

ABSTRACT

THE LIVED EXPERIENCE OF MOTHERS OF SOLDIERS DEPLOYED TO A WAR ZONE

By Kathy Kraus

Since the events of September 11, 2001 and the declaration of the "Global War on Terrorism" began our U.S. military forces have significantly increased military deployments. Military-induced separations can be very stressful to family members. The stress of frequent and long deployments can present as symptoms of depression, anxiety, and multiple somatic complaints. Most of the studies that have been done have been in the area of marital and child relationships. There have been no studies examining the experience of deployment from a mother's perspective. The purpose of this study was to examine the lived experience of being the mother of a soldier deployed to a war zone, how they coped, and how advanced practice nurses can help.

Spiegelberg's philosophy of phenomenology was the framework used for this study. A qualitative, descriptive phenomenological approach was used. A convenience and purposive sample of nine women who met the criteria for sample selection were solicited for the study. Data were collected via interviews using a demographic questionnaire and an open-ended questionnaire. The interviews were audio taped and transcribed verbatim. Data were analyzed using Giorgi's phenomenological method. Three themes emerged from the data analysis: (a) waiting and watching, (b) always on my mind, and (c) mother's intuition/the mom version. In addition, the analysis revealed that faith, family, and friends were the main coping mechanisms.

Conclusions indicated that deployment of soldiers to a war zone does affect the mother, even if they no longer live in the same household. This can present itself in sleep disturbances, mood changes, depression, worry, and fear. Recommendations for practice include the importance of recognizing individual experiences and education on coping mechanisms, as well as resources available for these mothers. Some recommendations for further research, include exploring the resolution of stress in mothers after the return of the soldier and whether there are any lasting effects.

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DEPLOYED TO A WAR ZONE

by

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This project is dedicated to mothers of soldiers everywhere. May they soon experience peace.

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CHAPTER I

INTRODUCTION

Since the events that took place on September 11, 2001 and the declaration of the “Global War on Terrorism” began, the U.S. military forces have operated at a high pace. Between 2001 and July 2007, approximately 931,000 U.S. Army and Marine Corps service members have been deployed for overseas military operations, including approximately 312,000 National Guard or Reserve members (U.S. Government Accountability Office [GAO], 2008). Deployment-related separations and reunions have been identified as major stressful events for military families (Black, 1993; Faber, Willerton, Clymer, MacDermid, & Weiss, 2008).

Research has shown that families can have a grief reaction related to deployment-related separation, and they can reach a point where they come to grips with the separation or can go into deep despair and withdrawal (Black, 1993). Poor coping can present itself in symptoms of depression, and numerous psychosomatic complaints (Black, 1993; Blount, Curry, & Lubin, 1992).

Military separation entails three stages: preparation, survival, and reunion (Blount et al., 1992). During preparation, anticipatory grief in the form of shock or denial may be present. Anger and guilt related to the anger is another reaction. Depression and loneliness might set in after the soldier is gone. Increased tension, crying, and insomnia could present itself during this phase. Roles are altered and family members, such as spouses and children, might not know how they fit into the equation. It has been reported that family members think about the soldier constantly and worry about his or her safety (Faber et al., 2008). The biggest stressor is the unknown and whether or not

the soldier is alive, dead, or injured. Family members worry about the location of the soldier, what they might be doing, and when they would be able to come home. Communication with the soldier is limited, and watching war reports on the news can increase the stress that the family feels (Faber et al.). Reunions can also be stressful. Even though family members are happy that the soldier has returned, roles regarding household decisions need to be adjusted to include the returned member. The knowledgeable clinician is in a position to provide anticipatory guidance regarding coping with the stresses of military deployments, to screen for maladaptive coping, and to make referrals as needed (Stafford & Grady, 2003).

Limited studies have been completed related to deployed soldiers' families, and none specifically from the perspective of the mother of the soldier (Dirkzwager, Bramsen, Ader, & van der Ploeg, 2005; Faber et al., 2008; Kelley et al., 2001; Jensen, Martin, & Watanabe, 1996; Nelson-Goff, Crow, Reisbig, & Hamilton, 2007; Solomon et al., 1992). Most of the literature examines the family from the perspective of the spouse and children (Dirkzwager et al.; Faber et al.; Jensen et al.; Kelley, 1994; Nelson-Goff et al.; Solomon et al.). The current study will be significant in that the results may add to the body of knowledge needed to effectively assess and treat the potential stress-related reactions of mothers of soldiers deployed to a war zone. The results may also indicate if there are differences in the experience as a mother of a soldier deployed to a war zone, as opposed to being the spouse or child.

Significance to Nursing

During the last 15 years, the deployment of troops to different global hot spots, whether as combatants or as peacekeepers, has steadily increased (Fals-Stewart &

Kelley, 2005). There are no signs that this will be decreasing in the foreseeable future. It is known that military deployments are stressful for family members, such as spouses and children, and can present as depression and increased medical complaints (Jensen et al., 1996; Stafford & Grady, 2003). With the number of ongoing military and peacekeeping operations under way, an increasing number of family members will have to deal with stressors of the deployment and adjustment problems following deployment (Dirkzwager et al. 2005).

The goal of nursing is to provide support to the families of deployed soldiers. The primary care advanced practice nurse (APN) is in a significant position to identify and anticipate the stages related to deployment. If coping mechanisms are recognized as maladaptive, appropriate interventions can be initiated. By understanding how military separation can affect mothers of soldiers, providers are in a better place to care for them. The information from this study can be used to assist the health care provider in recognizing the need for and in developing individual care plans to meet the needs of mothers of soldiers deployed to a war zone.

Problem Statement

There is limited literature on military deployment from the mother's perspective. Most of the existing literature is written from the perspective of the spouse or the children. There are also studies devoted to the soldiers themselves. Studies on military deployment demonstrate that there is a correlation between the deployment and family dysfunction. Children and spouse reactions can include depression, somatization, and changes in family dynamics. Secondary traumatic stress can be experienced by family members caring for soldiers traumatized by war. The few studies that have included

parents have not demonstrated the same level of dysfunction, although, sleep problems and more somatic complaints were reported. This may be related to the fact that most of the time the deployed soldier is not currently living with the parents. The mother of the soldier does display a higher level of dysfunction when compared with the father. Further research is needed to fully describe the experience of mothers of soldiers deployed to a war zone. An understanding of the lived experience from the mother's perspective can assist the health care provider develop a plan of care and assist the mother with coping.

Purpose

The purpose of this study was to describe the lived experience of having a soldier (son or daughter) deployed to a war zone from a mother's perspective. In addition, how a primary care APN can assist with the process of coping was explored.

Research Question

The study examined the following question: What is the lived experience of mothers of soldiers deployed to a war zone?

Definitions of Terms

Conceptual Definitions

Lived experience: "That which presents to the individual what is true or real in his or her life and gives meaning to each individual's perceptions of a particular phenomenon and is influenced by everything internal and external to the individual." (Streubert-Speziale & Carpenter, 2007, p. 77).

Mother: A female parent (Stein, 1982).

Soldier: A person who serves in an army (Stein, 1982).

Deployed: The assignment of military personnel to temporary, unaccompanied duty away from the permanent duty station (Stafford & Grady, 2003).

War zone: An area in which military combat takes place (The American Heritage Dictionary of the English Language, n.d.).

Operational Definitions

Lived experience: That which presents to the individual as true or real in her life and gives meaning of the phenomenon as described by the study participants.

Mother: A female parent of a soldier deployed to a war zone.

Soldier: Any male or female individual, 18 years of age or older, who serves in any branch of the United States military service.

Deployed: The assignment of military personnel, away from their permanent duty station to a temporary station, and away from family within the last three years.

War zone: An area in which military combat takes place. In this study deployment will be either to Iraq or Afghanistan.

Assumptions

1. Participants in this study will be honest and forthright in their answers.
2. Participants are mother of soldiers deployed to a war zone.
3. Open-ended questions will allow the participants to response in their own words in a narrative fashion.
4. Participants will understand and speak the English language.

