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# Family Issues in Time of War: A Chaplain's Perspective

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*Military families experience many stressors that are similar to those of non-military families and others that are more common to military life. Stressors which are more common to military families include enduring forced periods of lengthy separation, raising a family with only one parent for extended periods, experiencing frequent forced moves, and being away from the extended family. In addition to these basic stressors are those associated with the harsh reality of war: personal injury, disability, and death. For these families, the future is very uncertain, as is the possibility of never seeing one another again. This paper explores the similarities and differences between the problems military and non-military couples face and the role of military chaplains in assisting families in dealing with these problems. Chaplains' use of various therapeutic interventions with military families and couples will be discussed. The realities of military marriage and family life during a time of war will be presented through the use of case studies.*

## INTRODUCTION

Families and couples seek counseling about a variety of issues, ranging from financial problems to trust and forgiveness (Goldenberg & Goldenberg, 2000; Nichols & Schwartz, 2006). Issues are particularly intense in military families, especially with couples in which one (or both) spouse(s) is deployed to a combat zone (Knox & Price, 1995). Additional issues for these families include enduring forced periods of lengthy separation, raising a family with only one parent present for an extended period, being away from extended family, and facing the possibility of personal injury, disability, and/or death.

According to the Military Times Media Group ([www.militarycity.com](http://www.militarycity.com)), there are currently a total of 1.3 mil-

lion U.S. military service members on active duty serving worldwide. Table 1 shows the demographics of this population.

The reported number of troops in Iraq ranges from 130,000 ([www.globalsecurity.org](http://www.globalsecurity.org)) to 160,000 (Enemark, 2005). Additionally, more than 32% of American troops

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Table 1  
*Demographics of the Active Duty Military Population*

Demographics	Percent
Male	85%
Female	15%
Ages 18-25	45%
Ages 26-34	30%
Age 35+	25%
Married	53%
Caucasian	66%
African-American	20%
Hispanic	8%
Other	6%

From Military Times Media Group, Military demographics.  
 Retrieved April 1, 2006, from <http://www.militarycity.com>

have served more than two tours of duty in Iraq or Afghanistan. As of April 2007, more than 3,200 U.S. service members have been killed in combat (<http://icasualties.org/oif>). Additionally, 37 U.S. soldiers, on average, are sent home for psychiatric reasons each month (Enemark, 2005).

To deal with family issues in this time of war, families, military spouses, or service members themselves will seek out a chaplain for counseling. Often individuals will be referred by unit command personnel or supervisors who have noted a decrease in performance or change in mood. The chaplain, as a spiritual leader and pastoral counselor, is typically viewed as an invaluable resource for couples or individuals in distress—someone who offers them hope in dealing with their difficulties.

This article examines the various issues that military couples and families face during a time of war, presenting these issues through the contexts of different case studies. Similarities and differences between the problems of military families vs. non-military families will be explored. Various therapeutic interventions chaplains have used that have been helpful with military couples and families will be discussed.

#### **PROBLEMS OF FAMILY SEPARATION AND DEPLOYMENT**

In no other profession is family separation as common as it is in military service. These separations vary widely in terms of location, frequency, duration, and purpose. Often the purpose can put the military family

member in "harm's way" unlike separations in non-military families. No matter what form it takes, separation creates a stressful and at times traumatic situation for the family (U.S. Army Center for Health Promotion and Preventive Medicine, n.d.). The U.S. Army Center for Health Promotion and Preventive Medicine has identified four stages of the departure-return cycle of separation: protest, despair, detachment, and return adjustment (see Table 2). The Iraq War Clinician Guide (Waldrep, Cozza, & Chun, 2004) discusses the emotional cycle of deployment as occurring in five distinct stages, with each stage being characterized in terms of time and emotional response: pre-deployment, deployment, sustainment, re-deployment, and post-deployment (see Table 3). Both tables are included to familiarize the reader with different views of the deployment cycle, with Table 3 dealing more with the emotional aspects of this process.

Prior to deployment, the family is anticipating the separation, trying to spend time together and also attempting to predict and plan for some of the situations that they may encounter while apart. Although the family is soon to face several months apart, they are very busy training and preparing for the deployment. This leaves them with little time to actually spend together—an additional strain for the relationship, as the service member will likely feel guilty and frustrated, and the spouse will feel abandoned and rejected.

The deployment itself is actually the easiest part of the cycle for most military couples. Once they get into their routines, mentally accept the separation, and focus on staying busy, things begin to get better and time starts to go by faster. The most difficult aspect of this portion of the deployment cycle is the spouse's fear that the service member is going to be hurt or killed and the service member's fear that the spouse or family will need things that he or she failed to provide or plan for prior to leaving. Anticipation of return is very difficult because time slows down and the days begin to drag out. Both spouses begin to wonder what changes have occurred and what they can expect from their partner upon return. They start questioning how they should act and how they will be accepted by their spouse.

