

Chapter 4

Discussion and Conclusion

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The objective of the study was to find the relationship between stress, coping and health of army spouses during field posting/deployment. The study focused upon two groups of Army spouses, one based on type of commissioning (ToC) and the other on number of deployments faced (NoDF). The findings indicated that deployment is stressful for army spouses. This is also indicated in other similar studies (Marnocha, 2012; Flake, Davis, Johnson, & Middleton, 2009; Nelson, Marlowe, & Grandin, 1987). ToC did not have significant impact on the stress an army spouse felt. However, NoDF had a significant impact on the stress an army spouse experienced. The results also indicated that both emotion-focused coping strategies and problem-focused coping strategies are used by army spouses. Age, education, years of marriage, number of children and previous defence background and their impact as intervening variables for experience of stress were studied. Coping strategies was found to differ as per age, years of marriage and ToC but not NoDF. It was also evident from the results that health was not directly associated with ToC but NoDF emerged as a factor. A trend was noted in the data gathered that problem focused coping strategies were used more frequently than emotion-focused coping strategy.

The study findings are discussed in terms of the dependent variables of stress, coping strategies and health. The relation and the differences between them are discussed based on their ToC and NoDF with respect to findings of previous research.

Stress

Three aspects of stress were assessed in the current research to widen the scope. They were current rating of stress experienced, awareness of variation in level of stress, and perception of stress. For NCO spouses, perceived stress was significantly higher than JCO or Officer spouses. The reason for higher perceived stress could be because they are new to military life and also a disciplined life may be a new experience altogether for a woman from a rural or semi-urban background. This is consistent with the research by Pittman, Kerpelman, and McFadyen (2004) on spouses of army personnel of operations Desert and Desert Shield to find out internal and external adaptation. Pittman (2004) talks about how the ethnicity, socio-economic status, parental status affects the stress experienced and the variance in the internal and external adaptation among army spouses. The degree of demands this new environment puts on the spouses to assess their own capabilities leads to perceiving higher stress. Also, it's important to note here the patriarchal structure of the army and the gender role expectation from the spouse to take care of the children while the husband is fighting for the nation.

One more factor which could affect the higher level of stress in NCO spouses is their education level. It has been found that higher level of education was negatively correlated with perception of stress. Wheeler (2009) also found significant negative relation between stress levels and education. This may be because higher education gives you exposure to variety of ways to handle the situation, or alternative perspectives to view any difficult situation, which may not be present for army spouses who are not educated and have not had any exposure of living an urban life as in the army context. The army spouses who are not educated might find that being away from husband is frightening and debilitating as

compared to others who have had formal education and hence some knowhow of how to handle different situations.

An unexpected finding of the research through qualitative data was that availability of resources based on the rank of spouses adds to the stress experienced. Officer spouses have access to human power support/resources for doing miscellaneous household tasks. Having access to resources because of the position in the army (Pittman, 2004), has been found to be related to the reported higher level of stress in NCO spouses.

NCO spouses undergo training from Officer spouses in the nitty-gritties of army life, dressing sense, hygiene, hosting guests at home, cordial conversations with authorities. This mandate may feel forceful and may create pressure on the spouses to behave in keeping with the decorum of army as an institution and loss of freedom. The qualitative data reaffirms these findings, where the NCO spouses have been found to report higher levels of stress in the initial years, “Pehle to kuch pata hi nai tha, sab se puch puch ke ab sikh gayi hu” (“Earlier I did not know anything, now I have learnt by asking things to everyone”). In a similar way, perceived stress was found to have a negative correlation with mental and physical well-being in previous studies (Padden, 2011; Feizi, Aliyari, & Roohafza, 2012). This result resonates with the research results where the quantitative as well as qualitative data suggest higher perception of stress relates significantly to low physical and mental health.

Contrary to this, the results also indicated that the number of deployments an army spouse faced did not have an impact on their experience of stress. It is possible that factors such as duration of deployment and the successive deployments without peace postings could alter the experience of stress. However, these two above mentioned constructs were not within the scope of the present study. It is important to note that in-depth interviews

suggested deployment to be very stressful for those who face deployment for the first time and the result is similar to Dimiceli's (2010) research.

