

THE RELATIONSHIPS AMONG NUMBER OF SERVICE MEMBER
DEPLOYMENTS AND SPOUSAL DEPRESSION AND PARENTAL ATTACHMENT

by

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Liberty University

A Dissertation Proposal Presented in Partial Fulfillment

of the Requirements for the Degree

Doctor of Philosophy

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ABSTRACT

This research examined the relationship between the number of deployments and depression in military spouses, focusing on the correlations among service members' deployments, spousal mental health, and parenting attachment. A quantitative correlational study was conducted using 78 participants, of whom only 19 were veterans and 59 were spouses with no military background. The Beck Depression Inventory (BDI) and the Protective Factors Survey (PFS) were used. It was found that military deployments do not negatively associate with parental attachment and spousal depression. It was found that military spouses who experience multiple deployments have less chance of experiencing depression and that deployment was not negatively associated with parental attachment. This research is aimed at supplying service members better tools and understanding of parenting attachment as it relates to the number of deployments experienced. Future research needs to be completed to understand how military families can receive help from more resources catering to this population's unique experiences.

Keywords: military, military spouse, children, deployment, attachment, parental attachment, marriage

DEDICATION

Thank you to my husband who has supported all my dreams and my ambitions. Without you, I never would have been motivated to follow my dreams and believe in myself.

Thank you to my son who motivated me to be the best mother and student I can be. All the long nights and sacrifices are for you to see that you can accomplish anything in this world. Next, my parents, thank you. Thank you for the sacrifices and for being my strongest support.

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Thank you, Dr. Laura Rolen, for the constant emails, encouragement and never allowing me to stop fighting for this. Dr. Jessica Winn, thank you for aiding me in elevating my dissertation to the next level and inspiring me to look at the deeper picture of military families.

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CHAPTER 1: INTRODUCTION TO THE STUDY

Introduction

Since 9/11 it has been found that 2.77 million service members have served nearly 5.4 million deployments (McCarthy & Richter, 2018). Many service members are under 30 years of age, over half married, and have children (McCarthy & Richter, 2018). The Veterans Affairs (2015) state that military deployment is a movement of the armed forces in which the service member is moved from the home station to outside the continental U.S. and territories, lasting 9 to 15 months. Deployments can involve long duration away from families and challenging mental health situations. The population of women in the military has been steadily rising since having the ability to join the military in 1948. Women veterans are at a greater risk of experiencing long-term psychological factors compared to male counterparts (Adams et al., 2021).

Service members experience trauma and secondhand trauma. Trauma in individuals can have three distinct types: acute, chronic, or complex. Acute trauma is when a service member experiences a single incident. Chronic trauma is repeated violence, such as sexual abuse by a parent. Last is complex trauma, which is varied or multiple events. This can be seen in service members who are on active duty. Many veterans return from a deployment with posttraumatic stress disorder (PTSD) or other mental health symptoms (Herzog et al., 2019). Earlier research found that 7.3% of service members had generalized anxiety disorder and 5.7% had major depression (Donoho et al., 2017), suggesting an association between attachment avoidance and PTSD in veterans (Bannister et al., 2018).

Background

Since 2001, two million children who are in military families have experienced a parent going on one deployment (Huebner et al., 2019). Over the past 15 years, 1.8 million American children lived in military families (MacDermid et al., 2017). Approximately 40% of military personnel have children, where the largest percentages are between the ages of 0-5 (Kent et al., 2021). Many children have limited information regarding adverse mental health, emotional effects, or behavioral effects when experiencing a parent who is deployed (Fairbank et al., 2018). Children raised in an environment with higher emotional disturbances can experience a higher probability of negative mental health symptoms (Schickendanz et al., 2018). Children in families can adapt better if the parent supplies at-home stability and social interactions (Tupper et al., 2020).

Military children grow up and have unique experiences that are only able to be shared by the millions of children who grew up in military households (Zurlinden et al., 2021). Military families experience multiple stressors because of the military lifestyle (Briggs et al., 2020). Deployment is defined as when the service member is under training or a military mission which may vary in length and location (Sharma & Nagle, 2018). This can cause young children to experience separation or loss when a parent is missing (Briggs-Gowan et al., 2019). When children experience the sensation of separation or loss, young children, toddlers especially, can have difficulty attaching to parents who have been gone and to other adults (Guild et al., 2021).

The parent-child relationship is the first connection children make when they are born. Having a strong relationship with parents aids children in gaining positive communication and social skills. When children do not have strong parent-child

relationships, they may experience negative mental health symptoms. Hong et al. (2021) found that higher relationship satisfaction was associated with lower levels of depressive and anxiety symptoms. A strong parent-to-child relationship results in greater probability of positive mental health in both parent and child.

Earlier research found that individuals can experience psychological peace if they experience good beliefs and have admirable moral deeds, having an overall happy life (Akrim & Junaidi, 2021). If children have difficulty connecting with God, then they can have trouble with attachment and personality traits. It has been previously found that attachment related factors could foster a link between religion and mental health (Cherniak et al., 2021).

Children who grow up in an environment that is not God-like may have trouble creating connections with God and live a life without God's wisdom. In the current environment, children are introduced to television shows, songs, and the internet that can be considered not to be part of the pious world. This develops intolerance in children, including many preschool children, due to the interlacement of songs, television, and the internet about religious interaction (Latipah et al., 2020). This type of lifestyle can prevent children from being able to build strong attachments to their parents or the world around them. As a result, it can produce difficulty in developing positive parent-child attachment on religion and spirituality (Zarzycka, 2019). Overall, children who live with both parents have a higher probability of trust and communication (Idress et al., 2021).

Military families face challenges due to deployment and parental separation, which can be difficult for young children (Julian et al., 2018). Military children who experience a deployment can have difficulty assimilating once a parent leaves and returns from a deployment. Earlier research found that children who have experienced one or

multiple deployments do not have a large effect on depressive symptoms (Knobloch et al., 2017). Previously, it was found that fathers who return from a deployment can experience emotional conflict that is both positive and negative about the children (Lagarto et al., 2021).

Children develop attachment, which begins at an extremely early age. Parents who experience lower secure attachment have difficulty creating positive attachments regarding parental bonding (Ghafoori et al., 2008). As a result, children who experienced great parental stress developed avoidant attachment and rumination (Yaakov et al., 2022). Children who have a parent experiencing PTSD symptoms have a higher difficulty with emotional regulation and can develop behavioral problems (Zhang et al., 2020). Following that, if children have an attachment to a parent, they can develop positive emotions, which aid in the reintegration process (Cooke et al., 2019). Parental reintegration after deployment does not directly correlate to a child's psychological health (O'Neal & Manicini, 2021). Low attachment anxiety can predict better adjustment after deployment (Borelli et al., 2019).

When service members return from deployment, it can be an uncomfortable adjustment for them and their family members. It has been found that, after being deployed, service members experience feeling like a guest in their own household (40.7%), report children acting afraid or not being warm toward them (25%), or report feeling unsure about their role (37.2%) (Sayers et al., 2009). This type of environment can develop into an unhealthy relationship or a hostile environment for all members. It has been reported 53.7% of individual conflicts include "shouting, pushing, or shoving," and 27.6% reported that their partner was "afraid of them" (Sayers et al., 2009) which

suggested a link between deployments and poor marital functioning (Karney & Trail, 2017).

What can be useful is the service member and spouse working on communication skills to improve the reintegration process. It was found that of the families who experienced a deployment, 44% had a positive attitude toward deployment, 36% had a negative attitude, and 20% were neutral (Knobloch-Fedders et al., 2020). Enhancing communication can positively correlate with marriage quality (Vazhappilly & Reyes, 2017). Clear communication and expectations are important to the families' abilities to have a positive outlook on deployment and reunification. Earlier research found that post-deployment reunion, attachment security is closely related to positive intrapersonal functioning for military members (Wood et al., 2019).

In 1948 legislation was passed that allowed women to join the military, which was named the Women's Armed Services Integration Act. This law allows women to serve in full capacity as permanent members of the Armed Forces. In 2020 it was found that women make up 16% of enlisted and 19% of officers (*Demographics of the U.S. military*, 2020). In total that makes a limited number of all the armed forces that are women, which is minimal to male counterparts. Women within the military may face challenges compared to their male counterparts in balancing military responsibilities and social expectations of gender roles. Previous research completed by Kelly et al. (2014), Mattocks et al. (2012), and Peele (2014) found participants to have difficulty in home responsibilities regarding childcare and service member deployments (Strong et al., 2019). A study found that many female service members had concerns that children would be negatively affected (Kelly et al., 2014).

Female service members, due to having minority status, can experience isolation due to gender (Feldman & Hanolon, 2012). This is due to increased anxiety over safety, sexual harassment, and trauma that is experienced. When experiencing this type of trauma and stress, female service members are required to return home and return to gender norms. These spouses may have trouble with work-family balance; it was found there is a belief of mothers who work outside the home are less dedicated to their children (Bridges & Etaugh, 1995).