Reintegration involves complex, interrelated issues, but in simple terms, excitement and fear combine to produce anxiety, confusion, worry, and joy—often experienced simultaneously. Both spouses, though eager to

Table 2  
*Four Stages of Departure-Return Cycle*

STAGES	DESCRIPTION OF EACH STAGE
Protest	<p>The spouse protests against the service member's departure, starting a week or two before the leave date. Spouses talk of feeling tense, selfish, unbelieving that the service member would actually leave, and guilty about not wanting their spouse to go. The spouse becomes increasingly frustrated over the number of hours his or her spouse is spending getting ready to deploy, which is intensified as the spouse develops an awareness of just how much family business and how many chores need to be completed prior to the person departing. Both spouses will likely feel overwhelmed at the prospect of just how much really needs to take place in such a short time. This can lead to physical and mental exhaustion for both individuals.</p>
Despair	<p>The "tearful period" sometimes occurs even before the member departs. The spouse will ask, "How will I ever live through this without him/her?" The spouse will also experience difficulty sleeping and will jump at even the smallest of noises in fear of an intruder.</p>
Detachment	<p>The spouse develops relative calm and confidence in handling day-to-day living. This is the level that the spouse generally maintains during most of the deployment.</p>
Return Adjustment	<p>Many spouses experience an incredible emotional frenzy as they prepare the house and themselves for the eventual reunion. The arriving spouse will likely be exhausted and spend a fair amount of time sleeping, but not until he or she has tried to catch up on all that has happened during the absence. Some describe this period as a time when both spouses are trying to get reacquainted with each other. The returning spouse will want to spend some time alone, and, depending on the specific type of deployment, will need to readjust and acclimate to the community environment again. This is particularly true for those returning from combat.</p>

From U. S. Army Center for Health Promotion and Preventive Medicine. (n.d.). *Deployment guide for families of deploying soldiers: Separation and reunion handbook*. Retrieved April 1<sup>st</sup>, 2006, from <http://www.hooah4health.com/deployment/familymatters/separation.htm>

Table 3  
*Five Stages of Deployment*

STAGE	DESCRIPTION OF EACH STAGE
Pre-deployment	From the time of notification of deployment to the actual departure, this period is often characterized by denial, intense preparation, and anticipation of the departure.
Deployment	From the time of departure through the first month of deployment, the family will experience intense turmoil as it seeks to establish a new equilibrium and rebalance itself. Common feelings during this phase include numbness, sadness, isolation, and abandonment. One way to reorganize is to assume responsibility for the functions and jobs normally performed by the absent individual.
Sustainment	From one month post deployment to one month prior to return in most adaptive families is marked by "settling into the new routine" and continuing on with daily activities and business, utilizing internal and external resources when available.
Re-deployment	From one month prior to return to the actual physical return, anticipation creates intense emotions, such as confusion, and excitement mixed with anxiety.
Post-deployment	From return of the service member until the reestablishment of family equilibrium, this phase can take weeks, months, or even years to complete. Feelings that the deployment has caused the couple to "grow apart" can be a constant reaction for either or both spouses. Unrealistic fantasies and expectations of the reunion often leave spouses and children feeling empty or let down. The returning spouse might feel as though he or she is not needed, particularly if the household appears to be running smoothly. Returnees often report feeling like "strangers in their own home." They are also caught off guard by the independence and autonomy of the spouse who remained at home.

From Waldrep, D. A., Cozza, S. J., & Chun, R. S. (2004). *Impact of deployment on the military family. Iraq war clinician guide* (2<sup>nd</sup> ed.). Washington, DC: Department of Veterans Affairs National Center for Post Traumatic Stress Disorder.

see their partner, have become used to a routine and have been able to make a lot of decisions without having to consult or even consider the other person. That independence begins to change once the service member returns home. Additionally, they cope with fear that war and combat will have detrimental and significant long-term impacts on the service member and the family. Worries about combat stress, posttraumatic stress disorder (PTSD), and marital issues are common.

Regardless of which specific model is used, deployment can cause incredible stress for the individual, as well as for members of both the nuclear and extended family. Accordingly, every deployment is inherently different for all involved. A particular family will experience successive deployments in both similar and different ways, and different families will experience the same deployment in unique ways, based on biological, psychological, and sociological factors. When individuals and families have difficulty coping with the effects of deployment, one of the places they frequently turn is to their unit chaplain.

#### **CHAPLAINS' WORK WITH FAMILIES IN A TIME OF WAR**

The primary mission of chaplains is to minister to all personnel in their unit, to equip them with the emotional and spiritual tools necessary to engage the enemy on the battlefield. This can include providing Bibles and other religious material, praying with service members, visiting the injured or sick, and conducting worship services as appropriate. Operating within a pluralistic environment, chaplains must be prepared to provide for those of their own faith, to facilitate for those of other faiths, and to care for all. They also serve the unit commanders as moral and ethical advisors. In these various roles, chaplains have a direct impact on mission accomplishment and ultimate battle success. Off the battlefield, chaplains deal with family issues among unit personnel, as these issues will often have a direct impact on their military duties and subsequent ability to accomplish a mission.

In addition to ministering to the military personnel themselves, chaplains also minister and counsel with spouses, children, and other family members. Much of a chaplain's time can be spent doing marital and family counseling. In addition to the assortment of marital issues that may be present, chaplains often encounter a variety of spiritual issues when working with couples. These can include questions such as "Why would God

want a husband and wife to be apart?" or "Why would God have mothers raise children by themselves for such long periods of time?" or "If my husband kills another person, what does this mean in terms of our salvation or exaltation and future as an eternal family?" Thus, chaplains are in a unique position to provide both spiritual and psychological assistance to families.