Chapter Summary

Recent military deployments of troops to different war zones throughout the world have increased. These deployments are known to be stressful for families. Pre-, during, and post-deployment problems have been identified. The stress of military deployments can present in family members in the form of depression and multiple somatic complaints. Health care providers are in a significant position to assist with identification and management of symptoms related to military deployment. Very few studies have been done related to family coping during deployments and most have been aimed at spouses and children. There have not been any studies completed from the perspective of the mother. This investigator hopes that this research study will add to the knowledge base of the advanced nurse practitioner so that health care providers can be educated in the potential problems associated with having a family member deployed to a war zone. This chapter provided an introduction to the topic, the significance to nursing, and details on the problem, purpose, research question, and conceptual and operational definitions of the study.

CHAPTER II

THEORETICAL FRAMEWORK AND LITERATURE REVIEW

The purpose of this study was to describe the lived experience of having a soldier deployed to a war zone from a mother's perspective. In this chapter, a discussion of the theoretical framework and a review of the current literature are provided related to military deployment and family members' stress. Spiegelberg's (1975) philosophy of phenomenology was the theoretical framework for this study. A discussion of this approach and application to this study follows.

Theoretical Framework

Phenomenology is as much a way of thinking or perceiving as it is a method. The goal of phenomenology is to describe the lived experience (Streubert-Speziale & Carpenter, 2007). Spiegelberg (1975) defines phenomenology in the 20th century as:

Mainly the name for a philosophical movement whose primary objective is the direct investigation and description of phenomena as consciously experienced, without theories about their causal explanation and as free as possible from unexamined preconceptions and presuppositions (p. 70).

The six steps in phenomenology include descriptive, phenomenology of essences, phenomenology of appearances, constitutive phenomenology, reductive phenomenology, and hermeneutic phenomenology.

Initially there is a direct exploration, analysis, and description of the phenomena without presuppositions. Spiegelberg (1975) (as referenced in Streubert-Speziale & Carpenter, 2007) identified a three-step process for descriptive phenomenology.

1. Intuiting requires the researcher to be totally immersed in the phenomenon. The researcher avoids all criticism, evaluations, or opinion and pays strict attention to the phenomenon under investigation as it is being described. The researcher is an instrument in the interview process.
2. Analyzing involves identifying the essence of the phenomenon under investigation based on the data obtained and how the data are presented.
3. Describing is to communicate and bring to written and verbal description distinct, critical elements of the phenomenon based on a classification or grouping of the phenomenon.

Probing of the phenomena for typical structures, or essences, is the second step. The appearances refer to paying attention to the ways in which the phenomena appears, as in perspectives or modes of clarity. Constitutive phenomenology is studying the processes in which the phenomenon becomes established in our consciousness. Suspension of belief in the reality or validity of the phenomena is reductive in nature. The last step, hermeneutic phenomenology, is designed to unveil the otherwise concealed meanings in the phenomena. It is possible to adopt only some of the steps of phenomenology without using all of them. They are all aimed at giving a fuller and deeper grasp of the phenomena (Spiegelberg, 1975).

Spiegelberg's (1975) philosophy states that phenomenology in its descriptive stage can stimulate our perceptiveness for the richness of our experience in breadth and in depth:

That in its search for essences it can develop imaginativeness and the sense for both what is essential and what is accidental; that, in its attention to ways of appearance, it can heighten the sense for the inexhaustibility of the perspectives

through which our world is given; that, in its study of their constitution in consciousness, it can develop the sense for the dynamic adventure in our relationship with the world; that by suspending of existential judgment it can make us more aware of the precariousness of all out trans-subjective claims to knowledge, a ground for epistemological humility, and that in its hermeneutic phase it can keep us open for concealed meanings in the phenomena (p. 70).

Because phenomenological inquiry requires that the integrated whole be explored, it is a suitable method for the investigation of phenomena important to nursing practice, education, and administration. Investigation of phenomena important to nursing requires that researchers' study lived experience as it is presented in the everyday world of nursing practice (Streubert-Speziale & Carpenter, 2007). In this study the method fits well with the exploration of the lived experience of mothers of soldiers deployed to a war zone. The phenomenon has not been defined in previous studies. Exploration of this lived experience of mothers may provide health providers with information to help assess and treat patients who may not be coping well with their children's military deployment. By listening without preconceived ideas to the descriptions of having a soldier deployed to a war zone from a mother's perspective, we will obtain understanding and knowledge of the phenomena. Health care providers will be able to apply the knowledge obtained from this study in recognizing the potential needs of mothers of soldiers deployed to a war zone.

Case Study Application

A woman presents to her primary provider multiple times for vague complaints. She does not have any energy, is complaining of dull headaches and stomach pain.

There is no joy in her life and she constantly feels stressed. All of the diagnostic tests are negative for pathology. The woman is clearly depressed, and in talking with her, the provider finds out that she has a son in the military and currently deployed to Afghanistan. There has been an escalation of violence in the area where her son is stationed. Communication between the woman and her son is limited, and her main source of information comes from the newspaper and television.

The health care provider recognizes the symptoms of stress and relates them to the deployment of her son, or military induced separation. Her health care provider is able to suggest coping mechanisms, refer her to military support groups in the area, as well as refer her for further mental health treatment.

This case study emphasizes the lived experience as perceived by the person experiencing it. People may experience a situation in different ways based on their perception of the phenomena. Reality is in the eye of the beholder. Stress and maladaptive coping are the themes presented in the case study. By recognizing the stress to family members involved with a military deployment, the health care provider is able to develop an individual plan of care to assist the woman with coping. The philosophy of phenomenology is appropriate for use with this qualitative research study as it allows for the phenomena to be described by the person experiencing it.

Review of Literature

There is limited literature on military deployment from the mother's perspective. This review provides an analysis of studies on military deployment and its effect on the family.

Military-Induced Separations and Family Response

Available literature is limited and dated regarding military induced separations and family response. Specific problems have been identified depending on which stage of separation the family is experiencing.

Black (1993) completed an extensive review of the military-induced family separation literature covering World War II (1941-1946), the Vietnam War, and peacetime military deployments. The article also relies on an extensive study completed on the demographics and attitudes of spouses of the active duty military force when a sample of more than 41,000 military spouses responded to a detailed questionnaire. A similar comprehensive study was conducted when a questionnaire was mailed to a sample of 33,000 spouses of National Guard and reserve members. Concepts from family stress theory were used to develop practice guidelines to assist social workers in designing interventions to help military families cope with family separation.

Based on the work of Hill's (1949) landmark study of military-induced separations during World War II, Black (1993) described the roller-coaster pattern of family adjustment. The family initially goes into a state of crisis, then reorganizes and goes into a state of recovery. The family finally settles into a new level of reorganization either above, below, or on the same planes as its previous level of stress adaptability (Black).

Practice guidelines were based on the literature review, on the demographic and attitudinal characteristics of spouses of active-duty and National Guard and reserve forces of the U.S. military, and on major concepts from the family stress theory. The guidelines state that support groups should be the foundation of any intervention to help spouses. Support groups led by families that have coped well with separation may help with adjustment. Targeting young families that may need more assistance, focusing on

children, combating social isolation, managing the anticipated grief reaction, and planning for the family's reunion were highlighted as practice guidelines to assist with coping mechanisms. Although this article is dated, the information may be relevant to our current military situation.

Blount et al. (1992) defined three stages of military deployment as pre-deployment, survival, and reunion. Children may feel responsible for the deployed parent's absence and can experience fear that the other parent may also leave, and that no one will care for the child. A relaxed structure may lead to feelings in the remaining parent that they may not be able to provide for the child. Increased responsibility of the remaining parent may lead to decreased available time to spend with the children. Normal fears of monsters, ghosts, and other fantasies may be exaggerated by separation from a parent. These fears can be reinforced with watching war news on the television. Children may present with separation anxiety, social phobia, or regression.

Remaining spouses must fill a new role of single parent and must make decisions normally made as a couple. Dealing with everyday things like mechanical repairs, financial matters, and household duties are assumed by the remaining parent. This might involve learning new skills. During separation, adults most often present with symptoms of depression. They may also present with complaints of anger, intolerance of their children, fears for their deployed spouse, or even fears of infidelity.

The health care providers should be aware of the problems separation brings, the manifestations of these problems, and the techniques that are useful in helping separated families (Blount et al., 1992). Prevention, according to Blount et al., is best sought through family support groups.

