

**Adolescents and Adaptation:  
The Experience Of Youth In Military Families  
Dealing With Parental Deployment.**

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By

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Abstract

This study examined the processes associated with bonadaptation and maladaptation among adolescents with a deployed military parent. Specifically, this inquiry explored general themes of adaptation as well as those that are associated with the phenomenon of ambiguous loss. To examine the data this qualitative study used the constant comparative as well as modified analytic induction. Focus groups of 107 adolescents ranging in age from 11 to 15 were used to find five high adjustment adolescents and five low adjustment adolescents. This study found that common themes from each group included parental deployment status and frequency; formal and informal supports; changes in discipline; coping and stress reduction; changes in living arrangements; and contact with the deployed parents. This study found that there were commonalities within the members of the group and differences between the two groups themselves. It was also discovered that both groups exhibited indicators of ambiguous loss but were at different ends of the adjustment continuum. This study attributes this difference to the utilization of formal and informal supports as well as positive meanings attached to the deployment due to perceived benefits of the parent being deployed.

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## CHAPTER 1: INTRODUCTION

### Problem and Setting

Early in an individual's life, as he or she make their way from a dependent child to an independent adult, predictability and certainty assist in making sense of the world (Howard & Medway, 2004). Human beings need a certain amount of predictability and stability, and when it is not available it often is difficult for them (Boss, 2004). This ambiguity involves unclear circumstances in which certain things are known but at the same time not known resulting in an inexact understanding. These two conflicting views are often difficult to make sense of and can result in stress and strain. As Dr. Pauline Boss (2002) describes "It [ambiguous loss] is a cognitive variable, meaning there is an absence of facts. One cannot begin to cope because one cannot understand what is happening" (p. 39). Such is the case with adolescents that are, through no fault of their own, placed in circumstances in which a parent is either physically or mentally absent. With increasing divorce rates (Popenoe & Whitehead, 2005), parental absence due to work (Zvonkovic, Solomon, Humble, & Manoogian, 2005), and increases in military deployment (Orthner & Rose, 2005), the population of adolescents experiencing uncertainty and potential loss also rises.

In the case of parental divorce, adolescents may be confused about who is in the family and who is not. They will likely also experience stress surrounding the general restructuring of the family when one of their parents is no longer physically present (Stewart, 2005). In the case of a parent having employment in which they are frequently absent, the adolescent may feel that the frequently-absent parent is present emotionally, but absent physically; again causing ambiguity (Zvonkovic et al., 2005).

When an adolescent's parent is called to serve in a location far from home, as is normally the case with military deployment, the parent may have frequent contact with the adolescent via phone, email or internet chat client. However, despite the frequent contact, adolescents are not assured that the parent is safe. This "unknowing" may cause ambiguity about the parent's mortality.

It is important to study the population of adolescent children of military parents, because they are experiencing the additional stress of ambiguity and uncertainty on top of the myriad of normative stressors they are facing as developing adolescents. Some of these normative stressors include physiological changes, social pressures, school demands, and general preparation for moving away from the family of origin (Patterson & McCubbin, 1987). As more and more youth are placed in ambiguous situations such as parental divorce and parental deployment an increase in anxiety and stress in those individuals may result. This may become problematic for these adolescents as they develop their understanding of the world.

To examine the impact of issues surrounding ambiguity and uncertainty, the present study focuses on military adolescents that have experienced, or are currently experiencing, parental deployment. Given the war in Iraq and the United States' more aggressive stance towards global terrorism (Orthner & Rose, 2005), there has been a drastic increase in military deployments (Military Family Resource Center, March 2000). Such deployments places great demand and stress on the families of the deployed service members.

According to the DMDC Military Family File (2002), around one-half (45%) of the active duty military had a dependent child in their family, and around 25% of those

were adolescents between the ages of 12 and 18. The Iraq Study Group (2006) reported that around 141,000 troops are deployed to Iraq; many of them expected to serve there for at least a full year. This level of deployment is likely to continue beyond 2007, with extended military personnel tours. There will also likely be a continuing need for US troops in other areas of the world (Baker & Hamilton, 2006).

For the purposes of this study, deployment will be defined as the process a member of the military experiences as they are assigned to duty in an active war zone. Amen, Jellen, Merves, and Lee (1988) explained that “deployment” essentially has three phases: Pre-Deployment/Preparation, Deployment/Separation, and Post-Deployment/Reunion. Each of these phases presents unique stressors to the family involved. Deployment is a cycle an active duty member of the military may go through several times.

In the Pre-Deployment phase (or “mobilization”), military members prepare to leave for war. This does not always include going overseas, but does include leaving the family to complete the task that was given to them. This phase begins the process of separation and, for the adolescent child, may include issues surrounding childcare, employment, finances, and general social support. Many times this includes changing schools and finding new friends, both of which are important in the stability of an adolescent.

During the actual Deployment phase, the military member is sent to the location of his/her assignment. This can be a very difficult time for the family left behind because of the associated stressors of a single parent, and/or of having to adjust to the help of extended family members for support. The adolescent may feel isolated and cut off from



the deployed parent, and in addition they may feel anxiety about the safety of the parent. All of these can lead to general withdrawal and/or behavioral problems in the youth (Amen et al., 1988).

During the phase of Post-Deployment, the military member returns home. Although this is a time of reunion and joy, it still offers unique stressors that a family must endure. Because the family has been operating without the deployed individual, they must now readjust to having the individual present. Roles may need to be readjusted and rules may fluctuate. The military member may also have a difficult time finding his/her place in the home, and may feel that he/she is no longer needed in the family.

### Significance

Military deployment creates ambiguity because although the parent is removed from the physical presence of the adolescent, he or she may still be present emotionally. This emotional presence is evidenced by the frequent conversations, pictures openly displayed in the home, and overall constant thinking about the deployed individual (Hillenbrand, 1976; Levai et al., 1995; Yeatman, 1981). In addition to this is the physical absence, in many cases the deployed parent is also in harms way, which may cause additional stress as children become concerned about their parents' physical safety.

Because the number of adolescents experiencing deployment continues to increase, there is a growing need for support. These adolescents may exhibit a variety of maladaptive behaviors such as shutting down or acting out because they may not have proper resources, internal or external, that will assist them in adjusting to the changes associated with the deployment. It is hoped that the results of the study will lead to a better understanding of the needs of these children who are at an important transitional

stage. A more thorough understanding of the adolescent experience of parental deployment will help assisting other youth that are placed in potentially stressful and ambiguous situations, whether they are in military or civilian families.

### Rationale

Findings from previous studies suggest that parental deployment is linked to several adolescent outcomes, including: poor performance in school (Hiew, 1992; Yeatman 1981); an increase in need for social support (Rosen, Teitelbaum, & Westhuis 1993); and an increase in negative behaviors such as acting out (Hillenbrand, 1976; Levai et al., 1995; Yeatman, 1981).

While these studies are helpful, none have addressed the uncertainty that the adolescent may be experiencing during deployment nor how they react to that uncertainty. These studies have also failed to query the youth directly about their experience, instead relying only on parents perspectives of their adolescents' experience. The present study will assist in filling some of the gaps left by other researchers by focusing more closely on the youth's experience of parental deployment, especially his or her experience of uncertainty/ambiguity. This study relies on secondary data analysis of adolescent focus groups. The qualitative method allows the researcher to examine stories and illustrations that exemplify various aspects of the participants' experiences. Of particular interest are the processes associated with maladaptation and bonadaptation.

### Theoretical Framework

The primary research model for the present study is based on the theoretical framework: the double ABC-X model of adaptation (Patterson & McCubbin, 1987).

As applied to this study, “A” refers to the demands typically placed on the adolescent. Demands are characterized by stressors and strains that occur at a distinct point. Stressors include normative events such as taking the SAT exam and non-normative events such as the death of a friend. In the present study, the deployment of the parent to an active war zone is considered a demand. Strains may include unresolved hardships carried over from earlier in their lives. Examples might include the divorce of parents or various other potentially difficult situations. These stressors are also considered as demands.

“B” are the resources that are available to the adolescent. Resources are characterized by abilities and personal traits that are both external and internal to the individual. These include knowledge, personality traits, self-esteem and emotional/physical health. Also included are family resources and social systems available to the adolescent.

“C” are the adolescents’ subjective perception of the stressors placed on them. In other words, what meaning does the adolescent make of the situation? For example, does the adolescent believe that the parent is serving a greater good or does the adolescent think the parent has deserted the family?

