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# The Emotional Cycle of Deployment: A Military Family Perspective

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Military families have experienced the emotional trauma of deployment on an unprecedented scale since the end of the Gulf War. Humanitarian missions and peace enforcement have sent our troops to Somalia, Cuba, Haiti, Bosnia and Kosovo. In the last decade, military downsizing has increased the likelihood that each soldier will eventually participate on an extended mission. The impact of these long separations is of increasing concern with two-thirds of soldiers now married and deployments to the Former Yugoslavia entering a fifth year. Differing coping strategies are needed through five stages of deployment. Education of health care providers, military leaders, soldiers and family members to anticipate these stages is crucial to ensure the soldier's safe return and to minimize familial trauma.

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## Introduction

Upon signing the Dayton Peace Accords in 1995, the Implementation Force (IFOR) deployed to Bosnia for one year. This multinational effort included 20,000 U.S. troops. Since that time, six to eight month rotations have been the norm for the follow-on Stabilization Force (SFOR). In March 2000, an estimated 4,600 U.S. troops - commanded by the Texas National Guard - deployed to participate in the seventh such Stabilization Force rotation or SFOR VII. Future deployments to Bosnia are scheduled through SFOR XII ending in October 2004.

With peace enforcement missions to Bosnia now entering a fifth year, there is a growing body of experience regarding the impact of extended deployment on military families. In this paper, the emotional cycle of deployment experienced by family members at home is discussed in detail. In order to provide a common frame of reference; this cycle is divided into five distinct stages closely correspond to the soldier's experience of deployment: **pre-deployment, deployment, sustainment, re-deployment and post-deployment.**

## Purpose

To describe the psychological, and event-related aspects of deployments experienced by military families for use as a tool in education, intervention and research.

## Methods

This paper relies on narrative format to describe the process of deployment and its impact on military families.

The authors, all military psychiatrists, have integrated their professional and personal experience into a cohesive "story" which is readily identifiable by military leaders, soldiers and their families. This story has been tempered by numerous presentations of this materiel, as well as modifications provided by military leaders, soldiers and family members. Whenever possible, relevant literature on deployment stress is cited.

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## The Five Stages

The emotional cycle of an extended deployment, six months or greater, is readily divided into five distinct stages. These stages are comprised as follows: **pre-deployment, deployment, sustainment, re-deployment and post-deployment**. Each stage is characterized both by a time frame and specific emotional challenges, which must be dealt with and mastered by each of the family members. Failure to adequately negotiate these challenges can lead to significant strife - both for family members and the deployed soldier. Providing information early about what to expect, especially for families who have not endured a lengthy separation before, can go a long way towards "normalizing" and coping positively with the deployment experience. Furthermore, promoting understanding of the stages of deployment helps to avert crises, minimize the need for command intervention or mental health counseling and can even reduce suicidal threats.

### Stages of Deployment

- **Pre-deployment** (varies)
- **Deployment** (1st month)
- **Sustainment** (months 2 thru 5)
- **Re-deployment** (last month)
- **Post-deployment** (3-6 months after deployment)

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### Pre-deployment

The onset of this stage begins with the warning order for deployment. This stage ends when the soldier actually departs from home station. The pre-deployment timeframe is extremely variable from several weeks to more than a year.

The pre-deployment stage is characterized alternately by denial and anticipation of loss. As the departure date gets closer, spouses often ask: "You don't really have to go, do you?" Eventually, the increased field training, preparation, and long hours away from home herald the extended separation that is to come. Soldiers energetically talk more and more about the upcoming mission and their unit. This "bonding" to fellow soldiers is essential to unit cohesion that is necessary for a safe and successful deployment. Yet, it also creates an increasing sense of emotional and physical distance for military spouses.<sup>5,7,8</sup> In their frustration, many spouses complain: "I wish you were gone already." It is as if their loved ones are already "psychologically deployed."