Providers should be certain to ask about increased use of drugs, such as alcohol or nicotine, as a new or renewed habit may be the stress outlet an adult employs. During pre-deployment preparation survival, health care providers should look for depressed or irritable mood, eating and sleeping disturbances, hopelessness, fatigue, lowered self-esteem, and helplessness. Health care providers should encourage families to talk about their feeling and refer, if needed (Blount et al., 1992).

During reunion, families need to discuss expectations and roles. They may need time to renegotiate their new relationship. Health care providers can facilitate this process, and families may need to be reminded to give each other some time to get reacquainted and time to learn the new roles and perspectives acquired while apart.

Faber, Willerton, Clymer, MacDermid, and Weiss (2008) completed a qualitative descriptive study on boundary ambiguity in military reserve families over time. A sample of 34 reservists, spouses, and parents was interviewed seven times within the first year of the reservists' return from Iraq. Attrition rates were moderate, with 26 of 34 individuals participating in three or more of the interviews. Of the 16 reservists in the study, 6 completed all seven interviews, and 7 of the 18 family members completed all seven interviews. The research questions were: (a) What is the longitudinal course of ambiguous loss for military families in the reserve component? and (b) how and with what results do military families in the reserve component cope with ambiguous loss over time?

Faber et al. (2008) used Boss' (2002) concept of ambiguous loss as the model for their study. There are two types of ambiguous loss: ambiguous absence and ambiguous presence. Ambiguous absence occurs when a person is perceived by his or her family members as being physically absent but psychologically present. Ambiguous

presence occurs when a family member is perceived as being physically present but psychologically absent. Faber et al. (2008) found that ambiguous absence lasted throughout deployment and was characterized by the reservist's psychological presence but physical absence. The major themes revealed boundary ambiguity around safety, redistribution of roles and responsibilities, and rejoining the family. At reunion, ambiguous presence was present. The major themes revealed boundary ambiguity around the resumption of roles and responsibilities at home and at work, relational communication and expectations, and the soldier-to-civilian transition.

Faber et al. (2008) included parents in the interviews and found that parents had lower levels of boundary ambiguity related to roles and responsibilities. They felt that the expectations in the adult child/parent relationship were different, and the fact that most parents were not living with their adult child was the reason for the difference. Gathering information and attending support groups provided some relief for families. Boundary ambiguity dissipated over time when families re-stabilized and a routine was established.

Kelly (1994) completed a descriptive correlation study in which she collected data from 61 mothers of school-age children and examined it before, during, and after military deployment of their husbands. Sixty-one mothers of children between 5 and 13 years of age living in southeastern Virginia whose husbands completed a 6- or 7-month Navy deployment during 1989-1991 completed three self-report instruments. The first was the Family Adaptability and Cohesion Evaluations Scales, which examines cohesion and adaptability in family functioning. The second measure, the Parenting Dimensions Inventory, assesses parental warmth, disciplinary practices and control, and parental structure. The mothers also completed the Child Behavior Checklist, which provides indications of children's internalizing and externalizing behavior.

Kelley (1994) found that patterns of family interaction and child behavior, rather than maternal behavior, may be most affected by work-related separation. Separation appears especially disruptive for families with early school-age children. Boys may have greater difficulty than girls. Family organization declined from pre-deployment to mid-deployment for women with younger children, but remained constant for families with older children. With respect to warmth, phase of deployment affected family cohesion. Togetherness was significantly higher at post-deployment. Both boys' behavior and girls' behavior was found to be improved with the fathers' return. Children whose fathers experienced a peacetime deployment evidenced slight behavioral difficulties prior to separation that decreased over time. Women with husbands deployed during the Persian Gulf War reported less ability to maintain nurturing and cohesive family environments.

Kelley's study (1994) supports the association between family and maternal behavior and dysfunction in children. Kelley concluded that it is important for adults to help children work through concerns and difficulties during parental absence. Stressful separations may necessitate additional support and intervention.

Jensen, Martin, & Watanabe (1996) compared children and families with and without a deployed soldier-parent prior to and during Operation Desert Storm. Three hundred eighty-three children and the remaining caretaking parent completed self and parent report instruments regarding child and family functioning and life stressors. Jensen et al. (1996) found that children and parents of deployed personnel experienced elevated self reported levels of depressions. Families of deployed personnel reported significantly more stressors compared with children and families of non-deployed

personnel. Boys and younger children appeared to be more vulnerable to deployment effects.

Families of soldiers that are deployed for military duty experience significant stress. Based on the previous literature review, the timing of stress can be divided into three stages: the time prior to deployment, the time during the deployment, and the return of the soldier to the family. Stress can be displayed with increased somatic complaints, depression, anger, and in the case of children, regression. The health care provider needs to be aware of the stressors brought on by military deployment to anticipate the needs of the patient. Family counseling is a recommended form of prevention of maladaptive coping.

Secondary Traumatic Stress in Families

Figley (1998) discussed the term secondary traumatic stress as “the natural consequent behaviors and emotions resulting from knowledge about a stressful event experienced by a significant other” (Dirkzwager et al., 2005, p. 217). This term has been used when discussing the stress that results from caring for, helping, or wanting to help a traumatized person. Figley describes this as a possible complication in family members caring for veterans with posttraumatic stress disorder (PTSD). All of the studies (Cook, Riggs, Thompson, Coyne, & Sheikh, 2004; Dirkzwager et al., 2005; Fals-Stewart, & Kelly, 2005; Solomon et al., 1992) have based their examinations on the marital or child relationship resulting from caring for, helping, or wanting to help a traumatized person.

Dirkzwager et al. (2005) examined whether signs of secondary traumatic stress reactions exist among family members of former peacekeepers (personnel who participated in military actions implemented by international organizations such as the

United Nations). They hypothesized that the whole family system can be affected when one member is traumatized. Parents and partners were included in this study. A total of 1,476 peacekeepers participated. Questionnaires on PTSD, somatic complaints, sleeping problems, and social support were completed by both partners and parents. The partners also completed a questionnaire on the quality of the marital relationship.

Analyses showed that mothers reported more PTSD symptoms, more sleeping problems, and more somatic problems than fathers of the peacekeepers; although, this was not significant in relation to the peacekeepers' PTSD symptom level. This means that the level of disability of the peacekeeper did not correlate with the amount of symptoms displayed by the parents. Partners whose peacekeepers showed posttraumatic stress symptoms reported significantly more PTSD symptoms themselves, more somatic problems, more sleeping problems, and more negative social support. They also judged the marital relationship as less favorable than did partners of peacekeepers without PTSD symptoms. The fact that many parents were not living with the peacekeeper at the time of the study might have contributed to the difference found between partners and parents.

The researchers recommended education regarding strengthening family coping and self-help coping skills. Dirkzwager et al. (2005) stated that clinicians should be alert, since supporting and caring for a traumatized person may drain the resources of the partner and may eventually lead to secondary traumatic stress reactions.

Fals-Stewart and Kelly (2005) examined the above study by Dirkzwager et al. (2005) to recommend further research directions: (a) identify the characteristics of individuals, couples, and family members that may be predictive of vulnerability and resiliency to PTSD; (b) understand the interrelationship of PTSD and secondary trauma,

relationship adjustment, and social support; and (c) develop and test intervention methods that may be effective in reducing PTSD and other psychosocial problems among peacekeepers, their partners, and other family members.

Solomon et al. (1992) examined the implications of combat-induced psychopathology, wartime combat stress reaction (CSR), and PTSD in a sample of 205 wives of Israeli combat veterans of the 1982 Lebanon war. They developed an observational study in which questionnaires were administered to 120 wives of Israeli combat veterans who were diagnosed as suffering from CSR, and 85 wives of soldiers who were not diagnosed or treated for CSR during the war. The wives' perceptions of their husbands' PTSD, somatic complaints, family environment, dyadic adjustment, loneliness, and social support were measured using questionnaires. The wives' perceptions of their husbands' PTSD were assessed using a 13-item inventory adapted from the self-report PTSD Inventory used to assess these veterans in previous studies (Solomon et al. 1987). Somatic complaints were assessed using a self-report questionnaire and asking questions regarding allergies, hypertension, ulcers, digestive problems, heart disease, chest pain, diabetes, stroke, or back pain during the previous year. Family environment was assessed by the Moos and Moos (1981) Family Environment Scale (FES). Wives' perceptions of their marital interaction were assessed by the Dyadic Adjustment Scale (DAS) (Spanier, 1976). Loneliness was assessed by the revised UCLA Loneliness Scale (Russell, Peplau, and Cutrona, 1980). Social support was measured by a social support questionnaire devised by the authors and based on Mueller's (1978) Social Network Inventory.