In the present Global War on Terrorism (GWOT), family issues are magnified as modern technology makes it easier for family members to communicate. It is not uncommon for a service member to have a fight with his spouse by telephone and then immediately pick up a weapon and go on a combat patrol. The "Dear John letters" of wars past still occur, except now they come by e-mail, telephone, video taped message, or even a little "revenge sex" with a friend or neighbor. Chaplains must also contend with various issues involving the spouse back home, such as legal, medical, and financial concerns, as well as fears of perceived or real infidelity. When the service member returns from deployment, the chaplain is a source for marital and family counseling as well as assessment and referral for individual issues stemming from combat. Families may also seek therapeutic assistance from civilian therapists (psychiatrists, psychologists, licensed social workers, professional counselors, or marriage and family therapists) through Tricare, the military insurance provider. Or they may seek assistance from mental health counselors (primarily social workers) at the community counseling center on base.

Not all chaplains have a counseling or mental health background. Therefore, chaplains should only perform counseling functions within the scope of their specific practice, education, and experience. For many, this means limiting counseling to issues that are spiritual, religious, or pastoral. Some areas where chaplains could easily find themselves practicing beyond their scope of practice include cases involving survivors of rape or molestation, domestic violence, and addictions.

Military members are oftentimes reluctant to seek counseling by any professional due to unfounded fears that this may ultimately hurt their military career. Chaplains are seen as the least threatening professional due to the absolute confidentiality afforded military personnel. But even with confidentiality, many military families are reluctant to seek out the chaplain since chaplains are often perceived as being concerned only with religious behavior, such as praying and reading

scripture. Added to this issue of religious focus is the reality that many chaplains do not have formal counseling education and training, and sometimes they perform counseling duties beyond their ability.

The issue of confidentiality is a major ethical issue for chaplains, particularly those who are licensed or certified as mental health counselors. Federal law mandates that chaplains maintain absolute confidentiality. This requirement supersedes the exceptions to confidentiality afforded civilian mental health professionals. For example, if a person reveals to a chaplain that he or she is abusing an infant, the chaplain cannot break confidentiality and report the offense, despite state laws that mandate reporting by licensed counselors or therapists.

Since chaplains do not typically maintain case files, it is difficult to report an accurate number of counseling sessions provided in a given week. Counseling loads vary greatly between units depending on the accessibility of the chaplain, the education, training, and experience of the chaplain as a counselor, the extent to which the chaplain views counseling as a primary facet of the job, and the perceived effectiveness of the chaplain as a counselor by unit personnel. Since the Iraq War, counseling loads have increased, particularly with regards to couple and family counseling (various Navy chaplains, personal communications, April 12, 2006). Chaplains must take on the emotional and spiritual burdens of many people, while themselves being exposed to the elements of war. They are always on call and therefore are used to being contacted at all hours of the day and night. All of these things can take an emotional toll on chaplains, who, while counseling others, are often trying to maintain their own family and individual lives.

#### INDIVIDUAL STRESSORS ASSOCIATED WITH DEPLOYMENT AND COMBAT

There are many stressors associated with deployment and combat for the individual military member. Listed below are some, but not all, of the types of stressors associated with combat, divided into the categories of emotional, physical, and spiritual stressors. It should be noted that written mental health assessments are conducted prior to and following return from deployment. Although these assessments are conducted through the medical department, the chaplain can and should play an important role in the process. Primarily, this

will involve speaking with any service members who may have answered questions in a manner indicative of potential problems in deploying and/or reintegrating.

#### EMOTIONAL STRESSORS

*Fear.* To succeed on the battlefield, one must be fearless. Yet when preparing for war, some will fear the prospect of combat and all that it entails. Many equate fear with weakness and worthlessness, and experiencing it may diminish their self-image. When fear is taken to the extreme and blended with hopelessness, guilt, and shame, even suicide can become a possibility.

*Death of friends.* Death is perhaps the greatest emotional stressor. Service members become very close to those with whom they serve, maybe closer than they have been to any other human being in their life. A bond develops between those who serve in combat together, a bond that is even stronger than that between family members.

*Sense of self.* Death of a comrade brings up feelings of failure within the individual, feelings of failure as a person. One who loses a comrade may experience a level of pain that is virtually unmatched in any other setting. These individuals often blame themselves for the death and begin to question their effectiveness as a military professional or their worthiness as a friend, as well as their courage, sense of commitment, and honor.

*Tours of duty.* Cumulative stress occurs from multiple combat tours. When is this cumulative stress too much? The answer to this difficult question is that it varies from person to person relative to a multitude of intra- and interpersonal factors.

*Boredom with the mission.* Many ground combatants express discontent, saying "the second and third deployments were nothing like the first" or "it was much more fun the first time" (various United States Marines, personal communications, March 23, 2006). During Operation Iraqi Freedom-I (OIF-I), the mission was to take Baghdad. The mission now is much more related to training the Iraqi military, which can make it more difficult to see the purpose of war or to experience the same sense of accomplishment.

#### PHYSICAL STRESSORS

*Environment.* In Iraq, summer temperatures are above 120°F, with personal protective gear (helmet, vest, etc.) adding another 10-20°F. Personnel serving in tanks, reconnaissance vehicles, or amphibious assault vehicles will experience an additional 30-40° over those temperatures. In the winter, temperatures are below freezing at night.

*Sleep deprivation.* Personnel on deployment may sleep less than 4 hours out of 24. Going days without sleep can impair cognitive functioning related to memory, comprehension, decision making, and attention (Van Dongen, Maislin, Mullington, & Dinges, 2003).

*Noise.* Hearing constant mortar, rocket, and gun fire is a reminder that there is no escaping war.

*No front/rear line of combat.* All parts of Iraq are considered hostile and potentially deadly; the necessity for constant vigilance leads to increased cumulative stress.