The final section of the ABC-X model is the “X”, which is the adolescent’s adaptation. This is characterized as “bonadaptive” or “maladaptive” depending on the outcome. The stressor of deployment, combined with the normative stressors experienced by an adolescent, are part of the pile-up of demands.

Ambiguous Loss is the secondary framework guiding this study (Boss, 1999). Through her study with families in both clinical and research settings, Dr. Pauline Boss discovered that individuals in uncertain situations experience something she calls

“ambiguous loss.” The concept of ambiguous loss has two parts. The first concerns families dealing with the physical absence of a family member. This absence may be due to various reasons including kidnapping, soldiers that are missing in action, or divorce. The second part concerns families that are dealing with the psychologically absent family member. This may be due to Alzheimer’s or another condition which prevents the family member from being mentally present. Essentially, the concept of ambiguous loss can be summed up with the phrase “they were there but not there” (Boss, 2004).

Ambiguous loss is particularly stressful because the situation denies resolution and creates a confused understanding of who is in the family and who is out. With the ambiguous loss, the clarity needed to bring closure is not attainable. In essence, life is put on hold and it is this state of knowing but not knowing that is particularly stressful. Boss (2004) goes on to explain “Ambiguous loss is a problem structurally when it leads to boundary ambiguity; for example, parenting roles are ignored, decisions are put on hold, daily tasks are undone, family members are ignored or cut off, and rituals and celebrations are canceled though they are the glue of family life. Ambiguous loss is a problem psychologically when there are feelings of hopelessness that lead to depression and passivity, and feelings of ambivalence that can lead to guilt, anxiety, and immobilization” (p. 553).

In the present study various themes of ambiguous loss will be explored. These include: 1) changes in family rituals; 2) boundary ambiguity; 3) family distress; 4) changes in the mental health of the adolescent; 5) relationship conflict in the family and 6) the adolescent’s overall perceptions of loss and uncertainty.

### Purpose

While there is a fair amount of military research surrounding the effects of war and deployment, still very little is known about the effects of deployment on the adolescents of those families, who may be most vulnerable to emotional stress.

The purpose of this study is to examine processes associated with adaptation among adolescents with a deployed parent. This study will inform further research in this area, as well as treatment strategies for assisting these adolescents in making the successful transition into young adulthood.

## CHAPTER II: LITERATURE REVIEW

This chapter will first examine the current research regarding various aspects of military adolescents and some of the unique challenges that face this population. It will then look more closely at current research on how adolescents experience ambiguous loss. The final section will examine the research on ambiguous loss and focus more closely on the indicators that assist in recognizing this phenomenon. Examining these indicators of ambiguous loss will assist in understanding if this phenomenon is present in adolescents with a deployed parent. The first of these indicators is boundary ambiguity, and the role of family traditions and rituals. The second is family distress, as characterized by relationship conflict and changes in mental health.

### *Parental Deployment and Adolescent Adjustment Research*

This section will examine what is known about the impact of parental deployment on adolescents. Adolescents in military families are unique in that they have to balance both the normative stressors of adolescence with the additional stressors that occur when a parent is deployed.

There are a number of studies surrounding Operation Desert Storm that examined the impact of deployment on the family. These are germane to our study due to the fact that this is the most recent conflict the U.S. has been involved because of similarities between the current conflict and this operation. Jensen, Martin, and Watanabe (1996) studied children's responses to parental separation during Operation Desert Storm by comparing children (ages 4-17) in deployed and non-deployed families. They found that parents who had children with high CBCL internalizing scores had higher self-reported depression scores and higher self-reported stress levels than parents with children

possessing average CBCL internalizing scores. Children who had parents deployed had higher levels of child depression compared to those who were not deployed (Jensen, Martin, & Watanabe, 1996). Additionally, boys were more likely than girls to experience increased symptoms during parental deployment.

Using quantitative measures of mothers' report of her own and child health inventory, Rosen, Teitelbaum, and Westhuis (1993) studied the stressors and emotional well being of spouses of deployed soldiers in Operation Desert Storm. In their sample of 1,981 mothers, they found that emotional stressors of the deployment were the largest predictor of symptoms in the mother and child. The most common of these symptoms were sadness and tearfulness while emotional stressors related to deployment events lead to seeking more social support from friends and family (Rosen et al., 1993). This study illustrates that the demands of deployment can be great on a family and may require more support, both formal and informal. As in the previous study, Rosen, et al., (1993) found that parents' symptoms were significantly related to most child symptoms such that the parents' reaction to the event, and their social support, greatly effected the child's reaction. They found that prior life stress, lack of comfort in dealing with Army agencies, and poor post-alert unit climate for families were associated with increased negative events surrounding deployment. Other predictors included younger age and poor support from extended family. This may be significant because the support that an adolescent receives during this time may be dependent on the remaining parent's comfort with the military. Another interesting finding of this study is that the second oldest child in the family was found to demand more attention, refuse communication, demonstrate eating problems, and have problems with nightmares. This might demonstrate how difficult the

deployment process can be for children of military families in general, but more specifically the second child. One might conclude from this that, because the oldest child is usually the one to step up and take a semi-parental role in the absence of the parent, the second oldest may feel left out or neglected, which may lead to more behavioral problems. The age of the second oldest might also be a factor.

Medway, Davis, Cafferty, Chappell, and O'Hearn (1995) examined family disruption and adult attachment and its relationship to spouse and child reaction to separation and reunion due to Operation Desert Storm by distributing questionnaires to 117 military spouses. They found that separation related to emotional distress for spouses, and to children's internalizing behavior problems. They also reported that spouse distress positively correlated with family disruption ratings and negatively correlated with attachment security of the children. Children's behavior was primarily determined by mother distress and family disruption. Distress related to family disruption and attachment style and to children's behavior. Insecure adult attachment security related to children's behavior at reunion, and marginally to behavior during separation (Medway, et al., 1995). Again, this finding emphasizes that the demands placed upon the mother, or remaining parent, directly affect the stress of the children.

Most of the studies that deal with military children are based on the parents reports. One such study involved the Canadian military, in which families had fathers living away. Hiew (1992) studied 66 children (ages 8-11) of military families and their mothers by distributing questionnaires to the mothers. Topics such as social support, family functioning, and adjustment were addressed. He also interviewed the children assessing for coping and adjustment issues. Findings included that according to the



mothers, father's absence negatively effected the behavioral adjustment and academic performance of their children.

In an interesting study that examined the effects of maternal deployment, Kelly, et al. (2001) examined internalizing and externalizing behavior of children with enlisted Navy mothers experiencing military-induced separation. Children of deployed Navy mothers were compared to children of non-deployed and civilian mothers. They found that children with deployed mothers exhibited higher levels of internalizing behavior (feeling fearful or sad) than children with non-deployed mothers or children of civilian mothers (Kelly, et al., 2001). Civilian children exhibited lower levels of externalizing behavior (aggressiveness and noncompliance) than children with Navy mothers who did not experience deployment. This illustrates that with the temporary loss of a parent, many adolescents internalize their anger and frustration.

When looking at paternal separation, Yeatman (1981) distributed questionnaires to parents that were present at a pediatric clinic and that had a military dependent child. The questionnaire included changes in children's behavior such as discipline problems at school or home, a decline in grades, general withdrawal, and an increase in physical ailments such as aches and pains. The study revealed that out of 100 families in this sample who had experienced an unaccompanied tour, 66 reported a problem with at least one child; 34 had disciplinary problems; 19 had phobias; and 11 experienced a decline in school grades. Interestingly, 38 reported readjustment problems when the father returned (Yeatman, 1981). These findings demonstrate some behaviors that occur due to a parental deployment. One might think that things would get better when the absent parent returns, but in some cases the reunion may even be more difficult then when he/she departed.

Overall, research suggests that there are several behaviors an adolescent may exhibit during parental deployment. These are: disciplinary problems; phobias; decline in academics; increased sadness /tearfulness; irritability and impulsiveness; Increased attention seeking behaviors; general withdrawal and refusal of communication; eating problems; stress / anxiety; increase in nightmares.

An important theme consistent with these behaviors is that they are all symptoms of depression if they are sustained through a substantial period of time (American Psychiatric Association, 2000). This research also reveals the great impact that the familial unit has on the individual adolescent through this parental deployment process.

A factor that appears to be missing from the research collected is information on how the family role for the adolescent changes during the deployment process. For example, while one article suggests that emotional stressors were the largest problem for adolescents (Rosen et al., 1993) it failed to address the role that increased responsibility at home plays in that emotional stress. This is an important component because studies of non-military adolescents suggest that role strain was associated with stress (Bird & Harris, 1990). It is anticipated that role strain due to changes in responsibilities as home may also contribute to adolescent's experience of stress.