The results indicated that clinicians' wartime diagnoses of CSR and wives' perceptions of PTSD in combat veterans are associated with a range of problems for

wives. Psychiatric symptoms, as well as more somatization, depression, obsessive-compulsive problems, anxiety, paranoid ideation, interpersonal sensitivity, hostility, and somatic complaints were associated among wives of soldiers diagnosed with PTSD (Solomon et al., 1992). This was an early study of secondary traumatization, and the authors recommend that any treatment regarding military veterans should include the family system.

Cook et al. (2004) examined the association of PTSD with the quality of intimate relationships among present-day World War II ex-prisoners of war (POWs). Cook (2004) gathered data as part of a cross-sectional investigation conducted in two phases – an initial screening survey of all ex-POWs and a follow-up questionnaire of ex-POWs with current partners. One hundred twenty-five ex-POWs in a relationship, with PTSD, were compared with 206 ex-POWs in a relationship that did not have PTSD. The researchers found that ex-POWs with PTSD were 3 times more likely to score in the marital distressed range than were ex-POWs without PTSD. They experienced more problems on every measure of intimate functioning. Cook et al. (2004) found that even more than 50 years after their captivity, over one third of the men met criteria for PTSD related to captivity and symptoms, particularly emotional numbing; and these symptoms are related to problems in intimate relationships. The researchers noted that their lack of data from wives in their study was a shortcoming, as they were not able to give attention to unique aspects of the wives' perspectives, such as spouse burden or personal adjustment problems tied to their husbands' symptoms.

Chapter Summary

Studies on military deployment demonstrate that there is a correlation between deployment and family dysfunction. Children and spouse reactions can include depression, somatization, and changes in family dynamics. Secondary traumatic stress can be experienced by family members caring for soldiers traumatized by war. The few studies that have included parents have not demonstrated the same level of dysfunction, although sleep problems and more somatic complaints were reported. This might be related to the fact that most of the time the deployed soldier is not currently living with his/her parents. The mother of the soldier does display a higher level of dysfunction when compared with the father. Further research is needed to fully describe the experience of mothers' of soldiers' deployed to a war zone.

Spiegelberg's philosophy of phenomenology was used to examine the experience of being the mother of a soldier deployed to a war zone. The review of literature is limited in how military deployment affects family relationships. Most of the literature is centered around marital and child relationships. There are no studies that examine the phenomena from the perspective of the mother.

In this chapter, the framework and review of literature were presented. In the following chapter, the methodology of the study will be presented.

CHAPTER III

METHODOLOGY

Introduction

The purpose of this study was to describe the lived experience of mothers of soldiers deployed to a war zone. In this chapter the study design, population, sample, setting, data collection procedures, and data analysis will be discussed. Anticipated limitations of the methodology will also be addressed.

Research Design

This study used a qualitative, descriptive phenomenological approach to explore the question: What is the lived experience of mothers of soldiers deployed to a war zone? Phenomenology is a rigorous, critical, systematic method of investigation and is a recognized qualitative research approach applicable to the study of phenomena important to the discipline of nursing (Streubert-Speziale & Carpenter, 2007). Phenomenology is as much a way of thinking or perceiving as it is a method. The goal of phenomenology is to describe lived experience.

Descriptive phenomenology involves “direct exploration, analysis, and description of particular phenomena, as free as possible from unexamined presuppositions, aiming at maximum intuitive presentation” (Spiegelberg, 1975, p.57).

Population, Sample, and Setting

The target population was mothers of soldiers deployed to a war zone, from the Midwest. Convenience and purposive sampling was used to select individuals for study

participation based on their knowledge of the phenomenon. Snowballing was used, as people became aware of the study through the internet and were then informed of the study. Data saturation was met early in the research and was reinforced with subsequent interviews. The sample size was nine women.

Inclusion criteria for participation in this study was: (a) A mother of a soldier deployed to a war zone within the past 3 years; (b) able to speak, read, and understand the English language; and (c) agreeable to participate in the study and have the interview audio taped. An exclusion criterion was if the soldier deployed to a war zone was no longer living.

The setting was a small Midwest City with the location of the interview to be chosen by the participant. The investigator completed all of the interviews.

Data Collection Instrument

In qualitative studies, the primary method of collecting data is through self-report, by interviewing study participants (Polit & Beck, 2008). The researcher was the instrument in this study. Researchers conducting phenomenological studies use themselves to collect rich descriptions of human experiences and to develop relationships in which intensive interviews are conducted with a small number of people (Polit & Beck). Each mother was asked to participate in an unstructured interview and respond to several open-ended questions to initiate discussion (Appendix A). Open-ended interviewing allows researchers to follow participants' lead, to ask clarifying questions, and to facilitate the expression of participants' lived experience. The interviews ended when the participants believed that they had exhausted their descriptions. It was anticipated that the interviews would take approximately 1 hour.

A demographic questionnaire (Appendix B) was used to describe the characteristics of the sample. This was administered prior to the formal interview. Questions included in this tool were related to the mother's and soldier's age, marital status of both, other family members still living with the participant, where the soldier is deployed, length of time deployed, anticipated return date, length of time the soldier has been in the military, religion and educational level.

Data Collection Procedure

Protection of Human Participants

Prior to data collection, approval was requested from the University of Wisconsin Oshkosh Institutional Review Board (IRB) for Protection of Human Participants. Written consent was obtained from each participant prior to data collection. Privacy and confidentiality were maintained at all times. Confidentiality was maintained by coding the questionnaires. Consent for audio taping was obtained. Permission to use direct quotes was obtained. Participants were informed prior to obtaining data, and reminded throughout data collection, that they have the right to withdraw from the research study at any time. If the participant became emotional during the interview, the interview was interrupted and the participant was allowed to decide whether to continue. Due to the emotional content of the subject, if needed, participants were given a detailed handout with names and phone numbers of counselors available in the area. There was also emergency contact numbers included. Also, if needed, a follow-up call from the researcher to the participant would have been made within 48 hours after the interview to assess the emotional state of the participant.

Procedures for Data Collection

A convenience and purposive sample of nine mothers (of soldiers deployed to a war zone) were solicited and verbally asked by the researcher to participate in the study. The sample was recruited by placing a notice on the web bulletin board of the local military family support group. Snowballing from the original sample occurred when participants made other mothers aware of the study and they then contacted the researcher to participate. An explanation of the study was given to each of the individuals prior to conducting the study so the mother could make the decision whether to participate or not participate.

The interviews were scheduled at a time and place that was convenient to the participants. At the time of the interview, the purpose of the study was clarified, questions answered, and participants' written consent was obtained. The demographic questionnaire was completed prior to the formal interview. Privacy and confidentiality were maintained at all times. Coding was utilized in place of participant names on the audiotapes and demographic questionnaires. All data were stored in the researcher's home in a secure location. The interviews were audio taped and all audiotapes were destroyed upon completion of the study. Throughout the study, participants were reminded that they could withdraw at any time and for any reason.

Data Analysis

This study was a qualitative design and the data obtained from the interviews was analyzed using Giorgi's (1985) method of analysis. The basic outcome is the description of the meaning of an experience, often through the identification of essential themes. Giorgi's analysis to validate results relies solely on researchers (Polit & Beck,

2008). The steps in Giorgi's method (Streubert-Speziale & Carpenter, 2007) are as follows:

1. Read the entire description of the experience to get a sense of the whole.
2. Reread the description.
3. Identify the transition units of the experience.
4. Clarify and elaborate the meaning by relating constituents to each other and to the whole.
5. Reflect on the constituents in the concrete language of the participant.
6. Transform concrete language into the language of concepts of science.
7. Integrate and synthesize the insight into a descriptive structure of the meaning of the experience.