### Stage 1. Pre-deployment

- Anticipation of loss vs. denial
- Train-up/long hours away
- Getting affairs in order
- Mental/physical distance
- Arguments

Time frame: variable

As the reality of the deployment finally sinks in, the soldier and family try to get their affairs in order. Long "honey-do" lists are generated dealing with all manner of issues including: home repairs, security (door and window locks, burglar alarms, etc.), car maintenance, finances, tax preparation, child care plans and wills, just to name a few. At the same time, many couples strive for increased intimacy. Plans are made for the "best" Christmas, the "perfect" vacation, or the "most" romantic anniversary. In contrast, there may be some ambivalence about sexual relations: "this is it for six months, but I do not want to be that close." Fears about fidelity or marital integrity are raised or may go unspoken. Other frequently voiced concerns may include: "How will the children handle the separation? Can I cope without him/her? Will my marriage survive?" In this very busy and tumultuous time, resolving all these issues, completing the multitude of tasks or fulfilling high expectations often falls short.

A common occurrence, just prior to deployment, is for soldiers and their spouses to have a significant argument.<sup>5,9</sup> For couples with a long history, this argument is readily attributed to the ebb-and-flow of marital life and therefore not taken too seriously. For younger couples, especially those experiencing an extended separation for the first time, such an argument can take on "catastrophic" proportions. Fears that the relationship is over can lead to tremendous anxiety for both soldier and spouse. In retrospect, these arguments are most likely caused by the stress of the pending separation. From a psychological perspective, it is easier to be angry than confront the pain and loss of saying goodbye for six months or more.<sup>5,6</sup>

However, the impact of unresolved family concerns can have potentially devastating consequences. From a command perspective, a worried, preoccupied soldier is easily distracted and unable to focus on essential tasks during the critical movement of heavy military equipment. In the worst-case scenario, this can lead to a serious accident or the development of a soldier stress casualty who is mission ineffective.<sup>2,10,11</sup> On the home front, significant spousal distress interferes with completing basic routines, concentrating at work, and attending to the needs of children. At worst, this can exacerbate children's fears that the parents are unable to adequately care for them or even that the soldier will not return. Adverse reactions by children can include inconsolable crying, apathy, tantrums, and other regressive behaviors. In response, a downward spiral can develop - if not quickly checked - in which both soldier and spouse become even more upset at the prospect of separating.

Although easier said than done, it is often helpful for military couples - in the pre-deployment stage - to discuss in detail their expectations of each other during the deployment. These expectations can include a variety of issues, to include: freedom to make independent decisions, contact with the opposite sex (fidelity), going out with friends, budgeting, child-rearing, and even how often letters or care packages will be sent. Failure to accurately communicate these and other expectations is frequently a source of misperception, distortion and hurt later on in the deployment. It is difficult at best to resolve major marital disagreements when face-to-face, let alone over six thousand miles apart.

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## Deployment

This stage is the period from the soldier's departure from home through the first month of the deployment.

A roller coaster of mixed emotions is common during the deployment stage. Some military spouses report feeling disoriented and overwhelmed. Others may feel relieved that they no longer have to appear brave and strong. There may be residual anger at tasks left undone. The soldier's departure creates a "hole," which can lead to feelings of numbness, sadness, being alone or abandonment. It is common to have difficulty sleeping and anxiety about coping. Worries about security issues may ensue, including: "What if there is a pay problem? Is the house safe? How will I manage if my child gets sick? What if the car breaks down?" For many, the deployment stage is an unpleasant, disorganizing experience.

### Stage 2. Deployment

- Mixed emotions/relief
- Disoriented/overwhelmed
- Numb, sad, alone
- Sleep difficulty
- Security issues

Time frame: first month

On the positive side, the ability to communicate home from Bosnia, or any other site, is a great morale boost. The Defense Satellite Network (DSN) provides soldiers the ability to call home at no cost, although usually for a fifteen-minute time limit. For some soldiers, who are unwilling to wait on line, using commercial phone lines is an option. Unfortunately, it is common for huge phone bills to result, which can further add to familial stress. Another potential source of anxiety for families is that several weeks may pass before soldiers are able to make their first call home.