In summary, although helpful, the fact is that the vast majority of the "current" studies on deployment and youth are from the perspective of the parents, and not the adolescents. This is an area that has yet to be fully explored. Understanding the parental deployment experience from the perspective of the adolescent directly is one of the purposes of this study. This will allow adolescents to directly express what they are going through, rather than having the effects filtered through the lens of their parent.

### *Ambiguous Loss Research*

The theory of ambiguous loss first began based on observations by Dr. Boss in 1972, when she noticed, through the course of therapy, the large number of fathers who present physically, but were psychologically absent from their wife and children (Boss, 1977). Since then there have been a number of studies that have applied this theory to various settings including adoption (Powell & Afifi, 2005), Alzhiemers (Dupuis, 2002; Kaplan & Boss, 1999), divorce (Madden-Derdich, Leonard, & Christopher, 1999), DNA predictive testing (Sobel & Cowan, 2003), and individuals living with AIDS (Mosack, Abbott, Singer, Weeks, & Rohena, 2005). Commonalities of these studies are the findings that ambiguous loss can be a stressful process and that it can complicate the resolution of the potential loss. It is important to note that to date, this theory has never been applied to the population of adolescents that have a deployed parent.

There seems to be some consensus about characteristics that are associated with the phenomenon of ambiguous loss. These include boundary ambiguity, the disruption of family rituals, increased family distress, and mental illness (Boss, 1999, 2006). Each of these characteristics will be considered in the following section.

#### *Boundary Ambiguity*

The first indicator of ambiguous loss that will be examined is that of boundary ambiguity. Boundary ambiguity is a lack of clarity as to who is in the family and who is out (Boss & Greenberg, 1984). Most of the research in this area has been conducted with divorced and blended families that are dealing with or have dealt with the transitional restructuring of their new family. This research suggests that boundary ambiguity is

negatively associated with various aspects of family life such as conflict, role confusion, and general stress.

For example, in a study of 3,357 couples, a quantitative survey was distributed to first-married, remarried, and cohabitating couples with minor children that examined the relationship between boundary ambiguity and couples' relationship quality and stability. Stewart (2005) found that boundary ambiguity was more prevalent in stepfamilies than in original two parent families. This may be due to the changes that a step family experiences and confusion for individuals about their roles and responsibilities in the family. Stewart (2005) concluded that boundary ambiguity is incorporated into the structure of stepfamilies by nature due to the shifting roles and responsibilities that are necessary in adjusting to the new family unit. This suggests that children in these situations may have difficulty navigating the roles of this new family unit. The study also suggests that boundary ambiguity is negatively associated with, from the perspective of the wives, the couple's relationship and the stability of the union (Stewart, 2005).

In another study dealing with family boundary ambiguity post-divorce, Madden-Derdich, et al. (1999) questioned both former spouses of divorced families by distributing surveys to 247 couples that had divorced. They found that failure of one or both of the parents to establish relationship boundaries that clearly define the former partner as the co-parent, but not as a spouse, was a major source of co-parent conflict. Thus the boundary ambiguity of former spouses is positively linked to co-parental conflict.

In a quantitative study that examined the predictive factors of boundary ambiguity after divorce, Peterson and Christensen (2002) sampled 159 formerly married couples. They found the women that experienced decreases in child support payments, confidence

in one's own abilities, support from their former spouse, and increased stressful life events were all positively correlated to the experience of boundary ambiguity. However, for men, only stressful life events predicted boundary ambiguity. Because children are directly effected by the emotional climate between their parents (Bird & Kemerait, 1990), the boundary ambiguity experienced by both parents may translate into confusion for the child about who is in the family and who is out.

Together these findings suggest that boundary ambiguity may lead to increased stress for the adolescent through increased conflict in the family and confusion surrounding his or her roles and responsibilities.

#### *Family Rituals*

An important aspect of a family life is that of rituals. The use of rituals have been linked to family health and childhood adjustment (Rosenthal & Marshall, 1988). "Ritual" has been defined in the family context as "complex behavioral practices that are acted out systematically over time ... Family rituals encompass three general categories: celebrations, such as holiday observations and rites of passage; traditions, such as birthdays and anniversaries; and patterned routines, such as dinner times" (Kiser, Bennett, Heston, & Paavola, 2005, p. 358). Through their unstructured in-depth interviews with single parent families, Moriarty and Wagner (2004) expanded these definitions defining six different types of rituals: connection rituals, spiritual rituals, love rituals, recreational rituals, celebration rituals, and evolving rituals. Boss (1999) suggests that families experiencing ambiguous loss may ignore family rituals of the past, putting activities on hold until the circumstances are more clearly defined.

Studies suggest that family rituals play an important role in the lives of adolescents. For example, in their study comparing the use of rituals among clinical families and non-clinical families, Kiser, et al. (2005) studied 21 families of adolescents who were receiving psychiatric treatment, and 21 families that had adolescents in public schools. They examined the relationship between family rituals and child well-being using a child behavior checklist and a youth self report. Through these measures and a semi-structured interview, Kiser, et al. (2005) found that non-clinical families scored significantly higher on the index of family rituality than did the treatment families. This suggests a correlation between families that regularly participate in rituals and adolescents that have fewer clinical problems, or that have greater child well-being (Kiser et al., 2005). In other words, adolescents in families that participated consistently in rituals reported fewer mental health issues.

When examining adolescents' satisfaction with family rituals, Eaker and Walters (2002) found that there was a positive relationship between adolescent family ritual satisfaction and the psychosocial maturity of that individual, such that adolescents who enjoyed and found satisfaction with their families rituals were more psychosocially mature. The researchers reported that "the developmental process associated with psychosocial maturity flourishes when adolescents feel connected to their families but not constrained by their family, and suggests that adolescent experiences in family rituals need to be considered when examining associations between family environment and psychosocial development" (p. 411). This finding highlights the importance of the connection that an adolescent may feel during the family ritual process and the positive psychosocial development.

In another study that examined the protective factor of family rituals for children with illness, Markson and Fiese (2000) surveyed 86 families with children, both with and without asthma. Children with asthma have higher levels of anxiety and internalizing behaviors than their healthy peers, siblings, or children with other illnesses (MacLean, Perrin, Gortmaker, & Pierre, 1992). Markson and Fiese's findings indicate that families who reported more frequency and gave importance to their family routines had children who reported lower levels of anxiety. For example, a family that consistently made organized rituals a priority had children that indicated less anxiety. Most important was their conclusion that "family rituals may serve as a protective function for children with asthma under conditions of heightened parenting stress" (Markson & Fiese, 2000, p. 471). From this study, it can be assumed that children without asthma may also experience rituals as a protective function--especially those placed in stressful circumstances--because of the consistent predictability in settings that rituals provide.

Finally, in a study examining how well members of stepfamilies enacted rituals, Braithwaite, Baxter, and Harper (1998) conducted in- depth interviews with 20 stepparents and 33 stepchildren of blended families. They found that families that combined rituals of the new family with the previously existing rituals had the most success in blending the new family. This finding suggests that adolescents experiencing parental deployment might find rituals that pay homage to the old but are still new might be the most helpful in making the time apart from the parent less stressful.

In reviewing the research surrounding family rituals it appears that if ambiguous loss is present, then family rituals may be altered and possibly ignored. This may result in

stress and anxiety because the routine or “normal” and predictable elements of family life have been altered.

### *Family Distress*

The third indicator of ambiguous loss is that of family distress and its impact on the adolescent. Research suggests that cumulative life stresses increase the risk for behavioral, emotional, and developmental problems (Kim, Conger, Elder, & Lorenz, 2003). As individuals make their way from dependent children to independent adults, they undergo rapid changes in emotional, physical and social development. These changes help to explain why conflicts with parents tend to increase during adolescence and why family relationships often become more strained (Seiffge-Krenke, Weidemann, Fentner, Aegenheister, & Poebblau, 2001).

The experience of ambiguous loss is also associated with heightened stress and anxiety in the home. Given that such stress can lead to acting out by the child, frequent conflict between family members, and/or general withdrawal (Boss, 2006), imagine the impact of experiencing ambiguous loss in addition to all the normative stressors that are already occurring.