Military spouses are known as the backbone of the military. With that pressure of keeping families together, they can experience the loss of themselves. It has been found that military spouses who have a career have better sources of income and communication skills (Huffman et al., 2019). Giving military spouses the ability to have a job or career can help reduce social isolation and mental health difficulties while improving self-care and managing a difficult life event (Strong et al., 2017).

During deployment, many spouses have difficulty in being able to support positive mental health. Limited knowledge is available to spouses regarding assistance, so spouses do not have a sense of loss of control or identity (Cole et al., 2021). It has been found that stress and negative symptoms experienced by military spouses are not related to spousal depression but to the overall stress experiences they have (Donoho et al., 2018). Specific characteristics of a personality can be used to understand if spouses are better suited to the life of a military spouse. Previous studies have found that service members and spouses need to have specific characteristics to assist in diagnosing mental health symptoms (Lara-Cinsiomo et al., 2020).

Spouses are indirectly affected by service members' experiences with mental health. Spouses of veterans can develop symptoms of attention and memory problems

(Toomey et al., 2021). Military spouses may be experiencing adverse mental health symptoms but often do not have the tools to seek correct aid. Avoidance coping is indirectly related to an increase in life satisfaction, which can affect the overall level of depressive moods in spouses (Wang et al., 2018).

Military spouses' better protective factors will allow families to begin having better life satisfaction (Carter et al., 2020). Informal support can aid spouses in having positive mental health symptoms (Richardson et al., 2020). Spouses who have created support systems are predicted to have lower psychological distress (Ross et al., 2020). Previous research found that if spouses receive correct assistance and support, they have a lower probability of experiencing adverse mental health symptoms (Sullivan et al., 2022). Having a greater understanding of mental health concerns and reconnection with a spouse can assist with having better communication when a spouse returns (Peck & Parcell, 2021).

The reintegration period for service members from deployment can be joyful or have unique stressors (Bommarito et al., 2017). It was found that the parenting process goes under a dramatic change in separation, deployment, and family reintegration (DeVoe et al., 2020). Understanding how spouses and families experience reintegration is important in developing strong family connections. In return, spouses who are happy with their service members have a higher probability of marital satisfaction for longevity compared to dissatisfaction (Whisman et al., 2018).

Problem Statement

Families who are involved with the military are in a constant state of change with new environments and/or new people. It has been found that 7.3% of service members have screened positive for generalized anxiety disorder, 5.7% screened positive for major

depression, and 4.9% screened positive for PTSD (Donoho et al., 2017). Having a higher rate of mental illness can negatively affect spousal mental health. Once service members return from a deployment, a period of adjustment begins, with 40% of service members feeling as if they are a guest in their household (Sayers et al., 2009). The current problem military spouses experience is the lack of practical assistance, including counseling and in-home services for families. Military spouses are offered a plethora of assistance regarding therapy, but they lack assistance with the reunification process. Services can change on the military installation of the family; these services can include counseling, online counseling, video counseling, and/or telephonic counseling. Previous research found 67% of spouses reported not having a current mental health diagnosis, 25% of spouses reported a current diagnosis of generalized anxiety, and 8% reported having posttraumatic stress disorder (Families, 2022). This is a gap in research due to the unknown number of deployments for military families. Previous research does not review how the number of military deployments affects spousal mental health and how the number of deployments affects the parenting attachment of service members.

The Bible contains limited to no information regarding the deployment reunification process with military spouses. The Bible discusses having a positive and healthy marriage in depth when spouses experience depression or anxiety. The Bible states from 1 Chronicle 16:11:

I believe the only true source of hope, strength, peace, and purpose is God. When you focus on him instead of on whatever causes you stress, he'll give you the strength to bear what you need to bear and the peace of knowing

you're in his hands no matter what you face (New King James Bible, 2018, 1 Chronicles 16:11).

It is important to understand how the number of service member deployments is correlated to spousal depression and anxiety symptoms. Clear techniques to assist military spouses in adapting when a service member returns from deployment will assist the family unit to build strong connections for parent-child and spousal relationships.

Purpose of the Study

The quantitative correlational study examines the relationship between the number of deployments and depression in military spouses. Furthermore, the purpose of this survey study is to examine the effects of the number of service members' deployments in relation to spousal mental health and parenting attachment.

Research Questions and Hypotheses

Research Questions

RQ1: What is the rate of military spousal depression as compared to the number of deployments experienced?

RQ2: How does the number of deployments influence the parenting attachment of service members?

RQ3: What is the relationship between the number of deployments and reported parenting attachment of service members?

RQ4: What are the gender differences of service members regarding parenting attachment?

Hypotheses

Hypothesis 1: Military spouses who have experienced a higher number of deployments (4+) will have higher levels of depression than those who have experienced fewer deployments.

Hypothesis 2: Higher number of service member deployments (4+) negatively influences the parenting attachment of service members.

Hypothesis 3: The number of deployments will negatively affect reported parenting attachment of service members.

Hypothesis 4: Parenting attachment among female service members is more negatively affected by deployment than their male counterparts.

Assumptions and Limitations of the Study

Limitations of this study can be seen due to the population. Military spouses are a small sample of the general population, so results do not generalize to a non-military population. Another limitation is that the study was conducted online. This limited the sample size to a specific type of individual, while if it was broadcasted through multiple military installations, it could reach more spouses. A third limitation is demographic information was not required, which prevents participants from having contact; if there is an error, it would be impossible to request assistance.

Assumptions of this study are that individuals may have lied about their answers. Due to the study being completed over the Internet, participants may not have been truthful about who they are. Military spouses or service members may have chosen not to take part due to fear of repercussions from their spouse or the military. A challenge that may be difficult to overcome is the stigma of mental health within the military and spouses. Another challenge was that the sample size was smaller than the proposed number because it was not possible to gather 100 participants.

Theoretical Foundations of the Study

The research theory being used is Attachment Theory created by John Bowlby. This theory seeks to understand how infant behavior is associated with adults in social interactions. Having a strong theoretical foundation of attachment can be useful in being able to understand how adults perceive attachment, which will create a better insight into the individual ability to have healthy attachments with people around them. Attachment theory was developed to explain different attachment patterns to influence and explain individual-specific behaviors. The first pattern is secure attachment where the child feels comfortable with the caregiver (Dresvina, 2020). Ambivalent attachment is when the child is wary of new individuals, even if the parents are present (Dresvina, 2020). Next is avoidant, which is when the child avoids or rejects caregivers or other adults (Dresvina, 2020). Last is disorganized, which is when a child has distress with unfamiliar adults and has difficulty calming down (Dresvina, 2020). The adult's perceived attachment can be used to understand specific behaviors and predict the child's future attachment.

The Bible is extremely supportive of understanding attachment to discuss how attachment is seen within families, individuals, and with God. Deuteronomy 31:6 states:

Be strong and courageous. Do not fear or be in dread of them, for it is the Lord your God who goes with you. He will not leave you or forsake you (New King James Bible, 2018, Deuteronomy 31:6).

Many Christians can use scripture to solidify the idea that God encourages and assists in the formation of attachment with himself and other individuals. God created humans as individuals to live in groups, not to live independently. Attachment theory supplies an

ability to understand how it is perceived or what God wanted for his children and supplies an explanation of ways to aid them.

Definition of Terms

Attachment- A strong emotional bond formed with a caregiver is viewed as a basis for normal emotional and social development (Merriam–Webster, n.d.).

Major Depression- Serious mood disorder that involves one or more episodes of intense psychological depression, lasting two or more weeks which is accompanied by irritability, fatigue, poor concentration, sleep disturbances, weight gain, or loss, feelings of worthlessness or guilt, and sometimes suicidal tendencies (Merriam-Webster, n.d.).

Family- Basic unit in society which traditionally consists of two parents raising their children (Merriam-Webster, n.d.).

Military- Relating to soldiers, arms, or war; relating to armed forces; performed or made by armed forces (Merriam-Webster, n.d.).

Spouse- An individual who is married, husband or wife (Merriam-Webster, n.d.).

Significance of the Study

The purpose of the military is to defend the country and its interests against external threats. The military is built with service members willing to serve on the front lines. A majority of these service members have families, who at times wait for them when they must be deployed for prolonged periods of time. This study is significant to the overall mental health of service members' families. Overall, the study may provide a population of families the opportunity to have better skills to have strong traits during periods of time of non-parent attachment.

The impact of this study will assist individuals with having information about whether the military lifestyle is a lifestyle for them. This provides knowledge to military

families to form informed decisions. Using this research will also be impactful to have the ability to assist clinicians in ways to assist military families. This study's significance is to provide the ability to understand and develop psychological theories that can benefit military families.

Summary

Military spouses and service members' attachment to children is particularly important. In return, this process attempts to bridge the gap within military families to find a sweet spot for family cohesiveness, asking the question: How is the number of deployments correlated with depression in military spouses? How does the number of deployments influence the parenting attachment of service members?

A quantitative correlational study was completed using online surveys where participants were gathered through social media. The projected sample size was 100 participants between the ages of 18 to 40 years old but the final sample size was 78 due to less participation than proposed. Participants could belong to any ethnic background, and spouses needed to be part of a military branch. A disqualifier was spouses who are part of the reserves. In conclusion, the researcher's purpose was to find which number of deployments is the most effective for military families, which breaks the stigma for them.