For most military spouses, reconnecting with their loved ones is a stabilizing experience. For those, who have "bad" phone calls, this contact can markedly exacerbate the stress of the deployment stage and may result in the need for counseling.<sup>5</sup> One possible disadvantage of easy phone access is the immediacy and proximity to unsettling events at home or in theater. It is virtually impossible to disguise negative feelings of hurt, anger, frustration and loss on the phone. For example, a spouse may be having significant difficulty (children acting out, car breaking down, finances etc.) or a soldier may not initially get along with peers or a supervisor. Spouse and soldier may feel helpless and unable to support each other in their time of need. Likewise, there may be jealousy towards the individual(s) whom the spouse or soldier do rely on, or confide in, during the deployment. These situations can add to the stress and uncertainty surrounding the deployment. Yet, military families have come to expect phone (and now even video) contact as technology advances. However, most report that the ability to stay in close touch - especially during key milestones (birthdays, anniversaries, etc.) - greatly helps them to cope with the separation.

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## Sustainment

The sustainment stage lasts from the first month through the fifth (penultimate) month of deployment.

Sustainment is a time of establishing new sources of support and new

routines. Many rely on the Family Readiness Group (FRG), which serves as a close network that meets on a regular basis to handle problems and disseminate the latest information. Others are more comfortable with family, friends, church or other religious institution as their main means of emotional support. As challenges come up, most spouses learn that they are able to cope with crises and make important decisions on their own. They report feeling more confident and in control. During the sustainment stage, it is common to hear military spouses say: "I can do this!"

**Stage 3. Sustainment**

- New routines established
- New sources of support
- Feel more in control
- Independence
- Confidence ("I can do this")

Time frame: months two thru five

One challenge, during this stage, is the rapid speed of information provided by widespread phone and e-mail access. In the near future, one can even expect that individual soldiers will have the ability to call home with personal cellular phones. Over long distances and without face-to-face contact, communications between husband and wife are much more vulnerable to distortion or misperception. Given this limitation, discussing "hot topics" in a marriage can be problematic and are probably best left on hold until after the deployment when they can be resolved more fully. Obvious exceptions, to this rule, include a family emergency (i.e. the critical illness of a loved one) or a joyful event (i.e. the birth of a child). In these situations, the ideal route of communication is through the Red Cross so that the soldier's command is able to coordinate emergency leave if required.

On a related note, many spouses report significant frustration because phone contact is unidirectional and must be initiated by the soldier. Some even report feeling "trapped" at home for fear that they will miss a call. Likewise, soldiers may feel forgotten if they call - especially after waiting a long time on line to get to a phone - and no one is home. This can lead to anger and resentment, especially if an expectation regarding the frequency of calls is unmet. Now that Internet and e-mail are widely available, spouses report feeling much more in control as they can initiate communication and do not have to stay waiting by the phone. Another advantage of e-mail, for both soldier and spouse, is the ability to be more thoughtful about what is said and to "filter out" intense emotions that may be unnecessarily disturbing. This is not to say that military couples should "lie" to protect each other, but rather it helps to recognize that the direct support available from one's mate is limited during the deployment.

Furthermore, rapid communication can lead to unanticipated rumors, which then circulate unchecked within the Family Readiness Group (FRG).<sup>5</sup> The most damning rumor involves an allegation of infidelity that is difficult to prove true or false. Other troubling rumors may include: handling the deployment poorly, accidents or injuries, changes in the date of return, disciplinary actions, or even who calls home the most. Needless to say, such rumors can be very hurtful to soldier, spouse, the FRG. At its worst, unit cohesion and even mission success can suffer. Limiting the negative impact of such rumors is a constant challenge for unit leaders and chaplains. It is extremely important to keep soldiers and family members fully informed and to dispel rumors quickly. In fact, rumors lose their destructive power once the "secret" is exposed:

There was a rumor that a commander's wife reported that a deployed soldier was having an affair. Members of the FRG, who were very upset, related the details to their deployed spouses. Senior unit leaders decided not to tell the commander because the allegations were deemed too inflammatory. Unfortunately, unit morale and cohesion began to suffer greatly as the rumor spread throughout the ranks. A month later, the commander finally learned of this destructive rumor, which had been undermining his authority to lead. He immediately confronted his wife, senior leaders and the soldier about whom the allegation had been made. Evidence about the validity of these allegations, or how the rumor started in the first place, could not be found. In response, the commander issued a very firm policy regarding exposing all rumors - whether they be true or false. Unit morale and cohesion, although badly bruised, then began to recover.