Trustworthiness was reinforced by bracketing prior knowledge of the topic. This researcher asked select participants if the description of the phenomenon reflected the participant's experiences. An audit trail was kept to establish authenticity and trustworthiness of the data.

Limitations

1. The sample size was small and limited to one geographical area. This may have limited the generalizability of findings.
2. The researcher does have intimate knowledge of the lived experience studied, and this might have lead to bias. Rigorous bracketing was utilized in the analysis by reading only the responses without g personal interpretations or inferences.

The inexperience of the researcher could introduce researcher bias when respondents and interviewers interact as humans, and this interaction can affect responses (Polit & Beck, 2008, p. 424).

Chapter Summary

In Chapter III, a description of the design of the study, the sample, the setting, and the methods for data collection were discussed. Protection of human participants and methods for data analysis were also described. This study used a qualitative, descriptive phenomenological approach to examine the lived experience of mothers of soldiers deployed to a war zone.

CHAPTER IV

FINDINGS AND DISCUSSION

Introduction

The purpose of this research was to describe the lived experience of being the mother of a soldier deployed to a war zone. How the women coped with their child's deployment and what an advanced practice nurse can do to assist this process was also explored. In this chapter, results of the data analysis are presented through demographic profiles of the participants and results of the interviews.

Sample Descriptions and Demographics

Data were collected by the researcher via audio taped, face-to-face interviews with study participants ($N=9$) during January 2009. All of the participants who contacted the researcher consented participate in the study. Potential participants for the study were obtained when they responded to an announcement placed on the website of the local family military support group by the person who was in charge. The researcher also placed an announcement describing the study on the web bulletin board at a local clinic. Snowballing occurred when employees referred family members to contact the researcher regarding the study. All participants contacted the researcher via phone or email to request participation.

The sample in this study consisted of mothers of soldiers who were currently or had recently been deployed to either Iraq or Afghanistan. Participants ranged in age from 39 to 58 years, with a median age of 48.

The ages of the soldiers ranged from 20 to 28, with the median age of 24. Two of the participants had two soldiers deployed to a war zone and seven had one. The length of deployment ranged from 6 to 15 months, with a median deployment of 9 months. Four of the soldiers had been deployed twice and two of the soldiers were currently deployed.

Table 1

Mothers' Demographics

<i>n</i> = 9	
<i>Marital Status</i>	
Married	7
Divorced	1
Widowed	1
<i>Religion</i>	
Catholic	3
Lutheran	2
Baptist	1
Methodist	1
Evangelical	1
<i>Education</i>	
College Degree	6
Technical Degree	1
Some College	2
<i>Employment</i>	
Health Field	7
Education	1
Retail	1

Table 2

Soldiers' Demographics

<i>n</i> = 11	
<i>Marital Status</i>	
Married	3
Single	7
Divorced	1
<i>Number of Deployments</i>	
Twice	4
Once	7
<i>Gender</i>	
Male	10
Female	1
<i>Military Rank</i>	
Sergeant	5
Specialist	2
Lieutenant	1
Captain	1
Private First Class	1
Unsure	1

The Interview Process

Nine participants were interviewed, but only eight of the interviews were analyzed because of technical difficulty with one of the tapes. All of the interviews were completed at a place convenient for the participant. Most were interviewed at their place of employment. All participants agreed to be audio taped. Participants readily shared their stories and experiences with the researcher. Several of the participants became emotional as they recalled their experiences. Several also shared pictures and e-mails with the researcher. Each interview was conducted over a 30 minute to 1.5 hour period. The interviews were audio taped and transcribed verbatim. Minimal field notes were taken. Giorgi's (1985) phenomenological method was used for data analysis, as described.

Research Question

What is your experience of having your child deployed to a war zone? Three main themes emerged when participants were asked to describe their experiences of being the mother of a soldier deployed to a war zone: (a) waiting and watching, (b) always on my mind, and (c) mother's intuition and the mom version. Participants also shared their methods of coping with the separation and how an advanced practice nurse could assist with this process.

Findings and Discussion

Waiting and Watching

All of the mothers reported similar experiences regarding the importance of communication with the soldier and the timing of such communication. Unlike earlier

military deployments, communication was done with advanced technology, such as e-mail, webcams, and cellular phones. Regular phone service is not as reliable. The wait to use a phone, frequent disconnections, and the time difference were reasons given against standard phone service. All of the mothers reported avoiding watching or listening to news reports regarding the war. They expressed frustration at how the media put a negative spin on the work being done by U. S. military. One participant reports:

He does try to keep in touch with us, which is kind of nice. My father was in the military prior to me being born and you heard stories about – “I didn’t hear from him, you couldn’t write, you couldn’t call.” So, with the internet it’s nice, at least I heard from him now. That’s how we do most of our communication.

She also stated, “We will be talking and get disconnected. A 20-minute conversation will be disconnected a dozen times or so.”

Another participant reinforced the above statement with:

He has tried to call me several times.....the Iraqis control the phone lines, so it has been real hit and miss. He’s had one tour in Kuwait, and he said the phone lines could be 3 hours long. When he got up there, the card didn’t work. His buddy loaned him one and he only had 2 minutes left on it, so once all the connections would have been through there wouldn’t have been any time left. I said you know that’s fine, just email me and let me know. Once he reached Mosul, where he is based now, it was little bit better, but of course, they are 12 hours ahead of us, so that timing is difficult.

Several participants reported that no news is good news, and yet if they didn’t hear from the soldier within a certain time frame they had set in their mind, they began to

worry. As stated by one participant, “No news is good news. You kind of waited and watched, but you reminded yourself that no news is good news.” Another reported, “You just assume that no news is good news, he’s doing okay. He can always email...thank goodness for emails, because at least you get some kind of response.” That same mother stated:

You hold on to, like I said, his emails. You just cling to those. Until you get one. Even if it is two words saying, “Busy, I’ll write when I can.” That would be just like the best news you can hear. And it will get you through to the next one. You would do okay with it then.

Timing of communication was reported by several mothers. One participant reported, “You know if it got to the 2-week point and we weren’t hearing from him, we would get concerned. And then of course you...would get that quick one, I’m fine, I’ll write when I can. You do okay with that.” Another said, “I would hear from him at least once a week. If I didn’t hear from him, then I would get very concerned and I would call my daughter-in-law.” She also reported a time when her son was traveling and did not have access to email, “That was very difficult because we couldn’t hear from him. Then he didn’t have email access. So, you just would check your email every night, just waiting and waiting to see if they made it there safely.” Another participant reported that she was able to speak with her daughter on a weekly basis, “...and sometimes a couple of times. And when we didn’t hear from her, it really made you wonder what was going on.” Another participant stated, “If it’s been a week and I haven’t heard from him, then I would probably lose some sleep over it.”

Cellular telephones play a part in modern communication. Several of the participants reported carrying a phone with them at all times so they wouldn't miss a call.

One participant reported:

He tried to call home every Sunday, but with the 9-hour time change, sometimes he'd catch us and we would be at church. Last week he called me on Sunday and I had my phone. I take it with me everywhere. I put it on vibrate. And he did catch me in the middle of church. I'm like, "Oh"...out of church...

Another participant reported the agony of missing a phone call:

And I had taken my phone with me everywhere and my home phone was always on. Never, ever. And the one time J. calls. In that, I bet it was only off 2 minutes. In those 2 minutes is when J. called and it was on caller ID and I missed his call...And then it was never off, because we just felt just terrible about missing that call. And then we, you know, the next one we didn't get for I don't know how long.

This participant utilized a cell phone and took the service one step further:

Well, we would write to him, and got a new service on our phone and cell phones, so that anytime he could try to call us at home, we would have the phone forwarded, and so I just, even if I was in meeting, I kind of apologized to people, and everybody was very wonderful. If he called from Iraq, I would just step out and catch those calls.

Modern media is frustrating to the mothers of the soldiers. Most avoided the war news and felt that it was sensationalized. One mother reported, "B. told me specifically, he said, do not listen to the news. He said they (the media) stretch the truth." The same person reported, "Yeah, or if I did hear something on the news, I would email him right

away and wait for an answer.” Another mother stated, “I think we selectively watched news shows. We tended to switch from serious news to the Daily Show more often.”

