

Silenced Voices That Cry In the Night:
The Transformative Experience of Spouses of Wounded Warriors -
Is it Transformative Learning?
A Phenomenological Study

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A Dissertation Submitted to

The Faculty of
The Graduate School of Education and Human Development
of The George Washington University
in partial fulfillment
for the degree of Doctor of Education

May 17, 2015

Dissertation directed by
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Abstract of Dissertation

Silenced Voices That Cry In the Night:
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Is it Transformative Learning?
A Phenomenological Study

This study sought to better understand the transformative nature or essence of the experiences of spouses of junior to midgrade enlisted soldiers wounded in combat during the Global War on Terror, how they learned to make meaning of their new life circumstances as a result of profound and dramatic changes in their lives as they struggle with the added responsibility of caring for their wounded warrior amid tremendously increased responsibilities of leading and managing their households, and, from a practical perspective, how society can better support them.

Within the framework of a qualitative approach, this study lays at the theoretical intersection of transformative learning and the feminist-inspired theory of women's development. The study population included fifteen spouses of junior to mid-grade enlisted wounded warriors. The women represented a diverse group of African American, Hispanic, and Caucasian spouses from nine different geographical locations with a median age of 37.6. Their soldiers were injured in combat operations in Iraq, Afghanistan, Kosovo, Syria, or Kuwait. The study used a modified version of Seidman's interview protocol; each participant was interviewed twice using open-ended questions.

The study found that (a) commitment was the essence of the spouses' transformative experience; (b) the women's transformation was not a linear approach as outlined in the preponderance of the existing transformative literature; (c) there is an alternative perspective on the development level of enlisted spouses in this contemporary environment; (d) the women's epistemology was context-based and depended on the

challenge or situation to be resolved; (e) the women had to fight against the institutional constraints that silenced them as they negotiated for a more inclusive involvement in their soldiers' care and well-being; (f) their resistance to the institution served as catalysts for transformation within the institutions; and (g) despite their personal challenges, their transformed perspective propelled them to strive to translate their moral commitments into action out of a feeling of responsibility to their wounded warrior community.

Dedication

First, this dissertation is dedicated to my mother, Mrs. Georgia Lee Coleman, who instilled in me a sense of pride and accomplishment from the time I was just a little girl growing up in the mountains of West Virginia. She believed in me long before I believed in myself.

This dissertation is also dedicated to the million of military men and women who serve in our Armed Forces and shoulder the responsibility of protecting our Nation. It is especially dedicated to the spouses of those military members, particularly the spouses of our wounded warriors who support their soldiers and “endure hardships with graciousness and tragedies with heads held high” (Biank, 2006, p. xvi). You are all my heroes.

Ghandi once said “Strength does not come from physical capacity. It comes from an indomitable will.” I found this will to be characteristic of my mother and the women in this study.

Acknowledgement

“At times our own light goes out and is rekindled by a spark from another person. Each of us has cause to think with deep gratitude of those who have lighted the flame within us.” A. Schweitzer

This doctoral journey was truly a transformative learning experience. It challenged me in ways I could never have known. It opened my eyes to new vistas, new horizons, and new ways of thinking. I am eternally grateful for having had this opportunity and grateful to those who nurtured and supported me.

I would like to thank the professors of the George Washington University ELP for challenging me and never settling for mediocrity. Along with the GWU staff, you have each contributed immensely to my doctoral experience and I am forever grateful for your support.

I would like to thank my dissertation chair, Dr. Ellen Scully-Russ for her guidance and sage advice throughout this arduous process. As a fellow Adult Educator, you may not realize it but you supported me in so many ways and will continue to inspire me. Your generosity with your time in helping me and sometimes pushing me through the dissertation quagmire is greatly appreciated.

I would like to thank my dissertation committee members, Dr. Lionel Howard, Dr. John Dirks, Dr. Heidi Graham and Dr. Julia Storberg-Walker for embracing my study, asking the hard questions, and sharing your rich and valuable knowledge in your field.

To my fellow Caribou of ELP Cohort 22 thank you for embracing me as a member of the pack, for encouraging me and my soul, and helping me to grow.

Special thanks to my Circle of Sisters, Dr. Sharlene Allen and Dr. Takieya Newball-Williams. Thank you for your strength, support, and sisterly love. Our phone

calls, emails, writing sessions, comp sessions, the Zen Spot, and great times we had can never be replaced. You were always there when needed and are indelibly 'inked' in my heart! Special thanks as well to Dr. Diana Burley for your mentorship and encouragement to get finished.

I would like to thank my staff of the Army's Civilian Training and Leader Development Division. Thank you for allowing me this opportunity with the assurance that you would always keep the 'TRV shop' moving along in my absence. It relieved a lot of anxiety knowing I had trusted team mates who would not let me down.

To my family, Ron, Valoree, and Jason...I want you to know how much I love you. You shared my good times, my frustrations, my 'ah ha' moments, and you were always in my corner. You are the best and I owe you each a special thanks. Ron, you have been my rock, my pillar of strength, and you took such exceptionally good care of me throughout this journey. I truly could not have done this without your love and support. I still have the sticky note you put on my computer when I was lost for words (if you can believe that). It was so you, so simple - it said "Get something on paper". Well, I did! Thank you for always encouraging me. Valoree, you are the best daughter in the world and I could not be more proud of you. I thank you for your patience, your understanding, your encouragement, and your final push! Jason, I thank you for your service to our country and for providing me a glimpse of 'war time reality' with your stories of your deployments to Afghanistan. You were like my movie set advisor that helped me to keep it real. I am very proud of you!

Thank you to all my many family members, friends (especially Grace and Brenda), and colleagues for being there for me. I hope I made you proud.

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CHAPTER 1: INTRODUCTION

*“It is actually through the process of effecting transformations that the human self is created and recreated”
(Maxine Green, 1988, p. 21)*

Overview

As Kothari (1998) observed, “The basic dimension of human prospect are survival and transformation...and the two dimensions, are inextricably intertwined” (p. 20). To survive is “to continue to exist or live after” (Merriam Webster Dictionary, 2012); transformation is to change, to grow, to learn, a deep and lasting world shift (Stevens-Long, Schapiro, & McClintock, 2012). The words of Kothari so resonated with me after a conversation with a young female intern that it compelled me to think about that discussion for this dissertation. Let me explain.

Motivation for the Study

In my current position with the Department of Army, I am regularly requested to serve as a guest speaker to raise enthusiasm and interest in attendees with regards to their personal and professional development. It was at one such event that, after speaking to an audience of 130 junior government employees, one young woman asked to speak with me in private. She shared her personal transformative experience from a young, dependent¹ enlisted wife to head of household” caring for her soldier spouse who was wounded in the Global War on Terrorism and no longer able to work full time. We talked for some time about how she has had to learn (and is still learning) to become independent, how she sees the world differently but how so many, both inside and outside

¹ An institutional label applied to the spouse(s), children, and possibly other familial relationship categories of a sponsoring military member for purposes of pay as well as special benefits, privileges and rights (DoD 601O.8-R).

of her organization, still see her as just a young, dependent spouse. We talked about ways to overcome this perception and discussed several strategies that worked for me, many years ago as a young Army² spouse in charge of my household during years of long separation of my soldier and his eventual death from a service-connected disability. As I traveled back to Washington, DC, I could not help but replay her story over in my mind. I was intrigued with her story of transformation as it greatly mirrored my own. As an educator, former military spouse and mother of a combat veteran exhibiting stress-related issues, I found that the transformative experience of these courageous women to be an area of renewed interest and thus the focus of this dissertation.

This chapter introduces the phenomenological study of a diverse group of female spouses of junior to mid-grade enlisted wounded warriors injured in combat in the Global War on Terror (referred to as *the War* for the purpose of this study). This chapter introduces the perceived problem that prompted the research, establishes the study's purpose, presents the research questions guiding the study, and examines the potential significance of the research and the theoretical perspectives that underpin the study. The chapter also includes research limitations and assumptions, a set of key terms used throughout the study and concludes with a summary.

² The United States Army (USA) is the main branch of the United States Armed Forces responsible for land-based military operations. It is the largest and oldest established branch of the U.S. military, and is one of seven U.S. uniformed services. The modern Army has its roots in the Continental Army which was formed on 14 June 1775 to meet the demands of the American Revolutionary War before the establishment of the United States. The primary mission of the Army today is "to fight and win our Nation's wars by providing prompt, sustained land dominance across the full range of military operations and spectrum of conflict in support of combatant commanders" (Army Home Page, 2012).

Background and Context

According to Shay (1994), “Since the time of Homer, warriors have returned from battle with wounds both physical and psychological, and healers from priests to physicians have tried to relieve the pain of injured bodies and tormented minds” (cited in Geppert, 2009, p.1). Although the techniques and tactics of war have changed, the pain and suffering of injured bodies and tormented minds have not.

The first military oath under the American Constitution was approved by an Act of Congress on September 29, 1789. It applied to all commissioned officers, noncommissioned officers and privates in the service of the United States (Center for Military History, 2012). Since that time, all military personnel swear an oath to uphold the Constitution and protect our country. These military personnel are young men and women who decide to give up their personal freedoms and defend our Nation because they believe in something greater than themselves (“White House”, 2012).

Simultaneously their spouses take the unwritten oath to live a life of frequent moving, lengthy separations, and endless anxieties. Their commitment requires a unique blend of patriotism, dedication, hard work, and, most of all, flexibility (Canfield & Hansen, 2005). Serving our country is a great honor. Our soldiers do it with pride. So do their spouses. As a 34-year career Army civilian employee and former Army spouse, I know this firsthand. However, recent events, unthinkable before September 11, 2001, brought all of this to bear in our contemporary history.

On September 20, 2001, President Bush delivered an inspirational speech to America that rallied support for the ‘War on Terrorism,’ (the War) which would eventually lead to the wars in Iraq and Afghanistan. Bush said:

We will direct every resource at our command - every means of diplomacy, every tool of intelligence, every instrument of law enforcement, every financial influence, and every necessary weapon of war - to the destruction of and to the defeat of the global terror network. (2001)

The War has had a significant toll on enlisted³ members, reservists, their families, and their employers (Karin, 2009). Since its onset in 2001, according to the Department of Defense, more than 2.6 million troops have served in Iraq or Afghanistan; 6,809 killed in the war zone; 52,010 wounded in action, and 970,000 Iraq and Afghanistan veterans have filed disability claims with the Veteran's Administration (VA).⁴ The injuries sustained by the soldiers have affected thousands of families. Figure 1 depicts how the War has impacted every U.S. state and territory and why it is a concern for our society.

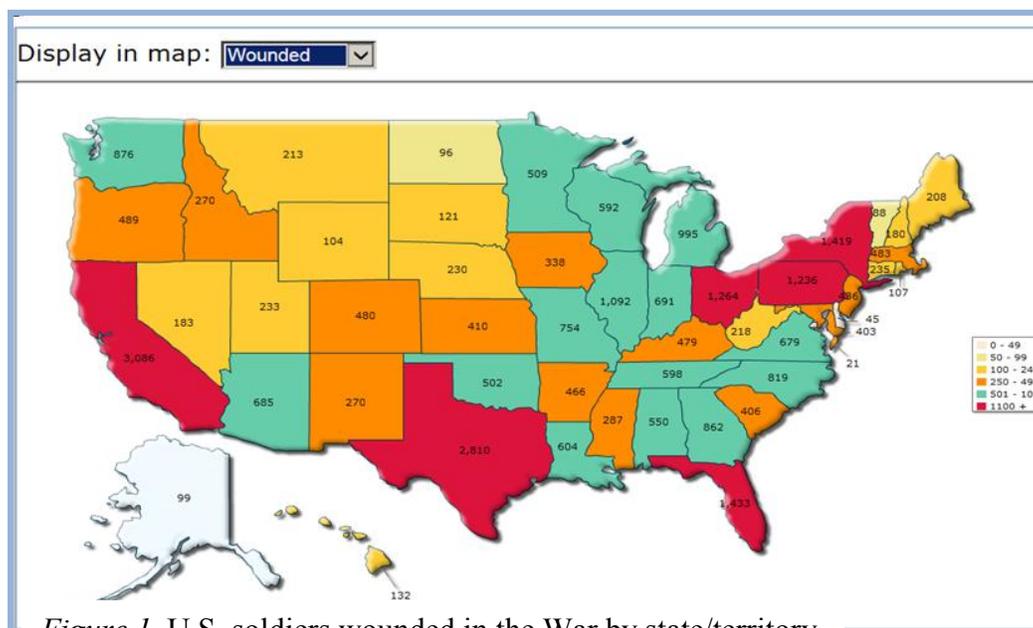


Figure 1. U.S. soldiers wounded in the War by state/territory

³The Army has three categories of Soldiers: Enlisted Soldiers, Warrant Officers and Commissioned Officers. Each has its own specialized training, responsibilities and areas of expertise. Enlisted soldiers perform specific job functions and have the knowledge that ensures the success of their unit's current mission within the Army. Enlisted soldiers do the bulk of the work; officers are in leadership positions. Enlisted soldier pay is also much less than that of officers. An enlisted soldier's rank can range from entry level Private (E-1) to Sergeant Major of the Army (E-9) - see Appendix A(The Army Home Page, 2012).