#### **SPIRITUAL STRESSORS**

*Anger with God.* The most common spiritual stressor is a feeling of anger towards God, perhaps in response to a friend's death/injury, absence from family, or the daily hardships that serve as constant reminders of the harsh realities of war. The individual cannot understand why a loving God would cause all of this horror. Anger with God is difficult to live with at any time, but especially during war because the person knows deep down how comforting that sense of faith and spiritual hope can be. This anger challenges the famous saying that "there are no atheists in foxholes."

*Killing.* The prospect and eventual reality of killing another human being causes debilitating guilt in some individuals. Persons who have never taken another person's life can only speculate as to what it might be like. Regardless of how right the killing may be from a legal and military perspective, the other person is still a living, breathing human being—a son, brother, husband, father. A soldier will likely question why God put him in the position to kill, where he now stands with God, and if he is going to go to hell for committing murder.

#### **COUPLE AND FAMILY STRESSORS ASSOCIATED WITH DEPLOYMENT AND COMBAT**

Families who remain stateside while their family members are at war experience an assortment of stressors. Although not exclusive to military families, stressors that may take on added impact when associated with deployment and combat include (a) legal and financial matters, (b) emotional and spiritual issues, (c) anxiety of children over their parent returning home alive from the war, (d) possibility of death, injury and/or debilitation to the deployed service member, (e) common feelings of loneliness and constantly worrying about each other,

and (f) potential conflict arising from communication occurring between spouses.

When military families/couples seek counseling, they do so for a variety of reasons. However, most of the difficulties for families and couples with a member returning from a combat zone are related to emotional and relationship issues as an outcome of the war experience rather than the actual factors of being in war (see earlier section; Figley, 1978; Figley, 1993). These issues include fear of change, development of trust, and adaptations of roles/responsibilities.

Some of the differences between military couples and non-military couples lie within the military context underpinning these issues. For example, non-military families usually do not have family members who are in an environment requiring constant exposure to noise, shooting, bombing, threat of death, traumatic death of friends, and orders to kill. Although the returning military member is no longer experiencing actual exposure to the war environment, coming home from such an environment creates a family climate in which these experiences impact relationships, decision making, and ultimate adjustment.

Individuals, couples, and families experience deployments differently, as with any situation or set of circumstances. Subsequent deployments of the same individual may be experienced differently as well. This is a hard concept for families and couples to understand, as they will often say, "We have done this before—we know exactly what to expect," or "My children know from experience what will be happening to me." The problem is that while they may think they know, they really cannot because every experience is different.

Another issue that individuals, couples, and families have to face is the ever-nagging question of "What is normal?" Marines, soldiers, sailors, and airmen often ask, "Is what I am going through normal?" *Normal* is a hard word to define. What is normal for one person may not be for another. A typical response to this question will involve asking, "How much distress is it causing?" or "How is it impacting your life?" In cases of combat stress or combat-related posttraumatic stress disorder, symptoms should dissipate with time. These two concepts become very important: "Are the symptoms causing marked distress?" and "Are the symptoms improving at all?" For many, the issue is seeking help: "When do we need to seek help?" "To whom will we go for help?" "How



will seeking help be perceived by others?" This is where a chaplain can offer considerable assistance. If he or she has a strong relationship with the Marines and sailors in the unit, there will be no hesitation or ill feelings in seeking help. Marines will often say to each other, "You should go see the chaplain—he can help." The reality is that the chaplain might have to refer individuals to the medical officer or psychiatrist, but at least they came to him first, and now the chaplain is part of the solution.

The chaplain can be part of the solution for many of the couple problems that arise when service members return from war. Many of these problems are related to emotional and relationship issues arising from the war experience as individuals reunite with their families. There are several areas where problems might occur. Some of these will be discussed in the following sections.

#### **FEAR OF CHANGE ISSUES**

*Nature of the problem.* The military member deploying and the spouse back home have to contend with the fear that change will occur. The thought of enduring a 7- or even 14-month deployment and experiencing a reunion with a "different person" can be a very scary prospect, as combat does in fact change a person. This change is expected and considered normal. The extent and type of change, however, varies with the person and family (Dekel, Goldblatt, Keidar, Solomon, & Polliack, 2005; Solomon, Waysman, Avitzur, & Enoch, 1991).

Perhaps one of the greatest fears for spouses and children is that the service member will be injured, disabled, or killed in combat. While these tragedies are always possible, the percentage is relatively low considering the large number of men and women serving in combat, along with the high level of training they have received and the high quality of equipment and technology. Emphasizing these points, along with the concept that God has a plan, helps a spouse to realize that the service member is actually well prepared for war and for the assigned mission. Nonetheless, knowing these facts might do little to relieve the fear of uncertainty and the fact that the family has no direct control over the outcome of the situation. Perceived lack of control and lack of information are probably the biggest stressors that will be encountered on a daily basis.

Many of the men and women coming back from Iraq are experiencing symptoms commonly seen as a result of the war, often diagnosed as posttraumatic stress disorder (PTSD; American Psychiatric Association, 2000).

These symptoms include a significantly heightened startle response, nightmares, flashbacks, difficulty sleeping, irritability, and mood swings.