Another mother, whose son had been deployed more than once reported:

I started to last time because I wanted to be knowledgeable about what he’s doing and everything. And because the media is what it is, it’s out there to sell news and make money. A lot of those things he mentioned that were very positive never came up in the news. A lot of things that happen are really sensationalized. They are there to sell newspapers, websites, whatever; and it doesn’t help me to go to bed knowing that there were 60 people killed in Baghdad today and he’s right in the area. It just doesn’t do me any good.

Another participant supported the above statement by reporting:

That was one thing that was, we did not listen to the news here. We just shut off the news. And she called both of us one day at work, both of us, and said, “I just want you guys to know that I’m okay.” What happened? “We had bombing last night.” So, that was like - should we turn the news on, you know? But you get, the media blows everything out of, I think, proportion, and it wasn’t as bad as they were even saying. I’m glad we didn’t listen to the media; but like I said, she kind of kept us informed as much as she could.

In summary, this theme stressed the importance of communication in modern war times and, it can be a double-edged sword. On one hand, it was nice to have access to the soldier more frequently than in other wars; on the other hand, if the communication was not as regular, it created more stress. This war is fought in real time on television, on computers, and on phones. Mothers expected to have a quick link to soldiers, and when the access was not there, it created more stress for the mother.

Always on My Mind

Participants reported that the soldiers' deployment affected all of the aspects of their lives. Without consciously thinking about them, they were always on their mind. Sleeping was frequently affected. Family relationships, although also providing support, were stressed. Constant worry was frequently reported. In the U.S. current military situation, second or third deployments are not uncommon, and it was reported that it did not get any easier with subsequent deployments.

One participant reported, "This is my second experience with him being gone. They say it doesn't get any easier the second time, which is very true." Another reported extreme loss:

Naturally, one worries. I think it was probably easier the first deployment than the second, because my son got.....I lost my husband to cancer about 6 years ago, so that has an impact on how I am dealing with everything now. My youngest son just went away to college this fall, too. So that's what makes this one different than the previous. It's that empty nest.

One participant reported sleeplessness was a common complaint, as with previous research (Dirkzwager et al., 2005), "Sleeplessness would be the main thing. I wake up earlier. If it's been a week and I haven't heard from him, then I would probably lose some sleep over it." Another participant reported, "I haven't been able to sleep for quite some time." She also states:

I think it's just that constant fear that hangs over your head. Something happening to them. But I don't even think that you are aware of all the thoughts that go on, but that strain is the only way I can see that it is showing itself on my physically... I am tired and worn down. I think when they first leave; I probably

don't eat as much because I have that knot in my stomach when they first leave. But I adjust to it, and you relax a little bit. You don't ever get used to them being there, but you just get back to your routine.

A participant reported:

And I asked this parent, I said, "You know, how did I seem last year? Did I seem kind of moody?" And she said, "No, but you always walked around with this worry, you just had a worried look on your face all the time." And I said, "I hope I didn't come off to people like, you know." I said, "I didn't even know I was doing it." And she goes, "No, I knew." She said, "You just always looked worried and stressed, but I can see the difference this year."

She also reported:

You, kind of, don't really have a lot of people in this type of situation, unless they're in it or been in it and can relate. They just don't know the constant worry, constantly, that any second your soldier could be dead or paralyzed or something. And, you know it just takes over your mind almost, but you try to just get through everyday.

Several participants described anticipatory grief when experiencing normal activities but imagining the worst. One participant reported:

At first, you try to tell yourself you are not going to dwell on it. It is the little things you learn to adjust to. Like one of the first things, after they leave, and then it is when you get that phone call that comes up 'unknown number' and I don't care, you know, even at the end of the second deployment, you tell yourself, don't overreact, but in the back of your mind, you always wonder, is this the call. Or if a strange vehicle pulls into the driveway, is that the car with the people telling me

what I don't want to hear? You try to push that aside, don't overreact, but it's always there, it's always there.

The same participant reported,

There were days, and I could tell it was weighing on my mind more, and then of course that is going to affect my productivity at work, how I deal with things emotionally at home, and like I said, you think you are dealing with it, but sometimes it is the little things, when you kind of think, wow, where did that come from?

She also reported,

It's the little things. Like I remember, the first time you are kind of naïve, you're like, just make sure he comes home, just bring him back home to me. Then you learn real quick that you say, please bring him home alive, you put that little twist on.

Another participant confirmed these statements:

And I can say one thing, whenever I would see somebody in uniform, because that's how they would contact you, you always think of the positive - she's coming home, she's coming home - but in the back of your mind, it's like - wow, this could be...when we left her at the airport...And you do, you do worry. Like I said when I seen somebody in the military, my stomach, honestly, I felt like I could throw up because I didn't know what they...especially when they are coming to you and all they want is a prescription filled (laughs).

Another reported, "I think you probably go through depression, yeah. You know, probably a little bit withdrawal. And just times when you just cry."

Several participants reported the resolution of symptoms when the soldier returned home from the deployment. “But I can just feel the load off this year. I just feel so much better now.” “And since B.’s been home, I’ve lost like 20 some pounds. I lost what I gained when she was gone. And that sounds really silly, but I feel like it’s a load lifted off of our shoulders. It’s a happy space again.” Another mother reported,

So, you enter a whole different stage of the mom of soldier, you know, a whole different stage. And I think that’s maybe one message I would like to share is that you do go through stages, and when you are in those really tough stages, to think beyond a little bit, you know.

In summary, even though mothers return to their routines of daily living after their child is deployed, they are never far from their minds. Sleeplessness, mood changes, worry, and fear are constant reminders of the deployment. Previous research has shown this to be true with spouses and children. This research suggests that mothers experience the same symptoms.

Mother’s Intuition—The Mom Version

All of the participants reported they never stopped being a mother and needed to try and help their children return safely home. At the same time, the soldiers were trying to protect their mothers from worry. Many of the participants reported having a sense that what they were being told was not the whole story, and that created stress. They reported having a sense of pride, as well as fear.

Email only tells you so much, where when you hear the voice, you pick up on a tone, even if they say, “I’m okay.” it depends how they truly say that. Where in an email, you don’t always get that. So after that first deployment, you notice that. And I don’t think anyone going through that experience comes back the

same person. They're not the same person...There was sometimes when you were emailing you could tell when things were a little more difficult or stressful, you can hear it in him. You just...because of course...that's what you want for him, you just want him to get through it...You still wonder, and it doesn't matter how old they are, they are still your children, and you just wonder how they are doing emotionally with everything. When he would email and tell some things, I would always say, "Well is this the mom version you're giving me?" Because most of the time it is, they are giving you the mom version, because they don't want to worry you, and that is their big concern. And I could always tell when he was doing that.

Another mother told a story about a necklace that she shared with her son; each wore half of the necklace. Her other son also shared a necklace with his brother while he was deployed. Both of their necklaces broke on the same day, and that was the day they were able to speak with the deployed son and brother:

Very strange, because of our phone calls were very far and few in between. And I was worried sick that day, like, oh my God, don't they always say, but he's so close to coming home and now something happened...Okay, so then I'm talking to J., and now I knew that he was okay...I told him about the necklace...maybe he was on a mission, maybe he was close to something, and then something, you know what I mean, it didn't happen, maybe something didn't happen, something that was supposed to or a close call.

Another mother shared:

And the mother connection - the day he experienced the loss of friends, it was one of those IEDs that you hear about, and I was sitting at the computer that

morning, like we always did, writing that moto-mail email, and I just found myself writing the most concerned email I had written for a long time, you know, just talking about what was going on and my constant cognitive distance about the whole thing, you know, the war especially, you know. And you just have this connection with your kid. I just sent the email off and a few hours later he called, and it was like you feel that something wasn't right that day, you know. So, yeah, I had times when it was difficult.

Another participant reported the story about her son getting a minor injury:

I had talked to him that morning and he hadn't told me about it, but I had heard it from M. I said, "Well, how come you didn't tell me?" And he said, "Because I knew you would freak out, mom." (laughs) And it turned out okay.....So, I think there was a lot more that he saw, that he wasn't letting us know about. Because as a mom, you almost want to know everything, you know, you want them to be able to talk about it. But some things, you're just not able to talk about. So, that's when you have to pray, because as a mom, you can't be there to kiss all the hurts away, even though you want to.