A JCO spouse has spent many years being an NCO spouse before their spouse got promotion to JCO rank. This could be one of the factors that results in low levels of perceived stress. Along similar lines, Prakash (2008) found that number of years of being an army spouse impacted perception of stress. He also observed that there is presence of psychiatric morbidity in temporarily separated wives of serving soldiers.

Coping Strategies

There were 16 types of coping strategies assessed in the current research, namely denial of the situation, problem solving, cognitive restructuring, expressing emotions, seeking societal support, avoiding the problem, wishful thinking, self-criticism, social withdrawal, praying, humour, substance use, acceptance, suppression of competing activities, behavioural disconnection, and self-control, these are duly classified into emotion focussed coping strategies and problem focussed coping strategies Lazarus (1984).

Kathuria (2019) enumerates various snippets from interviews with defence spouses and how they deal with being in the line of duty themselves. The article discusses the importance of staying positive which the army spouses realize quite early and do whatever is possible to stay positive, like picking up hobbies or developing support system in fellow army spouses. Major finding of qualitative data from the present study suggests the importance of being busy, staying positive, and gradual reduction in worry. Most of the participants in the present study shared similar experiences as they preferred to use the coping strategy of avoiding the problem. Few examples of the statements they have often made are,

“I behave as if nothing is happening”, “I say to myself this isn’t real”, “I almost always avoid the person who is causing the problem.” Further, the army spouses in the current study also reported that they cope with stress by keeping busy and thinking positively.

Interestingly, officer spouses preferred problem solving coping strategies like cognitive restructuring and expressing emotions. These strategies are also related to higher education levels. It is relevant to note that the lowest level of education among officer spouses is graduation. Additionally, most officer spouses also used emotion focused coping strategy like humour which seemed to helped them during the stress from deployment. One of the reasons for this could be that officer spouses due to better economic status have exposure to moving out of the cantonment and doing professional work, whereas this is often not the case with JCO or NCO spouses.

Coping strategies significantly used by JCO spouses were, seeking societal support, avoiding the problem, self-criticism, social withdrawal, praying, and suppression of competing activities as compared to Officer or NCO spouses. Praying or religiosity emerged as a coping strategy use during deployment as evident through the qualitative data. Similar finding was reported by Crow (2005), in his study on US army spouses to find out the role of religion in coping with deployment. Alternatively, JCO spouses have been found to use emotion-focused coping strategies more often as compared to problem-solving coping strategies, in comparison to NCO spouses. Having Sepoy cadre staff as support helps officer spouses lead a comfortable life. Whereas NCO and JCO spouses are not sanctioned such facilities and routine household chores become their responsibility as well. Various coping strategies are used to deal with multiple responsibilities like cleaning house, cooking, doing bank work, admission of children in school, education of children, discipline of children, health of children, with no help available (Pittman, 2004). The other reason could be that the

children of these NCOs and JCOs are the first generation who are getting proper and better education, whereas the mothers do not have much educational background. Hence, they find it difficult to handle the studies, demands of school and parent-teacher meetings alone during the husband's deployment. The mothers have also reported that they are unable to discipline teenage children and believe that a father figure would be more effective.

Expressing emotions and humour as coping strategies are used more by army spouses who have faced deployment more number of times. It is possible that through experience they learn that expressing emotions is more helpful to cope with stress of deployment rather than bottling it up or trying to deal with it alone. Initial deployments are overwhelming and a new entrant in army life may find it difficult to use humour as a coping strategy. With experience one may learn to use it to cope with stress. According to Lazarus (1984) expressing emotions is a problem-focused coping strategy and humour is an emotion-focussed coping strategy, which means that by expressing emotions one is attending to the problem but while using humour one is just addressing the emotion attached to the problem and the problem is not addressed. It was found that older spouses and ones with more years of marriage tended to use humour more to live a healthier and better life. As one grows older, one has more experience with life and perhaps learns to take events in their stride.