⁴ Department of Defense, "Operation Iraqi Freedom (OIF) U.S. Casualty Status," Fatalities as of: May 22, 2014, 10 a.m. EDT; Department of Defense, "Operation New Dawn (OND) U.S. Casualty Status," Fatalities as of: May 22, 2014, 10 a.m. EDT; Department of Defense, "Operation Enduring Freedom (OEF) U.S. Casualty Status," Fatalities as of: May 22, 2014, 10 a.m. EDT, at <http://www.defense.gov/news/casualty.pdf>.

Our military service members represent only one percent of our population, but they shoulder the responsibility of protecting our entire nation. Missing birthdays, anniversaries, graduations and so many of the daily moments we spend with the people we love, they make incredible sacrifices. But, they do not make them alone (“White House,” 2012).

Traumatic events (such as combat) are characterized by a sense of horror, helplessness, serious injury, or the threat of serious injury or death (Geppert, 2009). Invisible trauma can be just as potentially debilitating, such as post-traumatic stress disorder (PTSD) and traumatic brain injury (TBI) characterized by flashbacks, avoidance, numbing of responsiveness (including substance abuse), persistent expectation of danger, constriction (dissociation, zoning out), and memory impairment (Isserlis, 2001) has impacted roughly 1 in 6 of our veterans (“White House,” 2012).

Improved body armor, explosive-resistant vehicles, “the enormous progress of battlefield medicine” (Geppert, 2009, p. 2) and more advanced care at military treatment facilities “has created an unprecedented situation in which warriors [an institutional label assigned to Soldiers injured in the war zone] who would have died from their injuries in all previous wars now survive” (Geppert, 2009, p. 2). According to Woods (2011), more Americans [soldiers] are being wounded, and their injuries are more “severe and complex” (p. 1). Our warriors struggle with multiple devastating wounds as well as severe burns, dismemberment, and cognitive impairment, “and a high number have high levels of anger, hostility, and aggression” (Jakupcak, et al., 2007, p. 946) as well as suffer from suicide ideations and substance abuse (Geppert, 2009).

Veterans of any war face major challenges reintegrating into civilian society, but these challenges become much more complex with an accompanying stress disorder and/or physical disability. According to Wood (2011),

More troops are returning home [from the War] severely wounded with injuries that require lifelong care and cost millions of dollars in medical bills. The number of American soldiers who lost at least one limb doubled from 2009 to 2010, and the number of triple amputees has nearly doubled. Almost all of the severely injured troops return to the U.S. with traumatic brain injury [thus adding another level of complexity to an already wounded body]. (para. 2)

Wood (2012) also noted that

The casualty statistics only began to suggest the suffering of the injured and the families of those killed or injured. Because so many of the wounded are in their early 20s, they and their families face a lifetime during which the medical care can be costly, intense, and constant. (para. 3)

Unfortunately, trauma is not only an issue for those who actually experience it but survivors, rescue workers, friends and family of survivors, or anyone witnessing a traumatic event can be adversely affected (Department of Health and Human Services, 2003). The higher prevalence of these war-related injuries and stress disorders also has troubling ramifications among the parents, spouses, and children of these veterans. Their combat exposure, severity of PTSD and TBI, impairments in interpersonal functioning (Geppert, 2009) and physical disabilities as a result of trauma have not only affected the soldier but the family as well, especially the spouse who has assumed the role of warrior care-giver.

Soldiers' spouses play a key and integral role in the success of the soldier. As indicated by Casey (2010), "the War has solidified the military's embrace of the concept of recruiting a soldier and retaining a family" (p. 1), but the secondary effect of the War has been the tremendous burden faced by thousands of military spouses. According to Weinstock (2012),

Military spouses, like military members themselves, come from every walk of life, but as a demographic group they can be characterized as predominately young. Over half (55%) of active duty service members are married, and a significant percentage (43%) have children. Since nearly half of the active duty

force is under age 26, this means there is a large number of young military families with children. (pp. 1-2)

The Army is rich in traditions, not all of them positive. Through her research, Biank (2006) examined that the essence of the Army community:

Within this [Army] environment a whole community - with arcane traditions and a well-defined military caste system thrives. The senior officers' families live in the prettiest part of post near the parade field in century-old homes, all within walking distance of the golf course and the officers club pool and tennis courts. The most junior enlisted couples live in dowdy duplexes known as ghettos. (p. xii)

While this may be improving in some locations, Biank's research echoes earlier work conducted by Harrell (2000), who has provided the seminal work on enlisted spouses. Through Harrell's extensive research of over 100 interviews with military spouses:

A common stereotype of junior enlisted military spouses emerged, which was shared not only by more senior military personnel and their spouses but also by other junior enlisted soldiers and spouses, many of who would discuss their peer group negatively, even when they shared similar attributes. This stereotype characterizes junior enlisted spouses as lower class – and thus uneducated and unintelligent, out of control both sexually and reproductively, in unstable relationships and lacking morals, financially irresponsible, poorly groomed, inappropriately dressed, and lacking both proper manners and housekeeping skills. (p. 99)

According Harrell (2000), “many enlisted wives were isolated from other enlisted spouses, either by their own choice...or because they live far from the military post and do not have the opportunity to meet other Army enlisted spouses” (pp. 106-107). Add to these dynamics the complexities of war, and, for many of these spouses who are primarily female, transforming their world view as a result of the traumatic injury experienced by their soldier may be the first step towards a strong family foundation that

can support changing roles and responsibilities. The challenge, I contend, is for society to better understand the dilemma faced by enlisted spouses of wounded warriors, the nature of their experience, and how they learn to more effectively help them cope and thrive in their new circumstances.

Problem Statement

“Life within many military families is forever changed when a service member deploys to a combat zone....The effects of combat exposure...are clear and lasting” (Johnson, et al, 2007, p. 10). More troops are returning home severely wounded with injuries that require lifelong care, costing millions of dollars in medical bills (Wood, 2011). The majority of these troops are enlisted soldiers, “the lowest ranking sectors of military communities” (Howell & Wool, 2011, p. 2) many with even younger spouses who now have experienced profound and dramatic changes in their lives and life experiences as they struggle with the additional responsibility of caring for their wounded warrior. Unfortunately, very little is known about the nature of these women’s experiences. We often hear about the sacrifices soldiers make for their nation, but we rarely hear about the spouses’ struggles. As articulated by Biank

Army wives are bound by an unwritten code. They are expected to endure hardships with graciousness and tragedies with heads held high. Army spouses feel they must keep most of their frustrations, disappointments, pain and human vulnerabilities tucked away for the good of the Army and their husbands’ careers. (2006, p. xvi)

Their reality is far more compelling when you add the complexity of traumatic war injuries the soldiers bring home from the battlefield. Although one can speculate as to the nature of their experience, this study sought to better understand the transformative nature or the essence of the experiences of spouses of junior and mid-grade enlisted

wounded warriors injured in combat operations, how these women learn to make meaning of their new life circumstances as a result of the challenges they and their families have encountered, and how society can better support them.

There is a dearth of empirical literature examining the specific learning experiences of minority groups and women and the manner in which socially assigned roles and existing self-perceptions have contributed to the development of revised perspectives (Kairson, 2009). There are also limited studies that look at how the factors of gender, ways of knowing and context influence the development of revised perspective views of adult learners (Clark & Wilson, 1991; E. Hayes & Flannery, 2000; E. Taylor, 1998, 2007), and, according to E. Taylor (2007), there has been very little exploration of transformative learning in a non-educational setting. Additionally, many of these women have become the head of their household, a role traditionally held by the soldiers before they were seriously injured. To that end, this study is further supported by scholars such Buvinic and Gupta (1997) who posited that women who become the heads of the households are worthy of special attention because they are triply disadvantaged: they experience the burdens of poverty, gender discrimination and lack of social support. Women who are usually the breadwinners in female-headed households face gender discrimination with respect to education, earnings, rights, and economic opportunities (Barros, Fox, & Mendonca, 1997). Women like these and others who demonstrate profound and dramatic changes in their lives and life experiences as a result of caring for a wounded warrior are the focus of this study.

Statement of Purpose

The purpose of this phenomenological study was to gain an in-depth understanding or essence (Creswell, 2007) of the transformative experiences of spouses of junior and mid-grade enlisted soldiers in the rank of E-1 to E-6 who were wounded in combat operations in support of the War, to learn how these women learn to make meaning of their new life circumstances as a result of profound and dramatic changes in their lives and life experiences as a result of those injuries (traumatic and/or debilitating; visible or not) and to determine how society can better support them. The study also endeavored to add to the ongoing scholarly conversation about the transformative learning experiences of women and how women know and learn.

Addressing the dearth of literature on learning and knowing common to women in an informal learning situation, and on enlisted Army spouses more specifically, this study sheds light on the experience of female spouses as they learn to become care providers for their wounded warriors. The knowledge generated from this inquiry will offer new insights and so inform military decision makers and society in general. To that end, the military, policy writers, recruiters, the medical community, social services, and society as a whole can benefit from a better understanding of the nature of these women's experiences, and how they learn and make meaning of their experiences in order to sustain their new world view.

Research Questions

Using transformative learning theory and the women's development theory inspired and informed by feminist pedagogy as a theoretical framework, the research questions that underpin this study are:

1. What is the essence of the transformative experience of spouses of wounded warriors?
2. How does the process of learning enable the women in this study to restructure meaning of a new perspective and what factors influenced their learning?
3. What is the relationship between the women's learning epistemology and how they engage in critical reflection and discourse in their transformative experience?
4. Are the spouses' transformations indicative of a transformative learning experience as defined in this study?

Overview of the Conceptual Framework

The conceptual framework for this study draws from two main bodies of literature: the adult learning theory of transformative learning and women's development theory. These two constructs served as the theoretical underpinnings for understanding and making meaning of the transformative experiences of the study participants.

Transformative learning is rooted in the constructivist paradigm, an orientation which holds that the way learners interpret and reinterpret their sense of experience is central to making meaning and hence learning (Mezirow, 1994). Women's development theory, inspired by feminist pedagogy, is situated in the advocacy/participatory paradigm (Creswell, 2007) and allows the researcher to provide a voice for marginalized and often under-represented participants whereby the outcomes serve to improve their lives. In addition, according to Creswell (2007), "feminist research approaches center and make problematic women's diverse situations... its goals are to establish collaborative and non-

exploitative relationships, to place the researcher within the study so as to avoid objectification, and to conduct research that is transformative” (pp. 25-26). It asks the question “what about the women?” and is the research position from which I conducted this study.

Grounding this study in two theoretical perspectives is appropriate. There is no single theory that is completely adequate in explaining adult learning (Shaw, 2001). As Cross (1911) stated, “there will be not one but many theories useful in improving our understanding of adults as learners” (p. 248). Shaw (2001) suggested that the individual strengths of each theoretical perspective offset the limitations of the other. From my perspective as researcher, this dual approach provides a more thorough and in-depth theoretical base for researching the transformative experience of spouses of enlisted wounded warriors, how they learn and come to know, and how they construct meaning of their new perspective.