CHAPTER 2: LITERATURE REVIEW

Overview

A family is a group of one or more parents and children who live within a unit. Military families have knowledge that their active-duty member can be gone for extended periods of time. This distance can add a strain on the family dynamic in all aspects from mental health to attachment levels. Understanding how military deployments affect attachment levels for parents and spousal depression is important to the wellbeing of military families. Having knowledge of ways to assist these families can benefit them in being strong and resilient.

Description of Search Strategy

Jerry Falwell Library was used to find and define articles. An advanced search was used to define content, language, and control publications date within five years. Limitations were used which included text available online and peer-reviewed publications, excluding searches that resulted in newspaper articles, book reviews, dissertations, and interviews. Keywords that were used: depression, military, spouse, children, deployment, attachment, and attachment theory. Using word studies, biblical research was found to gain an understanding of the Bible's view on spousal mental health, parent attachment, and military deployment. There was some difficulty locating a biblical viewpoint and understanding relating to overall family attachment and cohesiveness.

Review of Literature

Attachment

Attachment follows a generalized definition of having an extension of oneself, which can be seen through affection, fondness, or sympathy toward someone. Dr. John

Bowlby and Mary Ainsworth created the theory of attachment. Bowlby coined the definition of attachment as the lasting psychological connection between humans (Bowlby, 1969). He asserted that infants develop specific bonds with caregivers, which in a health environment creates lasting effects. Bowlby organized attachment into four distinct categories: secure, ambivalent, avoidant, and disorganized.

Secure Attachment

Secure attachment is known as the healthiest form of attachment. This is described as an attachment where a child feels comforted by a caregiver. This is when the child feels protected and has a caregiver to rely on (Dresvina, 2020). Children who feel protected and have caregivers to rely on, as adults, are more successful in having trusting, long-term relationships. These individuals have a higher ability to have high self-esteem and share feelings with others. Adults who have a more secure attachment are seen to have better working relationships with other adults (Taylor et al., 2015).

Ambivalent Attachment

Ambivalent attachment is an insecure bonding, also called anxious preoccupied attachment. It is seen when children are clingy to the caregiver, but even after the caregiver attempts to comfort the child, the child remains in distress (Dresvina, 2020). An example of this is when a child cries for attention, the caregiver sometimes runs to cater to the child's needs but ignores the child's cries. Adults who have ambivalent attachments are seen to have anxious tendencies, be overly needy, and lack self-esteem.

Avoidant Attachment

Avoidant attachment is an insecure attachment where the child avoids their caregiver and does not seek comfort from them. It is seen when children show little to no preference regarding a caregiver over a stranger. Avoidant attachment is created and

fostered when children have a caregiver who refuses to acknowledge their distress cues. These caregivers suppress the child's emotions by telling them to "stop crying." Adults who experience avoidant attachment endorse independence and self-reliance, where they experience low levels of intimacy and connection in close relationships (MacDonald et al., 2013).

Disorganized Attachment

Disorganized attachment's other name is fearful-avoidant attachment. It is seen when a child avoids their caregiver and does not seek comfort from them. This type of attachment is developed due to a parent having failed to respond appropriately or consistently to a child's distress. In this type of attachment, a child relies on a caregiver to survive but is also fearful of the caregiver (Dresvina, 2020). When adults are disorganized, attachment types can be seen in having difficulty in engaging with others and having the want to be in a committed relationship but having fears of being rejected. Parents who experience lower secure attachment have difficulty fostering positive attachment regarding parental bonding (Ghafoori et al., 2008).

Parent and Children

A parent is a father or mother who raises offspring or children. This specific type of relationship is based on nurturing the physical, emotional, and social aspects of the child. Within this bond, children begin the skills to know themselves and be successful adults. Previous studies have discussed the influence of parents and families on the formation and development of attachment during toddlerhood and infancy (Zou et al., 2020). Understanding parent-child relationships directly affects children, which later influences them as adults.

Children can have different views of mothers and fathers. An example of this difference is that mothers in society are seen to be more nurturing, while fathers are more to play with. Earlier research found maternal positive and negative co-parenting behaviors were related to peer attachment through indirect effects of the father (Zou et al., 2020). Maternal positive behavior was found to be related to the peer attachment of boys, while girls received indirect effects from fathers on positive behaviors (Zou et al., 2020).

Military families have a unique dynamic regarding parent interactions. These interactions can differ between couples due to lengthy periods of time being apart and lacking constant communication. Research has been completed to understand the relationship satisfaction and psychological distress of parents, finding that higher relationship satisfaction was associated with lower levels of depressive and anxiety symptoms (Hong et al., 2021). As a result, children can be placed in situations not ideal for healthy development.

With military families, it can be a concern for children to be in an environment where posttraumatic stress disorder (PTSD) is prevalent. In return, it has been found that children who have a parent experiencing PTSD symptoms have a higher difficulty with emotional regulation and can develop behavioral problems (Zhang et al., 2020). As a result, children who experienced great parental stress developed avoidant attachment and rumination (Yaakov et al., 2022).

Religion has been used as a strong influence regarding parenting behavior and attachment. For many, individual's religious participation in parenting is a warm, active, and communication style of parenting. Proverbs 22:6 states "Start children off on the way they should go, and even when they are old, they will not turn from it" (New King James

Bible, 2018, Proverbs 22:6). This quote is important for parents to focus on a child's positive behavior and motivate them to be the best possible self. The research found that individuals can experience psychological peace if they experience good beliefs and have admirable moral deeds, having an overall happy life (Akrim & Junaidi, 2021).

Parents can influence children in developing a strong relationship with religion. This can be completed through internal family interactions but also from social constructs. Children can develop strong religious attachments as young as preschool through the interlacement of songs, television, and the internet regarding religious interaction (Latipah et al., 2020). It has been found that attachment-related factors can foster a link between religion and mental health (Cherniak et al., 2021).

Parent and child interactions are a pivotal part of society. Having strong connections can assist children in becoming functional adults. In return, having functional, capable adults assists society in being successful and thriving. Overall, if children are living with both parents, they have a higher probability of trust and communication (Idress et al., 2021)

Military

The United States Armed Forces consist of six service branches: Army, Marine Corps, Navy, Air Force, Space Force, and Coast Guard. The U.S. Armed Services are volunteer based, being used to supply forces to deter war and ensure national security (We Are Your Defense, n.d.). As of 2022, the military has 2.91 million service members and civilian contractors (We Are Your Defense, n.d.) With 2.91 million service members, that is approximately 1% of the United States population. Many military service members are younger than 30 years of age with over half married and half having children (McCarthy & Richter, 2018). Many military families experience a deployment, which is

defined as when the service member is under training or under any mission which varies in length and location (Sharma & Nagle, 2018).

Since 9/11, 2.77 million service members have served on over 5.4 million deployments (McCarthy & Richter, 2018). As of 2022, this number can be assumed to be significantly higher. Veteran Affairs (2015) discuss military deployments are a movement of armed forces, where the service member is moving from home to outside the continental U.S. and territories, which lasts 9 to 15 months. This length of time can be extremely difficult for service members when returning home, linking deployments with poor marital functioning compared to non-military families (Karney & Trail, 2017).

Previous research found that after being deployed, service members feel like a guest in their own household (40.7%), report children acting afraid or not being warm toward them (25%), or report being unsure about their role (37.2%) (Sayers et al., 2009), suggesting an association between attachment avoidance and veterans who have experience with PTSD (Bannister et al., 2018). Service members feeling as if they are a guest in their own homes and children being afraid can foster an environment where relationships begin to be severely strained with 53.7% reporting conflicts involving “shouting, pushing, or shoving” and 27.6% reporting their partner was “afraid of them” (Sayers et al., 2009).

Understanding service members and veterans’ mental health is important to assist with military families’ quality of life. Upon returning from deployment, veterans experience symptoms of posttraumatic stress disorder (PTSD) and other mental health symptoms (Herzog et al., 2020). Women veterans are at a greater risk of long-term psychological factors compared to their male counterparts (Adams et al., 2021). Previous research has shown that 7.3% of service members have generalized anxiety disorder

(GAD), and 5.7% have major depressive disorder (MDD) (Donoho et al., 2017), suggesting that spouses are affected by service member experiences with mental health. Spouses of veterans can develop symptoms of attention and memory problems (Toomey et al., 2021).

Spousal Impact

Military spouses experience multiple stressors, such as high divorce rates, lack of meaningful work, and shifting life of children. Previously stated stressors are examples of what could influence spouses to develop depression. In previous studies, it has been found spouses have specific characteristics in aiding in diagnosing mental health symptoms (Lara-Cinsiomo et al., 2020). Providing spouses with support systems can overall be a predictor for lower psychological distress (Ross et al., 2020).