What is known about adolescents’ reactions to stressful life situations? There are a number of studies that deal with family conflict and its effects on the adolescent. Boekaerts (2002) examined the intensity of emotions, emotional regulation, goal framing, and how adolescents cope with the social stressor of authority conflict with parents by distributing a questionnaire specifically geared towards coping and stress to 262 adolescents. She found that adolescents who focus primarily on undesirable end states experience more stress and irritation and use more “fighting the stressor” coping



strategies than those who focus mainly on desirable end states. Adolescents who primarily use stressor fighting coping strategies when faced with an authority conflict with their parents, may do so because they feel increased levels of negative arousal in the situation and interpret it as a signal that their autonomy is threatened (Boekaerts, 2002). This finding suggests that coping strategies that focus on the most desirable end states and positive goal framing are the most beneficial to the adolescent.

In their longitudinal study of 451 adolescents Kim, et al. (2003) employed a series of interviews and questionnaires to examine the reciprocal influences between stressful life events and internalizing and externalizing problems. They identified a reciprocal process through which stressful life events and adolescent maladjustment could be thought of as both cause and effect over time. For example, depressed, anxious, or delinquent youth might be less desirable friends and may not fully participate in activities with their more well-adjusted peers (Kim et al., 2003). When stressors appear, emotional and behavioral problems intensify in these youth, thereby instigating further crisis. Adolescents that already have behavioral and emotional problems may be at higher risk when crisis and stress increase. This study suggests that adolescents experiencing a high level of stress may become depressed or anxious. This may lead to less social support from friends because the adolescent is perceived as less desirable.

Economic hardship has also been found to influence adolescent adjustment. Wadsworth and Compas (2002) studied coping with family conflict and economic strain using survey data collected from 364 adolescents living in an area with a high unemployment rate. They found that family economic hardship was related to adolescents' reports of aggression and anxiety/depression, primarily through two

proximal stressors: perceived economic strain and conflict among family members. Family conflict partially mediated the relation between economic strain and adolescent adjustment, and coping further mediated the relation between family conflict and adjustment. Their analyses revealed two types of coping that were associated with fewer anxiety/depression and aggression problems in the face of these stressors. The first classification of coping was trying to alter the stressful problem or the emotional reactions to it. These strategies may include attempting to solve the problem and/or seeking social support. The second were those that attempted to adapt themselves to the situation by acceptance, distraction, and/or positive thinking (Wadsworth & Compas, 2002).

In summary, findings from these studies suggest that when adolescents are experiencing high levels of stress, they are more likely to use negative coping strategies such as total avoidance or denial. These studies are germane to adolescents of military families because of the increased levels of stress that may be present. The present study seeks to explore the coping and adaptation strategies of youth experiencing parental deployment.

### *Mental Illness*

Another change that might occur with adolescents experiencing situations of ambiguous loss is that of changes in their own mental health. Such changes may be due to the stress an ambiguous situation may cause an individual when the status and future of a loved one is unknown (Boss, 2006). Seiffge-Krenke, Weidemann, Fentner, Aegenheister, and Poebblau (2001) examined healthy adolescents in comparison with clinically referred adolescents. They found that clinically referred adolescents experience

higher levels of school-related stress and family stress, and also exhibited a more dysfunctional coping style when dealing with both types of stressors (Seiffge-Krenke, et al., 2001). Although the demands placed on both clinically-referred adolescents and healthy adolescents may be the same, the perceived demands differ drastically with school and family stress having more impact in the lives of clinically-referred adolescents. They found that both stressors (school and family) were not perceived as structurally similar events.

One study of particular importance in the area of adolescents and mental health compared the impact of parental death, versus parental separation, on adolescent adjustment. Canetti et al. (2000) gave questionnaires to 884 Israeli students measuring areas such as symptoms of mental illness, general well-being, social support, and parental bonding. Those adolescents that had experienced parental separation indicated more psychiatric symptoms, lower sense of well-being, and felt less family support than those who had a parent die. They concluded that “The psychological impact of separation from parents involves greater risk for psychopathology than the death of a parent. The quality of the relationship with the parents moderates the negative impact of separation from them” (Canetti et al., 2000, p. 360). It can be concluded from this study that adolescents experiencing stress and loss from parental separation may struggle with mental illness more than one who is dealing with the death of a parent. This study speaks to the potential severity of the ambiguous loss in the adolescents life.

Finally, and of particular relevance to youth experiencing a parental deployment, are the findings of a study by Stoppelbein and Greening (2000). Specifically, these researchers compared a group of adolescents that had experienced the loss of a parent to a

group that had experienced a natural disaster and to another nontrauma control group. This control group was comprised of adolescents who were dealing with more normative social and academic stressors. Questionnaires were distributed to 226 children and adolescents who were a part of one of these three groups measuring for posttraumatic stress disorder, anxiety, and depression. They found that of these three groups, those that had lost a parent showed significantly more signs of posttraumatic stress disorder. This was particularly true among girls, younger children, and those that were living with the surviving parent. This is an important study because it shows us that not only can grief and loss be associated with losing a parent, but also a certain degree of posttraumatic stress disorder.

When the lens of definitions and meanings is applied to these studies, it is evident adolescents who have existing emotional and behavioral problems are at much higher risk of mental health issues when faced with a crisis and stress situation (Rudolph, Lambert, Clark, & Kurlakowsky, 2001). It is also important to help encourage more secure attachment styles in the deployment cycle because a secure attachment style was directly related to better wellness during separation.

#### *Research on Adolescents and Ambiguous Loss*

At this point there haven't been any studies that have examined the impact of ambiguous loss on adolescents, only studies that examine adults experiencing this phenomenon. As evidenced by the previous sections, there have been many studies with adolescents on various elements of ambiguous loss such as boundary ambiguity, family distress, and mental illness. The bulk of this research has been surrounding parental

divorce and parental remarriage. One might then ask the question, how do adolescents deal with ambiguous loss?

There are potentially a large number of areas in which adolescents might be experiencing ambiguous loss. Some of these include:

- Divorce/ Separation. Having two homes in which one parent is always not present is a kind of loss, the loss of the marriage. This could lead to confusion on who is in the family and who is out.
- Adolescents of alcoholics. Parents may be physically present but mentally absent due to alcohol use. This may cause the adolescent anxiety due to the inconsistent and unpredictable behavior of a parent.
- Foster care. There might be a great deal of uncertainty surrounding when and if they will ever live with their parents and experience roll ambiguity.
- Immigration. There might be a physical separation from a parent and a loss of their culture of origin.
- Adoption. The adolescent may feel that a large part of who they are is missing and some confusion surrounding who their real parents are.

(Boss, 1999; Boss, 2006)

As evidenced by the lack of studies on adolescents and ambiguous loss, this is a clear gap in the literature that has yet to be specifically explored. This is one of the areas that this study will help to fill by examining the experience that adolescents have during a circumstance that could potentially lead to ambiguous loss. This will be examined by asking adolescents themselves, rather than relying on reports from other adults.

In conclusion, this chapter has examined military research surrounding the effects of war and parental deployment on children and adolescents, general ambiguous loss, boundary ambiguity, family rituals, family distress, mental illness, and adolescent ambiguous loss. It is hoped that the present study will help to fill the gaps and increase the body of literature on this subject.

## CHAPTER III: METHODS

### Study Design

This qualitative study used theoretical sampling (Yin, 1989) of an existing data set to examine processes associated with bonadaptation and maladaptation among adolescents that had a parent deployed.

Using selective sampling, participants that exhibit consistencies between their well-being ratings and their reported behavior were examined. In addition to this, only cases on the extreme ends of adjustment were used. Qualitative methods provide rich descriptions of the overall experience and the multiple-case study is particularly useful when looking for the patterns across several case studies (Yin, 1989).

To examine the data this study used two methods. First, the constant comparative method (Strauss & Corbin, 1990) was used to explore general themes of adaptation. Second, in an effort to examine the process of ambiguous loss, modified analytic induction (Gilgun, 1995) was employed.

### Participants

The adolescents for the original study were identified via their participation in one of many camps that were sponsored by the National Military Family Association (NMFA) and through State 4-H Military Liaisons (a partnership between Cooperative Extension and the U.S. Military) during the summer of 2004. Only youth who had a parent deployed were admitted to the NMFA camps. Information about the camps was distributed to deploying parents with adolescents through military contacts via flyers, newsletters, emails, etc. Participation in these camps was not mandatory which means that the sample includes primarily youth whose parents were active in their child's

attendance. These camps were free which helps to eliminate socioeconomic bias in the sample of adolescents. Each was required to provide proof of parental consent prior to participation in the study as well as attendance at the camp. For the sake of diversity among participants focus groups were conducted in five states: Hawaii, Georgia, Texas, Washington, and Virginia.