Transformative learning theory. Mezirow introduced the concept of transformative learning in 1978 in his groundbreaking study of women who returned to community college to continue their education. As their understanding of personal, cultural, and social histories grew, so did the students’ ability to modify their assumptions and expectations of learning. Transformative learning theory’s assumptions are constructivist, an orientation which holds that the way learners interpret and reinterpret their sense of experience is central to making meaning and hence learning (Mezirow, 1994). It describes how learners construct knowledge through their experiences with others and the world around them (Moore, 2005). Transformative learning is

fundamentally concerned with construing meaning from experience as a guide to action (Clark & Wilson, 1991)

Transformative learning is founded on a perspective view of the learning process (Dirkx, 1998). Dirkx (1998) defined perspectives as those “beliefs, values, and assumptions” (p. 4) that develop through one’s life experience. Through developed perspectives, one is able to interpret and to make meaning of those experiences in order to gain greater control over one’s life as socially responsible, clear-thinking decision maker (Mezirow, 1991, 2000).

Moreover, transformative learning is rooted in the belief that true learning is initiated by a disorienting event and is realized through the conscious reflection of the assumptions surrounding the learner’s beliefs, feelings, and actions. Such a disorienting event can be as subtle as a beautiful sunrise (Cohen & Piper, 2000) or as acute and personal as a natural disaster, the tragic death of a loved one, divorce, a debilitating accident, war, job loss or retirement (E. Taylor, 2008). Much like the experiences of the women in this study, these experiences are often stressful and painful, and they can cause individuals to question the very core of their existence (Mezirow, 1997).

Mezirow (1991) acknowledged that all learning can create change in an individual, but not all of the change is transformative in nature. Mezirow further stated that “transformations often follow some variation of the following phases of meaning becoming clarified” (2000, p. 22): (a) a distorting dilemma; (b) self-examination with feelings of fear, anger, guilt or shame; (c) a critical assessment of assumptions; (d) recognition that one’s discontent and the process of transformation are shared; (e) exploration of options for new roles, relationships, and actions; (f) planning a course of

action; (g) acquiring knowledge and skills for implementing one's plans; (h) provisional trying of new roles; (i) building competence and self-confidence in new roles and relationships; and (j) a reintegration into one's life on the basis of conditions dictated by one's new perspective. These phases, representing the process of transformation, frame the study protocol questions used to gather data about the participant's transformative experiences.

A transformation, defined as an outcome that refers to a deep and lasting change, is equivalent to what some term a developmental shift or a change in world view (Stevens-Long et al., 2012); this differs significantly from a transformative learning experience. The outcome of a transformative learning experience is much deeper.

According to Dirkx (1998),

The outcome of transformative learning reflects individuals who are more inclusive in their perceptions of their world, able to differentiate increasingly its various aspects, open to other points of view, and able to integrate differing dimensions of their experiences into meaningful and holistic relationships. (p. 4)

This outcome is, in essence, what differentiates 'transformation' from 'transformative learning experience.' Many individuals experience transformative moments but not all transformations are transformative learning experiences. The more developed or complex we become, the better able we are to handle "the mental demands of modern life" (Keegan, 1994 in Merriam, 1996, p. 138). In addition, transformative learning teaches us that the "self is intimately involved in the process of learning" and the "self that comes through in these perspectives is more than a seeker of information, of solutions to life's problems. The self here is active, with a strong sense of agency, acting on and often creating the worlds which it inhabits" (Dirkx, 1998, p. 10).

Recent scholarship and the emergence of transformative learning underscore a fundamentally different way of thinking about learning and change. In addition to Mezirow, the chief architect of transformative learning, there are at least three additional “strands of thought within the research and theory on transformative learning” (Dirkx, 1998, p.2) that have gained prominence in the scholarly conversation. These strands are reflected in the work of several educators: Freire (1970), Daloz (1986), and Boyd (1991). As Dirkx (1998) noted, “Their work provides a basis for deepening our understanding of what transformative learning means and involves” (p. 2). Each strand of transformative learning is highlighted in Chapter 2 of this dissertation.

Women’s development theory. The second body of knowledge that underpins this study is the women’s development theory, inspired by feminist pedagogy. Feminism and feminist pedagogy, a broad collection of women’s movements, privilege the voice of the unheard and the unrecognized. Feminism and feminist pedagogy, which seek to provide space for people’s authentic lives to be understood, ignited interest in studying women’s ways of knowing and learning (E. Hayes & Flannery, 2000), informing women’s development theory.

In their seminal research on women’s ways of knowing, also referred to as women’s development theory, Belenky, Clinchy, Goldberger, and Tarule (1986, 1997a) found that the development of a population of women of various ages and experiences was not necessarily linear and involved shifts among different ways of knowing. The authors also discovered that existing developmental theories at the time did not address some issues and experiences that were common and significant in the lives and cognitive development of women (Love & Guthrie, 1999). Belenky et al (1986; 1997a) identified

five ways of knowing or knowledge perspectives, that represent a different point in women's cognitive development depending on concepts of self (*self*), relationship with others (*voice*) and understanding of the origins and identity of authority, truth and knowledge (*mind*). These five ways of knowing, or epistemologies, were identified as "silence, received knowledge, subjective knowledge, procedural knowledge, and constructed knowledge" (Belenky et al., 1997, p. 15). Each epistemology is described in detail in Chapter 2.

A key assumption that underlies the study of women's transformative learning is that much can be learned from the stories of women (Jones-Ilsley, 2011). Writing in this area embodies a psychological, sociological, and critical dimension (Merriam, 1996). Merriam (1996) suggests the gender model (Maher, 1987) with a psychological focus, is concerned with the development and personal empowerment of individual women; the liberatory model, with a sociological focus, is anchored in an analysis of the structured power relations of the larger society that have resulted in women being an oppressed and marginalized group. "Both perspectives are critical in that women's experiences and women's modes of learning are critically assessed at both the individual and societal levels" (Merriam, 1996, p. 140).

The broader field of feminism also inspired the research perspective I have taken with this study particularly as it relates to the issue of voice. In 1999, Smith called for "starting research from women's lives, from that lived experience that was eschewed by traditional social science" (Hesse-Biber & Leckenby, 2004, p. 215). Hesse-Biber and Leckenby (2004) also suggested that researchers "seek access into data and voices that have been traditionally silenced" (p. 215).

Transformative learning viewed through a lens of women's development is not grounded in the view of the woman as being oppressed but instead supported my goal as a novice researcher "to produce non-hierarchical, non-manipulative research relations...between the researcher and researched" (Cotterill, 1992, p. 594). As such, the nexus of transformative learning and women's development is concerned with

- (a) how to teach women more effectively so that they gain a sense of their ability to effect change in their own lives [as is the case of the participants in this study];
 - (b) an emphasis on connection and relationship (rather than separation) with...other learners; and
 - (c) women's emerging sense of personal power.
- (Tisdell, 1993, p. 93)

My expectation is this body of inquiry will add to the adult educator's array of modern tools and techniques for transforming the minds of adult learners more effectively and efficiently (Wilson & Kiely, 2002).

Summary of Methodology

Feminist philosopher of science, Sandra Harding (1987) distinguished between method and methodology in the following way: "Method refers to techniques for gathering empirical evidence; methodology is the theory of knowledge and the interpretative framework that guide a particular research project" (p. 2). To fully understand the essence of the participants' transformative experience, the sociological paradigm for research supported a constructivist/interpretive paradigm (Creswell, 2007).

As such, a qualitative methodology was chosen for this study. A qualitative methodology emphasizes "processes and meanings that are not rigorously examined, or measured (if measured at all), in terms of quantity, amount, intensity, or frequency" (Denzin & Lincoln, 2004, p. 35). Denzin and Lincoln (2004) further described the nature of qualitative research as "value-laden," emphasizing "how social experience is created

and given meaning” (p. 35). Creswell (2007) recommended a qualitative research inquiry approach when there is “a need to study a group [of individuals]...we need a complex, detailed understanding of the issue...we want to empower individuals to share their stories, hear their voices, and minimize the power relationships that often exists between a researcher and participants” (p. 40).

Phenomenology, a qualitative methodology, more specifically focuses on “describing what all participants have in common as they experience a phenomenon” (Creswell, 2007, p. 58) and, as posited by Merriam (2009), “seeks understanding about the essence and the underlying structure of the phenomenon” (p. 25). To that end, this qualitative study used the phenomenological approach as the basis of the methodology and supported the dual theoretical framework of transformative learning and feminist-inspired scholarship of women’s development theory.

Researcher’s Assumptions

Based on my experience and background as an Army spouse, three primary assumptions function within this study. First, spouses who experience a disorienting event such as the injuries sustained by their soldier are transformed from their former role of dependent spouse. They experience profound and dramatic changes in their lives and life experiences. Second, the journey to transformation is not a linear process as described in Mezirow’s theory. Having experienced a similar disorienting event as an Army spouse, I know there are many twists and turns along the way toward a shifting perspective and thus the understanding of this new perspective. Lastly, many enlisted spouses who previously were considered “silenced” in the way they learn and in their place in their military communities have had to learn very quickly how to “construct their

own knowledge” as they learn to make meaning of a new perspective. These assumptions are grounded in my own experience and premised on the notion that time to grow and learn is no longer a luxury for these women. In order to survive in the new space of multiple roles they find themselves in, the spouses must learn find their voice to become effective at making decisions and accomplishing things that previously would have been taken care of by their soldier, particularly within their highly structured, male-dominated military communities.

The Researcher

As a 34-year career employee of the Department of Army at the time of conducting this study, I am serving as the chief of the Army’s civilian training and leader development program for 300,000 civilian employees; I have many years of experience coaching, mentoring, and advising soldiers, spouses, and civilian employees. More importantly, I was a spouse of an active duty soldier for more than eleven years and I am the mother of an active duty soldier who recently completed two combat tours to Afghanistan in support of the War. I am also the daughter of an enlisted soldier who was wounded in the Korean War and the sister of an airman who served in the Vietnam War who experienced combat-related stress disorders. As a spouse, I experienced numerous deployments and separation due to her soldier’s mission requirements. After his death from a service-connected disability, I found my life transformed and my perspective, the way I saw the world, changed. I realized I had to change my way of knowing and thinking in order to survive and effectively care for two small children, manage all the complexities of her life as head of household, and move forward in my career and life

aspirations. As such, I bring to this inquiry process practical experience as one who has transformed.

I recognized that my experience was valuable in providing insight into the transformative journey of the study participants but also recognized that the same experience could have served as a liability as it had the potential to bias judgment, particularly in the interpretation of the findings. In addition to the assumptions made explicit at the outset of the study as recommended by Bloomberg and Volpe (2012), I engaged in ongoing critical reflection by way of journaling and dialogue with my dissertation advisor. From a feminist-inspired research perspective, shared experience allows the researcher and participants to “come to the investigation with forestructures of understanding shaped by their respective backgrounds, and in the process of interaction and interpretation, they cogenerate an understanding of the phenomenon being studied” and thus allows the voice of the participants to be heard (Creswell, 2007, p. 22). To address this subjectivity, I utilized several safeguards to ensure trustworthiness such as triangulation of data sources; providing a thick, rich description of the data to present a complete representation as articulated by the participants; and conducting on-going member checking with the participants and peer review by the study chairperson.

Rationale and Significance

The rationale for this study emanated from my desire to understand how spouses of enlisted soldiers, a particularly vulnerable and generally underrepresented group, transform their world view after their soldier is wounded in combat. This educational research was significant for several reasons. First, it extended the literature on transformative learning outside a traditional classroom environment from the perspective

of a unique group of ethnically diverse women. It furthered the understanding of adult education, women's transformative learning, and women's ways of knowing and learning.

Much has been written about the myriad issues soldiers encounter as a result of injuries suffered during the War, and a number of programs have been established to provide a level of support unparalleled in any time in our history, and rightly so. Our heroes deserve all the time, attention, and support our nation can provide. Nonetheless, there is a dearth of literature about Army spouses, particularly spouses who must transform as a result of caring for a traumatically wounded soldier which may be of benefit to military policy makers, service providers, and society.

A Google Scholar search provided access to more than 102,000 articles starting with the War of 1812. Literature about the experiences of U. S. military spouses is nascent and a review of the articles provided did not feature research on the spouses but on the soldier. In addition, I could find no scholarly research that provided an understanding of the transformative learning experience of women or spouses of wounded warriors in an informal setting outside a traditional classroom space.