The military lifestyle is a constant movement. During these movements, military spouses may have to stop working or have extended periods of not working. Limited knowledge is available to spouses regarding assistance, so spouses do not have a sense of loss of control or identity (Cole et al., 2021). The Women's Bureau (n.d.) states that 92% of military spouses are women, while only 53% took part in the labor market. According to May (2017), 13% of all military spouses are unemployed, which is about three times the national rate. Previous research found that military spouses who have a career have a better source of income and communication skills (Huffman et al., 2019). If military spouses have a strong connection regarding their job or career, it can reduce social isolation and mental health difficulties and can improve self-care and the management of life events (Strong et al., 2017).

Spouses of service members are offered multiple resources such as therapy, community engagement, and parenting groups. Even through the positive resources,

military spouses still can feel loneliness, sadness, anxiety, and depressive symptoms. Spouses who use avoidance as a coping technique have been found to have an indirect relation to an increase in life satisfaction, which can affect the overall level of depressive moods in spouses (Wang et al., 2018). Having informal support, such as friends and family, can have a positive impact on mental health symptoms (Richardson et al., 2020). This informal support system can provide military spouses with better protective factors, which allow families to have better life satisfaction (Carter et al., 2020). If spouses receive correct assistance and have adequate support, they can limit possible adverse experiences of mental health symptoms (Sullivan et al., 2020). Spouses who are happy with service members have a higher probability of marital satisfaction for longevity compared to dissatisfaction (Whisman et al., 2018).

Military Families

Over the past 15 years, 1.8 million American children lived within military families (MacDermid et al., 2017). Two million children (about the population of Nebraska) are in military families who have experienced a parent going on at least one deployment (Huebner et al., 2019). As of 2021, the United States reports to have 73 million children (The State of America's Children, 2021). Within military personnel, only 40.5% have children with the largest percentage being between the ages of 0-5 (Kent et al., 2021).

Military children experience unique experiences shared among this group and are not relatable to non-service member families (Zurlinden et al., 2021). These children, for example, can experience multiple stressors due to a military lifestyle of constant change (Briggs et al., 2020). These families face challenges due to deployment, which leads to parental separation that can be difficult for young children (Julian et al., 2018). If

children are raised in an environment that has higher emotional disturbance experiences, these children have a higher probability of negative mental health symptoms (Schickendanz et al., 2018).

Deployment is quite common and perceived as normal within the military community. When a parent is deployed, children have limited information regarding adverse mental health, emotional effects, or behavioral effects (Fairbank et al., 2018). Deployment can cause young children to experience separation or loss when a parent is missing (Briggs-Gowan et al., 2019). With an increase in the sensation of separation or loss of young children, toddlers, especially, can have difficulty attaching to parents that have been gone and other adults (Guild et al., 2021). Previous research has found that children who have experienced one or more deployments do not have a higher probability of depressive symptoms (Knobloch et al., 2017).

During deployments, the parents at home can be motivated to supply stability for their families. Stability for many military families is important, which could be defined as remaining in the same location for multiple years. Research has found that if parents provide at-home stability and social interactions, children in military families adapt better (Tupper et al., 2020). With parents trying to supply stability, they still experience a dramatic change in the parenting process due to separation, deployment, and then family reintegration (DeVoe et al., 2020).

When service members return home from deployment, the process of reintegration begins. Reintegration can be an extremely arduous process for many military families. This reintegration period for service members from deployment can be joyful or have unique stressors (Bommarito et al., 2017). Fathers returning from a deployment can experience emotional conflict that is positive and negative regarding

being with their children (Lagarto et al., 2021). Parental reintegration after deployment does not indirectly correlate to a child's psychological health (O'Neal & Mancini, 2021). Overall, low attachment anxiety can be a predictor for better adjustment after deployment (Borelli et al., 2019). Ultimately, if children do have an attachment to a parent, they can develop positive emotions, which assist in the reintegration process (Cooke et al., 2019).

It has been found that among families who experienced a deployment, 44% had a positive attitude toward deployment, 36% had a negative attitude, and 20% were neutral (Knobloch-Fedders et al., 2020). Deployments are difficult but can be a positive for many military families. Families can work on enhancing communication, which positively correlates with marriage quality (Vazhappilly & Reyes, 2018). Having a greater understanding of mental health concerns and reconnection with spouses can assist with better communication with returning spouses (Peck & Parcell, 2021). Continuing research found that post-deployment reunion, attachment security is closely related to positive intrapersonal functioning for military members (Wood et al., 2019).

Depression

It is estimated that 3.8% of the global population is affected by depression, which is approximately 280 million people. The WHO (2021) estimates that 3.8% of the population is affected by depression, including 5% of adults and 5.7% of adults older than 60 years old. With a portion of the population affected by depression, it is important for the military to have the correct resources to assist these individuals. A tool used to help diagnose depression is the Beck Depression Inventory (BDI). The Beck Depression Inventory (BDI) is a 21-item, self-reporting rating scale. The BDI is designed to measure the characteristics of participants' attitudes and symptoms of depression. Once

completed, the BDI has specific scores that range from normal to extreme depression levels.

The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5, 2013) includes the diagnostic criteria for depressive disorders, which have common features of the presence of sadness, emptiness, or irritable mood, accompanied by somatic and cognitive changes which significantly affect an individual's capacity within functionality (DSM-5, 2013). The DSM-5 states that the 12-month prevalence of MDD in the United States is approximately 7% with differences by age group regarding prevalence (DSM-5, 2013). The prevalence in 18-to 29-year-old individuals is threefold higher than the prevalence in individuals aged 60 or older (DSM-5, 2013). Females experience 1.5 to 3% higher rates than males, beginning in early adolescence (DSM-5, 2013).

Major Depressive Disorder (MDD) is a diagnosable mental health disorder. The DSM has multiple criteria which an individual must meet to be diagnosed appropriately. In Criteria A, an individual needs five or more symptoms that have been present during the same 2-week period and represent change from previous functioning; at least one of the symptoms needs to be either depressive mood or loss of interest or pleasure (DSM-5, 2013). Criteria A symptoms are listed from the DSM-5 (2013):

1. Depressed mood most of the day, every day, as indicated by subjective report or observations made by others
2. Markedly diminished interest or pleasure in all, or almost all, activities most of the day or nearly everyday
3. Significant weight loss when or dieting or weight gain
4. Insomnia or hypersomnia nearly everyday

5. Psychomotor agitation or retardation almost everyday
6. Fatigue or loss of energy nearly everyday
7. Feelings of worthlessness or excessive or inappropriate guilt
8. Diminished ability to think or concentrate also experiencing indecisiveness
9. Recurrent thoughts of death, suicidal ideations with a specific plan, suicide attempt or plan for committing suicide

Criteria B is stated that the symptoms cause significant distress or impairment in social, occupational, or other key areas of functioning (DSM-5, 2013). Finally, Criteria C specifies that the episode is not attributable to the physiological effects of a substance or any other medical condition (DSM-5, 2013).

MDD is broken into different severities (mild, moderate, severe, with psychotic features, in partial remission, in full remission, and unspecified), which are coded based on the individual's experiences (DSM-5, 2013). Following the DSM-5 continues to have specific specifications for example, anxious distress, mixed features, melancholic features, atypical features, mood-congruent psychotic features, mood-incongruent psychotic features, catatonia, peripartum onset seasonal pattern, which are used to provide individual care (DSM-5, 2013).

Biblical Foundations of the Study

The Bible is extremely interactive regarding mental health and how to better help individuals. However, the Bible does not contain information about a strong correlation between spousal depression and anxiety regarding the interaction of being a military spouse. The Bible discusses that, although individuals may be experiencing a dark or negative time, they still have things to be grateful for and positive things to reflect on. From 2 Philippians 4:8, the Bible states: "Finally, brothers and sisters, whatever is true,

whatever is noble, whatever is right, whatever is pure, whatever is lovely, whatever is admirable – if anything is excellent or praiseworthy- think about such things” (New King James Bible, 2018, 2 Philippians 4:8).

The quote reminds individuals to remain positive in God’s word. At times, military spouses must wear multiple hats where they are both mother and father. They are constantly having to take care of children, so they may have difficulty remaining positive about where they are in life. As a result of feeling these negative emotions, they may be unable to parent their children to the best of their abilities.

The Bible has limited to no information regarding the deployment reunification process with military spouses. The Bible discusses having a positive and healthy marriage in depth as well as having spouses with depression or anxiety. The Bible states in 1 Chronicle 16:11:

I believe the only true source of hope, strength, peace, and purpose is God. When you focus on him instead of on whatever causes you stress, he’ll give you the strength to bear what you need to bear and the peace of knowing you’re in his hands no matter what you face (New King James Bible, 2018, 1 Chronicles 16:11).

Reunification is a complicated process that can bring negative emotions. Gaining a stronger understanding of how the number of service member deployments is correlated to spousal depression and anxiety symptoms can be useful in protecting military families. Having clear techniques to help military spouses adapt when a service member returns from deployment will assist the family unit. Providing military families with adequate

resources will assist the family unit in building strong connections for parent-child and spousal relationships.

Summary

While watching the television, it is extremely difficult not to view a commercial romanticizing the military. These commercials can be for all the branches of the military; they look intense, adventurous, and exciting. In many of the commercials, the service members are jumping out of a helicopter to save people, or they are on a submarine in the middle of the ocean. These commercials are extremely empowering and motivating to people. On the other hand, military spouses and children can experience television shows that can glamorize the military lifestyle. These shows depict military families bonding, the father grilling, and being in a close-knit family. Individuals on social media can view military homecoming videos where spouses and families run to each other and cry in each other's arms.