The subjects (n=107) were between 12-18 years old. Around 46% were female and 54% were male. The group was ethnically diverse with 61% White, 17% African-American, 7% Latino/Hispanic, 3% Pacific Islander, 1% Native American, and 10% biracial. Each branch of the military was represented these included 39% Army, 3% Navy, 10% Air Force, 4% Marines, 23% National Guard (Army and Air Force) and 13% Reserves (all branches). All adolescents had experienced parental deployment with all of them having a parent currently deployed to Iraq or Afghanistan.

For the present study, only a subset of this data was used. Because this study is interested in processes associated with bonadaptation and maladaptation the extreme ends of the adaptation continuum were examined. To do this, two factors were analyzed. The first factor was the scores given by the adolescents in response to the question: "Currently, on a scale of one to ten, how are things going in your life?" With one meaning that things were going poorly and ten meanings things were going well. On the basis of that rating, those adolescents who reported scores of three and lower (1= low adaptation) or reported seven and higher (10= high adaptation) were included in the sample. Their qualitative descriptions in two other areas were also examined to see if they were consistent with their well-being rating. The first was "behavioral changes" and the second was "reactions to stress".



Only those participants that had consistency between their self-rating score and their qualitative descriptions were used in the final sample. For example, an adolescent that is performing poorly in school might also have a score of three or lower, while one that is doing well in school might have a score of seven or higher. Using the 107 adolescents from the focus groups, the adolescents from the low adaptation group (N=5) were selected by examining all eight of the youth that scored themselves a three or lower and then using the five that demonstrated the most consistency between their score and their self reported behavior. The adolescents from the high adaptation group (N=5) were selected by examining all five of the adolescents that scored themselves a ten and then confirming consistency with their self reported behavior. Overall, eight adolescents scored themselves a three or lower and five scored themselves as ten. Consistencies were examined by looking over the entire interview of each adolescent and then finding behaviors that demonstrated positive or negative adjustment according to their self reported adjustment score.

Because this study is exclusively interested in those adolescents that have a military parent deployed to Iraq or Afghanistan, the code “who is deployed” was also examined to further delineate the sample.

### Procedures

The original study used focus groups that lasted for 90 minutes in locations that were convenient for the interviewees during the camp. Approximately 8-10 adolescents were present in each focus group such that the 107 participants were spread across 14 different groups. The focus groups themselves had both boys and girls; most groups were divided according to age. Semi-structured interviews were conducted in these focus

groups which were recorded via audio-tape and then transcribed at a later date. Focus groups were used because of advantages they offer in stimulating discussion and helping those participants that may more naturally be silent to be willing to share more (Madriz, 2000).

At the start of each focus group, poster boards, listing various questions about the experience of parental deployment, were placed in the room and the participants were asked to write their responses. The purpose of this was to break the ice to help each adolescent feel more comfortable in the group. It also assisted in generating ideas and beginning the discussion.

The interview questions (See Appendix) were used to help guide each focus group in a discussion. Questions were focused on determining experience with the deployment cycle, the elements of the ABCX model, and formal and informal support networks. Each adolescent was given an opportunity to respond and was encouraged to do so. These questions were used as spring boards to assist in generating a group conversation about the various subjects.

The data from the 107 adolescents were previously coded and analyzed using the software application Atlas.ti (Scientific Software, 2004). The constant comparative method was used to explore the data for themes (Strauss & Corbin, 1990). This was accomplished by using open coding of two focus group transcripts by four members of a research team. The research team then met together to compare themes, find discrepancies, and come to a consensus on those themes. Primary codes were extracted and a number of subcategories were analyzed. Previously, twenty-four themes were coded.

## Analyses

The current study was interested in exploring processes of bonadaptation and maladaptation. To this end, two types of data analyses were conducted. The first type of analysis used open coding (Strauss & Corbin, 1990) to extract general themes of adaptation for those 10 adolescents at the extreme ends of adjustment. Processes of adaptation were compared between adolescents at the high and low end of adjustment.

This study is particularly interested in ambiguous loss as an indicator of maladaptive adjustment. For this reason, the second type of analysis was modified analytic induction (Gilgun, 1995) testing the hypotheses that adolescents with higher adaptation scores experience fewer indicators of ambiguous loss and those that have lower adaptation scores demonstrate more indicators surrounding ambiguous loss. The data for the original study was coded with the theme of ambiguous loss in mind. According to Boss (1999) the indicators of ambiguous loss include: boundary ambiguity, family distress, changes in mental health, and family relationship conflict. For this reason this study extracted the following codes from the existing data set for further analysis:

- Changes in mom. Defined as changes in behavior and affect/mood that the adolescent observes after the deployment. This code might yield results in the area of family distress and relationship conflict.
- Changes in responsibilities. Defined as changes in their personal responsibilities in the home. Examples: Mowing the lawn, increased childcare. Indicators of boundary ambiguity might be present in this code.
- Changes in routine. Defined as changes that have been made in day to day activities. Examples: Having someone come stay with the family, not

participating in extracurricular activities. Again, elements of boundary ambiguity might be apparent in this code.

- Behavioral changes. Defined as changes in the adolescent's behavior that are related to emotion rather than routine. Examples: changes in grades. Changes in mental health might be a theme that is apparent in this code.
- Reactions to stress. These are the responses the adolescents gave when they were asked what they did when they were stressed. Examples: listening to loud music, hitting walls, and/or playing sports. Family relationship conflict as well as changes in mental health are some themes that might be present in this code.

## CHAPTER IV: RESULTS

In this section, general themes of adjustment and comparisons of the adolescents' processes of bonadaptation and maladaptation are presented. Findings of the modified analytic induction are also presented. Adolescents in the high adjustment group were chosen according to their well-being rating for scoring themselves exactly at a 10 which was consistent with their responses to various questions throughout the interview. Those in the low adjustment group all rated themselves at a three except for one who rated himself a "negative 100" which was scored a one for the purposes of this study.

The high adjustment sample (Table 1) is composed of three females and two males ranging in age from 11 to 15 with an average age of 12.6. Three of these adolescents were Caucasian and two were African American. Three reported themselves as children of an Army parent and two as children of an Air Force parent.

The low adjustment sample (Table 2) consists of adolescents ranging in age from 12 to 14 with an average age of 13.2. Of this group, three are male and two are female. Three reported their ethnicity as Bi-racial and two as Caucasian. All five of these adolescents were from families with an Army parent.

**Table 1: High Adjustment Sample**

Name	Adjustment score	Gender	Age	Ethnicity	Military Branch
Chad	10	Male	13	African American	Army
Bethany	10	Female	15	Caucasian	Air Force
Aubree	10	Female	12	African American	Air Force
Andy	10	Male	11	Caucasian	Army
Kacie	10	Female	12	Caucasian	Army

**Table 2: Low Adjustment Sample**

Name	Adjustment score	Gender	Age	Ethnicity	Military Branch
Dave	3	Male	12	Bi-racial	Army
Mike	3	Male	13	Bi-racial	Army
Olivia	3	Female	13	Bi-racial	Army
Dan	1	Male	14	Caucasian	Army
Tiffany	3	Female	14	Caucasian	Army

**Themes**

Several themes emerged during the initial exploration of adaptation processes. These include: parental deployment status and frequency; formal and informal supports; changes in discipline; coping and stress reduction; changes in living arrangements; and contact with deployed parent.

### *Parental Deployment Status and Frequency*

The ten adolescents in the study had parents at different phases of the deployment process. All of the low adjustment adolescents currently had a parent deployed. In contrast, of the five high adjustment adolescents four reported that their parent had returned home. The parents current deployment status is an important consideration for understanding these adolescents' processes because of the difference it may make in their perception. An adolescent that is looking back on the experience because his or her parent has returned home safely may minimize the stress and anxiety that was present, whereas the adolescent who is currently going through the experience may view it as more significant.

Another theme that was apparent was the frequency and/or length of their parents' deployment. Four of the five adolescents in the low adjustment group said that this was not the first deployment and that the length of the deployment exceeded six months. Those of the high adjustment group did not mention how many times their parent had been deployed, but said that it did not exceed six months. This might suggest that the longer the parent is away from the child due to deployment the more likely the adolescent will have poorer adjustment.