This study provided a scholarly discourse surrounding the stories of transformation and meaning making and provided a voice for a unique group of women and women like them which is virtually silent in the literature. The importance of the study is not solely the uniqueness of each woman's voice but also what these women share with other women in small towns and cities across the country and the world. If society is to continue to change and evolve, then women's voices, representing a variety of interests, experiences, and needs, should be heard, as "In the absence of rigorous,

accessible, and thorough scholarship focused through the lens of women's experience, women risk not being heard" (Bioethics, 2015). This research also added to and advanced the discourse of women's development and has potential to inspire other women in similar circumstances, through transformative learning, to transform their world view.

As suggested by Harrell (2000),

The insights gained from this study may help provide some human context for official statistics and should be of interest to the military leadership, personnel managers, analysts, and policymakers involved in the recruiting, retention, and management of ... enlisted personnel and their families, as well as to Congress and the media. (p. xi)

This study is significant to the field of adult learning and education because the position of this group of diverse women within our social system may result in learning experiences that are different from their privileged White counterparts (Byrd & Chlup, 2011). Since the enlisted spouses of wounded warriors are part of a larger body of predominately minority women that have experienced historical isolation (Harrell, 2000), their experiences cannot and should not be generalized with the experiences of others (Byrd & Chlup, 2011). Race, gender, and social class are intersecting social constructions that order and influence the rights, privileges, and tribulations that diverse enlisted spouses face every day. Add to this, the complexity of serious and debilitating injury of their soldier and the effects of these social constructions cannot be separated from the daily experiences of this group of women. As such, there is a growing need to embrace a knowledge base that captures more cultural and contextualized ways of learning and knowing (Johnson-Bailey & Cervero, 2000; Merriam, 2007).

Another area that could potentially benefit from understanding the transformative learning of these young women is management. In 2008, Wadsworth put forward that

“the majority of...[soldier spouses] are employed in the civilian workforce” (Karin, 2009, p. 47). Since the purposeful sample included working women there is potential to bridge adult education and human resource development. Greater collaboration between adult education and human resource development will enhance the scholarly body of knowledge in both disciplines. As Hatcher and Bowles (2006) suggested bridging the gap between adult education and human resource development could potentially create a common ground to discuss, critique, dialogue, and collectively advocate equitable and responsible workplaces that encourage and facilitate individual, group, and organizational learning.

Limitations of the Study

All studies have limitations to their internal validity, generalizability, and applicability (*GSHEd Doctoral Handbook*, 2011). As is the case with all phenomenological studies, this dissertation makes no claims to generalizability. The small purposeful study population of Army spouses of wounded warriors limits the transferability of its findings but provides a thick, rich description of the transformative experience of the spouses in sufficient detail that one can begin to evaluate the extent to which the conclusions drawn are transferable to other times, settings, situations, and people (Shenton, 2004).

In a qualitative study, researchers make interpretations of what they see, hear, and understand and the researcher’s interpretations cannot be separated from his or her own background, history, context, and prior understandings (Creswell, 2007). This dissertation relied on the perceptions of the researcher and the participants; thus, the findings are subject to alternative interpretations. In qualitative research, the researcher is a key

instrument in the collection of data. As such, researcher bias is possible particularly as it, in this case, relates to the researcher's previous experience as an Army spouse. Lastly, rigor is more difficult to maintain, assess and demonstrate in qualitative studies vice quantitative studies. The researcher employed a number of strategies to support the validity and trustworthiness of the research as discussed in Chapter 3 of this study.

An additional limitation to the study was the inability to reach a majority of spouses under the age of 30. According to Wood (2012), many of the wounded are in their early 20s, and these soldiers face a lifetime of medical care that will be costly, intense, and constant. Their spouses are generally even younger, with less life experience. However, it was difficult to reach this population and generate interest in participating in the study. As such, there is opportunity in this area for additional research.

Lastly, the study did not provide a comparison of experiences and learning based on race. Race is a social construction that orders and influences the rights, privileges, and tribulations that diverse enlisted spouses face every day. While minority spouses were included in the sample, and individual stories of transformation are provided in Chapter 4, the study's research question focused on the essence of the collective experience of the participants. By conducting a comparative analysis between the races, crucial differences or important similarities could have emerged that may have provided additional data for theory, policy makers, and practitioners.

Definition of Key Terminology

This section provides definitions of terminology that are central to this study, that do not have a common meaning or have the possibility of being misunderstood (Bloomberg & Volpe, 2012).

Context. The social, cultural, and personal issues that have a conscious or unconscious effect on an individual's thoughts, feelings or behaviors (Mezirow, 1998).

Critical reflection. Mezirow (1991) defined critical reflection as "The process of critically assessing the content, process, or premise(s) of our efforts to interpret and give meaning to our experience" (p. 104).

Dialogue. Spoken or written communication when an individual with certain aims communicates with another person to arrive at the meaning of a common experience so that they may coordinate their actions in pursuing their respective aims (Mezirow, 1991).

Discourse. "A special form of dialogue involving an effort to set aside bias, prejudice and personal concerns; to do our best to be open and objective in presenting and assessing reasons and reviewing the evidence and arguments for and against the problematic assertion to arrive at a consensus" (Mezirow, 1995, p. 53).

Enlisted soldier. The Army has three categories of soldiers: enlisted soldiers, warrant officers and commissioned officers. Enlisted soldiers perform specific job functions and have the knowledge that ensures the success of their unit's current mission within the Army. An enlisted soldier's rank ranges from Private (E-1) to Sergeant Major of the Army (E-9) ("The Army Home Page," 2012).

Epistemology. The theory of knowledge. Put concisely, it is the study of knowledge and justified belief. It questions what knowledge is and how it can be acquired, and the extent to which knowledge pertinent to any given subject or entity can be acquired (Merriam Webster, 2015).

Feminism. A collection of movements aimed at defining, establishing and defending equal political, economic, and social rights for women (*Merriam Webster*, 2013).

Feminist theory. A generalized, wide-ranging system of ideas about social life and human experience developed from a woman-centered perspective (Ritzer & Goodman, 2004).

Junior and mid-grade enlisted spouse. An institutional label for military spouses, married to enlisted military members in the rank of E-1 to E-6 for the purpose of this study. As this is retrospective study, the soldiers may or may not still be on active duty or may be a different grade.

Meaning perspectives. Sets of predispositions emanating from psycho-cultural assumptions and meaning schemes, networks of concepts, beliefs, judgments, and feelings that combine to shape how and what adults learn (Mezirow, 1994).

Meaning schemes. Ways people make sense of their experiences, deconstruct them, and act upon them in a rational way (Mezirow, 2000).

Military dependent(s). An institutional label applied to the spouse(s), children, and possibly other familial relationship categories of a sponsoring military member for purposes of pay as well as special benefits, privileges and rights (DoD 601O.8-R).

Perspective transformation. “The process of becoming critically aware of how and why our presuppositions have come to constrain the way we perceive, understand, and feel about our world; of reformulating these assumptions to permit a more inclusive, discriminating, permeable, and integrative perspective; and of making decisions or otherwise acting on these new understandings” (Mezirow, 1990, p. 14).

Perspective view. “A view through which meaning emerges from experience” (Cranton, 1994, p. 42).

Phenomenology. “The meaning of the lived experiences of several individuals about a concept or a phenomenon” (Creswell, 1998, p. 51).

Post-traumatic stress disorder. Post-traumatic stress disorder (PTSD) is a mental health condition that is triggered by a terrifying event — either experiencing it or witnessing it. Symptoms may include flashbacks, nightmares and severe anxiety, as well as uncontrollable thoughts about the event (Mayo Clinic, 2014).

Reflective discourse. Dialogue focusing on content that attempts to justify beliefs by providing and defending reasons and by examining evidence regarding opposing viewpoints (Mezirow, 1994).

Transformation. An outcome that refers to a deep and lasting change, equivalent to what some term a developmental shift or a change in world view (Stevens-Long et al., 2012).

Transformative learning. A process where learners through critical reflection, reflective discourse, and rational action change their thinking, attitude, and behavior and integrate new meaning and perspective schemes into their lives (Mezirow, 1991).

Traumatic brain injury. Traumatic brain injury occurs when an external mechanical force causes brain dysfunction. Traumatic brain injury usually results from a violent blow or jolt to the head or body. An object penetrating the skull, such as a bullet or shattered piece of skull, also can cause traumatic brain injury (Mayo Clinic, 2014).

Traumatic stress. The pressure, force, or strain on the human body from a specific event of major dimension that shocks, stuns, and horrifies (News University, 2011).

Voice. A sense of self and how one makes meaning of the world (Belenky et al., 1986; 1997a).

Women's development theory (women's ways of knowing). This work describes the cognitive development in women as five knowledge positions (or perspectives) through which women view themselves and their relationship with knowledge (Belenky, et al, 1986, 1997a).

Wounded warriors. Wounded Warriors, an institutional label, as referenced in this study, applied to soldiers who were injured or suffer an illness (PTSD or TBI) as a result of fighting the War on Terrorism on or after September 11, 2001.

Conclusion and Outline of the Dissertation

Chapter 1 provided an overview and background, introduced the problem statement, purpose statement, research questions, and conceptual framework that guided this dissertation research. It also highlighted the summary of the methodology, potential significance of the study, and provided key definitions that are used throughout this document.

Chapter 2 highlights the literature supporting this study, the conceptual framework, and research methodology. Chapter 3 provides the phenomenological qualitative methodology used to conduct this study, including participant selection, data collection procedures, data analysis, and strategies used to ensure trustworthiness. Chapters 4 and 5 present the research findings. Chapter 4 begins the understanding and

meaning making process by sharing individual participants' profiles that "illustrate the complexity and messiness of transformational learning" (English & Peters, 2012, p. 107) and conveys the essence of the individual experience data collected during the interviews. Chapter 5 presents common themes that emerged from the women's stories supportive of the research questions and key to the women's transformations. Chapter 6 provides the responses to the researcher questions and key findings, conclusions, implications to theory, recommendations for future research and practice and a brief reflection by the researcher.

It is both a dizzying and an exciting time in which to do social inquiry (Lather, 1992). This study adds to the ongoing scholarly conversation by giving voice to the experiences of women usually unheard in theories of learning (Lather, 1992) while simultaneously challenging the status quo by identifying fruitful directions for future studies and practitioners (Gersten, 2001). Knowing some common experiences relative to the spouses of wounded warriors can be valuable for groups such as therapists, teachers, health personnel, and policymakers (Creswell, 2007).

CHAPTER 2: LITERATURE REVIEW

Purpose of the Study

This study explored and adds to the ongoing conversation about the transformative experience of women, more specifically female spouses of junior and mid-grade wounded warriors. This study sought to better understand the transformative nature or the essence of the experiences of spouses of wounded warriors who have been injured in support of the War, how these women learn to make sense of their new life circumstances as a result of the challenges they and their families have encountered, and how society can better support them (Creswell, 2007). The theoretical framework lays at the intersection of adult learning theory, in particular transformative learning, and the feminist theories of women's development, in particular women's ways of knowing and women's ways of learning.

Overview of the Literature Review

This review of the salient literature aims to uphold the idea of the self's involvement in the learning process. As Dirkx (1998) noted,

The self here is active, with a strong sense of agency, acting on and ... creating the world which it inhabits. It is a reflective, dialogical, expressive, and deeply emotional spiritual self that constructs and reconstructs itself through experiences of learning. (p. 10)

Dirkx further suggested that a full understanding one's personal situation depends on a deeper understanding of the social, political, and cultural context in which one lives. As such, the purpose of this study was to understand the transformative learning experience of the spouse of the enlisted wounded warriors and how they make meaning of their new world views.

This literature review begins with a brief overview of adult learning to establish a scholarly foundation. The next section describes the philosophy of adult learning and serves as the foundation for establishing the self's involvement in learning and a review of the transformative learning literature. It then highlights the philosophical components of Mezirow's (1991) theory of transformative learning, as a theoretical starting point, followed by a discussion of current research on and critiques of transformative learning. The literature review concludes with a review of the feminist theory and the discourse surrounding the women's ways of knowing and learning as well as a discussion on the current research and critiques of feminist scholarly discourse. The literature represented in this chapter was selected for its relevance to the purpose of this study and collectively supports the conceptual framework of this dissertation.