For many individuals, joining the military allows their families to experience financial freedom, move, and live a transient lifestyle. Living the military lifestyle, families experience life in a constant state of change. For many families, deployments can be a hindrance to parental and family attachments.

Many people within the military population may not actively request mental health assistance for themselves or their families. This may be done due to fear of adverse effects such as stigma or fear that they are letting the team down, creating a culture that is scared to discuss thoughts and feelings. This mindset is creating an environment that limits individual growth, which then develops a mindset for military families that are unable to rely on the people around them due to repercussions.

Attachment is having a psychological connection toward other human beings (Beck, 2019). The influences of attachment can begin when the person is born and progresses as individuals grow into adults. This can be viewed as a caregiver's response when children are in distress (Beck, 2019). Distress can be seen as crying or having a diaper that is full of defecation or urine. The theory of attachment has four patterns that help researchers understand the reason behind it and assist with it.

The four patterns of attachment are ambivalent, avoidant, disorganized, and secure. These styles are influenced by caregivers' interaction with children, the quality of care, and the opportunity for children to attach to a caregiver. Ambivalent attachment is when children feel distressed when a parent or caregiver leaves. This occurs when children cannot depend on a primary caregiver. Avoidant attachment is when children avoid parents or caregivers. An example of this is that a child can go to a stranger if a need is not met; they show no preference. Third, disorganized attachment is when a child avoids or resists a parent. This shows a lack of clear attachment that happens when children experience inconsistent caregiver behavior. Last, secure attachment is when children can depend on a caregiver. Children can have feelings assured by caregivers, and the children can seek reassurance from caregivers.

The Bible is extremely interactive when regarding mental health and how to better help individuals. However, the Bible does not depict a strong correlation between spousal depression and anxiety regarding the interaction of being a military spouse. The Bible discusses that although individuals may be experiencing a dark or negative time, they still have things to be grateful for and positive things to reflect on. From 2 Philipians 4:8 the Bible states:

Finally, brothers and sisters, whatever is true, whatever is noble, whatever is right, whatever is pure, whatever is lovely, whatever is admirable – if anything is excellent or praiseworthy- think about such things (New King James Bible, 2018, 2 Philippians 4:8).

Military spouses are experiencing an exceedingly difficult life full of an insurmountable number of choices. Having the ability for military spouses to understand ways to assist them in being successful is important to family conduciveness.

Understanding how the military lifestyle affects spousal depression and children's attachment is important regarding service member's number of deployments. Having knowledge of spousal depression correlates with parenting ability to children. The analogy *is to put your mask on before someone else* comes into this discussion. A parent is unable to parent effectively if they are struggling to maintain a healthy mentality.

CHAPTER 3: RESEARCH METHOD

Overview

The purpose of the research was to gain a better understanding of tools that can be used to assist military spouses. Initially, the projected sample size was 100 participants, ranging from 18 to 60 years old. Participants were not disqualified due to ethnic background, spouse's branch or rank, having a child, and being married. Disqualifier factors were if the service member was part of the military reserves and the Coast Guard.

Using a quantitative correlation study, participants were recruited through social media and implemented an online survey (see Appendix A; B). Participants were not prompted to provide any information relating to demographic, for example names and location.

Research Questions

RQ1: What is the rate of military spousal depression as compared to the number of deployments experienced?

RQ2: How does the number of deployments influence the parenting attachment of service members?

RQ3: What is the relationship between the number of deployments and reported parenting attachment of service members?

RQ4: What are the gender differences of service members regarding parenting attachment?

Hypotheses

Hypothesis 1: Military spouses who have experienced a higher number of deployments (4+) will have higher levels of depression than those who have experienced fewer deployments.

Hypothesis 2: Higher number of service member deployments (4+) negatively influences the parenting attachment of service members.

Hypothesis 3: The number of deployments will negatively affect reported parenting attachment of service member.

Hypothesis 4: Parenting attachment among female service members is more negatively affected by deployment than their male counterparts.

Research Design

This study was a correlation research design, survey-type study. A factorial ANOVA was used to evaluate two independent variables of times service member is deployed (1-3, 4+) and length of deployment (under 6 months, over 7 months). A correlation design was chosen to compare how spousal depression is affected by service member deployment and service member deployment affecting parenting attachment.

Participants

Participants of this study ranged between 18 and 60 years old, belonging to any ethnic background. Participants were married for longer than six months, in a heterosexual relationship, had at least one child of any age, and spouse was part of a military branch. Sample size was projected to be 100 participants, but the final sample size was 78. Spouses whose service members were in the reserves were not eligible to participate. Service member rank was not a disqualifier.

Participants were recruited through social media support groups for military spouses on Facebook.com. All these groups have over 1,000 participants and reach spouses throughout the United States of America and international bases. Spouses were able to view and have access to a Facebook post regarding the study, what is being researched, and how to complete the survey. If participants agreed to participate in the study, they could click on a link on the original post. Participants did not disclose any personal identifying information. Informed consent was provided by clicking a link before the survey began. Participants agreed to participate; if they do not, they could not continue with the survey.

Study Procedures

Participants were contacted through social media, Facebook.com, regarding the study (see Appendix A). All participants were recruited from a list of multiple Facebook groups dedicated to military spouses. These groups are designed as a support for military spouses through deployment and marital and child situations. The initial Facebook post described the survey and explained its reason (see Appendix B). If participants agreed to participate, then they clicked on a link on the initial post that directed them to the survey. Next participants read the informed consent (see Appendix D) and provided an answer. If choosing to deny, participants were directed to close the page and were thanked for their time.

Participants who accepted were directed to complete the required questions. During the survey, participants were not asked questions regarding demographic information (see Appendix C). After answering all required questions, they received a thank you on the page, which ended the participation. Questions were based on the Likert Scale to assist in evaluating the questions at the end.

Instrumentation and Measurement

Protective Factors Survey Second Edition (PFS)

The Protective Factors Survey (PFS) Second Edition, which was developed by FRIENDS National Center for Community-Based Child Abuse Prevention, is a 7-point scale, including 20 items that measure social-emotional support, concrete support, nurturing and attachment, family functioning/resiliency, knowledge of parent and child development. The PFS is designed for parents who participate in family support and prevention services and assesses family protective factors and which parts of families need to change. It is used as a prevention tool for families. It is projected that if a parent has high protective factors, they have a higher feeling of attachment to their children.

Beck Depression Inventory (BDI)

The Beck Depression Inventory (BDI), a 21-item self-reported survey, measures symptoms of depression. Each survey was evaluated according to standard procedure. The BDI in this study was used to measure the military spouse's depression levels.

Operationalization of Variables

Variable One – Depression of spouses is a dependent, scale variable (1-10 normal, 11-16 mild disturbance, 17-20 borderline clinical depression, 21-30 moderate depression, 31-40 severe depression, over 40 extreme depression) measured by the BDI scale (Beck et al., 1961).

Variable Two – Perceived parent-child connection is an independent, categorical variable measured by the Protective Factors Survey Second Edition, which is a scale. For questions 1 through 5, if answers have fewer than 4 items, a score was not computed. If 4 or more, the item responses were summed and divided by the number completed. For social support items 6, 7, and 10, a score was not computed if participants answered

fewer than 2. For 2 or more, the number was summed and divided by the number completed. For concrete support 8, 9, and 11, if fewer than 2, scores were not computed. For two or more, the items were summed and divided by the number of items completed. For nurturing and attachment 17, 18, 19, and 20, for fewer than three answers, a score was not computed. If 3 or more were completed, the items were summed up and divided by the number of items. Child development/knowledge of parenting questions 12, 13, 14, 15, and 16 were evaluated using the mean.

Variable Three – Military Service, which branch (Army, Navy, Marine, Air Force, Space Force), is an independent, categorical variable, provided by self-reporting regarding what specific branch spouse is part of service member branch.

Variable Four –Number of deployments longer than 6 months (1-2, 3-4, 5-6, 7+) is an independent, categorical data that was self-reported by spouses.

Data Analysis

A G*Power priori analysis was run using analysis of variance (ANOVA) as the statistical analysis. Using an effect size of 0.25, the error probability of 0.05, 5 groups, and 4 measurements, it was found that a minimum sample size of 60 and a maximum of 100 should be used. With a critical F being 1.8112 and an actual power of 0.9673, an ANOVA was used to examine the variations among two or more groups of a dependent variable.

The data analysis was to understand how the number of deployments affects spousal depression (measured using the BDI) and parent attachment (measured using the PFS). ANOVA was used to evaluate the independent variables (number of deployments and military branch) and their effects on the dependent variables (BDI and PFS). Social

media, Facebook.com, was used to conduct the research. Participants were not asked to provide any information that is capable of being used as a marker to define who they are.

Utilizing an ANOVA will assist in answering the four hypotheses.