All of the mothers expressed concern that their children would be changed forever by the experience.

She never came right out and said when she did it, but I kind of know when it happened, because it seemed like she turned real negative...you could tell she just turned into a different person, she got tougher. "Mom, all you can do is laugh about it at this time, because you know, yeah, I'm scared." She never did come right out and say she was scared, she never did. And they had to make out a will, you know, a 19-year-old kid making up her will. That was reality hitting too.

Another participant described the concern like this, “And they couldn’t trust anything. So that was very difficult, because you raise your kids to trust. Or when he came back, I was wondering if he would be the same.”

In summary, the need to protect is reinforced in this theme, and it is mutual between the mother and the soldier. There are connections reported between the mother and soldier that are intuitive and reciprocal.

Methods of Coping

Participants were also asked the sub question: How are you coping with the deployment of your son/daughter? Three main themes were: faith, family, and friends as the main support systems for these women. The military, although there are support systems in place, was not a big provider of support. This may be because most of the participants did not live near the base to which the soldier was assigned.

Faith

I just keep a positive attitude. I think you have to. You can't. I mean as a mother, a parent, you worry all the time, but I don't think you can live your life constantly worrying. I have to have confidence in him, he knows what he is doing, he's been trained, and God. Spiritually, I think if you are not spiritual in this, it's got to be tough. Because every night, we pray that he will be safe. And so far (knocks on wood).

“And from our church, there is approximately 23 to 24 people that have been activated or in the military, so we have a strong support group that way as a church.” “I read a lot, both fiction and spiritual things to keep things in perspective.” “My faith is very important through it.” “And going to church was a big comfort. That was peaceful.

That was probably...my biggest other comfort was going to church and teaching, that's my job and I love it so." "It was a helpless situation. I just had to say, this is a situation where you just have to say lots and lots of prayers because there's nothing you can do."

One of the participants reported the experience as the stages of grieving and adjusting.

I think you go through stages. Thinking beyond the moment, you know, and saying to myself, "Okay, 10 years from now and looking back, how do I want to remember navigating this with my son?" You know, his decision?

Family

I have a husband, two daughters, and a grandson that lives with us. We all keep in touch with one another. If my son emails me, then I will forward it to everyone else. Everyone knows what's going on."

Another participant reported:

My younger son is a positive attitude person. If am worried about him, haven't seen him or heard anything from him in a long time, I just ask him if he has heard anything from J. "Oh, I did the other day." "Why didn't you tell me?" ...these things go back and forth that are totally meaningless, but it's kind of a brother bonding thing. And I guess that's one of my greatest gifts is that they are so close to each other.

Another mother reported:

When he left for Afghanistan this time, he was deployed out of North Carolina. So my daughters, my husband, my grandson, and I all went down there, and spent a week with him prior to him being shipped out. And it was nice because we were able to meet some of the other people he is going to be there with and

some of their families. And it's just like a big, even though you have your little family, it's just like one big family. Everyone supports each other.

In essence, family can provide support for mothers of soldiers deployed to a war zone. Dysfunctional family dynamics have also been reported; although, this was not the case in the majority of this research.

Friends

Friends can provide a social outlet and support to mothers of soldiers deployed to a war zone. Mothers reported having friends to discuss the deployment with was helpful. Several mothers have connected with other mothers of deployed soldiers. There is a mutual connection in this type of relationship. One mother reported:

I have a lot of friends that are supportive and think that's who is the most helpful with talking about their absence. Other parents, I have two other co-workers who have either their sons deployed or they are still in the military. So that's very helpful.

Just going out to be social and take their mind off of the deployment was reported: "I have good friends. Twice a week we go out. Another mother searched out friends to fill the needs she was experiencing,

I found that both my husband and I tended to seek out support, you know, kind of connecting with a whole niche of people who we hadn't connected with in the past, who were experiencing the same thing or had been through it in the past... We used the parents' website the Marine Corps had, and got to know a few of the other parents - one in particular set of parents of one of the Marines our son was deployed with both times... You kind of develop this whole underground network, you know, whose kids were in the Marine Corps, as well... But I did feel

a huge connection to mothers, parents, you know, actually on both sides of the war.

Pride in the soldier was evident in the mothers' statements and one mother reported:

I'm so glad people aren't like they were for the Vietnam War, because even for the Vietnam War, those soldiers never asked to be there. So, but, when he came home, it felt so good to have people care and be proud of them.

As it was reported in the literature review, having a support group is beneficial in preventing maladaptive coping patterns. This research suggests that friends and family are an important support system for mothers of soldiers deployed to a war zone.

How an Advanced Practice Nurse Can Help

All of the participants had suggestions regarding this question. The main themes in this category were being aware and recognizing.

Being aware refers to not only being aware that the mother is experiencing the loss of the soldier through deployment but also being aware of what is available for support. One mother reported, "Knowing the stress in your life can affect so many other things. I guess I would say being sympathetic, open minded, and allow that person to talk, to vent some of that."

Another mother reinforces this by reporting,

I just think being aware of the stress level. I think that is the best way to do it.

When people come in, it is a stress level wearing on your body, causing the illness. It's not psychological. The sleep might be, but it's still nice to know you can go in, the provider will listen, and supply support.

One participant was having a very hard time with the process and went to see her provider with abdominal pain:

I started having really bad pains while J. was gone. As it turned out, I ended up getting an ulcer. And I remember that doctor. And I told him, I was honest with him, and I told him that my son was in Iraq...and I said I had drank, you know, and maybe it was something...the on doctor was just kind, and said, oh, you know, that was really nice of your son. You know, just a nice word, you know. Maybe, seriously, you know, and maybe just take time...Counseling wouldn't hurt.

Several participants stressed the importance for providers to recognize that everyone copes differently and "...there are advantages to taking care of yourself and there's, you know, advantages to giving yourself permission to do it the way that is right for you."

Recognizing

Acknowledgement of the sacrifice that the soldier is making for their country is also important to mothers, "Recognizing that they are serving their country...That means a great deal to me."

Several participants felt that it would be nice to have local support groups so they would not feel alone.

Like I said, in some sense having something where you feel you belong. I did feel in a sense alone, even though I knew there were how many other parents going through, but just because we didn't have that connection, we don't live close to the base...You could go and just listen to other people and just see what

they were doing or to get some ideas from them, different sources to help them cope with what's going on.

This theme suggests that advanced practice nurses can assist mothers of soldiers deployed to a war zone by taking a good social history, establishing support systems, and making themselves aware of what is going on in the lives of their patients. Stress can affect people in different ways and recognizing maladaptive coping patterns early to develop appropriate interventions may help ease the stress of the experience for mothers. As mentioned in previous literature, support groups are an important preventative measure in the support of military families. This research suggests that the same is true for mothers of soldiers deployed to a war zone.

Chapter Summary

The purpose of this study was to describe the lived experience of mothers of soldiers deployed to a war zone. How mothers cope and what an advanced practice nurse can do to help was also explored. A qualitative, descriptive phenomenological approach was used to explore the questions. Using Giorgi's method of analysis, data were examined for themes which described the experience of the participants to answer the question: What is the lived experience of mothers of soldiers deployed to a war zone.

Three main themes emerged: (a) waiting and watching, (b) always on my mind, and (c) mother's intuition / the mom version. Faith, family, and friends emerged as the main coping systems. Being aware and recognizing emerged as themes on how advanced practice nurses can help.

CHAPTER V

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Introduction

The purpose of this research was to describe the lived experience of mothers of soldiers deployed to a war zone. How they are coping and what an advanced practice nurse can do to assist was also explored. In this chapter, a summary of the results, conclusions, implications for nursing practice and recommendations for further study are provided.

Summary

For this qualitative study, nine mothers of soldier deployed to a war zone were interviewed, but only eight were analyzed due to technical difficulties with one of the tapes. The research question was: What is your experience of having your child deployed to a war zone? In addition, how these women coped and how an advanced practice nurse can help was explored. Interviews were audio taped and transcribed verbatim. Data were then examined for themes using Giorgi's method of analysis.

Data were collected by the researcher via face-to-face interviews with participants during January 2009 to answer the research question. The interviews were conducted over a 30-minute to 1.5 hour time period.