A comprehensive computer-assisted search in ALADIN between 1995 and 2014 using keywords of *adult learning*, *transformational learning*, *transformative learning*, *feminism*, *feminist theory*, *women's ways of learning*, *women's way of knowing*, *trauma*, *head of household*, *military spouses*, and *war on terror*, as used in the title or subject heading. Additional databases included ProQuest, Emerald Insight, Elsevier Ltd, Wiley InterScience, Sage Publications, and Google Scholar.

Throughout the review, the researcher attempted to point out important gaps and omissions in particular segments of the literature as they became apparent (Bloomberg & Volpe, 2012). Each section of the literature review closes with a summary that focuses on research implications. The conclusion illustrates how the literature informed the researcher's understanding of the problem and how it contributed to the ongoing development of the study's conceptual framework.

Adult Learning

Adult learning can often be challenging, and traumatic events add extreme challenges to the learning process (Kerka, 2002). The systematic study of adult education began to take shape in the early twentieth century (Merriam, 2001a). Many link the emergence of adult learning with Malcolm Knowles (1980) and his work on andragogy. However, before Knowles' work, Lindeman (1926a) laid the foundation for adult learning. Lindeman (1926a; 1926b) was greatly influenced by his friend, colleague and one of my favorite scholar John Dewey (1916a, 1916b), who shared a concern for social justice, a belief in the possibilities of education and human action, and a deep commitment to democracy (Stewart, 1987). Dewey's concern with the emancipation and enlargement of experience fed directly through into Lindeman's *The Meaning of Adult Education* (1926a).

Lindeman's vision for education was not one bound by classrooms and formal curricula. Rather, it involved a concern for the educational possibilities of everyday life; non-vocational ideals; situations not subjects; and people's experience. It is generally accurate to say that adult education as articulated by Lindeman is a derivative of Deweyan progressive education (Stewart, 1987). As such, it provides a central foundation for our current approach to adult education and thus functions as a foundation for this inquiry (Stewart, 1987).

According to Merriam, Caffarella, and Baumgartner (2007), there are five orientations to adult development: behaviorist, humanistic, cognitivist, social cognitive learning, and constructivist. The concept of adult learning acknowledges that learning in adulthood is rooted in deeper levels of cognitive and psychological development

achieved in adulthood, and bolstered through the concepts of andragogy and constructivism, both concepts which underpin the theory of transformative learning (Merriam et al., 2007.). Each will be briefly discussed below.

Andragogy

Andragogy, “the art and science of helping adults learn” (M. Knowles, 1968, p. 4) anchors this study and has yielded six underlying assumptions concerning adult learners (M. Knowles, 1980, 1984) that highlight the self’s involvement in the learning process by describing adults as learners who and is applicable to the study’s participants:

1. In terms of their self-concept, they see themselves as more responsible, self-directed, and independent.
2. Have a larger, more diverse stock of knowledge and experience to draw from.
3. Have a readiness to learn based on developmental and real-life responsibilities.
4. Have an orientation to learning that is most often problem-centered and relevant to their current life situation.
5. Have a stronger need to know the reasons for learning something.
6. Are more internally motivated (Kiely, Sandmann, & Truluck, 2004).

The underlying requirement is that adult learners must be capable of directing their own learning (Cox et al., 2003; Grow, 1991, 1994; Himestra, 2003; M. Knowles, 1975; Tough, 1971). Houle (1980) posited that adults must choose to learn and that they must also choose what they apply to their daily lives and incorporate into their fundamental worldview.

As adults, we are all both beginners and experts in life, learning, and self. With this in mind, adults must be self-directed and open to experience formal, informal, and

incidental learning. Understanding their role as a learner in any given situation establishes solid expectations within a learning opportunity. Additionally, making the conscious choice of where and what to learn places the adult learner in the center of the learning process. The decision of how to apply newly acquired knowledge and skills is foundational to the definition of the adult learner. Learners may choose to apply their new knowledge or skills in practice (Callahan, Henson, & Cowan, 2008; Houle, 1980; M. Knowles, 1975, 1980; Langenbach, 1988). They may also choose to apply each as a method to validate or refute their current worldview (Freire, 1970; Mezirow, 1991).

Regardless of how the new knowledge or skills are immediately applied, M. Knowles (1975, 1980) observed that the desire is fueled through internal motivation, not only through external drivers. Internal motivators for adult learners include the need to build or establish social relationships, to learn new skills to stimulate life, and to further explore cognitive interest (Cranton, 2006), much like the participants in this study. External factors, such as rewards and recognition, hold the potential to catalyze a learning need, but it is the internal motivation that drives the adult learner. These assumptions define the adult learner through the lens of andragogy (M. Knowles, 1975, 1980).

Constructivist learning

In the constructivist learning orientation, learners construct their own knowledge from experiences. Constructivist learning theory is based on a social construction of a reality worldview (Berger & Luckman, 1966). The cognitive process of meaning-making is emphasized both as individual mental activity and as socially interactive interchange. According to Kegan (2000), “Constructivism recognizes that reality does not happen preformed and is not waiting for us merely to copy a picture of it. Our perceiving is

simultaneously an act of conceiving, of interpreting” (p. 52). “Our experience,” Huxley said, “is less what happens to us and more what we make of what happens to us” (in Kegan, 2000, p. 52).

Constructivist learning is found in self-directed learning, transformative learning, experiential learning, situated cognition, and reflective practice. Adults are independent beings who can take control of their own learning. What is common among these five orientations is that the learners’ acquisition of knowledge and skills through their life experiences coupled with the awareness of both is essential to the foundations of an adult learner (Merriam et al., 2007).

Expanding on the symbiotic relationship of andragogy and constructivism is transformative learning theory, as advanced by Mezirow (1978, 1990, 1991, 1993, 1996, 2000, 2003, 2009). Additionally, constructive developmental psychology (Belenky, et al., 1986; Kegan, 1982, 1994; Kohlberg, 1984; Piaget, 1954) attends to the natural evolution of the forms of our meaning-constructing (hence “constructive-developmental”).

Transformative learning, as suggested by Kegan (2000), “attends to the deliberate efforts and designs that support changes in the learner’s form of knowing” (in Mezirow, 2000, p. 52). “Epistemology’ refers to precisely this: not what we know but our way of knowing” (Kegan, 2000, p. 52). Kegan further noted that

Attending to the epistemological inevitably involves attending to two kinds of processes, both at the heart transformational learning. The first is... *meaning-forming*, the activity by which we shape a coherent meaning out of the raw material of our outer and inner experiencing... The second process... is... *reforming* our meaning-forming. This... metaprocess affects the very terms of our meaning-constructing. We do not only form meaning, and we do not only change our meanings; we change the very form by which we are making our meanings. (p. 52-53)

In essence, Kegan is saying that we change our epistemologies. To that end, transformative learning is about change – dramatic, fundamental change in the way we see ourselves and in the world in which we live and “extends already established cognitive capacities into new terrain” (Kegan, 2000, p. 48). The following section provides a more in-depth review of the transformative learning theory that underpins this inquiry.

Transformative Learning Theory

Transformative learning is at the centerpiece of adult learning (Merriam & Caffarella, 1999; E. Taylor, 2007) and has “emerged within the field of adult education as a powerful image for understanding how adults learn” (Dirkx, 1998, p. 1).

Transformative learning “has attracted researchers and practitioners from a wide variety of theoretical persuasions and practice settings, yet it is a complicated idea that offers considerable theoretical, practical, and ethical challenges” (Dirkx, 1998, p.1).

As briefly discussed in Chapter 1, Mezirow introduced the concept of transformative learning in his 1978 groundbreaking study of women who returned to community college to continue their education. As their understanding of personal, cultural, and social histories grew, so did the student’s ability to modify her assumptions and expectations of learning. Transformative learning is founded on a perspective view of the learning process. Mezirow (1991) defines perspectives as those beliefs, values, and assumptions that develop through one’s life experience and it is through developed perspectives that individuals interpret and make meaning of those experiences. In 1994 Keegan concluded that “the more developed or complex we become, the better able we are to handle the mental demands of modern life” (Merriam, 1996, p. 138).

Four Strands of Transformative Learning

Although Mezirow (1994) intended transformative learning theory to be a universal model of adult learning, he accepted that many interpretations, some conflicting, exist among adult educators regarding his theory. Dirkx (1998) suggested that “one can discern at least four different strands of thought within the research and theory on transformative learning” (p. 2). Each of these strands center on the notion that significant learning experiences change the learner in fundamental ways (Merriam, 1996). These strands are highlighted below in the work of Freire (1970), Daloz (1986), Boyd (1991), and Mezirow (1991).

Transformation as consciousness-raising. In 1970 Freire advanced a theory of transformative learning which he referred to as conscientization or consciousness-raising based on literacy work he was doing with the poor in Brazil and liberation efforts in Latin America and Africa (Dirkx, 1998). Merriam (1996) noted that Freire saw personal transformation in the service of social change: “Through critical reflection in a community of learners, oppressive social structures are exposed and individuals become empowered to act to change the world. Praxis, the combination of reflection and action, is the key to his” (p. 138).

According to Dirkx (1998), “For Freire, transformative learning is emancipatory and liberating at both a personal and social level. It provides us with a voice” (p. 3) so that one is able to make meaning of the world. From Freire’s perspective, “education is never neutral; it either domesticates or it liberates” (Merriam, 1966, p. 138) – by freeing themselves, they also free those who would enslave them. Davis (1998), extending Freire’s philosophical concept, suggested that education is a vehicle through which the

individual's consciousness is raised, thus providing the means to challenge and change dominant ideologies through the collective actions of the learning and others in society vice that of an individual process. Hart (2001) also considered the process of transformative learning to be one that extends beyond the individual and is displayed through expansion of consciousness, outcomes and process, and the learner's movement towards self-actualization and transcendence.

Transformation as development. Daloz's (1986) strand of transformative learning is situated in higher education. His perspective "provides a central or organizing framework for understanding transformative learning as growth" (Dirkx, 1998, p. 5). Daloz contended that, despite the subject matter, all adults learning in a higher education setting or formal learning experience will more than likely undergo some type of transformation primarily because higher education has the propensity to challenge adults to free themselves of their preconceived notions of self and how they see the world (Merriam, 1996).

Daloz referred to the adult's need to "construct meaning in their lives as a significant factor that motivates adults to participate in formal learning experiences" (Dirkx, 1998, p. 5). As learning ensues, adults may encounter periods when existing meaning structures are no longer valid and work to replace old meaning schemes and constructs new ones. Daloz (1986) further emphasized that "rather than rejecting the old, ill-fitting perspective for the new, transformation demands [that one] move through those contradictions and become whole, not again, but anew" (pp. 140-141) as in "a new construction of self" (Dirkx, 1998, p. 5). Within his alternative theory of transformative

learning, Daloz places less emphasis on the importance of rational reflection by the learner and attaches greater reliance on holistic and intuitive processes (Dirkx, 1998).

Transformation as individuation. Boyd (1989) defined transformation as “a fundamental change in one’s personality involving conjointly the resolution of a personal dilemma and the expansion of consciousness resulting in greater personality integration” (p. 459). His model of transformative learning, embedded within what he calls transformative education (Boyd & Myers, 1988) is based on the analytical psychology work of Carl Jung known as individuation (Boyd, 1991). Individuation is a process whereby individuals develop their identity by making the unconscious conscious, becoming aware of aspects of themselves of which they are not conscious and by reflecting upon psychic structures, symbols, and images. Through this process, the emotional and spiritual dimensions of transformative learning become consciously and holistically integrated within the daily experience of the learner’s life (Dirkx, 1998).

