's unit have a Family Support Group (FSG)? <b>"Yes" (N = 691)</b>	88	52	54
If yes, do you attend FSG meetings? <b>"I do not attend" (N = 494)</b>	43	86	79
Have you taken Army Family Team Building (AFTB) training? <b>"I have not taken AFTB training" (N = 663)</b>	57	77	83
Are you friends with members of your Soldier's unit? <b>"No, I have no friends in the unit" (N = 697)</b>	34	68	49
Are you friends with the spouses of unit members? <b>"No, I have no friends who are unit spouses" (N = 693)</b>	44	76	53

a large percentage of them did not attend FSGs, take AFTB training, or have friends in the unit, as indicated in table 16–1.

Another indicator of integration was the use of unit or formal Army support programs for problems. We asked spouses how often they have sought support from the unit, Army formal support programs, or others for their problems. As can be seen in table 16–2, these resources were used by very few of the spouses. Integration scores ranged from 0 to 6, with 74 percent of responses in the 0 to 2 range, suggesting little overall integration into the military. A score of 3 was indicated by 16 percent, approximately 9 percent scored 4, and only 1 percent scored in the 5–6 range. Active-duty spouses were significantly more integrated than either Reserve or National Guard spouses ( $p < .05$ ). The mean score for Reserve spouses was .84, while for National Guard spouses the mean was 1.42; for Active-duty spouses, the mean integration score was 2.38.

### Military Lifestyle Demands

In the second study, different factors were assessed with regard to the outcomes described above. The impact of four different demands was analyzed, and descriptive findings are presented in table 16–3. Mean

Table 16–2. Moderate or Frequent Army Spouse Use of Military Resources for Support (in percent)

Resource	Active-duty	Reserve	National Guard
<b>Unit Resources:</b>			
A Soldier from your Soldier's unit (N = 663)	2	1	1
Another spouse from your Soldier's unit (N = 663)	11	2	2
Family Support Group (N = 667)	4	1	< 1
<b>Army Resources:</b>			
Army Community Service (N = 666)	< 1	2	1
Army Emergency Relief (N = 665)	< 1	2	1
Army Chaplain (N = 667)	3	2	1

scores show that fear for Soldier safety was the greatest concern, followed by the impact of separations, of moving, and of foreign residence.

## Outcomes

### Physical and Psychological Health

Although the first study indicated significant differences in terms of integration across the three components, level of integration within the military community was not significantly correlated with, or predictive of, any of the physical or psychological health measures studied; this

Table 16-3. Descriptive Statistics (N = 346)

Variable	Mean	Standard Deviation	Possible Range	Observed Range	Cronbach's Coefficient Alpha
Age	30.41	6.36	18-	18-51	N/A
Soldier rank	8.91	6.78	(2-29) E1-O10	(2-28) E2-O8	N/A
Number of moves	3.43	3.10	0-	0-33	N/A
Number of separations	3.53	5.10	1-	1-40	N/A
Fear for Soldier safety	3.76	.81	1-5	1.25-5	.81
Impact of moving	2.89	.69	1-5	1.38-5	.82
Impact of separations	3.28	.75	1-5	1-5	.70
Impact of foreign residence	2.63	.68	1-5	1-5	.84
Psychological well-being	4.59	.44	1-5	2-5	.88
Physical well-being	4.25	.52	1-5	1.5-5	.86
Army life satisfaction	3.01	.81	1-5	1-5	.82
Marital satisfaction	4.49	.83	1-5	1-5	.97

indicates a lack of support for hypotheses 2a–c in study 1. However, some of the demands in the second study did yield significant results. After controlling for age, rank, number of moves, and number of separations the family had experienced, a series of two-step hierarchical regressions were calculated. Control variables were entered on the first step and the four lifestyle demand variables were entered on the second step.

As can be seen in table 16–4, on the first step, the control variables accounted for 7 percent of the variance in psychological health ( $R^2 = .07$ ,  $F [4, 341] = 6.04$ ,  $p < .01$ ). The addition, the lifestyle demand variables accounted for an additional 12 percent of the variance ( $\Delta R^2 = .12$ ,  $F [4, 337] = 11.79$ ,  $p < .01$ ). An examination of the betas for the individual variables at this second step indicated that impact of separation and impact of foreign residence each had significant negative relationships with psychological health. In terms of physical health (see table 16–5), the control variables accounted for 1 percent of the variance in physical well-being ( $R^2 = .01$ ,  $F [4, 341] = .37$ , ns), while the addition of the lifestyle demand variables accounted for an additional 6 percent of the variance ( $\Delta R^2 = .06$ ,  $F [4, 337] = 5.23$ ,  $p < .01$ ). An examination

Table 16–4. Regression of Psychological Health on Control and Lifestyle Demand Variables (N = 346)