Participants also discussed how they coped with the deployment and how an advanced practice nurse can help. Open-ended questions included: (a) What is your experience of having your son/daughter deployed to a war zone? (b) How are you coping? and (c) How can an advanced practice nurse help? Giorgi's method of analysis

was used and included seven steps: (a) Read the entire description of the experience to get a sense of the whole. (b) Reread the description. (c) Identify the transition units of the experience. In this phase meanings, were assigned to the text. (d) Clarify and elaborate the meaning by relating constituents to each other and to the whole. The meaning of the text was then organized to provide a description of the experience and organizing like experiences. (e) Reflect on the constituents in the concrete language of the participant. (f) Transform concrete language into the language or concepts of science by applying a term to the experience. (g) Integrate and synthesize the insight into a descriptive structure of the meaning of the experience and organizing the data into themes. From the data analysis three main themes emerged: (a) waiting and watching, (b) always on my mind, and (c) mother's intuition/the mom version.

Waiting and watching explored the importance of communication with the soldier. Earlier wars depended on letters to communicate with soldiers. Email, webcams, and cell phones are the modern ways of communicating. This was described as both good and bad. Mothers appreciated having access to their children but were stressed if the communication did not occur on a regular basis. Mothers reported a distrust of the way media portrayed the war. They believed the media was not providing an accurate description of the good that is being accomplished by the United States military.

The second theme was *always on my mind*. In this category mothers reported that the soldiers' deployment affected everything in their lives. They had difficulties with sleep, work, and family relationships. Even though they thought they were coping well, until the soldier returned home, there was a weight on their shoulders.

The final theme was identified as, *mother's intuition/the mom version*. In this theme mothers reported that they will always be a mother and they felt the need to guide

their children through their deployments. They identified a deep connection with their children and could sense when something was not right. There is a mutual desire between the soldier and mother to try to spare the other from worry. The mom version is the half-truth that soldiers tell their mothers to spare them all the details of the war and deployment. All of the participants reported a mixture of pride and fear.

Methods of coping were also explored. *Faith, family, and friends* were the main coping mechanisms. Having people acknowledge the sacrifices that their children were making for their country was important, and knowing that people cared was identified as important. Spirituality, prayers, and having a sense of something bigger than themselves were reported to be comforting to the participants.

How an advanced practice nurse can help was explored. *Being aware* and *recognizing* were identified as themes. Being aware that the soldier's deployment affects everything in the mother's life was reported as being important. They may have trouble sleeping, become irritable, depressed, or develop maladaptive behaviors. The advanced practice nurse should be aware of the resources available to the mothers in the form of counseling or support groups.

Recognizing the sacrifice that their child is making for the U. S. and acknowledging that people cared were identified as being important to the mothers.

Spiegelberg's Philosophy of Phenomenology

Spiegelberg's (1975) philosophy of phenomenology was the theoretical framework for this study. The goal of phenomenology is to describe the lived experience (Streubert-Speziale & Carpenter, 2007). The six steps in phenomenology include descriptive, phenomenology of essences, phenomenology of appearances, constitutive

phenomenology, reductive phenomenology, and hermeneutic phenomenology. They are all aimed at giving a fuller and deeper grasp of the phenomena. This philosophy was appropriate for use in this study because by listening, without preconceived ideas to the descriptions from a mother's perspective of having their child deployed to a war zone, the researcher can obtain understanding and knowledge of the phenomena.

Conclusions

Several common themes seem to be evident throughout the interviews. Although generalizability is limited, the following conclusions may be drawn from the study:

1. Deployment of soldiers to a war zone does affect the mother, even if they no longer live in the same household. This can present itself in sleep disturbances, mood changes, depression, worry, and fear.
2. Faith, family, and friends are important coping mechanisms for the mother.
3. Health professionals can assist mothers to cope more effectively with the experience of deployment.

Implications for Nursing Practice and Education

With the current military situation continuing to be very active, it is likely that more mothers will be experiencing the deployment of their children. It is important to understand how a son's or daughter's deployment can affect mothers so that health care providers can develop a better understanding of the needs of this person. Health care providers need to ask questions to determine how to assist mothers in coping effectively. Establishing a therapeutic relationship with mothers will allow them to feel comfortable in

sharing their experiences so that the health care provider can guide them through the process of coping effectively. It is important to recognize that all mothers will not react the same way and that experiences are individual. The health care provider can educate mothers on effective coping methods, such as support groups and faith or family support systems. If maladaptive coping mechanisms are identified, as in the case of excessive alcohol or medication use or severe depressive symptoms, individual or family counseling may be indicated. Health care providers should be aware of the resources available to them in their practice so they are able to easily access them when needed.

Recommendations for Further Research

There is limited research on the effects of soldiers' deployment from the perspective of the mother. More studies are needed on this subject. Further studies are needed to improve the health care providers understanding of the experience so they can effectively guide mothers through coping with the experience. In our current global situation, it does not seem likely that military deployments will decrease in the near future. Increasing numbers of mothers will likely experience the deployment of their sons and daughters to a war zone. Knowledge of the effects of deployment will become more important. Studies are needed to:

1. Evaluate the experience of mothers in other areas of the country and in areas near large military bases.
2. Replicate this study with a larger sample size.
3. Explore coping methods in greater detail.

4. Explore the experience of deployment from a mothers' perspective in relation to the stages of grieving, as described by one mother.
5. Explore the resolution of stress in mothers after the return of the soldier and whether there are any lasting effects.

Chapter Summary

The purpose of this study was to describe the lived experience of mothers of soldiers deployed to a war zone. How they are coping and how an advanced practice nurse can assist with the process was also explored. In this chapter, the summary of the study findings, conclusion, implications for nursing practice, and recommendations for further research were provided.

APPENDIX A

Research Questions

Research Questions

What is the lived experience of being the Mother of a soldier deployed to a war zone?

1. What is your experience of being the mother of a soldier deployed to a war zone?
2. How are you coping?
3. How can and advanced practice nurse assist you with this process?

APPENDIX B
Demographic Questionnaire

Demographic Questionnaire

1. Age of mother _____
2. Soldier's age _____
3. Your marital status
 - A. Married _____
 - B. Single _____
 - C. Widowed _____
 - D. Divorced _____
4. Soldier's marital status
 - A. Married _____
 - B. Single _____
 - C. Widowed _____
 - D. Divorced _____
5. Soldier's gender _____
6. Soldier's rank _____
7. Number of family members still living in your home _____
8. Where was the soldier deployed _____
9. Length of deployment _____
10. If still deployed, when is the anticipated return date _____
11. Religious affiliation _____
12. Your education
 - A. Less than high school _____
 - B. High school graduate _____
 - C. Technical school _____
 - D. Some college _____
 - E. College graduate _____
 - F. Graduate school _____
13. Are you employed outside of home _____ Yes _____ No If Yes, please describe:

APPENDIX C

UW Oshkosh IRB Approval Letter



December 2, 2008

Ms. Kathy Kraus
9753 Riveredge Drive
Marshfield, WI 54449

Dear Ms. Kraus:

On behalf of the UW Oshkosh Institutional Review Board for Protection of Human Participants (IRB), I am pleased to inform you that your application has been approved for the following research: The Lived Experience of Mothers of Soldiers Deployed to a War Zone.

Your research has been categorized as NON-EXEMPT, which means it is subject to compliance with federal regulations and University policy regarding the use of human participants as described in the IRB application material. Your protocol is approved for a period of 12 months from the date of this letter. A new application must be submitted to continue this research beyond the period of approval. In addition, you must retain all records relating to this research for at least three years after the project's completion.

Please note that it is the principal investigator's responsibility to promptly report to the IRB Committee any changes in the research project, whether these changes occur prior to undertaking, or during the research. In addition, if harm or discomfort to anyone becomes apparent during the research, the principal investigator must contact the IRB Committee Chairperson. Harm or discomfort includes, but is not limited to, adverse reactions to psychology experiments, biologics, radioisotopes, labeled drugs, or to medical or other devices used. Please contact me if you have any questions (PH# 920/424-7172 or e-mail:rauscher@uwosh.edu).

Sincerely,

Dr. Frances Rauscher

IRB Chair

cc: Jaya Jambunathan
1478

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