Wives are especially fearful of being awakened in the night in a chokehold by their husband who may be having a nightmare, or of having themselves or their children hurt by the husband who has been startled and thinks he is back in Iraq. It is helpful for the couple and children to know that what they are experiencing is a possible, not unusual, outcome of war, and that this behavior does not make the person pathological or diseased. It does mean, however, that family members must learn to adjust and to continue to function as a family unit while the symptoms begin to lessen in intensity and frequency.

The United States Marine Corps has developed several different programs to help the Marines, sailors, and their families better recognize, adjust to, and cope with these issues. These programs, oftentimes led by chaplains, consist of informational briefings conducted overseas and again upon return to the United States. Although PTSD symptoms will usually diminish with time, the individual will sometimes require individual and/or group counseling to facilitate the necessary or desired healing.

*Case study.* In the following case, the reader will enter into the life of a Marine couple, Mark and Dawn. This case study will help to clarify emotional challenges of change facing such couples, in combat as well as at home.

Mark and Dawn, both 21 years old, had only been married for 2 months prior to Mark's deployment to Iraq. Mark had been in the Marine Corps for just over a year and was deployed for more than 6 months. Before Mark left for Iraq, the marriage had been going well. He had come from a rigid, patriarchal family background in which his father had made the rules and most of the decisions. In his marriage he carried out the same pattern, and he enjoyed the control and authority, especially since it was so different from work, which was an environment where he had little or no control. Dawn had been excited about marriage and the prospect of being a military wife, but she hadn't considered how difficult it would be to live alone in an unfamiliar environment with no friends. In her lonely apartment she was constantly worrying about whether or not Mark would return home alive, and whether he would come back to her physically and mentally healthy. She had even stated, "I don't know what I would do if he were killed. He is my

life." Her daily routine revolved around thinking about him, having nightmares that he died, and staying home to receive his calls. About halfway through the deployment, she decided to get a job to help pass the time and hopefully make some friends.

After starting her job as a server, she went out somewhat regularly with the other female servers to the local clubs, but soon realized that this was costing her a lot of money—money that she really didn't have. One night, several weeks after starting the job at the restaurant, she went out as usual with her friends, but things happened differently that night. She was more relaxed and was acting much more flirtatious than normal. While dancing with a young man she had just met, she soon found herself kissing him. It was at this point that she realized that she and the situation were out of control. She left the club and quit her job the next day. That night would become a turning point in her life. Wanting more out of life and her marriage, she decided to take some college classes and work towards her dream of becoming a nurse.

A few days later, Dawn was contacted by a Key Volunteer. Key Volunteers are Marine Corps wives in the same battalion who act as mentors for younger, perhaps less experienced wives. This woman became a friend and a mentor, helping Dawn to understand the challenges of life as a Marine Corps wife. Dawn began to realize there were other resources available to her, including a variety of classes and workshops offered on base that she could attend. Through these various workshops, classes, and briefings, Dawn came to realize that her experiences were similar to those of many military wives.

Dawn stayed busy with school, excelling in her classes and making new friends. When Mark returned home, Dawn was more established in the community, had an assortment of friends, both military and non-military, and was in her second semester of school.

Upon returning from war, Mark quickly saw Dawn as independent and confident. He began to wonder what his role would be, and he became fearful that Dawn had changed, moved on, and outgrown him and their marriage. He felt extremely uncomfortable and wondered how he would regain the control he felt he needed. Although he would not admit it, Mark was extremely intimidated by what Dawn was becoming and by her associated success.

Mark was not experiencing the common symptoms of PTSD typically seen in those returning from combat:

i.e., difficulty sleeping or eating, nightmares, or flashbacks (Litz, 1992). Noises and even images of war on the news did not bother him. According to his own admission, however, he felt jumpy and angry all the time, with the anger not directed at any one person or thing. Dawn validated the anger by saying that Mark was constantly irritable, frustrated and angry at anything and everything. According to her, he was completely opposite from what he was like before the war. In session she said, "He used to be this really nice guy; now he is just a big, angry jerk." Dawn began to understand that this kind of behavior is one of the first things that spouses notice and complain of following return from deployment. Although Mark did not meet the *DSM-IV-TR* (American Psychiatric Association, 2000) criteria for a diagnosis of PTSD or even acute stress disorder, it was obvious that combat had contributed to his anger and irritability (Byrne & Riggs, 1996; Figley, 1989, 1993, 1997; Jordan et al., 1992; Lipton & Schaffer, 1986).

Mark and Dawn came to see me, the unit chaplain, shortly after his return from Iraq because they felt as though "the deployment had caused them to drift apart." Mark felt estranged from Dawn, like she had become a very different woman. She did not seem like the same woman he had married. He felt that she didn't need him anymore. Dawn was very busy with school and wasn't able to give Mark the kind of attention he felt he deserved after being away serving his country and risking his life. Mark was aware that he was angry and irritable all the time and was not sure what part his deployment had played in this. Dawn felt Mark did not appreciate what she had accomplished while he was away and how she was adapting to her role as a military wife. They both complained of communication problems and lowered sexual desire.

Change is always difficult and is accompanied by many fears. These fears became the theme of Mark and Dawn's counseling. The road that Dawn had chosen seemed quite positive, but perhaps the movement was too fast for Mark. We concluded that she might need to slow down enough so that he could become part of the journey. Mark's belief system that included thoughts like "She doesn't want or need me" and "I have failed as a husband" were also discussed in great detail. The goal was to help him see just how much she did need and want him, and how his love as a husband had provided Dawn with the courage to go to school, committing herself to a

future career as a nurse.