### *Formal and Informal Supports*

Adolescents in the high and low adjustment groups reported different experiences with support. Four of the five adolescents in the high adjustment group spoke positively about various formal and informal supports that they experienced during the deployment. Examples of formal supports ranged from attending family readiness group meetings to attending summer camps. Examples of informal supports included speaking to a close

family member or a close friend. Participants mentioned these supports as helpful because they provided an outlet for them to talk about their feelings or to be involved in other activities outside of the home while their parent was deployed.

*Chad: "At the youth center they do more when a parent is deployed. When they are home they don't do as much...And like sometimes they make the pool free."*

*Aubree: "I call my sister-in-law...Because it's like sometimes I'll be at home by myself and there's nobody there. And I know she's going to be at home with the baby. And then she'll be listening while rocking the baby to sleep."*

In contrast, although four of the five adolescents in the low adjustment group acknowledged they were offered formal or informal supports during deployment, only one spoke of it as a positive experience. Several of the youth in the low adjustment group said that they did not want to talk to anyone about their deployed parent and gave examples of when they refused offers of informal and/or formal supports. It was more common for the low adjustment youth to say that they would rather "deal with it on their own" instead of accepting the help of others. These findings suggest that youth who access and utilize existing supports ultimately have higher adjustment during and/or after parental deployment. It may also suggest that the issue may not be the availability of supports per se, but the adolescents' willingness to accept or access it.

*Dan: "People try to help you that don't have no one deployed. But they don't understand what it feels like to have someone gone...Well, why don't we send some of their family members over and see how they feel?...Like school counselors, teachers, friends... But they don't know what it feels like to have somebody gone in their family for a long time."*



*Tiffany: "I try but they [friends] don't care... It seems like they don't care...another thing to add to the pile of stress, you know."*

### *Changes in Discipline*

Adolescents in both adjustment groups reported undergoing varying changes in discipline at home during the deployment. Three of the five adolescents in the high adjustment group spoke about household rules not changing at all or things around the house "getting better". Usually this included having the remaining parent become more lenient with the rules. This was viewed as a positive aspect of having a parent deployed because it allowed the adolescent more freedom. This might suggest that adolescents who perceive more benefits from the deployment have more favorable adjustment.

*Bethany: "...my dad's kind of strict about going to bed at a certain time but my mom doesn't really care. She doesn't want us to stay up all night, but it's not that big of a deal to her. So I can stay up and watch TV in my room, but my dad will like come in and like tell me to go to sleep. We don't really have a bedtime with my mom."*

Of the youth in the low adjustment group, three of the five also mentioned the remaining parent as being more lenient and viewing leniency that as beneficial. One stated that there were fewer rules when her dad was gone but perceived that as a negative because her father was the "backbone of the household" and her mom yelled more frequently when he was away. Another adolescent stated that she enjoyed doing more work around the house as a result of a parent being deployed.

*Olivia: "So I have to do that [cut the grass]. And then like, he would always get the heavy stuff when I wanted to. And like I have to help like... And I had to move all the heavy stuff up there and I think it was pretty fun doing that instead of having just to help."*

#### *Coping and Stress Reduction*

Differences in the way high adjustment adolescents and low adjustment adolescents deal with stress were evident. In describing how they dealt with stress, adolescents of the high adaptation group mentioned activities like "playing basketball", "listening to music", or going to their room to relax.

*Bethany: " I usually listen to my CD player with headphones and stuff like that, ...Like I have a tendency to like write songs if something's like stressing me out or something. But I'll listen to music and like get ideas for a song and write a song about it...Because like for me like music is therapy."*

*Chad: "I like go to this like big field and they're usually helicopters flying around and we have rockets, little rockets with engines. We shoot them up and they like, sometimes they blow up in the air."*

In contrast, all of the adolescents in the low adjustment group mentioned something about holding a lot of anger in and then having letting it out in various ways such as "going off on someone", "yelling", and "triggered". Three of the five mentioned that this was a preferred method of processing the frustration as opposed to talking to someone about it or using physical activity. These findings suggest that adolescents struggling more with parental deployment may not have learned or chosen to utilize more constructive ways coping with anger and frustration.

*Mike: "I hold stuff in more... Once somebody triggers it, I'll probably let all the stuff out, go off on them... I get in trouble sometimes in school."*

*Dan: "I get angry...I don't just stay mad or upset. I get angry very easily and,...I punch things and stuff. And then when I'm really mad, I just try to calm down and I go and scream in something...Like a pillow or something ...cause I'm already hurting and I don't want someone else to hurt because of my actions."*

### *Changes in Living Arrangements*

Parental deployment may necessitate changes in living arrangements. None of the adolescents in the high adjustment group reported any changes in living arrangements because of the deployment. Two adolescents from the low adjustment group reported changes in living arrangements. This is significant because they are also the adolescents that seemed to struggle the most through the deployment. For example, Tiffany has had multiple mental hospital stays and rates herself a "negative infinity" on the scale. She had to move in with her dad since her mother was deployed (parents are divorced) and has had frequent fights with her stepsisters.

*Tiffany: "It's the worst thing because you know is like changing everything and it's like you have to leave everything you know. It's really hard, you know, especially if you're like in middle school."*

As a result of his father's deployment, Dan has also moved into an apartment that he considers "ghetto" and rates himself a "negative 100". This finding suggests that the more the adolescent's life changes as a result of the deployment the more the adolescent may struggle.

### *Contact with Deployed Parent*

Contact with the deployed parent was also discussed as part of the adolescents' experience with parental deployment. This contact was done through phone calls, email, web cameras, and internet chat clients. All five of the high adjustment adolescents had contact with the deployed parent at least once a week with several of them having contact many times during the week. Three of the five from the low adjustment group had contact with their deployed parent at least once a week, while the two adolescents that had infrequent contact were again the ones that struggled the most (Dan and Tiffany). Tiffany talked with her mom once a month and Dan had not talked with his father for over a month and a half suggesting that the less contact that an adolescent has with their deployed parent the more difficult the deployment may be.

### Ambiguous Loss

Of particular interest were processes associated with ambiguous loss. To explore the relationship between deployment and the experience of ambiguous loss six indicators were examined using modified analytic induction.

### *Boundary Ambiguity*

Two areas illustrate issues of boundary ambiguity: roles/responsibilities and routine changes. As mentioned previously, adolescents may need to adjust and learn a new role in this new family unit (Stewart, 2005). Results indicated that while some adolescents were given more responsibility to take over tasks left by the deployed parent, others were given fewer tasks because the deployed parent was the one that enforced or monitored task completion.

Within the group of high adjustment youth, one of the five mentioned having increased responsibilities by having to assume the deployed parents responsibilities. Others in this group said that rules around the house were more lax because the deployed parent was the “enforcer”.

Three of the five mentioned changes in routine such as staying up later or going out to eat more. It is important to note that these youth perceived these changes as positive because they got to do more activities whether it was initiated by the remaining parent or by the youth center staff.

*Chad: “You got to do what they used to do. Like take the trash out or mow the lawn... Well, you have like, basically you have their old part, you got to do their part, half their part. Like with the youth center, we use to go see the globetrotters or the Atlanta Hawks play... At the youth center they do more when a parent is deployed. When they are home they don’t do as much.”*

*Bethany: “He always makes me do the dishes like three times a week and we didn’t do that because my mom isn’t like really strict like that... My dad’s kind of strict about going to bed at a certain time but my mom doesn’t really care... We don’t really have a bedtime with my mom... I get away with more stuff and also my mom, since he was gone for so long, she was able to get like a bunch of time off work but get paid the same. So we got to like go to more movies and stuff like that together... And also, I get to stay on the phone a lot longer because he only lets me stay on there for about an hour at most usually and yells at me to get off.”*

For the youth of the low adjustment group things appear to be different. They spoke more about increased responsibilities ranging from doing more housework to babysitting younger siblings more frequently. One expressed frustration that even when he does more around the house, his remaining parent complains that he doesn't do it "right". In the area of routines, several mentioned that the changes were significant such as less time to do activities that they enjoy.

*Olivia: "Well, like them, I have to baby-sit and like I said a little while ago, I have to do the stuff that he used to do."*

*Dan: "There was always someone home, but now there's like...we feel alone because like nobody's ever there."*

*Tiffany: "It's the worst thing because you know is like changing everything and it's like you have to leave everything you know. It's really hard, you know."*

It appears that a difference between the high and low adjustment groups is that many of those in the high adjustment group focused on the positive aspects of their parent's deployment such as staying up later, having more activities at the youth center, and not having to do the dishes. Those of the low adjustment group describe loneliness and a large increase of shifting responsibilities. This might suggest that adolescents who have greater responsibilities and greater changes in routine may struggle more through the deployment process especially if those changes are not counter balanced with positive aspects of parental deployment.