Hypothesis 1: Military spouses who have experienced a higher number of deployments (4+) will have higher levels of depression than those who have experienced fewer deployments.

Hypothesis 2: Higher number of service member deployments (4+) negatively influences the parenting attachment of service members.

Hypothesis 3: The number of deployments will negatively affect the reported parenting attachment of service members.

Hypothesis 4: Parenting attachment among female service members is more negatively affected by deployment than their male counterparts.

Delimitations, Assumptions, and Limitations

Limitations of this study can be seen due to the population. Using military spouses is a small sample of the general population, so the results may not be generalizable beyond the population being researched. A further limitation is that the study was done online, which limits the sample size to a specific type of people; whereas, if it was broadcasted through multiple military installations, then it could reach more spouses. A third limitation was due to not requesting demographic information that can be utilized to contact the participants; if there is an error, it would be impossible to request assistance.

The limitations of this study were that individuals may have lied when answering the questions. Due to the study being completed over the internet, participants may not have been truthful about who they are. Individuals may have chosen not to participate for

fear of repercussions from their spouse or the military. Another assumption was that individuals could participate in the study to attempt to skew the data.

The challenge of this study was that individuals may have lied when answering the questions. Due to the study being completed over the Internet, participants may not have been truthful about who they are. Another challenge could be individuals who did not want to participate in the study. Individuals may choose not to participate for fear of repercussions from their spouse or the military. Following that, a challenge that may be difficult to overcome is the stigma of mental health within the military and spouses. A challenge that occurred was not being able to gather the initially proposed number of 100 participants; however, the final number of 78 participants was sufficient, according to the power analysis.

Summary

Understanding military spouses and service members can attach to children is important. This aids the gap within military families and finding adequate assistance regarding the resilience of deployment affecting spousal depression and service member attachment, which brings the question: How is the number of deployments correlated with depression in military spouses? How does the number of deployments influence the parenting attachment of service members?

A quantitative correlational study was completed using online surveys gathered through social media. The projected sample size was 100 participants, ranging between the ages of 18 to 60 years old; the actual sample size was 78. Participants could belong to any ethnic background, and spouses needed to be part of a military branch. A disqualifier was spouses who were part of the reserves. In conclusion, this research was conducted to

find which number of deployments is the most effective for military families, aiding and breaking the stigma for military families.

CHAPTER 4: RESULTS

Overview

A quantitative correlational study was completed that examined the relationship between the number of deployments and depression in military spouses. The online survey evaluated the effects of the number of service members' deployments and relation to spousal mental health and parenting attachment. Two surveys were used, which were the Beck Depression Inventory (BDI) and Protective Factors Survey (PFS). The online survey utilized questions that were based on a Likert Scale.

Participants were contacted through social media on Facebook.com (see Appendix A). All groups were dedicated to supporting military spouses through deployment, marital and children challenges. Utilizing support networks for military families, individuals were recruited through a Facebook post that provided a disclaimer and information regarding the survey (see Appendix B). Participants who agreed to participate in the study continued the online survey. Once participants clicked the survey, they were provided informed consent (see Appendix D) and were requested to answer, which continued the study.

Research Questions and Hypothesis

Research Questions

RQ1: What is the rate of military spousal depression as compared to number of deployments experienced?

RQ2: How does the number of deployments influence the parenting attachment of service members?

RQ3: What is the relationship between number of deployments and reported parenting attachment of service members?

RQ4: What are the gender differences of service members regarding parenting attachment?

Hypotheses

Hypothesis 1: Military spouses who have experienced a higher number of deployments (4+) will have higher levels of depression than those who have experienced fewer deployments.

Hypothesis 2: Higher number of service member deployments (4+) negatively influences parenting attachment of service members.

Hypothesis 3: The number of deployments will negatively affect the reported parenting attachment of service members.

Hypothesis 4: Parenting attachment among female service members is more negatively affected by deployment than their male counterparts.

Descriptive Results

To participate in the study, individuals needed to be between 18 and 60 years old. Participants could belong to any ethnic background; they needed to be married, in a heterosexual relationship, and spouses needed to be part of a military branch. All participants needed to be married for longer than 6 months and have at least one child, of any age. Service member rank was not a disqualifier.

Participants were recruited through the social media website, Facebook.com. Individuals who were involved in military spouse support groups were contacted through Facebook. These groups had more than 1,000 participants and were closed groups. All the groups had the capability to reach spouses throughout the United States of American

and international bases. All the groups had criteria that needed acceptance from an administrator, which included branch and location of families.

Study Findings

According to the research found after evaluating military spouses' experience on service member deployments, BDI, and PFS responses, it has been found that these experiences do not have a direct relationship to military spouse depression. A quantitative design was used by requesting participants answer basic demographic questions and BDI and PFS responses completed on an online survey. Using an ANOVA, the data were evaluated regarding how the independent variables (number of deployments and military branch) and the dependent variables (BDI and PFS) can be compared to the effects of spousal depression, which was measured by the BDI, to understand how service members' number of deployments has a direct relationship with the effect of spousal depression.

Research Question One

What is the rate of military spousal depression as compared to number of deployments experienced?

Hypothesis One

It was hypothesized that military spouses who experience a higher number of deployments (4+) would have a higher incidence of depression, meaning that the more deployments military spouses experience, the higher their probability of experiencing depression. Military spouses in this study are the participants, and they answered the BDI, which is an instrument that measures depression. It was found that there was not a significant main effect for the number of deployments on BDI score in military spouses, $F(4,73) = 1.185, p < .324$; one to two deployments $m = 13.318, SD = 8.607$; three to four

deployments $m=14.800$, $SD=9.844$; five to six deployments $m=14$, $SD=7.375$; seven or more deployments $m=3.5$, $SD=4.949$.

The results showed that military spouses who experience seven or more deployments have a lesser probability of having depression or depression symptoms compared to military spouses who have only experienced one to two deployments and have a higher chance of experiencing depression. Spouses who experience one to two deployments have a higher chance of depression than military spouses who have experienced seven or more deployments. Data can be viewed that seven or more deployments that military spouses experience have a projected probability of having better mental health.

Research Question Two

How does the number of deployments influence the parenting attachment of service members?

Hypothesis Two

It was presumed that a higher number of service member deployments (4+) negatively influenced the parenting attachment of service members. There was not a significant main effect for the number of deployments on the influence of parenting attachment of service members, $F(4,73) = .704$, $p < .592$; one to two deployments $m=20.771$, $SD=4.530$; three to four $m=20.202$, $SD=4.449$; five to six deployments $m=19.150$, $SD=3.727$; seven or more deployments $m=24.700$, $SD=1.202$. The total of all found participants was $m=20.587$ and $SD= 4.390$.

Individuals who experienced one to two deployments had the highest possibility of negatively influencing the parenting attachment of service members. These results did not support the hypothesis that the number of deployments influences parenting

attachment, answering the research question that any number of deployments does influence parenting attachment, but the number of deployments affects the influence of parenting attachment differently. Military families who experience more than two deployments have a higher probability of not experiencing negative influences on the parenting attachments of service members.

Research Question Three

What is the relationship between the number of deployments reported and parenting attachment of service members?

Hypothesis Three

Hypothesis Three aimed to evaluate the effect of the number of deployments on reported parenting attachment of service members. There was not a significant main effect found regarding the relationship between number of deployments and parenting attachment. Results did find that the hypothesis was not supported. $F(4,73) = .704$, $p < .592$, one and two deployments $m = 20.771$ and $SD = 4.530$; three to four deployments $m = 20.202$ and $SD = 4.449$; five to six deployments $m = 19.1500$ and $SD = 3.727$; seven or more deployments $m = 24.700$ and $SD = 1.2020$. The total participants found $m = 20.587$ and $SD = 4.390$.

It was found that the number of deployments does not negatively affect the reported parenting attachment of service members. The number of deployments that service members reported did not have a relationship to parenting attachment. Service members' deployments did not negatively affect the attachment to their children as rated by the spouse of the service member.

Research Question Four

What are the gender differences of service members regarding parenting attachment?

Hypothesis Four

It was found that only 19 of the participants were veterans. Within that group, all the participants were female veterans, and one participant did not provide gender. As a result of this, the research question is not actively able to be evaluated due to not having any male veterans participate. A conclusion is not able to be reached regarding gender differences of how parenting attachment can be more negatively affected by deployment in females than in male counterparts.

Summary

A Factorial ANOVA was conducted in SPSS to obtain results and support the research questions and the hypothesis. The research questions that were sought to answer were “How is the number of deployments correlated with depression in military spouses?”, “How does the number of deployments influence the parenting attachment of service members?”, “What is the relationship between number of deployments and reported parenting attachment of service members?” and “What are the gender differences of service members regarding parenting attachment?” Using a quantitative correlational study with an online social media survey examined the relationship between the number of deployments and depression in military spouses.

The online survey was completed by 78 participants who were all military spouses, have at least one child, and have experienced a deployment. Using the online survey, the effects of the number of service members’ deployments and their relation to spousal mental health and parenting attachment were evaluated. Utilizing SPSS, descriptive statistics and ANOVA found that none of the hypotheses were supported. It was found that the more deployments experienced the less of a probability of military spouses having depression. Families who experience one to two deployments have a

higher probability of having adverse experiences than families who experience seven or more deployments.