Self-criticism, wishful thinking and substance use coping strategies have been found to correlate positively with health issues when stress is perceived to be high in the current research. Similar findings from Crăciun's (2012) study state a significant relation between self-criticism, gender and coping strategies used. Qualitative data reveals examples of how a single mistake in bringing up children makes army spouses critical of themselves. They tend to compare the task of taking care of children with their husband's task of fighting for the nation, and feel that their task is much smaller.

A significant negative correlation was found between army spouses having previous exposure to defence background and social withdrawal coping strategy. Those who are from the army background do not resort to social withdrawal, however, civilian spouses tend to use this strategy. One reason for this could be that the civilians are clueless as to where and how to mingle, or they hesitate to mingle due to rules and regulations and protocols.

One of the striking findings is the resilience that army spouses have demonstrated. Resilience is ability to recover from difficulties quicker. Qualitative data includes many examples of army spouses recovering quickly from crisis and losses in life. Pre and post deployment phases too require them to demonstrate resilience skills apart from during deployment. Readjustment to the spouse coming back from deployment is tough (Prakash, 2008) so is living without spouse during deployment. Participants reported change in time table, unit duties come along with returning soldier, their eating habits change and they have to cook more when the husband is back from deployment. However, deployment is tougher than post deployment phase and participants reported resilience by recovering from brain surgery, to managing a rebellious teenager and attending to death of near and dear ones in family all alone. Similar findings are reported in a study done on military wives/fiancés in United States (US), deployment is a traumatic, exhausting experience for military families, relational difficulties, laden with complexities of power, battles for identity and adverse effects (Rossetto, 2010). Stories of army spouses from Southern and Western army bases in the US, depict coping and resiliency as a dynamic process that transpires across multiple ecological levels and deployment which resonates with the current research findings (Larsen, Clauss-Ehlers, & Cosden, 2015).

Another aspect which was not within the scope of the study but was an interesting finding was that the spouses tend to adopt protective buffering (Joseph & Afifi, 2010) when

talking to their spouses during deployment. Protective buffering is holding on to content which might be emotionally troubling for the deployed soldier with the aim to protect him. For example, one of the participants shared she did not tell the husband about son having a fracture as that would distract him from focusing to fight on the border. Protective buffering although is to protect the deployed soldier is not helpful to the emotional health of spouse living alone with children in FAFA. This leads to the women having to bear it on their own and feeling lonely, and not being able to share life's ups and downs, thereby inducing stress.

The intervening variable of age has been found to have a positive correlation with the coping strategies problem solving, cognitive restructuring, expressing emotions, humour, acceptance, and suppression of competing activities. This indicates that with age one learns to use problem-focused coping strategies more often and then emotion focused coping strategy. Problem-focused coping strategies are better predictors of healthier army spouse (Dimiceli et al., 2010).

Years of marriage has a significant positive correlation with denial of the situation, cognitive restructuring, expressing emotions, avoiding the problem, self-criticism, social withdrawal, praying, humour, suppression of competing activities and behavioural disconnection coping strategies. This indicates that as one has been through more situations more relationships, responsibilities and also in most cases their children are grown up. These experiences help them have a changes perspective to look at life in different lenses to understand it better.

Army spouses who had less number of children would use cognitive restructuring coping strategy by identifying and modifying negative thoughts into positive ones to handle the stressful situation. The use of this coping strategy decreases with more number of children.

Health

Type of commissioning did not have a significant effect on health status of army spouses. This indicates that rank of the husband is not a determinant of the health of the spouse. However, Officer spouses have been found to be healthy. One of the reasons could be better availability of resources as compared to JCO or NCO spouses. It is important to note that health was associated with deployment and not with the type of commissioning.

Deployments affect all ranks equally in terms of stress experienced, coping strategies used and impact on health. This indicates that deployment has an impact on army spouses which was also found to be a major stressor as indicated in the qualitative data. This finding resonates with study done by Bisht & Pande (2017) on officer spouses from 5 regiments in Rajasthan, India. Bailey (2019) also found negative correlation between problem-focused coping strategies and stress levels among spouses of US armed personnel who were currently deployed.

