

XIII. The Impact of Deployment on the Military Family

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The frequency of deployment of military service members has increased in the past ten years. This is largely due to their increased involvement in Operations Other than War, as well as actual combat scenarios. Servicemen and women may be deployed from active duty, as well as Reserve or National Guard positions. Deployments can be of varying level of challenge to military families. In families where medical or emotional/behavioral problems preexist, the deployment of a military parent can destabilize a tenuous situation, creating a significant ordeal for the family.

Active duty families often, but not always, live within military communities where family and individual support and therapeutic services are more readily available in situations of deployment. Reserve or National Guard service members may be activated for deployment from civilian jobs in geographical locations that are remote from any military resources. In such situations, families can feel isolated and less supported. These problems can be compounded if a service member takes a financial loss when activated from a better paying civilian position to a lesser paying military position.

Certainly, the nature of the deployment and the role of the service member in the military action can have a significant impact on children and family left behind. For example, the deployment of a service member on a scheduled peacekeeping mission rotation is likely to be experienced very differently than the deployment of a service member in a wartime scenario.

The Emotional Cycle of Deployment

Deployment is a routine part of military life for service members and their families. Most military families have accepted this as “part of the job.” Although all families may respond somewhat differently, the emotional cycle of deployment has been described as being divided into five distinct stages: *pre-deployment*, *deployment*, *sustainment*, *re-deployment*, and *post-deployment*. Each stage is characterized by the time frame associated with it as well as specific emotional challenges that must be addressed and mastered.

- ❑ *Pre-deployment* is the phase from the time of notification of deployment to the actual departure of the service member. It is often a time of psychological denial of the event, intense preparation, and anticipation of the departure.
- ❑ *Deployment* is the phase from the time of departure through the first month of deployment. It can be a time of significant emotional turmoil as the family tries to regain its equilibrium after the departure of a parent. Feelings can include numbness, sadness, and feelings of isolation or abandonment. Many of the day-to-day responsibilities of the absent parent need to be absorbed by the remaining members of the family and a new balance is established. Communication from the deployed service member upon arrival can be tremendously reassuring. Any unrealistic worries that preoccupied family members in the pre-deployment phase are reduced as they develop a more realistic appreciation of the deployment.

- ❑ *Sustainment* is the phase that spans from one month post deployment to one month prior to return. In most adaptive families it is marked by “settling into the new routine” and going on about regular business, utilizing whatever resources either within or outside of the family are available. Should a family not be able to return to business-as-usual, this could impact negatively on the development of children within the family. Some children may have a difficult time during this period, in the absence of a parent, and may develop symptoms that should be readily identified and appropriately dealt with. Conflict between the service member and the remaining spouse can result in emotional turmoil, particularly because communication may not allow full resolution of all disagreements.
- ❑ *Re-deployment* is the phase that spans from one-month prior to return to the actual physical return of the service member to the family. This is a period of intense anticipation, with conflicting emotions and possibly some anxiety along with excitement.
- ❑ *Post-deployment* is the phase that begins with the return of the service member and ends with the reestablishment of family equilibrium. Generally, this period may take from one to several months. The homecoming can be a time of great excitement and jubilation. But, it also can result in frustration and feeling let down due to unmet unrealistic fantasies about the reunion. Service members may become frustrated in finding that the family has moved on in their absence and that changes have been made in family functioning that they were not involved in. The parent who remained behind during the deployment may experience a loss of independence with the return of the spouse who begins to re-exercise autonomy. Marital couples may require time to reestablish physical and emotional intimacy, which can lead to a sense of disappointment or disillusionment. Ultimately, it is important that the deployed service member reasserts his or her role within the family and again reestablishes a healthy equilibrium. Most families and children manage successfully during deployments, despite inherent challenges.

Children’s Responses to Deployment

Children’s responses to deployment are individualized and depend upon their developmental ages. Infants (12 months and younger) are likely to respond to changes in their schedule, physical environment, or in the presence or availability of caregivers. Disruptions in infant care can lead to risk of apathy, refusal to eat, or even weight loss. Toddlers (1-3 years) generally take clues from their primary caregiver. If the non-deploying parent is available and coping well a toddler is likely to cope well. If not, a toddler may become sullen, tearful, throw temper tantrums, or develop sleep disturbances. Parents must balance their care for young children with their own needs, using play dates and support from other parents to assist them.