The response of children to extended deployment of parent is very individualized and also depends on their developmental age: infants, toddlers, preschool, school age, and teenagers.<sup>13,14,15</sup> It is reasonable to assume that a sudden negative change in a child's behavior or mood is a predictable response to the stress of having a deployed parent.

Negative Changes in Children				
	Ages	Behaviors	Moods	Remedy

<b>Infants</b>	< 1 yr	Refuses to eat	Listless	Support for parent, pediatrician
<b>Toddlers</b>	1-3 yrs	Cries, tantrums	Irritable, sad	Increased attention, holding, hugs
<b>Preschool</b>	3-6 yrs	Potty accidents, clingy	Irritable, sad	Increased attention, holding, hugs
<b>School Age</b>	6-12 yrs	Whines, body aches	Irritable, sad	Spend time, maintain routines
<b>Teenagers</b>	12-18 yrs	Isolates, uses drugs	Anger, apathy	Patience, limit-setting, counseling

**Infants (< 1 year)** must be held and actively nurtured in order to thrive. If a primary caregiver becomes significantly depressed then the infant will be at risk for apathy, refusal to eat and even weight loss. Early intervention becomes critical to prevent undue harm or neglect. Pediatricians can perform serial exams to ensure growth continues as expected on height/weight charts. Army Community Services and Social Work can assist with parenting skills and eliciting family or community support. Lastly, the primary caregiver may also benefit from individual counseling.

**Toddlers (1-3 years)** will generally take their cue from the primary caregiver. One issue is whether it is the mother or father who is the soldier leaving - especially when children are very young. If the "non-deploying" parent is coping well, they will tend to do well. The converse is also true. If the primary caregiver is not coping well, then toddlers may become sullen, tearful, throw tantrums or develop sleep disturbance. They will usually respond to increased attention, hugs and holding hands. The "non-deploying" parent may also benefit from sharing their day-to-day experiences with other parents facing similar challenges. In particular, it is important for the primary caregiver to balance the demands for caring for children alone with their own needs for time for self.

**Preschoolers (3-6 years)** may regress in their skills (difficulty with potty training, "baby talk," thumb sucking, refusal to sleep alone) and seem more "clingy." They may be irritable, depressed, aggressive, prone to somatic complaints and have fears about parents or others leaving. Caregivers will need to reassure them with extra attention and physical closeness (hugs, holding hands). In addition, it is important to avoid changing family routines such as sleeping in their own bed, unless they are "very" scared. Answers to questions about the deployment should be brief, matter-of-fact and to the point. This will help to contain the free-floating anxiety of an overactive imagination.

**School age children (6-12 years)** may whine, complain, become aggressive or otherwise "act out" their feelings. They may focus on the soldier-parent missing a key event, for example: "will you (the soldier) be here for my birthday." Depressive symptoms may include: sleep disturbance, loss of interest in school, eating or even playing with their friends. They will need to talk about their feelings and will need more physical attention than usual. Expectations regarding school performance may need to be a little lower, but keeping routines as close to normal is best for them.

**Teenagers (13-18 years)** may be irritable, rebellious, fight or participate in other attention-getting behavior. They may show a lack of interest in school, peers and school activities. In addition, they are at greater risk for promiscuity, alcohol and drug use. Although they may deny problems and worries, it is extremely important for caregivers to stay engaged and be available to talk out their concerns. At first, lowering academic expectations may be helpful; however, return to their usual school performance should be supported. Sports and social activities should be encouraged to give normal structure to their life. Likewise, additional responsibility in the family, commensurate with their emotional maturity, will make them feel important and needed.

Unfortunately, some children may have great difficulty adapting to the stress of a deployed parent. If they are unable to return to at least some part of their normal routine or display serious problems over several weeks, a visit to the family doctor or mental health counselor is indicated. Children of deployed parents are also more vulnerable to psychiatric hospitalization - especially in single-parent and blended families.

Despite all these obstacles, the vast majority of spouses and family members successfully negotiate the sustainment stage and begin to look forward to their loved ones coming home.

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