CHAPTER 5: DISCUSSION

Overview

The purpose of this quantitative correlational study was to understand the relationship between number of deployments and depression in military spouses. This was done by evaluating how the number of deployments affects depression evaluated through Beck Depression Inventory (BDI). Furthermore, it was also evaluated through the Protective Factors Survey (PFS) and the number of deployments. The study was designed to bridge the gap for military families to find family cohesiveness. The study attempted to answer the question: How is the number of deployments correlated with depression in military spouses? How does the number of deployments influence the parenting attachment of service members?

Lack of information from a Biblical standpoint has been important in growing support for service member families. The Bible is incredibly supportive and discussed in depth having a positive and healthy marriage. The Bible discusses how to assist spouses but has no practical information regarding how to aid families. It does not include supplying techniques or assistance to military spouses and families.

This quantitative correlational study utilized online surveys where participants were gathered through social media. I used a sample size of 78 participants ranging between 18 to 40 years old. Participants were not discriminated against due to ethnic background. Spouses of service members needed to be part of a military branch and not reserves or the Coast Guard.

Summary of Findings

The results of the study were not found to reject the null hypotheses regarding the results after evaluating deployment levels, BDI, PFS, and different branches of the military. Service member deployment did not directly correlate with depression in military spouses. Service member deployment was not found to directly influence military spouses' mental health negatively. Gender differences among service members did not have enough male-to-female participants, which did not provide enough validity to the data.

Discussion of Findings

Attachment theory was created by Dr. John Bowlby and Mary Ainsworth. Attachment is defined as affection, fondness, or sympathy toward someone or as the lasting psychological connection between humans (Bowlby, 1969). This idea intertwines with how parenting attachment with service members is connected to attachment theory. Previous research found that the parent and children connection is a direct influence on children's development (Zou et al., 2020). It was found in the study that there is no interaction between military spouses' mental health attachment and mental health.

The military is a pivotal piece for 2.91 million service members and their families (We Are Your Defense, n.d.). This is a small part of the general United States population. Many service members are under 30 years of age, with over half married and half having children (McCarthy & Richter, 2018). With a small population, they are not supplied adequate support. The results of this study found that military families do not experience severe depression regarding deployment.

Religion was not measured in this study; however, it was an influence of the reason behind this study. Many individuals use religion as an influence on parenting behavior and attachment; it does not have scripture that discusses military deployments and parenting attachment. Parents can use the Bible to parent and to assist in stressful situations. Strong parenting attachment can assist in having functioning families.

Implications

It can be implied that the study's results found that depression and parenting attachment do not directly affect military spouses. This can directly negatively influence military spouses due to their feelings not being validated and prevent them from receiving help, which in turn, causes military families not to feel respected or heard regarding negative impactful experiences. Implications of this study have been found not to support military spouses and families.

This study's implications can help government agencies see the importance of providing military families with adequate assistance. Government agencies may seldom see the importance due to military families infrequently providing concrete support. As a result, government agencies believe that this population of individuals does not need additional help. This lack of support prevents families from being successful, preventing military families from reaching their full potential. Overall, the implications suggest that more research is needed to provide more quality assistance to military families.

Limitations

A significant limitation is that demographic information was not requested. The participants did not provide demographic information, which prevented follow-up research. Not having demographics for future services or research limits the continuous

data that can be provided. This limitation prevents providing individual resources to participants who need extra support.

Limitations of this study were seen by the population. The military spouse population is a small sample of the general population, which made it difficult to find participants. A limitation that was experienced was that many individuals were timid in completing the study due to fear of repercussions from service members. As a result, many spouses may have not been forthcoming in providing adequate information. This can prevent a specific gender from having more validity to assist in supporting the hypothesis.

Recommendations for Future Research

Future research can be used to provide more information and tools to assist military spouses. Having more resources to assist men who are married to a military service member, due to the uncommon family dynamic, can be useful in providing better resources for military families' positive quality of life. A study that could be recommended is focusing on males who stay at home and depression in spouses compared to women who stay at home. A longitudinal study from the beginning of when couples get married to the end of service members' careers would provide more insight into the difficulties of military families.

Summary

The results of the study found not to reject the null hypothesis, finding that military deployments are not directly correlated with depression and parenting attachment in military families. The implications of this can prevent government agencies from being motivated to provide adequate assistance to military families. A limitation was that the research did not ask for demographic information, which can prevent follow-up research

and information. Another limitation is that gender was not equally distributed, which prevented the data from having a full image of the military population. Future research is needed to provide more support to military families. Resources for military families are not adequate, and more research needs to be done to provide a solid foundation for military families.

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APPENDIX A: PARTICIPANT PROCEDURE

Participant Procedure

1. Researcher will find a list of military Facebook support that had participants with 100 or more.
2. Researcher will reach out to the admin of Facebook groups to provide information regarding the study for approval of the post.
3. Once the post is approved by the admin's researcher, it will be posted to designated groups.
4. Participants will be reached out on social media, through Facebook.com.
5. On post, participants will be able to view informed consent, and information regarding what the survey was, explaining in detail. This information will be attached as a picture to the post. On the post, participants will also provide information like email, phone number, and researcher name for questions.
6. If participants agree to participate, then individuals can click the survey link and complete the assignment.

APPENDIX B: FACEBOOK POST FLYER

ARE YOU A
Military Spouse?



OVER THE AGE OF 18?

MARRIED TO A SERVICE MEMBER?

DO YOU HAVE A CHILD?

DEPLOYMENT HISTORY?

LOOKING FOR RESEARCH PARTICIPANTS! RESEARCHER IS MOTIVATED IN KNOWING THE CONNECTION BETWEEN SERVICE MEMBER ATTACHMENT AND SPOUSAL DEPRESSION. PLEASE PARTICIPATE IN A SHORT SURVEY, LAST UNDER 20 MINUTES.

APPENDIX C: SURVEY QUESTIONS

Demographic Information

What is your age?

- A. 18-25
- B. 26-30
- C. 31-35
- D. 35+

What is your gender?

- A. Male
- B. Female

How long have you been married to your service member?

- A. 1-5 years
- B. 6-10 years
- C. 11-16 years
- D. 17-19 years
- E. 20+ years

What branch is your service member?

- A. Army
- B. Navy
- C. Marine
- D. Air Force
- E. Space Force

Are you a veteran?

- A. Yes
- B. No

Do you currently work?

- A. Yes
- B. No

How many children do you have?

- A. 1-2
- B. 3-4
- C. 5-6
- D. 7+

How many deployments lasting longer than 6 months have you experienced while being married?

- A. 1-2
- B. 3-4
- C. 5-6

D. 7+

Beck Depression Inventory

- 0. I do not feel sad
 - 1. I feel sad
 - 2. I am sad all the time and I can't snap out of it.
 - 3. I am so sad and unhappy that I can't stand it.
-
- 0. I am not particularly discouraged about the future
 - 1. I feel discouraged about the future.
 - 2. I feel I have nothing to look forward to.
 - 3. I feel the future is hopeless and that things cannot improve.
-
- 0. I do not feel like a failure.
 - 1. I feel I have failed more than the average person.
 - 2. As I look back on my life, all I can see is a lot of failures.
 - 3. I feel I am a complete failure as a person.
-
- 0. I get as much satisfaction out of things as I used to.
 - 1. I don't enjoy things the way I used to.
 - 2. I don't get real satisfaction out of anything anymore.
 - 3. I am dissatisfied or bored with everything.
-
- 0. I don't feel particularly guilty
 - 1. I feel guilty a good part of the time.
 - 2. I feel quite guilty most of the time.
 - 3. I feel guilty all of the time.
-
- 0. I don't feel I am being punished.
 - 1. I feel I may be punished.
 - 2. I expect to be punished.
 - 3. I feel I am being punished.
-
- 0. I don't feel disappointed in myself.
 - 1. I am disappointed in myself.
 - 2. I am disgusted with myself.
 - 3. I hate myself.
-
- 0. I don't feel I am any worse than anybody else.
 - 1. I am critical of myself for my weakness or mistakes.
 - 2. I blame myself all the time for my faults.
 - 3. I blame myself for everything bad that happens.
-
- 0. I don't have any thoughts of filling myself.
 - 1. I have thoughts of killing myself, but I would not carry them out.