	Step 1 ( $R^2 = .07^*$ ) Beta	Step 2 ( $R^2 = .18^*$ , $\Delta R^2 = .11^*$ ) Beta
<b>Control Variables</b>		
Age	.19*	.11
Rank	.11	.05
Number of moves	.03	.05
Number of separations	.01	.04
<b>Lifestyle Demand Variables</b>		
Fear for Soldier safety	–	-.07
Impact of moving	–	.09
Impact of separations	–	-.22*
Impact of foreign residence	–	-.24*

\* $p < .01$

Table 16–5. **Regression of Physical Health on Control and Lifestyle Demand Variables (N = 346)**

	Step 1 (R <sup>2</sup> = .01) Beta	Step 2 (R <sup>2</sup> = .06**, Δ R <sup>2</sup> = .05**) Beta
<b>Control Variables</b>		
Age	-.02	-.06
Rank	.04	.04
Number of moves	-.04	-.02
Number of separations	.03	.00
<b>Lifestyle Demand Variables</b>		
Fear for Soldier safety	–	-.12*
Impact of moving	–	.14*
Impact of separations	–	-.12*
Impact of foreign residence	–	-.16**

\*p < .05; \*\*p < .01

that fear for Soldiers' safety, impact of moving, impact of separation, and impact of foreign residence each had significant relationships with physical well-being. Contrary to expectations, the relationship between impact of moving and physical well-being was actually positive in sign and significant ( $p < .05$ ).

### Army-related Outcomes

Although integration into the military community was not correlated with health, it was significantly correlated with the spouse's desire for their Soldier to remain in the military ( $r = .12$ ,  $p < .05$ ). Spouses who felt more integrated indicated a desire for their Soldiers to remain in the military even when Soldier age and component were partialled from integration scores (see table 16–6). When assessing satisfaction with Army life, mixed results occurred in the second study (see table 16–7). The control variables in the regression analysis accounted for 13 percent of the variance in Army life satisfaction ( $R^2 = .13$ ,  $F [4, 341] = 12.87$ ,  $p < .01$ ). The addition of the four lifestyle demand variables accounted for an additional 14 percent of the variance ( $\Delta R^2 = .14$ ,  $F [4, 337] = 16.47$ ,

Table 16–6. Logistic Regression of Integration into the Military Community and Retention Preference

Variable	b	SE	Wald	p	Estimated Odds Ratio	Confidence Interval (Odds)
Age	.105	.018	33.889	.000	1.111	1.072–1.151
Active-duty spouse	-.058	.419	.019	.891	.944	.415–2.146
National Guard spouse	.411	.344	1.426	.232	1.508	.768–2.962
Integration into military	.302	.116	6.748	.009	1.353	1.077–1.699
Constant	-2.691					

Table 16–7. Regression of Army Life Satisfaction on Control and Lifestyle Demand Variables (N = 346)

	Step 1 (R <sup>2</sup> = .13*) Beta	Step 2 (R <sup>2</sup> = .27*, Δ R <sup>2</sup> = .14*) Beta
<b>Control Variables</b>		
Age	.26*	.18*
Rank	-.02	.02
Number of moves	.01	.04
Number of separations	.20*	.13*
<b>Lifestyle Demand Variables</b>		
Fear for Soldier safety	–	.02
Impact of moving	–	-.20*
Impact of separations	–	-.25*
Impact of foreign residence	–	-.10

\*p &lt; .01

p < .01). An examination of the betas for the individual variables at this second step indicated that the impact of moving and impact of separation had significant negative relationships with Army life satisfaction.



Residence in a foreign country and fear for their Soldiers' safety were not significantly related to satisfaction with the Army.

### Family-related Outcomes

Again, mixed findings occurred for the second study (see table 16–8). On the first step, the control variables accounted for 3 percent of the variance in marital satisfaction ( $R^2 = .03$ ,  $F [4, 341] = 2.37$ , ns). The addition of the lifestyle demand variables accounted for an additional 3 percent of the variance ( $\Delta R^2 = .03$ ,  $F [4, 337] = 3.04$ ,  $p < .05$ ). An examination of the betas for the individual variables at this second step indicated that only one of the four lifestyle demands, impact of separation (beta =  $-.17$ ), had a significant relationship with marital satisfaction.

### Conclusion

The results of the analyses from the two studies yielded mixed support for the hypotheses. While we did find that Active-duty spouses indicated a greater degree of integration into the military community than did Reserve or National Guard spouses, a high degree of integration was not experienced by any of the three components. Additionally,

Table 16–8. Regression of Marital Satisfaction on Control and Lifestyle Demand Variables (N = 346)

	Step 1 ( $R^2 = .03$ ) Beta	Step 2 ( $R^2 = .06^{**}$ , $\Delta R^2 = .03^*$ ) Beta
<b>Control Variables</b>		
Age	$-.14^*$	$-.19^{**}$
Rank	$-.01$	$.02$
Number of moves	$.03$	$.04$
Number of separations	$.13^*$	$.12^*$
<b>Lifestyle Demand Variables</b>		
Fear for Soldier safety	–	$.04$
Impact of moving	–	$.02$
Impact of separations	–	$-.17^{**}$
Impact of foreign residence	–	$-.07$