#### *Family Rituals*

Surprisingly, of the ten adolescents in the sample only one spoke about the changes of family rituals during the deployment. This youth, who was in the low

adjustment group, stated that her deployed mother had not called or said anything about her birthday. Interestingly, this is also the youth that seems to have struggled a great deal through her parent's deployment.

### *Mental Health*

The adolescents that responded in this study exhibited signs that are consistent with depression and anxiety such as trouble with sleeping and rumination over the deployed parent's safety. Such signs were present in three of the high adjustment adolescents, all of whom expressed difficulty with concentration and sleeping.

*Chad: "I can't go to sleep... Because they're, you know, they're up and doing something and you can't like, you're thinking about what they're doing. ...I'll be sitting in class doing work and usually I'm eating, and I'll be eating, doing work and sometimes I'll be dozing off like, huh, what's he doing?...The worst time is when the phone rings because you don't know who's calling. They could be calling, telling you that he got shot or something... Everybody stops when the phone rings, look at each other."*

*Aubree: "My grades changed because they went down because I was distracted."*

All five of the adolescents that were a part of the low adjustment group exhibited changes in mental health with many of them also reporting difficulty with sleep, experiencing anxiety and intentionally hurting themselves. One of the adolescents admitted that she was admitted to a psychiatric hospital for a time due to difficulties during her mother's deployment. The severity of changes in mental health in the low

adjustment group seems to be higher than those of the high adjustment group as evidenced by reported self harm, frequent fights, and a hospital stay.

*Dan: “The first couple of weeks he was gone, I got maybe five hours of sleep the first of couple of weeks he was gone. Because it’s just so hard to adapt with one of your loved ones not being there for you. “*

*Tiffany: “Like I do the snapping of the rubber band on my wrist...I used to have all these problems. Like right after my mom was gone, I was put into the hospital a couple of times and like three different hospitals. [For] stuff that I did.”*

Of the ten adolescents, eight spoke of changes in mental health. This might suggest the majority of youth from both groups experience changes in mental health in one form or another.

#### *Family Distress and Relationship Conflict*

Due to the impact of the remaining parent on the adolescent, an important indicator of ambiguous loss is family distress. Four of the five high adjustment youth spoke about their awareness of the impact the deployment was having on the remaining parent at home and other siblings. Youth in the high adjustment group seemed to recognize what *other* family members are experiencing during the deployment. They provided examples of various family members becoming more angry and lashing out. Usually this “lashing out” was verbal with the adolescents describing an increase in familial conflict from other family members. Those youth of the high adjustment group talked about other family members anger and lashing out but not about themselves engaging in the behavior. They also talked about increases in crying, fighting and anger between family members.



*Bethany: "But now, like she [sister] got upset one time and started crying or maybe it was a couple times-I don't know exactly-but I just know that when he was gone, she got a lot more snappy. Like she was really like mean and rude and stuff like that and saying a lot of things to like me and things like that that she never would have said if my dad was there... it upsets her a lot when he leaves.""*

*Aubree: "Because my mom she started yelling a whole bunch because usually my dad, he takes care of all the finances and stuff and he balances the checkbook and everything like that. And she has to do all that stuff now."*

*Chad: "Most of the time she's like worried because she has a lot of responsibility since my dad can't help us."*

In contrast, four of the five adolescents of the low adjustment group primarily spoke about *themselves* as lashing out in anger and getting upset in their family. One of the adolescents stated that he and his stepfather had gotten into a fight so severe that law enforcement had to be called and he is continuing to get into fights at school. Youth of the low adjustment group spoke of family distress as specifically "not knowing" about their deployed parent as a source of their stress as well as "everything" meaning the pileup of stressors of school and home.

*Olivia: "I yell a lot more. My little brother likes to cry about my dad being gone and I...like he does all the time. So I just like to try to make him stop. And when it doesn't work, he starts arguing with me so I yell at him a lot more than I do when my dad's here... When my dad's gone, my sister thinks she can just do whatever she wants to do. And so she yells at me a lot and she thinks that she can"*

*just tell me what to do, even though she's younger than me, she's like three years younger than me, and she yells at my mom a lot. Just stresses me out"*

*Dave: "I got into a fight with my step-dad two days before he left."*

*Dan: "I get angry. I don't just stay mad or upset. I get angry very easily and, like you said, I punch things and stuff. And then when I'm really mad, I just try to calm down and I go and scream in something...Like a pillow or something cause I don't want...cause I'm already hurting and I don't want someone else to hurt because of my actions... all your emotions, it just mixes up and you might just go off on someone if they say something wrong about anybody... there's too much to worry about because we got stuff here that we got to worry about, stuff that's going on in our everyday life. And then plus we have to worry about them because you don't know what's going to go on. You don't know what's happening there every day."*

### Summary

This study was primarily interested in the processes surrounding adaptation among youth with a deployed parent. Four of the five adolescents of the high adjustment group had the deployed parent back home from relatively short deployments (six months and under). The high adjustment adolescents were more involved with various formal and informal supports which they felt were helpful. These supports provided the adolescents with a forum to express what they were going through or a means to be more active by getting out of the house and engaging in activities that would assist in distracting them from the deployment. These adolescents perceived the changes in rules and structure during parental deployment as positive because of the increased freedom it provided.

They found positive ways of coping with the stress by using physical activities or finding someone to talk to. Their living arrangements were unchanged and they had frequent contact with the deployed parent (at least once a week).

The processes of adaptation experienced by the low adjustment adolescents were different. All adolescents of the low adjustment group had a parent currently deployed and had experienced multiple previous deployments. These adolescents didn't have the same experience as the high adjustment group in the area of supports. Although some mentioned supports as helpful, most expressed distrust in those that offered and subsequent refusal of the support. The changes they experienced at home during the deployment were similar to those of the high adjustment group, except that many of the low adjustment youth viewed these changes as negative, with one expressing increased conflict as a result. The most profound difference between the high and low adjustment groups were the methods they described to cope with stress. All of the youth in the low adjustment group described holding the frustration in until yelling or becoming "triggered". There were two adolescents in particular of this group that demonstrated negative impacts of the deployment with both of them experiencing dramatic changes in living arrangements and infrequent contact with the deployed parent.

## CHAPTER V: DISSCUSION

### Introduction

This qualitative multi-case study explored the processes of adaptation in adolescents that had a military parent deployed. This study explored general processes of bonadaptation and maladaptation as well as those associated with indicators of ambiguous loss. The ten participants in this study were chosen to represent youth at both the high and low ends of the adjustment continuum.

The discussion section will explore links to previous research on adjustment and ambiguous loss. Finally, clinical implication of the findings, limitations of this study, and suggestions for further research will be discussed.

### Links to Previous Research

Many of the issues reported by both the high and low adjustment groups were consistent with reports from previous studies. These include difficulty with concentration (Hiew, 1992; Yeatman, 1981) and increased stressors (Rosen et al., 1993b). Several studies found that children dealing with parental deployment struggled with depression, academic performance, and stress (Jensen, Martin, & Watanabe, 1996; Hiew, 1992; Yeatman, 1981). This finding is consistent with the experience of the adolescents in this study across both high and low adjustment groups. Adolescents described having difficulty concentrating in school due to rumination over the activities of the deployed parent. Both the high and low adjustment adolescents also described difficulty with sleeping and increased irritability with friends and family member during the deployment of their parent. This study found that the high adjustment adolescents were particularly aware of the impact the deployment was having on their remaining parent and family

members by statements the at home parents were more irritable and more likely to become upset. This finding differs from the previous research in that the high adjustment adolescents rated themselves as having high adjustment scores even though they were aware of the negative impact the deployment was having on their remaining parent (Rosen, et al. 1993; Medway, et al. 1995).

While reports from the adolescents in the low adjustment group were consistent with findings in the previous literature, such as disciplinary problems (Yeatman, 1981) and internalizing behavior (Kelley et al., 2001), there was an area in which high adjustment adolescents in the present study differed. For example, instead of internalizing their frustration as reported by Kelley et al.,(2001) high adjustment adolescents in this study used the supports that they had available including social support from friends and family.

With respect to indicators of ambiguous loss, in each area, all of the high adjustment adolescents spoke about behaviors that were consistent with this phenomenon. Although they experienced increased responsibilities and changes in routine, this seemed to be offset by positive aspects that accompanied these changes such as increases in enjoyable activities and more freedom. These adolescents were cognizant of the impact the deployment was having on other family members and experienced indicators of changes in mental health. When these adolescents experienced conflict in the family they described other family members as the source as opposed to their own actions causing the conflict.