2. I would like to kill myself.
 3. I would kill myself if I had the chance.
-
0. I don't cry any more than usual.
 1. I cry more now than I used to.
 2. I cry all the time now.
 3. I used to be able to cry, but now I can't cry even though I want to.
-
0. I am no more irritated by things than I ever was.
 1. I am slightly more irritated now than usual.
 2. I am quite annoyed or irritated a good deal of the time.
 3. I feel irritated all the time.
-
0. I have not lost interest in other people.
 1. I am less interested in other people than I used to be.
 2. I have lost most of my interest in other people.
 3. I have lost all of my interest in other people.
-
0. I make decisions about as well as I ever could.
 1. I put off making decisions more than I used to.
 2. I have greater difficulty in making decisions more than I used to.
 3. I can't make decisions at all anymore.
-
0. I don't feel that I look any worse than I used to.
 1. I am worried that I am looking old or unattractive.
 2. I feel there are permanent changes in my appearance that make me look unattractive
 3. I believe that I look ugly.
-
0. I can work about as well as before.
 1. It takes an extra effort to get started at doing something.
 2. I have to push myself very hard to do anything.
 3. I can't do any work at all.
-
0. I can sleep as well as usual.
 1. I don't sleep as well as I used to.
 2. I wake up 1-2 hours earlier than usual and find it hard to get back to sleep.
 3. I wake up several hours earlier than I used to and cannot get back to sleep.
-
0. I don't get more tired than usual.
 1. I get tired more easily than I used to.
 2. I get tired from doing almost anything.
 3. I am too tired to do anything.
-
0. My appetite is no worse than usual.
 1. My appetite is not as good as it used to be.
 2. My appetite is much worse now.

3. I have no appetite at all anymore.
0. I haven't lost much weight, if any, lately.
1. I have lost more than five pounds.
2. I have lost more than ten pounds.
3. I have lost more than fifteen pounds.
0. I am no more worried about my health than usual.
1. I am worried about physical problems like aches, pains, upset stomach, or constipation.
2. I am very worried about physical problems and it's hard to think of much else.
3. I am so worried about my physical problems that I cannot think of anything else
0. I have not noticed any recent change in my interest in sex.
1. I am less interested in sex than I used to be.
2. I have almost no interest in sex.
3. I have lost interest in sex completely.

Protective Factors Survey

In my family, we talk about problems.

1. Never
2. Very Rarely
3. Rarely
4. About Half the Time
5. Frequently
6. Very Frequently
7. Always

When we argue, my family listens to "both sides of the story."

1. Never
2. Very Rarely
3. Rarely
4. About Half the Time
5. Frequently
6. Very Frequently
7. Always

In my family, we take time to listen to each other.

1. Never
2. Very Rarely
3. Rarely
4. About Half the Time
5. Frequently
6. Very Frequently
7. Always

My family pulls together when things are stressful.

1. Never
2. Very Rarely
3. Rarely
4. About Half the Time
5. Frequently
6. Very Frequently
7. Always

My family is able to solve our problems.

1. Never
2. Very Rarely
3. Rarely
4. About Half the Time
5. Frequently
6. Very Frequently
7. Always

I have others who will listen when I need to talk about my problems.

1. Never
2. Very Rarely
3. Rarely
4. About Half the Time
5. Frequently
6. Very Frequently
7. Always

When I am lonely, there are several people I can talk to.

1. Never
2. Very Rarely
3. Rarely
4. About Half the Time
5. Frequently
6. Very Frequently
7. Always

I would have no idea where to turn if my family needed food or housing.

1. Never
2. Very Rarely
3. Rarely
4. About Half the Time
5. Frequently
6. Very Frequently
7. Always

I wouldn't know where to go for help if I had trouble making ends meet.

1. Never

2. Very Rarely
3. Rarely
4. About Half the Time
5. Frequently
6. Very Frequently
7. Always

If there is a crisis, I have others I can talk to.

1. Never
2. Very Rarely
3. Rarely
4. About Half the Time
5. Frequently
6. Very Frequently
7. Always

If I needed help finding a job, I wouldn't know where to go for help.

1. Never
2. Very Rarely
3. Rarely
4. About Half the Time
5. Frequently
6. Very Frequently
7. Always

There are many times when I don't know what to do as a parent.

1. Strongly Disagree
2. Mostly Disagree
3. Slightly Disagree
4. Neutral
5. Slightly Agree
6. Mostly Agree
7. Strongly Agree

I know how to help my child learn.

1. Strongly Disagree
2. Mostly Disagree
3. Slightly Disagree
4. Neutral
5. Slightly Agree
6. Mostly Agree
7. Strongly Agree

My child misbehaves just to upset me.

1. Strongly Disagree
2. Mostly Disagree
3. Slightly Disagree

4. Neutral
5. Slightly Agree
6. Mostly Agree
7. Strongly Agree

I praise my child when he/she behaves well.

1. Never
2. Very Rarely
3. Rarely
4. About Half the Time
5. Frequently
6. Very Frequently
7. Always

When I discipline my child, I lose control.

1. Never
2. Very Rarely
3. Rarely
4. About Half the Time
5. Frequently
6. Very Frequently
7. Always

I am happy being with my child.

1. Never
2. Very Rarely
3. Rarely
4. About Half the Time
5. Frequently
6. Very Frequently
7. Always

My child and I are very close to each other.

1. Never
2. Very Rarely
3. Rarely
4. About Half the Time
5. Frequently
6. Very Frequently
7. Always

I am able to soothe my child when he/she is upset.

1. Never
2. Very Rarely
3. Rarely
4. About Half the Time
5. Frequently

6. Very Frequently
7. Always

I spend time with my child doing what he/she likes to do.

1. Never
2. Very Rarely
3. Rarely
4. About Half the Time
5. Frequently
6. Very Frequently
7. Always

APPENDIX D: INFORMED CONSENT

Consent

Title of the Project: The Relationship Among Number of Service Member Deployments and Spousal Depression and Parental Attachment

Principal Investigator: Julia Priftis, Department of Psychology, Doctoral Candidate, Liberty University

Invitation to be part of a Research Study

You are invited to participate in a research study. To participate, you must be between 18 to 60 years old, belonging to any ethnic background. All participants of the study will be married, in a heterosexual relationship, and spouse will be part of a military branch. Participants need to be married for longer than 6 months, have at least one child to participate in the study, of any age. Sample size is projected to be 100 participants. Taking part in this research project is voluntary.

Please read this entire form and ask questions before deciding whether in this research.

What is the study about, and why is it being done?

The purpose of the study is to examine the relationship between a number of deployments and depression in military spouses. Furthermore, this survey study aims to investigate the effects of the number of service members' deployments in relation to spouse mental health and parenting attachment.

What will happen if you take part in this study?

If you agree to be in this study, I will ask you to do the following:

1. Participants will view social media posts through Facebook.com.
2. Then they will click on the social media post they will be provided with the informed consent, and information regarding the surveys.
3. If participants agreed they can continue to click on the link, to complete survey. Participants who do not agree do not have to participate in survey and can ignore the post.
4. Participants who complete the survey will not have a time limit.
5. Entire survey should be completed approximately 20 minutes, from start to finish.
6. Once completed the participants will be directed to exit the web browser, and they no longer will be able to change or return to the survey.

How could you or others benefit from this study?

No Direct Benefits: Participants should not expect to receive a direct benefit from taking part in this study.

Benefits to society include the assistance to individuals with having information regarding the military lifestyle. Providing knowledge to military families in created informed decisions regarding their families, and individual mental health. This research will be impactful in assisting clinicians in assisting military families, creating a better ability to provide a better understanding of psychological theories that can be used to assist military families.

What risks might you experience from being in this study?

Minimal Risk: The expected risks from participating in this study are minimal, which means they are equal to the risks you would encounter in everyday life.

How will personal information be protected?

The records of this study will be kept private. Research records will be stored securely, and only the researcher will have access to the records. Participant responses to the online survey will be anonymous and will be kept confidential by replacing names with pseudonyms. Data will be stored on a password-locked computer that is only accessible by the researcher. After five years, all electronic records will be deleted.

Is the researcher in a position of authority over participants, or does the researcher have a financial conflict of interest?

The researcher serves as a Doctoral candidate at Liberty University. To limit potential or perceived conflicts, professional authority data collection will be anonymous, so the researcher will not know who participated. This disclosure is made so that you can decide if this relationship will affect your willingness to participate in this study. No action will be taken against an individual based on his or her decision to participate or not participate in this study.

Is study participation voluntary?

Participation in this study is voluntary. Your decision whether to participate will not affect your current or future relations with Liberty University. If you decide to participate, you are free to not answer any question or withdraw at any time prior to submitting the survey without affecting those relationships.

What should you do if you decide to withdraw from the study?

If you choose to withdraw from the study, please exit the survey and close your internet browser. Your responses will not be recorded or included in the study.

Whom do you contact if you have questions or concerns about the study?

The researcher conducting this study is Julia Priftis. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact her at [REDACTED] or [REDACTED]. You may also contact the researcher's faculty sponsor, [REDACTED], at [REDACTED].

Whom do you contact if you have questions about your rights as a research participant?

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the IRB. Our physical address is Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA, 24515; our phone number is 434-592-5530, and our email address is irb@liberty.edu.

Disclaimer: The Institutional Review Board (IRB) is tasked with ensuring that human subjects research will be conducted in an ethical manner as defined and required by federal regulations. The topics covered and viewpoints expressed or alluded to by student and faculty researchers are those of the researchers and do not necessarily reflect the official policies or positions of Liberty University.

Your Consent

Before agreeing to be part of the research, please be sure that you understand what the study is about. You will be given a copy of this document for your records/you can print a copy of the document for your records. If you have any questions about the study later, you can contact the researcher using the information provided above.

I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

Printed Subject Name

Signature & Date