Boyd, unlike Mezirow, considered transformative education to be a conduit through which the student comes to recognize internal truths and knowledge that are shaped, in part, by external contributory factors such as class, culture and politics (Boyd & Myers, 1988). Dirkx (2008), like Boyd, subscribes to the individuation of transformation. Boyd, according to Singer (1994) noted that “the process of individuation represents the differentiation, conscious realization, and integration of the potentials or possibilities within the human person” (p. 74). Moreover, Singer argued that

As our relationship with these aspects of the self (the persona, the shadow, and the anima and animus⁵) becomes more conscious, we are able to realize more fully the

⁵ Anima and animus – expressions of the unconscious or true inner self of an individual. According to Carl Jung, the anima is a personification of all feminine tendencies in a man's psyche ...; thus, the animus is the personification of all masculine tendencies in a woman.

authenticity of who we are, as opposed to an image of the self conforming to and part of a collective. (1994, p. 74)

It is through this spiritual approach that Dirkx (1998) makes the case that transformative learning is an “extrarational” process that involves the integration of various aspects of self. Transformative learning goes beyond the ego-based, rational approach [central to Mezirow] that relies on the words to communicate ideas to the extrarational, soul-based learning that emphasizes feelings and images (Baumgartner, 2001a; E. Taylor, 1998).

Transformation as critical reflection. Mezirow’s (1991) work “is perhaps the most well known of the theories of transformative learning in the field of adult education...[his] view of transformative learning represents a distinct understanding of what transformation means within the actions of adult learning” (Dirkx, 1998, p. 3). Mezirow grounded his theory in cognitive and developmental psychology. “Central to his [Mezirow’s] thinking is the process of making meaning from our experiences through reflection, critical reflection, and critical self-reflection” (Dirkx, 1998, p. 4). This process Mezirow terms “perspective transformation” because it reflects “change within the core or central meaning structures (meaning perspectives) through which we make sense of the day-to-dayness of our experiences” (p. 4). Mezirow, in 1994, posited that “reflection involves a critique of assumptions to determine whether the belief...remains functional for us as adults (p. 223) with the outcome of “a more inclusive, discriminating, permeable, integrative perspective, and making decisions or otherwise acting upon these new understandings” (Mezirow, 1990, p. 14).

The work of these four adult educators, Freire (1970), Daloz (1986), Boyd (1991), and Mezirow (1978, 1991) provide a basis for deepening our understanding of what

transformative learning means and involves (Dirkx, 1998). As Dirkx (1998) noted, “All four strands of [transformative learning] underscore the importance of meaning making in the process of learning and the role of adults in constructing and making that meaning within the learning experience” (p. 9). Dirkx further posited that each of these strands “stress the importance of self and society within the learning experience.... Self is intimately involved in the process of adult learning...it [self] is active, with a strong sense of agency, acting on and often creating the worlds which it inhabits” (p. 10).

Moreover, although each theorist is concerned with an understanding of human experiences as they impact a person’s readiness to learn, this research is concerned with examining the process or essence of the participants’ transformative experience and thus intends to narrow the focus from the overwhelming theories that involve human nature to one more focused on changes in beliefs and assumptions as put forward by Mezirow (1991, 2000) as a theoretical beginning. Mezirow’s theory, the most widely known and “the cornerstone of this [transformative learning] orientation to adult learning” (Merriam, 1996, p. 138) will be discussed in the next section to provide a deeper understanding of the concept.

Mezirow’s Theory of Transformative Learning

According to Clark (1993), “Transformative learning is, in short, a normal part of our lives and intimately connected to the developmental process” (p. 47). Mezirow (1990) describes his theory of transformative learning as:

Becoming critically aware of how and why our presuppositions have come to constrain the way we perceive, understand, and feel about our world; of reformulating these assumptions to permit a more inclusive, discriminating, permeable, integrative perspective, and of making decisions or otherwise acting upon these new understandings. (p. 14)

Mezirow was probably the first to develop a cogent theory of adult education, using a constructivist approach. His view of transformative learning represents a distinct understanding of what transformation means within the actions of adult learning (Dirkx, 1998). Mezirow studied how adults make meaning from their lives and grow developmentally after seeing the profound change in his wife when she, as an adult, returned to school and subsequently entered a new profession. This experience led him to a study of women returning to college and the workforce, resulting in what he called perspective transformation. Adults, as returning students, question many previously held assumptions and beliefs, ultimately entering a personally transformative process whereby the person experiencing transformation learns in new ways and the learning is permanent, providing the transformed learner with a new lens [perspective] through which to view the world. Later, his work on perspective transformation led to his development of transformative learning theory. Kegan (2000) noted that Mezirow built his theory on a foundation of constructivism (Candy, 1989), critical theory (Freire, 2000; Habermas, 1984; Illich, 1971), and deconstructivism and re-constructivism (Kohlberg, 1984; Piaget, 1977).

Mezirow's theory of transformative learning is rooted in the belief that true learning is initiated by a "disorienting dilemma" or event and is realized through the conscious reflection of the assumptions surrounding the learner's beliefs, feelings and actions (Cranton, 2000, 2006; Daloz, 2000; Dirkx, 1997; Kegan, 2000; Mezirow 1991, 2000; M. Taylor, 1986). The disorienting event can be as subtle as a beautiful sunrise or tragic as the death of a loved one (Cohen & Piper, 2000). In general, transformative

learning requires increased reflective and critical thinking compounded with a willingness to be open to and accepting of the perspectives of others.

For Mezirow (1991), the outcome of transformative learning reflects individuals who are inclusive in their perceptions of their world, able to differentiate increasingly its various aspects, open to other points of view, and able to integrate differing dimensions of their experiences into meaningful and holistic relationships. This theory truly emphasizes the importance of the learning journey and is not simply focused on an end-point result (Cranton, 2006). As such, transformative learning occupies the center of the adult learning literature (Merriam & Caffarella, 1999). Central to Mezirow's theory is rational discourse and critical reflection, both of which focus on individual learners' ability to think about the learning experiences. Mezirow acknowledges that all learning can create change in an individual, but not all of the change is transformative in nature.

Ten Stages of Mezirow's Theory of Transformative Learning

Mezirow (1991) observed that transformations often involve the following 10 stages: (a) a distorting dilemma; (b) self-examination with feelings of fear, anger, guilt, or shame; (c) a critical assessment of assumptions of epistemic, socio-cultural or psychic assumptions; (d) recognition that one's discontent and the process of transformation are shared and that others have negotiated a similar change; (e) exploration of options for new roles, relationships, and actions; (f) planning a course of action; (g) acquiring knowledge and skills for implementing one's plans; (h) provisional trying of new roles; (i) building competence and self-confidence in new roles and relationships; and (j) a reintegration into one's life on the basis of conditions dictated by one's new perspective. These stages can be seen as a roadmap for understanding the process of change (Dodge,

2011). As suggested by Merriam (2006), Mezirow's stages of transformative learning were used as a starting point to frame the study protocol questions designed to gather information about the transformative experiences of this study's participants.

Core Elements of Transformative Learning

Core elements are the essential components that frame transformative learning. These elements, based on the literature, seem to be part of most transformative educational experiences (E. Taylor, 2009). Four components are central to Mezirow's theory of transformative learning: (a) disorienting dilemma, (b) centrality of [individual] experiences, (c) critical reflection, and (d) rational discourse (Moore, 2005). These elements have an interdependent relationship; they do not stand alone (E. Taylor, 2009). Because of their relative importance to the transformative learning process, each will be discussed below.

Disorienting Dilemma

According to Mezirow (1991), transformative learning begins with a "disorienting dilemma" – some experience that problematizes current understandings and frames of reference (Taylor, K., 2000). A disorienting event occurs when individuals experience something that does not fit with their existing perspective and cannot be made functional through an immediate increase in skills or knowledge based on their current paradigm (Taylor, M., 1986; Taylor, E., 2000). This event can be as extreme as the death of a loved one or as subtle as a passing conversation. In the case of this study, it is the trauma of injuries suffered in combat by the participants' soldiers. Either way, there is a discrepancy between the expectations of the individual and his or her actual experience (Taylor, M., 1986). The result of the event is critical reflection on current assumptions

(Cranton, 2006; Mezirow 1991), which has the potential of being extremely uncomfortable for the learner, and can sometimes act as a stimulus to explore new possibilities. The potential discomfort is rooted in the requirement that the reflection transcends cognitive thinking and includes a reflection on feelings and emotions (Taylor, E., 1997).

Disorienting events are underscored with four determinants: the content of the trigger, the state of the learner, the circumstances surrounding the trigger, and the psychological preferences of the learner (Cohen & Piper, 2000; Cranton, 2006; Mezirow, 1991, 2000). The reaction to these determinants will underscore the magnitude and the rate at which the transformational process will proceed. Sudden and dramatic transformative learning is labeled epochal, or momentous, while transformative learning over time is labeled incremental or gradual (Mezirow, 2000, 2009). The content of the trigger and the state of the learner are at the forefront of the disorientation and emphasizes the role of the self in the learning process. The content of the trigger could be traumatic or subtle, positive or negative or internal or external (Cohen & Piper, 2000; Cranton, 2006, Mezirow, 1991, 2000). Learners may be internally stressed or relaxed, potentially affecting how they respond to the disorientation.

As transformative learning theory is fundamentally constructivist, the nature of the disorienting dilemma is not universal. Each learner has a unique response to any given combination of these determinants; this response is more likely to be predicted through a better understanding of the psychological preferences of the learner (Cranton, 2006). The disorientation and the learners' response will potentially catalyze critical reflection (Cranton, 2006; Mezirow, 2000; Taylor, M., 1986). Through reflection,

Mezirow (1990) noted, individuals often arrive at an “a more inclusive, differentiated, permeable and integrated perspective” (p. 14).

Individual Experiences

Individual experience, the primary medium of transformative learning, is the next core element (Cranton, 2006). Individual experience consists of what each learner brings (prior experiences) and also what he or she experiences. It “constitutes a starting point for discourse leading to critical examination of normative assumptions underpinning the learner’s...value judgments or normative expectations” (Mezirow, 2000, p. 31).

Experience is also what learners reflect on as they learn new ideas about themselves and the world. As it is socially constructed, it can be deconstructed and acted on through a process of dialogue and self-reflection. Experience involves the whole person – physically, emotionally, sensually, mentally and spiritually (Fenwick, 2004).

Individual learner experiences provide the gist for critical reflection and rational discourse. A greater life experience provides a deeper well from which to draw and react to as individuals engage in dialogue and reflection (Taylor, E., 2009). Also, it is the nature of the experiences that offer the means for fostering transformative learning. This interdependent relationship between experience and critical reflection potentially leads to a new perspective (Mezirow & Taylor, 2009).

Critical Reflection

The next core element fostering transformative learning is the promotion of critical reflection among learners (Taylor, E., 2009). Learners transform frames of reference by becoming critically reflective of their assumptions and aware of their context – the source, nature, and consequences of “taken-for-granted” beliefs (Mezirow,

2000, p. 7). Critical reflection, grounded in critical theory (Brookfield, 2009), is the process of evaluating values, assumptions, and perspectives within the world (Cranton, 2006) and “assessing their validity in the light of new experiences or knowledge, considering their sources, and examining underlying premises” (Cranton, 2002, p. 65). This is done in reflective discourse through a “back-and-forth dialectical manner that uncovers the essence of meaning or interpretation” (Scott, S., 1997, p. 46) from which an individual determines if his or her current perspective matches with what is being discussed.

Brookfield (1995) emphasized the importance of three common assumptions for critical reflection: paradigmatic assumptions that structure the world into fundamental categories (the most difficult to identify in oneself), prescriptive assumptions about what we think ought to be happening in a specific situation, and casual assumptions about how the world works and how it may be changed (the easiest to identify). Brookfield (1995) further described critical reflection as a concept that focuses on three interconnected processes: (a) where adults question and restructure previously held world views, (b) where adults develop alternative outlooks, and (c) where adults recognize and validate their societal and cultural values. These interconnected processes are similar to the perspective scheme transformations identified by Mezirow (1991) and the three-phased process of alienation, reframing, and redefinition described by Schacht (1970).

For example, in perspective transformation, the learner becomes aware of the origin of meaning schemes, critically reflects on justifiable arguments supporting those schemes, integrates new views, and finally takes action based on newly developed perspectives. So, in terms of Mezirow’s theory, it is clear that transformative learning

cannot happen unless critical reflection is involved at every stage (Brookfield, 2009). Critical reflection involves the intersection of self with environment, and requires social validation through rational discourse within the theory of transformative learning (Cranton, 2006; Daloz, 2000; Dirkx, 1997; Kegan, 2000; Mezirow 1991, 2000; Taylor, E., 1997, 2000).