At the core of the problem was the fact that Mark and Dawn had spent only 2 months together as a married couple before Mark's deployment. This extended time apart, especially when one or both are in a combat environment, is a factor that most non-military families fortunately do not have to face. On his return, Mark and Dawn were like roommates, often not spending sufficient time together.

We began with planning for them to have some regular time together and identified a specific time each day that they could do this—a small yet significant step. Next we discussed some rules pertaining to how they would spend their time together: no TV, homework, reading, or household projects. Instead, they were to spend the time talking and getting to know each other as husband and wife. They could discuss the factors of war that had affected Mark and the factors that had affected Dawn while he was away. This process would enable them to get to know the "changed person" in each and find ways they could manage these changes—together.

In addition to this daily time together, we also discussed setting aside a weekly date night. These dates would have to involve some aura of romance, as if the couple were still courting. By doing this, Mark and Dawn would continue to grow as a couple emotionally and spiritually, thus increasing their level of intimacy. This increase in intimacy would also help them draw closer together sexually.

As they spent time together, Mark felt as though Dawn really did need and love him—thus forming a stronger couple identity. Their concept of the relationship grew from that of two individuals to that of a couple. As this cognitive change occurred, Mark became more supportive of Dawn's goals, which resulted in an improvement in all aspects of the marriage, including their sex life.

In addition to the couple therapy, Mark worked on aspects of stress management, particularly on how anger became an outward expression of his insecurities and how it was rooted in feelings of inferiority, diminished self-confidence, and lack of control. Mark struggled with how his participation in the war was contributing to his anger and irritability. This exploration of the effects of war, necessary in cases such as Mark's, is a component of treatment that would not typically concern non-military families. As Mark was able to see how the independence and confidence he perceived in Dawn were not negative

reflections on him, he began to understand the origin of his feelings; with time, he developed effective coping skills to deal with his stress.

#### TRUST ISSUES

*Nature of the problem.* Most military families I have observed who seek counseling are young, the average age of the couple ranging between 18 and 26 years. Most of these couples have been married less than 3 years, and in many cases they have at least one child. A major issue facing many of these couples is trust. While the issue of trust for military families is often considered in terms of infidelity or perceived infidelity (Caselli & Motta, 1995; Mason, 1998; Mikulincer, Florian, & Solomon, 1995), it is actually the fear of infidelity that becomes the critical issue.

In wars past, only men would be actively involved in combat. Today there are female soldiers, Marines, sailors, and airmen in virtually every unit except those that directly engage enemy forces. Even with this exclusion, women are still a critical component of the fighting forces in Iraq and Afghanistan. Thus men and women are serving side by side, in close proximity, simultaneously being exposed to the hardships and reality of war, combat, and possible death or injury. In fact, women are currently serving in direct support of combat, something relatively unseen in past wars.

Thus, it is possible for either spouse to engage in infidelity during the deployment. The military member in a combat zone is confronted with death daily. This threat, combined with frequent feelings of loneliness and isolation, makes it easy to be receptive to almost any kind of affection and to possibly become intimately involved. The mind will even rationalize such involvement by convincing the person that "others are doing it," "nobody will know," or "I could be dead tomorrow," leading to the question, "Why deprive myself now?"

The spouse back home is often perceived as being more susceptible to infidelity, at least with regards to opportunity. He or she may feel overwhelmed by unaccustomed responsibilities and might not be having much fun, spending all of his or her time working and taking care of the home and children, having to accomplish all of these tasks alone. The stress from this situation can build up to the point that a person desperately desires a listening ear, assistance, or just another individual who understands and can be sincerely empathetic. Sometimes the spouse suddenly gains an ally, someone

who understands and will listen. As the two become more involved in the emotional relationship, more time is spent together, intimacy develops, greater risks are taken, and the point is ultimately reached that the two become sexually involved. In addition, children see their parent spending more time with another adult who is not their parent, and they are often confused and worried about what is happening to their family and to their other parent who is at war.

*Case study.* The following case shows how a wife, Crystal, and her Marine husband, Roger, deal with the multiple problems facing a couple in the aftermath of an affair. What makes this case somewhat unusual is that as a chaplain in an all male unit, I had rarely dealt with cases involving infidelity on the part of the wife.

Prior to Roger's deployment to Iraq, Crystal and Roger had been having marital problems. Like many other military couples, they had viewed Roger's deployment as an escape from these problems and the consequent fighting. Prior to Roger deploying, he and Crystal had been spending less time together, due to the unit's difficult training schedule. Also during this time, Crystal had given birth to their baby boy, Douglas. Tending to and taking care of the baby was taking up much of Crystal's energy and attention.

One of the major contributors to the brief affair seemed to be Crystal's feeling of abandonment. Prior to deployment, Roger had spent a lot of time playing computer games, leaving little time to devote to his wife or new son. This caused Crystal to feel abandoned and alone. In Crystal's own words, "It was as if I wasn't even alive." When this other Marine showed her attention, treated her as though she were important, and made her feel as though she mattered as both a human being and a woman, entering into a sexual relationship with him seemed to be a logical next step.

Crystal came for counseling shortly after disclosing the affair to her husband, who was deployed to Iraq. She was extremely distraught and unsure of the impact the affair would have on their marriage. She appeared quite sincere in her remorse and seemed to feel a significant amount of guilt. She stated that her husband had been very upset when she had disclosed the affair to him; he had hung up on her. When Roger called Crystal back 3 days later, he was still very angry. This anger was directed at himself for not being there, at the other man, and at his wife for cheating on him. He told Crystal that he wouldn't make

any decisions regarding the future of their marriage until he returned home. When she suggested they get counseling, he responded by saying, "I think that sounds like a good idea."