Preschoolers (3-6 years) have a clearer awareness of the absence of a parent than do younger children. They may emotionally respond to this with regressive behaviors (regression in potty training, thumb sucking, sleep disturbance, clinginess, and separation anxiety). They may also demonstrate signs of irritability, depression, aggression, or somatic complaints. Due to their active imaginations, preschoolers may develop idiosyncratic or personalized explanations regarding the deployment of a parent, e.g., “Daddy (or Mommy) left because I was angry at him (her).” These inaccuracies can best be addressed through brief, matter-of-fact but accurate information related to the deployment. Preschoolers’ concerns related to feelings of responsibility of the deployment should be dispelled. These young children can best be reassured by parents through attention,

emotional and physical warmth and by maintaining family routines (such as expecting them to sleep in their own beds).

School age children (6-12 years) may “act out” their feelings by demonstrating irritability, aggression, or whininess. They may have a clearer understanding of the realities of the deployment and the potential risks of the deployed parent. Worries and other feelings should be accepted to allow for ongoing communication. Information regarding the deployed parent should be provided in a clear fashion, as should expectations regarding functioning at school and at home. Parents should ensure that children are limited in the amount of media exposure, particularly during times of war.

Teenagers (13-18 years) may similarly demonstrate irritability, rebelliousness, or other challenging behaviors. It is important to maintain good communication with teenagers as they may present their anxiety and sadness in behaviorally destructive ways. Setting clear and realistic expectations regarding functioning at school and home can provide useful structure. Parents should particularly observe for any signs of high-risk behavior to include sexual acting out or alcohol/substance misuse.

What Parents Can Do

Although some adjustment reactions are to be expected during deployments, certain symptoms should warrant referral for professional services. The following are examples of concerns that should be raised to a higher level of care: uncontrolled or prolonged crying, prolonged and serious regressive behaviors, disorganized behavior, confusion, prolonged or serious eating or sleeping problems, prolonged or serious separation anxiety, school refusal, unexplained and recurring somatic complaints, academic performance deterioration, depression, prolonged sadness, suicidal ideation, aggression, sexual acting out, or alcohol/substance misuse.

Parents are the key for initial interventions and prevention of future problems for themselves and their families. Parents should take the lead in the following suggestions.

- ❑ *Encourage talking as a family before deployment, sharing information, and making plans.* Empower, rather than “dump” responsibilities on remaining family members. Being a family means pulling together during times of crisis. Additional responsibilities can be experienced as either burdens or shared responsibilities.
- ❑ *Plans should be made for the family to continue to progress together, and include the deploying parent.* Life should not be put “on hold” during deployments. Family traditions, the structure of the family routines should continue and new ones developed. The old traditions and new experiences should be shared with the deployed parent through whatever communication is possible. Similarly, discipline as well as structure should be maintained as this is reassuring and stabilizing to children.
- ❑ *Parents should be encouraged to listen to and to ask about a child’s worries about the deployed parent and answer questions as truthfully as possible.* To children, no news is worse than bad news. Children benefit from receiving accurate and developmentally appropriate information about the deployment. They also gain from hearing their non-deployed parent discuss his/her own emotional response to the other parent’s absence in a

controlled but honest fashion. Children can better formulate their own responses by understanding how the non-deployed parent is coping.

- ❑ *It can be helpful to younger children in appreciating the finite nature of a deployment by devising developmentally appropriate time-lines.* One way this can be accomplished is through the use of “countdown” calendars that allow children to mark off each day that passes, highlighting both the time that has passed since departure and the time remaining until return.
- ❑ *Support from the child’s outside social structure is important as well.* A close relationship with the school and the child’s teacher(s) will help others who share the child’s day understand what the child is going through.
- ❑ *Non-deployed parents need to take care of themselves so that they can be available to their children.* Utilization of community and extended family resources, as available both within and outside the military system, can be extremely important for the non-deployed parent. Professional assistance should be sought out if the parent or the child is not adjusting well to the deployment. Multiple resources are available to the military family during deployments. The Family Assistance Center, Deployment Support Groups, Unit Command, Family Advocacy Program, Military Medical Clinic, Military Mental Health Services, Military Chaplains or other religious organization support, and the Youth Center are just a few examples of available resources.

Conclusions

Although the impact of deployment on families may be considerable, most families adjust well. The responses to the multiple stages of deployment depend upon the stability of the family unit prior to the deployment, the developmental ages of the family members, the availability of internal and external resources and the willingness of the family to use them. Clinicians need to be aware of these issues when working with families of deployed soldiers in order to identify those families that may need additional services.