Mezirow (2009) posited three forms of reflection in the transformation of meaning perspectives: content (reflecting on what we perceive, think, feel, and act – actual experience), process (reflecting on how we perform the functions of perceiving – ways of dealing with the experience), and premise (an awareness of why we perceive based on long, socially constructed assumptions and beliefs). According to Mezirow (2009), premise reflection is the basis for critical reflection and refers to examining the presuppositions underlying our knowledge of the world.

Rational Discourse/Dialogue and Social Validation

Building on the importance of critical reflection is the engagement in dialogue with self and others, the final core element. Dialogue is the essential medium through which transformation is promoted and developed (Taylor, E., 2009). Seeking the input of others within the context of transformative learning generally follows critical reflection and a need for change (Cranton, 2006; Daloz, 2000; Dirkx, 1997; Kegan, 2000; Mezirow 1991, 2000; Taylor, E., 1997, 2000). Through dialogue, we form a network of understanding, a community of others with whom we can learn and share through discourse (Brooks & Brooks, 1993, 1996) so that we can explore the disorienting event from multiple perspectives (Taylor, M., 1986). For this to happen effectively, the learner must be open and willing to accept multiple answers. Once learners have several options

within their grasp, they can reframe their current thinking by consciously choosing and applying their new paradigm (Taylor, E., 1997).

Relational knowing of transformative learning refers to the role that relationships with others play in the transformative process (Taylor, E., 2009). Establishing relationships with others and engaging in dialogue are essential to transformative learning (Taylor, E., 1997, 2007). It is through establishing trustful relationships that individuals can have questioning discussions wherein information can be shared openly, and mutual and consensual understanding be achieved. Developing relationships with like-minded individuals becomes essential for the transformative process, and dialogue becomes the medium for critical reflection to be put into action, where experience is reflected on, assumptions and beliefs are questioned, and habits of mind are ultimately transformed (Taylor, E., 2009). As Hunter (1980) suggested,

Moving to a new perspective and sustaining the actions it requires is dependent upon an association with others who share the new perspective. Not only do you take their way of seeing for your own, but you must have their support and reinforcement to enable you to take action the new viewpoint reveals is in your interest. (p. 126)

The dialogue is not so much analytical, point-counterpoint dialogue, but dialogue emphasizing relational and trustful communication, often at times “highly personal and self-disclosing” (Carter, T., 2002, p. 82).

Learners must also be able to gain an appreciation for the other parties in the relationship having knowledge or ability with respect to a given topic. Social validation occurs through the interactions within relationships built on trust (Baumgartner, 2001a). This relationship is used to validate the learning associated with disorientation and critical reflection (Mezirow, 2000). The validation involves discussing new perspectives

and seeking consensus. If the new perspective is validated, then learners must choose how and when to apply it to their worldview (Baumgartner, 2001a, 2001b). If the new perspective is not validated, then learners are faced with another disorienting event (Mezirow, 1991, 2000).

The theory of transformative learning is triggered through a disorienting event, and the trigger to this event is unique to each learner in each situation (Cranton 2006; Mezirow, 1991). The disorientation is followed by critical reflection and social validation (Cranton 2006; Mezirow, 1991). In order for transformative learning to occur, two necessary conditions must exist: instrumental learning and communicative learning.

Conditions for Transformative Learning

Mezirow's (1990, 2000) work articulates two necessary conditions for transformative learning to occur. The first is instrumental learning or learning from one's own experiences. The second is communicative learning, which stems from an interrelationship between a person's assumptions and socially constructed meanings. According to Schon (1987), shifts in students' assumptions and biases will only occur if students engage in intensive critical reflection on personal experiences.

Instrumental learning. Instrumental learning, as a condition to transformative learning (Mezirow, 1990) involves the development of a foundational knowledge base spanning personal and institutional boundaries (Young, Mountford & Skirla, 2006). For instrumental learning to occur, individuals must be exposed to various types of literature and develop an ability to synthesize information. Young et al. (2006) observed that information synthesis extends beyond having a working knowledge of a topic or idea to comparing and contrasting opposing views and considering them on multiple levels.

Furthermore, fostering instrumental learning will support a student's ability to think more critically about the information, opinions and anecdotes encountered in personal and professional life. To that end, if instrumental learning is adequately supported, communicative learning is likely to emerge (Marsick, 1990; Schon, 1987).

Communicative learning. Communicative learning is another point of progression along the path toward transformative learning (Young et al., 2006). Communicative learning involves a deeper understanding of the interrelationship between personally held assumptions and biases and socially constructed meanings. Marsick (1990) and Mezirow (1990, 2000) both described this process as making a link between personal meanings and socially created consensual meanings. Communicative learning can be supported for both critical reflection and constructive dialogue related to challenges that are both grounded in theory and reflect different personal perspectives and contextual settings (Young et al., 2006). As Mezirow (2000) noted, "Most learning involves elements of both domains" (p. 9). Together, instrumental learning and communicative learning help learners make meaning of their transformation.

Meaning Making

Mezirow (2000) posited that there are no fixed truths or totally definitive knowledge, and, because circumstances change, the human condition may be best understood as a continuous effort to negotiate contested meanings. The justification for much of what we know and believe, our values and our feelings, depends on the context—biographical, historical, cultural—in which they are embedded. We make meaning with different dimensions of awareness and understanding; in adulthood, we may more clearly understand our experience when we know under what conditions an

expressed idea is true or justified (Mezirow, 2000). According to Mezirow (2000), “Our understandings and beliefs are more dependable when they produce interpretations and opinions that are more justifiable or true than would be those predicated upon other understandings or beliefs” (p. 4).

Bruner (1996) identified four modes of meaning making: (a) establishing, shaping, and maintaining subjectivity; (b) relating events, utterances, and behavior to the action taken; (c) construing of particulars in a normative context—deals with meaning relative to obligations, standards, conformities, and deviations; and (d) making propositions—application of rules of the symbolic, syntactic, and conceptual systems used to achieve decontextualized meanings. Transformative learning theory adds a fifth and crucial mode of making meanings: becoming critically aware of one’s own tacit assumptions and expectations and those of others and assessing their relevance for making an interpretation (Mezirow, 2000).

Recent Research on Transformative Learning

E. Taylor (2007) puts forward that transformative learning has become the “most researched and discussed theory in the field of adult education” (p. 173). While Mezirow’s 1978 study remains the foundation for transformative learning, a number of scholars and theorists (e.g., Belenky & Stanton, 2000; Cohen & Piper, 2000; Cranton, 2000, 2006; Daloz, 2000; Dirkx, 1997, 1998, 2000, 2001, 2006; Kasl & Elias, 2000; Kegan, 2000; Mezirow 1991, 2000; Taylor, E., 1997; Yorks & Marsick, 2000) have examined and thus extended the fundamental principles set forth by Mezirow, indicating new areas of focus, recently developed research instruments, and included additional factors that contribute to transformative learning.

E. Taylor (1998, 2007) conducted the most significant reviews of empirical studies of transformative learning. E. Taylor's (1998) review indicated that there were few peer-reviewed research publications beyond what was found in unpublished dissertations and conference proceedings many of which were difficult to access. In 2007, Taylor reviewed 41 empirical studies of transformative learning conducted between 1999 and 2005, discovering a significant increase in the number of studies, journal articles, and publications that examined concepts related to transformative learning in a variety of disciplines and that there was significant international research.

E. Taylor (2007), during his critical review of transformative learning, found that research designs had greatly improved and become more varied since the 1998 review. The use of longitudinal studies, action research, mixed methods research designs, uses of scales, surveys and open-ended questionnaires have expanded our understanding of how to measure and determine under what conditions changes in learner's perspective views occur (Taylor, E., 2007).

Of the 41 peer-review journal studies identified by E. Taylor (2007), the majority used Mezirow's conception of transformative learning as their theoretical framework. However, there were five studies that were framed within related conceptions of transformative learning (James, 2002, Jarvis, 1999, 2003; Kovan & Dirkx, 2003; Lange, 2004; Pohland & Bova, 2000). These studies included conceptions of transformative learning from the perspective of depth psychology (e.g. Boyd & Meyers, 1988; Cranton, 1992; Dirkx, 2000), critical theory (Freire, 1984) and identity development (Wenger, 1998). E. Taylor (2007) found that a number of studies provided insight into a particular aspect or application of transformative learning in practice, while others focused on

factors that influenced or shaped transformative learning. The largest group of studies contributed to our understanding of fostering transformative learning.

E. Taylor (1998; 2007) also found that the majority of studies continued to employ qualitative research design. According to Baumgartner, this methodology “captures a single (often retrospective) snapshot of their learning experience” (2002, p. 56). In 2007, E. Taylor did report that even though there was still “a strong reliance on qualitative approach, the research processes have become more sophisticated through the use of longitudinal studies” (p. 176). The most significant longitudinal study was the study initiated in 1995 by Courtenay, Merriam, and Reeves (1998) on how HIV-positive adults make meaning of their lives. Baumgartner (2002), in a third follow-on study of these HIV-positive individuals explored the importance of relationships in the transformative process; the role dialogue plays in validating learning and establishing connections among learners; and how these participants, over time, transformed the view of themselves and found a commitment to helping others.

Another trend highlighted by E. Taylor (2007) was the emerging use of action research and transformative learning. Several studies (e.g., Feinstein, 2004; Garvett, 2004; King, 2000; Lange, 2004) used a formal education setting followed by the planning, acting, observing, and reflecting stages of action research to demonstrate how understanding develops in the midst of bringing about change. Garvett (2004) found that while action research was successful in achieving transformation of perspectives, “additional support and encouragement was needed to enact the transformation in practice” (p. 270). King (2000) found similar findings in a study of 208 adult learners enrolled in an English as a Second Language program, noting that the social support

structure facilitated by an action research design was integral to enacting perspective transformation. Feinstein (2004), much like Garvett (2004), found that social support was required as a catalyst for facilitating environmental activism during an action research study. Lastly, Lange (2004) suggested that action research and transformative learning are complimentary since both are concerned with “acquiring an understanding of facilitating change” (p. 124).

A third trend focused on the growing number of studies that involved the use of scales, surveys, and/or open-ended questionnaires in the study of transformative learning (Taylor, E., 2007). For example, King’s studies (1999, 2000, 2001, 2003, 2004) involved a survey instrument (Learning Activities Survey) that used objective and free response questions to identify students who experienced a perspective transformation. Cragg, Plotnikoff, Hugo, and Casey (2001) used the professional values scale to identify which nursing students developed new professional perspectives from participating in a RN-BSN degree program. E. Taylor (2007) posited that, although the scales and survey offer valid tools to identify individuals who have experienced a change in perspective about a particular phenomenon, these studies did not offer much insight about the nature of transformative learning.

E. Taylor (2007) also found a number of creative approaches to collect data to better understand transformative learning. For example, E. Taylor (2003) conducted a longitudinal study of teaching belief change among entering graduate students in adult education by asking participants to capture their images of teaching through photography. The photographs were then used as interview prompts to explore the participants’ beliefs (meaning schemes) about teaching adults. Similarly, Liimatainen, Poskiparta, Karhila,

and Sjogren (2001) used video recordings of the health counseling sessions of nursing students with clients to stimulate recall within interviews in order to evaluate their level of reflective learning over a three-year period. According to E. Taylor (2007), both studies made great strides in addressing traditional shortcomings in data collection and analysis such as memory loss often associated with retrospective interviews, which predominate the study of transformative learning.

The disorienting dilemma is a key concept of Mezirow's transformative learning. Defining the nature of disorienting dilemmas has not been so much a literary debate as a collective exploration (Grider, 2011) though a number of studies looked at the impact of such an event on the transformative learning of its participants. For example, Kovan and Dirkx (2003) studied the transformative experiences of committed environmental activists, finding that their lives are characterized by struggles (termed catalytic events) and exemplified the kind of transformative learning reflected in Jung's concept of individuation. E. Taylor (1994) studied the development of intercultural competence when living in a foreign country using the same terminology, "catalytic event," synonymously with disorienting dilemmas. Lange (2004) used the term "cognitive disequilibrium" interchangeably with the concept of disorienting dilemma in a study of transformation for sustainable lifestyles in adults. Others have used "confusion" (Cohen, 2004) or "negotiation" (Johnson, 2003) in lieu of "disorienting dilemma" in their studies as a trigger of transformative learning.