Crystal sought counseling for herself prior to her husband returning from Iraq because she was feeling guilty about being unfaithful to him. What made this especially difficult was that the man she had slept with was another Marine in the same unit. For a Marine, infidelity with the wife of another Marine is *the* cardinal sin. In an organization that stresses trust, integrity, and brotherhood, there is never an excuse for this behavior.

Crystal realized that many issues had contributed to the affair, and she wanted to start working on these issues. In discussing the affair, she reflected upon the events leading up to it and from there attempted to discover how those things individually and collectively had contributed to it. We discussed how most couples see the affair as *the* problem and are so focused on the sexual or physical aspect of the situation that they miss the underlying causes. This is a major factor in preventing many couples and families from being able to recover from an affair or causing them to have additional or subsequent affairs (Glass & Wright, 1997).

Following the disclosure, Roger and Crystal began to talk more often on the phone. They began discussing the insufficient time they had spent together and each other's contributions to the problems they were experiencing in their relationship. Crystal and Roger were both able to see how their behaviors had resulted in the other feeling excluded. As a new father, Roger had spent little time with his newborn son prior to his deployment. Both Roger and Crystal recognized the problems they were having, but neither confronted them, perhaps to avoid feelings of guilt brought about by the realization that both of them had generated and perpetuated the problems. Possibly they had originally avoided confronting the problems in order to prevent a major argument just prior to the deployment. Although couples will typically fight just prior to a deployment or other major separation in an effort to make leaving easier psychologically, the content of these arguments is usually quite small or insignificant (Lanham, 2005; Lyons & Root, 2001).

By the time Roger had returned from Iraq, Crystal had had seven counseling sessions. She was beginning to see and understand her role in the marital problems and was starting to feel some self-forgiveness for the affair. Roger

got rid of the computer games when he returned home and spent very little time online. Instead, he and Crystal began spending time together as a couple and as a family. In a joint session, Roger stated that he was beginning to understand how many factors in the marriage prior to the deployment had contributed to their mutual feelings of dissatisfaction and ultimately to Crystal's infidelity. He also stated that he had forgiven her, was grateful that they had worked through the problems instead of abandoning the marriage, and was looking forward to having a new chance as a family with their young son.

### **ROLES AND RESPONSIBILITIES ISSUES**

*Nature of the problem.* Difficulty in defining and agreeing upon roles and responsibilities is one of the most common issues young families face. This sort of problem is even more prevalent among young military families, especially those experiencing deployment (Mason, 1998). When the military service member is gone, the spouse must take over all aspects of managing the household: i.e., paying the bills, making house repairs, maintaining the cars, and making major decisions regarding the activities, health, and education of the children, while also doing all of the cooking, cleaning, and routine errands. In many ways their role resembles that of a single parent.

Military wives often are overwhelmed, feeling they have been robbed of their life. They don't have a partner at home to help out with household responsibilities, thus making it very difficult to go out to the clubs, movies, or stores with their friends. They don't have enough time or money for these activities along with a job and/or school. Non-military wives are able to spend time with their husbands, participating in activities together, while military wives have to endure days, nights, weeks, months, and even years apart. The wife will often feel jealous of her friends, as well as angry towards her husband, the military, and anything associated with it for "causing" the separation. When this loneliness is displaced as anger upon the husband, he becomes a target. He may subsequently become defensive, and arguments will quickly escalate, especially upon his return home. When he returns from deployment, these emotions along with the many unaccustomed responsibilities that the spouse has undertaken may make it difficult to determine who will keep or take on which roles and responsibilities in the future.

*Case study.* In the following case, Joe and Lisa, parents

in a military family, experience differences of opinion in how they face the roles and responsibilities that confront many couples. Traditional values and family of origin characteristics add to the confusion.

Joe and Lisa were atypical in the sense of being an older family, first married in their thirties. They had been married for about 8 years and had three children (ages 6, 4, and 2 years). Joe was a successful staff non-commissioned officer in the Marine Corps with an enormous amount of responsibility. Lisa had a college degree in marketing and had been very successful at a prestigious advertising agency prior to meeting Joe. After marrying Joe, Lisa quit her job, initially thinking the benefits would be worth the sacrifice. She didn't feel that way, however, when she came for counseling.

Joe and Lisa sought counseling, complaining of general marital dissatisfaction along with communication problems and increased arguing and fighting. Lisa had been experiencing difficulty concentrating while working around the house, extreme tiredness and sadness, and problems sleeping. To rule out any medical issues, Lisa was referred to her primary care physician, who found no physical problems but prescribed a mild antidepressant.

During the first conjoint session, there was a lot of criticism and blaming behavior, directed primarily at each partner's perception of how much or how little the other person contributed to the marriage and the family as a whole. Lisa blamed Joe for caring more about the Marine Corps than he did about his own family, and Joe blamed Lisa for not taking as good care of the household tasks as he expected.

In Lisa's individual session, she stated that she felt unfulfilled being "just" a military wife. She felt as though she had given up a great career and was now forced to simply clean house and care for her children. This caused her to feel like a "glorified maid." She thought that giving up her career had been too much to ask and that she as well as her career actually took second place to Joe's career and the Marine Corps.