The findings suggest that army spouses who have faced deployment more than once tend to be healthier than those who were facing deployment for the first time. Wheeler (2009) reported that army spouse experiencing multiple deployments led them to experience depressive and post-traumatic symptoms. In the current research, findings indicate healthier army spouses could have learnt how to deal with stress/stressors in their life. There were few army spouses who had faced deployment more than once but were still suffering from some or the other ailment due to their age or stress of handling teenage children. The reasons for deteriorating health could be political situation of the country which affects the posting and the duration of posting of their husband, frequency of communication with husband, and limited social support. Wheeler (2009) however found contrasting results in this regard.

Having experienced multiple deployments resulted in depressive symptoms in army national guard spouses in the US. This finding is similar to the current research.

Number of deployments have a significant relation with health. Newly-weds are advised to stay with their family or with in-laws instead of Field Area Family Accommodation (FAFA) during first deployment as they are totally new to the system and living alone could be a very big stressor for them and affect their health. Staying with in-laws can be strenuous in itself, but it may be better than staying alone. The first timers who decide to stay in FAFA alone may tend to get affected by the newness of the situation and get overwhelmed by doing it all alone. Bisht and Pande (2017) found the spouses of deployed soldiers to have more mental health issues compared to those whose spouses were non-deployed. In the current research, the army spouses reported better state of health during peace posting as they could share responsibilities and feel secure.

The research results add to the limited data available on Indian army spouses and their health. The findings could be used to develop a model or a program to help all who feel stressed in military life and those who join the military life as a spouse to be better prepared to deal with all that it entails. This model could also be used in civilian population to teach better coping skills to spouses who experience long separations from husband in their routine life.

Conclusion

The current research has found that rank does not have an impact on how much stress army spouse experiences. However, deployment and all its stages (pre-deployment, during deployment, and post deployment) are a significant stressor in an Indian army spouses life.

Army spouses deal with these stressors of child rearing, household chores, social responsibilities by using problem-solving coping strategies more often than emotion-focused coping strategies. It was also found that initial experience of deployment is more stressful than later ones as the army spouse is new to the military system and gets overwhelmed with the loneliness and uncertainty of life. Apart from this, it was found that as the women had more experience of living alone and have crossed the stage of managing toddlers, they are in a better position to use more adaptive coping strategies and take care of their health which tends to get affected significantly due to deployment. The second aspect which was found to be affecting army spouse was the unending responsibilities that the women carried on their shoulders.

The role disparity between men and women are common for both civilians as well as army spouses, wherein the woman is essentially responsible for home and child care. Further, it is not uncommon for a woman to feel like she is 'lesser' than her spouse as she is "just homemaker" This feeling may be particularly strong in the army context wherein the husbands are often placed in risky situations. Interesting to note here is that the career sacrifices that the army spouse has to make to demonstrate her support for her husband is as common a construct in military life as it is in civilian life in our Indian society. The traditional patriarchal notions of the Indian cultural system about gender roles and responsibilities are clearly evident in the microcosm of the Indian army. Women's support and contribution tends to remain largely "invisible".

This research also contributes to the data on coping strategies, which would help Indian army spouses remain healthy and can be imparted to those who may be finding it difficult to adapt to the military lifestyle. These coping strategies can also be helpful for

civilians looking to hone their resilience skills and learn how to deal with difficult times in life, and remain happy and healthy.

One of the participants very aptly said, “*You see the stars on the shoulder of a soldier but not on his wife’s.*”

Implications

The study could encourage professionals working with military spouses to build strategies to minimize their stress levels, cope with stressors in a safe way, and live a healthier life. Further research with systematic and scientific assessment of health status of army spouses could be conducted to ascertain the prevalence rate of stress levels present and how it impacts their health. Also, a study with focus on understanding the marital dynamics of the military couples to understand the adjustment with the life and the quality of life could be explored. An interesting exploration would be to find how quickly army spouses who are absolutely new to the military set up adjust to it and what factors help them for it. The vast arena of this unexplored research population creates an enormous opportunity for further research in this area. These research topics and more could help professionals have a better understanding of the emotional make up of an army spouse to be better prepared to help them lead healthier lives.