\* $p < .05$ ; \*\* $p < .01$

integration was not significantly related to any of the health measures; however, a greater degree of integration was associated with wanting the Soldier to remain in the Army. One possible explanation for the low levels of integration is that the Soldiers of the spouses surveyed were not deployed and deployment would likely result in a greater need to use such resources to obtain information about their Soldiers and their safety. A second possible explanation may be due to children and employment, which may not leave time for friends or involvement within the military community. In our study, 65 percent of the spouses were working either part- or full-time and 80 percent had at least 1 child living at home. A third possibility is that the spouses may indeed feel integrated but their behavior suggests otherwise.

The impact of separations was the one demand variable that was predictive of all of the outcomes reported in study 2, which suggests that it may play a more critical role in determining how spouses are affected. Moving was associated with physical health and Army life satisfaction. Living in a foreign residence was associated with both physical and psychological health, and fear concerning Soldier safety was associated with physical health. Based on these findings, physical health was the outcome most susceptible to the influence of the military life demands as it was the only variable predicted by all four demands. However, in study 1, integration was not predictive of physical health outcomes.

One possible explanation for the difference in findings between study 1 and study 2, beside the different predictors measured, is that study 1 included nondeployed Soldiers while study 2 included deployed Soldiers. Deployment status has been linked to health. Adler, Bartone, and Vaitkus (1995) assessed the effects of deployment on spouses whose Soldiers were on a peacekeeping mission in Croatia and found that over half of the spouses reported sleep problems and more than a third reported a loss of appetite. In another study of health outcomes that included Navy wives, spouses whose husbands were deployed were not significantly different in terms of physical or psychological symptoms when compared to wives whose husbands were not deployed; the only exception was depression (Nice and Beck, 1980). Those wives whose husbands were deployed had significantly higher depression scores during the pre- and mid-deployment phases than did the nonseparated wives. During the deployment, separated wives also went to the doctor significantly more than the nonseparated wives. As mentioned previously, integration was not predictive of psychological health. However,

in study 2, impact of separations, which is consistent with deployment, was predictive of psychological health.

Based on the findings from the two studies we can see that, regardless of deployment status, Army-related outcomes such as retention preferences and Army life satisfaction may be impacted by integration and a variety of demands. However, deployment status may play a role in health outcomes. In the first study, level of integration in a nondeployed environment was not related to health outcomes; however, this might have been different if studied in a deployed situation. It is possible that integration may serve as a buffering source of social support rather than a main source. The buffering effect suggests that support is beneficial under stressful conditions such as deployment, but is neither helpful nor harmful in the absence of stress (Griffith, 1985).

Several topics within military family research deserve further study. While the effects of deployment on families is certainly at the forefront of our minds and is another demand that extends beyond its ties to separation and integration, it is also important to continue to study the effects on those families whose spouses have not deployed. It should be noted if there are differences in health-, family-, and Army-related outcomes between the two groups as well as the potential unique challenges these families may face. For example, Soldiers who do not deploy may not have enough manpower back in garrison to efficiently accomplish the mission, or perhaps these families feel somewhat ostracized/isolated and find it difficult to relate to other military families who have been through a deployment experience. Although we do not know just how different or similar the experiences of deployed and nondeployed spouses are, the findings presented hopefully shed some light on that issue.

Additionally, understanding the ties that spouses in the various components have to the military community, and the impact these ties have on a broad range of outcomes, should continue to be investigated. This is especially important as spouses are an integral part of the Army as an organization. Typically, it is the spouse that is called upon to hold fundraisers or participate in community service programs that are used to ensure a better quality of life for the military family. In many cases, it is the spouse who notifies other spouses about what is happening with a Soldier's unit through means such as FRGs and, if this support system is not in place, this may place an even greater burden on the organization to inform spouses of what the units are currently doing. Even if the spouse does not like the deployments, feeling supported may at least buffer the stressful effects of the separation; this would give them a more

positive view of the organization for its sense of community and, perhaps, a subsequent desire for the Soldier to stay in the Service.

Along those same lines, a better understanding of coping strategies families use, and the appraisal of the demands the military places on its families, is critical to reducing the negative effects that may occur in response to these demands. Fortunately, programs such as FRGs, AFTB, Morale Welfare and Recreation, and others exist within the Army to help families have a better quality of life. However, not everyone knows, uses, or has easy access to these programs. This suggests a need to explore other coping strategies as well.

The variables described above, which include deployment status, military community integration, and coping, are just a few that will provide better insight into how families are affected by a wide range of demands. Thus, new opportunities for resolving the stress associated with these demands may be discovered in the process. Opportunities may be reflected in programs and/or policies, and may exist within the individual, the unit, and the Army as an organization where, ideally, all three will collaborate to develop family resilience.

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