For this group of low adjustment adolescents, indicators of ambiguous loss were not necessarily different from their high adjustment peers but seemed more profound. For

example, with boundary ambiguity the low adjustment group spoke more about a variety of increased responsibilities. One of the adolescents expressed sadness that their deployed parent had forgotten a family ritual. These youth didn't talk as much about the impact of the deployment on family members but instead expressed the "not knowing" as a source of their family distress.

Both of the high and low adjustment groups exhibited indicators of ambiguous loss that were consistent with current literature. Stewart (2005) found that changes in responsibilities and roles are a part of boundary ambiguity and can be a confusing potentially leading to a difficult adjustment for family members. Both of these groups reported experiencing shifting roles and responsibilities in their home (Peterson & Christensen, 2002) during the deployment. However, it appears that the high adjustment group observed more benefits from this change than did their low adjustment peers and therefore may not have struggled as much. One adolescent from the low adjustment group spoke about a change in a family ritual as a hurtful and difficult event. This is consistent with the finding that rituals may play a protective role in the lives of children (Markson & Fiese, 2000). No other adolescent from either group mentioned any changes to family traditions.

The low and high adjustment groups were similar in their reports of changes in mental health. Both groups related experiences of not sleeping and having a hard time concentrating in school which findings are consistent with previous research (Canetti et al., 2000; Rudolph et al., 2001). The low adjustment adolescents seemed to experience these changes more profoundly. For example, one of the adolescents from this group engaged in self harm and had multiple hospital admissions. This is consistent with the

study that found that clinically referred adolescents perceived the demands of school and family stress as having a greater impact on their lives than did their non-clinically referred peers (Seiffge-Krenke et al., 2001).

The largest difference between the low and high adjustment adolescents seemed to be in the area of family relationship conflict (Boss, 2006). Although both groups reported increases in conflict, the low adjustment group described themselves as the instigator of family conflict instead of other family members as the source of the conflict. Boekaerts (2002) found that adolescents experiencing a high level of stress may be more likely to use negative coping strategies such as acting out which is accurate for the low adjustment adolescents but not for the high adjustment group in this study.

In spite of all of these similarities between the high and low adjustment groups their reported adjustment outcomes were very different. If they both had experiences containing indicators of ambiguous loss why did the two groups differ so much in the area of adjustment? The answer may be found through the themes discovered in open coding. The utilization of formal and informal supports appears to play a larger role in the lives of the high adjustment adolescents than it did in those of the low adjustment group. Additionally the high adjustment adolescents expressed more positive meaning attached to the deployment with all of them perceiving several benefits in their parent's absence. They also used more constructive ways of dealing with the stress of the deployment.

### Clinical Implications

The findings of this study contain a number of clinical implications. According to Dr. Pauline Boss (2004) closure is a myth, yet highly touted by professionals who view closure after loss as a sign of normalcy and evidence of their successful clinical work.

Through her work with the families of 9/11, she reached the following conclusions about people experiencing ambiguous loss:

- 1- Parents, adolescents, and children say that hearing stories and telling stories about the person helps begin their healing process.
- 2- Most helpful is the grouping of multiple families together in a familiar community setting, sitting in circles, so that they can hear each others' stories and form connections through common experience.
- 3- Ambiguous loss does not effect every family or family member. Some individuals and families manage to live with ambiguous loss without negative effects.
- 4- Family's rituals and symbols are the core of family life and are especially helpful in reconstructing family interactions when there is ambiguous loss.

Each of these points made by Dr. Boss has relevance to the findings of this current study and its clinical implications. Adolescents of the high adjustment group spoke about talking to their friends, family, and various formal supports as helpful during the deployment. Providing a safe setting in which the adolescent can tell the stories of their deployed parent to a therapist and their family might be beneficial. In addition to this, creating a support group of multiple families and/or adolescents experiencing parental deployment might be helpful to provide a forum for processing their feelings about their experience. From the focus groups that were organized for this study there was evidence that even the process of talking about their experiences with parental



deployment in the group setting was beneficial with many of them expressing that they would like to “do this more often”.

When counseling these adolescents, it is important to not go into therapy with the premise that the adolescent *is* experiencing ambiguous loss. As Dr. Boss (2006) said, not all people struggle with ambiguous loss. Making the assumption that the adolescent is having difficulty with having a parent deployed might not be accurate.

Because the adolescent may find uncertainty with shifting family roles, it may be important for the family to be encouraged to continue the family rituals that have been established. In the therapeutic setting this might involve helping each family member to play an active role in enacting the ritual or tradition.

Several of the adolescents in the low adjustment group expressed that one of the reasons that they did not utilize support was that nobody understood their experience of having a parent deployed. A way of using this information in a therapeutic setting might involve the therapist treating the adolescent as the expert on deployment. This might open them to utilizing more formal supports and assist the therapist in processing the adolescent’s emotions about parental deployment.

Finally, an important implication of this study is helping the adolescent and their families to encourage self care and positive coping skills. Teaching this as a method of coping might be very beneficial to the adolescent and their family. The adolescents of the high adjustment group spoke about the positive activities that they used to cope such as playing sports, listening and writing music, and attending athletic events. Assisting the adolescent in developing a list of possible activities and teaching positive coping through a psycho-educational component might be beneficial.

### Study Limitations and Future Research

This study was designed to explore processes of adaptation in adolescents that were experiencing parental deployment. To do this, the adolescent's self reported adjustment score was used as an indicator of high or low adjustment putting a heavy emphasis on this score. It might have been helpful to have a more quantitative method to assist in confirming the validity of that score. In addition to this, having a more standardized measure might have been helpful in assessing the youth's overall experience with parental deployment.

Similarly, having a comparison group of adolescents might be helpful in establishing what may be normative adolescent behavior and what behavior can be attributed to the deployment. Again, this might be accomplished by a more standardized measure in which adolescents in this situation might be compared to a control group of their peers.

There may have been other factors that contributed to the adjustment of these adolescents outside of the deployment. For instance, Tiffany may have been struggling with her relationship with her mother and may have started her actions of self-harm before well before the deployment. In other words, it is important to point out that not all of the adolescents in this study were of equal adjustment prior to the deployment of their parent.

Because studies have shown the impact that parents have on their children, it might have been helpful to have a similar focus group with the parents of the adolescents. This would provide a broader picture of the family's experience with having a member deployed.

It is important to note that although the participants in this study were at a camp that was without cost, a parent still had to take them to the camp. There might be adolescents on both sides of the adjustment continuum that had the remaining parent unable or unwilling to take their child to camp. This might be due to outside circumstances or maybe the parent didn't think the child needed to attend the camp and may have minimized their child's experience with having a parent deployed.

It should be noted that the focus of the original study was not to explore ambiguous loss, so it does not necessarily mean that it was not an issue for these adolescents. It might be helpful in future research to ask questions surrounding indicators of ambiguous loss.

In the future, it might be interesting to examine specifically the strengths of these high adjustment adolescents in depth to get a clearer picture of their experience. Finding patterns in their behavior that contribute to resiliency might be helpful to assist struggling youth in similar situations.

A longitudinal study of this nature might be helpful because it would give us a glimpse into the eventual outcome of these adolescents. Such a design would be particularly interesting with the low adjustment adolescents because most of their parents were currently deployed and the high adjustment adolescents had their parent back. If these low adjustment adolescents were interviewed in several years when their parent was back would they rate their adjustment as higher?

Many of the adolescents that had their deployed parent back at home expressed the difficulty of having that parent return and be reintegrated into the family. In future

research it might be interesting to examine the process of reintegration and readjustment as these parents and soldiers return home.

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## Appendix

Questions that were asked:

- How has/does your life change when your parent(s) is deployed?
- What is different in day to day tasks or activities? What is the same? (e.g. Roles at home, afterschool activities, Relationship with parent/siblings)
- Has your behavior changed since your parent has been deployed? If so, how? (e.g. changes in sleeping, eating, fights with parents or siblings, grades etc.)
- When talking to friends who aren't familiar with the military, how do you describe what your parent is doing?
- How do you feel about what he/she is doing?
- How much influence does the media/news coverage have on your opinion?
- There are many changes that go along with being a teenager. What kind of stresses (both good and bad) do you have in your life right now (e.g. school, friends, work, home, activities, siblings)?
- How do these change during deployment?