Joe's individual session revealed a different perception. He said that he loved Lisa very much but that his career was extremely important to him. He thought Lisa's inability or unwillingness to understand the importance of the Marine Corps was "selfish and immature." He thought he was contributing everything to the marriage while she simply took care of the home and children. He said he felt tired of being the "only reliable player on the team."

Following my individual sessions with Joe and Lisa, we met a week later for the second of several conjoint sessions. Although there were many different issues (e.g., communication, problem solving, and expectations), we decided on a creative exercise that would help them experience life a little more from each other's perspective. Joe said he could take 5 days off work and take care of the home and children. Lisa was to get a job for a week through a temporary employment agency. They both perceived this as an opportunity to have some fun and prove the other person wrong.

The week went by rather slowly for both of them, but during that time they learned a great deal about themselves and one another. Joe had had no idea how difficult it was to care for the house and children. The house looked no better following his week "at home." Lisa came home exhausted each night, having missed time with her children. She realized how hard it must be for Joe and that despite the inherent challenges, she really enjoyed being a wife and mom, taking care of Joe and the children. This exercise allowed Joe and Lisa to see things from the other person's perspective, dramatically improving communication on virtually all levels.

Once Joe and Lisa had gained a better understanding of each other's contribution to the relationship, the next step was to see what could be done to give each other more of what each wanted. Lisa wanted to feel as though she had some career left and to believe that she was in fact making a difference, expanding her self-identity beyond that of wife and mother. Joe wanted to come home and feel as though he mattered, which included giving attention to the children and having nice meals and a clean house.

Both Joe and Lisa were asked to make individual lists of what they wanted their life to be like. The "miracle question" (Bergin & Garfield, 1994) was asked: "If tonight, while you all are asleep, a miracle happened and when you awoke in the morning the problems that you came to counseling for were gone, what would that look like? How would you know the problems were in fact gone?" Each partner was to make a list, and then they were to compare lists and discuss how to achieve different roles and responsibilities. To be successful, they would need to focus on each other and on themselves as a couple, instead of on themselves as individuals.

Joe and Lisa came back a week later very excited, as they had spent many hours talking about the lists and

had decided on different roles and responsibilities. First, Joe would do all the cooking on the weekends and one night during the week. Lisa would make two major changes in her life. First, she and the children would join a playgroup, allowing the kids to play with other children while Lisa socialized with adults. Second, Lisa would take marketing/advertising classes at the local university and then find a job, working both at an external office and at home.

There were several outcomes to these changes in roles and responsibilities: Lisa got the job she had been hoping for, while Joe was helping more around the house and was very much enjoying extra time with the children. With the extra money, they decided to hire a cleaning service and begin making improvements on the house. Lisa's depressive symptoms subsided, and she eventually came off the medication. As of their last visit, things were going well, and both of them were feeling very satisfied in the marriage.

## CONCLUSION

Although military families have some of the same problems as other families, many of these issues are magnified or heightened as a result of the dynamic and perhaps chaotic military environment. This is especially true when one takes into account combat operations overseas, with the possibility of death or disability of the military member. These families have to endure numerous stressors, including long periods of separation, loneliness, and incorporation of the military/war experience into the family climate. The most successful couples appear to be those who have excellent coping skills, are flexible in the way they handle typical daily stressors, and have a solid support system (Walsh, 2003). Additionally, couples who have short- and long-term goals along with a life perspective that exists past the moment seem to fare better.

When working with young military families, chaplains and therapists will find that psychoeducational techniques combined with a variety of cognitive-behavioral and solution-focused techniques are most effective (Foa, Keane, & Friedman, 2000; Glynn et al., 1995). These techniques appear to be most useful when working with military couples because they often have limited time, and they want to walk out the door having felt an obvious sense of change. The goal when working

with military couples, especially those who haven't been married long, is to help them develop a more accurate view of what marriage within the military actually entails. Chaplains, at this point, are helping the couples to become more realistic regarding their expectations. The next major goal is to help these adults in the family increase their coping skills and inherent resiliency. When they are guided to look at their strengths and to see what already works, couples can be led to develop strategies that will assist them in handling a wide variety of potentially devastating problems, especially when dealing with a spouse in the war zone.

Most military families perceive serving their country as a great privilege. This privilege involves sacrifice by the individual member as well as the family. With this sacrifice, however, comes a great opportunity to grow both individually and as a couple and/or family. If military couples can gain the skills and personal characteristics necessary to fully experience these "growth opportunities," the family is likely to become stronger, more resilient, and more loving.

### SUGGESTIONS FOR FUTURE RESEARCH

There is quite a bit of research pertaining to combat and its impact on the individual (e.g., Friedman, 2004;

Hoge et al., 2004). Research has also been done on the effects of combat on the family (e.g., Ancharoff, Munroe, & Fisher, 1998; Byrne & Riggs, 1996; Caselli & Motta, 1995). However, most of this research applies directly to veterans of World War II, the Vietnam War, and, to a lesser extent, the first Iraqi War. There is little research that examines the specific effects of the current war in Iraq and the Global War on Terrorism.

Additional research needs to focus on the impact that military life, including separation and war, has on the couple and the family unit. This information would be informative and invaluable not only to the military, but to individuals and organizations within the community. Other specific topics for investigation could include common barriers for military couples seeking help, treatment of mental illness in the military family, boundary formation and its effectiveness in combating extended family problems, work-related stress, family developmental stages as they relate to the military family, clinical interventions with military families, and advantages and disadvantages of various therapeutic resources.

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