Nevertheless, Grider (2011) posited that, as transformative learning is a constructivist concept, meaning making is based on prior experience, making it difficult to establish a consistent set of criteria for defining or describing disorienting dilemmas.

E. Taylor (1997) noted that the likelihood a disorienting dilemma will result in a perspective transformation is dependent on “the immediate and historical context surrounding the life crisis” (p. 46). Nohl (2009), based on nine narrative interviews, suggested that, where present theories of transformative learning tend to focus on the rational and reflective actor, “spontaneous action” may play a decisive role in transformative learning too. According to Nohl (2009), in the spontaneity of action, novelty finds its way into life, gains momentum, is respected by others, and, via reflection, provides another concept that eludes both educators and learners: the spontaneity of the beginning. In this way, a learning process gets off the ground that yields a radical and sustainable transformation in the life story of people.

Reflection is another key component of transformative learning. E. Taylor, in his 2007 study, examined the nature of reflection, influencing factors, and indicators of reflection in relationship to transformative learning. Moreover, Cranton and Carusetta (2004), in a longitudinal study on authenticity in teaching, found teachers who critically reflect on “self, other, relations, and context are more likely to be working toward being authentic” (p. 178) and concluded that, “with more research, authenticity might be found to be another outcome of ongoing critical reflection” (p. 178). Kreber (2004) explored reflection as a form of self-regulated learning, from the perspective of both the Mezirow and Schon models, and questioned as to whether reflection “necessarily leads to valid knowledge about teaching” (p. 30). In addition, Liimatainen et al., (2001) used stimulated recall interviews through the use of video-taped health counseling sessions with nurse educators to help with the challenge of remembering reflective moments and serve as a medium to stimulate reflection, or lack of, which was analyzed via a coding schema of

levels of reflection. The 2001 findings by Liimatainen et al. support Merriam's (2004) position that "mature cognitive development is foundational to engaging in critical reflection and rational discourse necessary for transformative learning" (p. 65).

Previous research found establishing relationships with others as one of the essential factors in a transformative experience (E. Taylor, 1998). In a 2008 review, E. Taylor found that additional empirical studies delved into the complex nature of transformative relations, including typologies (Carter, T., 2002), essential qualities (Eisen, 2001), chronological stages (Carter, T., 2002; Lyons, 2001) and new insights about the nature of dialogue and relationships and stability (Baumgartner, 2002). T. Carter (2002) explored mid-career women's learning in work-related developmental relations and found that love, memory, and self-dialogue relationships proved significant in transformative learning, with intimate relationship as most significant. Eisen (2001), looking at peer-learning partnerships for community college teachers, identified a "peer dynamic" important to transformative learning. In addition, Baumgartner (2002) found that social interaction and dialogue led to consensual validation among people who were diagnosed HIV-positive; they "realized they were not alone on this transformational journey" (pp. 56-57).

Other studies provided some clarity on one of the most elusive concepts of transformative learning, defining a perspective transformation (Taylor, E., 1998). Two studies used models other than Mezirow's conceptual model. For example, James (2002), in a study on competency-based training in Australia, used Wenger's (1998) community of practice to explain transformation as a form of identity development. Pugh (2002) went even further, using Dewey's (1988) conception of a transformative experience to

examine the effectiveness of teaching elements such as reanimation and apprenticeship on fostering transformative learning in a high school zoology class.

Framed within Mezirow's conception of transformative learning, other studies (e.g., Carter, T., 2002; Christopher, Dunnagan, Duncan, & Paul, 2001; Cragg et al., 2001; Eisen, 2001; King, 1999, 2000, 20003; Lyon, 2001) provided some clarity to the nature of a perspective transformation and meaning scheme change. Kroth and Boverie (2000) focused on adults who had a positive impact on their community's quality of life and found that "without the continuing interplay between directed purpose and inquiry into that purpose, life mission may become rigid, or life itself directionless" (p. 145). Baumgartner (2002) presented findings (based on a 1995 longitudinal study of HIV-positive adults, ages 23-45 [Courtenay et al., 1998]) that suggested "perspective transformation remained stable, and that the evolved meaning perspectives persisted over time" (p. 49). Likewise, Sloan and Wilgosh (2005) studied the stability of perspective transformation in men with spinal cord injuries and found positive and lasting effects on meaning schemes. In both of these studies, the researchers noted that this perspective transformation was the result of a serious, life-threatening event, and identified the staying power of non-threatening catalysts of transformation as an area for future study.

Other studies focused on context and the role it plays in shaping transformative learning (Clark & Wilson, 1991; Taylor, E., 1998); HIV-positive individuals engaged in service to others (Courtenay, Merriam, Reeves, & Baumgartner, 2000; Baumgartner, 2002); international sojourners developed intercultural awareness (King, 2000; Lyon, 2001); and students developed an awareness of inequitable power in romantic relationship.

In addition to the increasing number of empirical studies, there is also an emerging presence of divergent conceptions of transformative learning theory being engaged in the field (e.g., Daloz, 1986; Boyd & Meyers, 1988; Brooks, 2000a, 2000b; Cranton, 2000, Kegan, 2000; O'Sullivan, 1999, 2002; Tisdell, 2003). E. Taylor (2007) that suggested that this growing interest from various quarters should challenge educators and researcher alike, for there is still much that is not known about transformative learning and much to learn about how people revise their interpretations about the world around them.

Critiques of Transformative Learning

E. Taylor (1997, 2007) reviewed numerous empirical studies grounded, at least, in part, in Mezirow's theory of transformative learning. E. Taylor (1997) pointed to extra-rational, emotional, and spiritual dimensions, in particular, as aspects of transformative learning not readily accounted for by Mezirow. E. Taylor's review is supported by Baumgartner (2001a) who observed that it is important to realize and remember that emotions are involved in transformative learning. This understanding will help educators better define and accept responsibility for their role within the transformative learning process. This is most critical within the planning of a transformative learning experience. Other scholars are critical of Mezirow's "cognitive-rational approach to transformative learning" (Baumgartner, 2001a, p. 16). For example, according to Nohl (2009), emotions (Boyd & Myers, 1988), imagination (Dirkx, 2001, 2006) and expressively artistic experiences (Davis-Manigaulte, Yorks, & Kasl, 2006) can also be relevant to transformative learning processes.

E. Taylor (1997) also criticized Mezirow's theory of transformative learning for (a) the lack of an empirical perspective in research; (b) the lack of representation of diverse groups in conducted research; (c) minimal consideration of race, class, ethnicity, polity power, gender, or personal characteristics in conducted research; and (d) the lack of attention to the context in which learning occurs and "granting critical reflection too much importance" (Taylor, E., 1998, pp 33-34). Mezirow (1990) asserted that, through reflection, individuals often arrive at "a more inclusive, differentiated, permeable and integrated perspective" (p. 14). However, the emphasis on the need for critical reflection of the learner within Mezirow's theory allows for broad and relatively unfocused reflection. While supported by many educators as a concept essential to the transformative learning process, critical reflection has been criticized by others (Brooks, 1989; Clark & Wilson, 1991; Scott, K, 1991; Taylor, E., 1998). Mezirow (1998) indicated that, in certain contexts, critical reflection may be inhibited: "In cultures where the objective is to perpetuate a religion or a regime, or to produce a docile work force, critical reflection and discourse are commonly limited" (p. 188). Brookfield (2000) challenged this broad, unfocused nature of reflection by narrowing the focus of the critical reflection to being more implicit in nature, thus challenging the use of "ideological critiques" (p. 128) as a function of transformative learning.

In his most recent critical review of the transformative learning theory, E. Taylor (2007) observed that most settings for empirical studies were situated in formal higher education, with little exploration in non-educational settings as this research will pursue. In addition, despite the amount of attention given to the process of transformative learning in adults over twenty-five years of age (Taylor, E., 1997, 2007; Walsh, 2007),

only two studies have focused on transformative learning in a cohort entirely under the age of twenty-five (Brock, 2010; Taylor, E., 1997, 2007; Walsh, 2007; Whalley, 1995).

Central to transformative learning is the re-examination of one's own belief systems and reflection upon the impact that one's assumptions and biases can have (Mezirow, 1990, 2000). Transformative learning provides a "process of becoming critically aware of how and why our assumptions have come to constrain the way we perceive, understand, and feel about the world" (Mezirow, 1991, p. 167). As such, supporting transformative learning among adults is a highly volatile area of pedagogy (Young et al., 2006). Marsick (1990) put it this way: "when working with issues and concerns that touch on people's perception, powerful feelings and long-held distortions are bound to come to the surface" (p. 38). Educators must be prepared to deal with those feelings effectively. And, while E. Taylor (2007) noted some recent interest in examining the obstacles that may inhibit transformative learning in individuals, relatively little attention has been given to the systemic and psychological barriers to transformation.

Mezirow is often critiqued because of his theoretical base from Habermas' contemporary critical theory. The essential concern, according to Clark and Wilson (1991), is that Mezirow apparently appropriated Habermas' epistemology without incorporating its radical social critique and consequent demand for collective social action (Collard & Law, 1989; Griffin, 1987, 1988; Hart, 1990).

Although Mezirow's important theory provides an elegant, detailed description of one important endpoint of a long developmental process, it does not trace the many steps people take before they can "know what they know" in the highly elaborated form he described (Belenky & Stanton, 2000). Unless it is understood that Mezirow's theory only

depicts the culmination point, practitioners might overlook the reality of their students' lives. Furthermore, according to Belenky and Stanton (2000), transformative theory also presumes relations of equality among participants in reflective discourse, when, in actuality, most human relationships are asymmetrical. By focusing on highly skilled mature thinkers, Mezirow does not concern himself with the problem of inequality. In 2000, Mezirow noted that

Preconditions for realizing these values [of transformative learning] and finding one's voice for free full participation in discourse include elements of maturity, education, safety, health, economic security and emotional intelligence. Hungry, homeless, desperate, threatened, sick, frightened adults are less likely to participate effectively in discourse to help us better understand the meaning of our own experiences. (p. 73)

Ignoring the problem of asymmetrical relationships has serious consequences. For example, we fail to support many people in developing the full range of their potential. Belenky and Stanton (2000) argued that, since discourse communities can include the immature and the marginalized, participation in this kind of ongoing reflective dialogue would enable them (and us) to better understand the meaning of their experiences as well as the nature of the society they live in.

The silence on gender is troubling since the original concept of transformation emerged from Mezirow's 1978 study of women (English & Peters, 2012). Beyond the fact that Mezirow's (1978) empirical work started with women returning to college after a hiatus, neither his deliberation on that study nor his more recent work have focused specifically on women (English & Irving, 2007). The same might be said of theorists such as Clark and Dirkx (2008), E. Taylor (2008), or Cranton (2006) (English & Peters, 2012). Although adult education has been concerned about women and learning (E. Hayes & Flannery, 2000) as well as gender and feminism and learning (English & Irving,

2007), it is somewhat surprising to see that the primary place for publication of articles on transformative learning, the *Journal of Transformative Education*, has published only seven articles directly concerned with the intersection of these topics (i.e., Clover, 2006; Cooley, 2007; Elvy, 2004; Kluge, 2007; Mayuzumi, 2006; Nash, 2007; Williams, 2006) thus showing little emphasis by the scholarly community on women's transformation (English & Peters, 2012). Similarly, the proceedings of the biennial Transformative Learning Conference contain few papers directly focused on women's transformation (e.g., Armacost, 2005; Buck, 2009; Forest, 2009) (English & Peters, 2012).

E. Taylor (1997) also criticized Mezirow's (1991) theory of transformative learning for the lack of representation of diverse groups in conducted research and minimal consideration of race, class, ethnicity, polity power, gender, or personal characteristics in conducted research, although he does include traditions such as psycho developmental as well as the social emancipatory foci, which arguably overlap with feminism (English & Peters, 2012). Gilligan (1982), based on series of studies on women's development and transformative learning conducted with female populations, determined that many of the existing theories of transformative learning have evolved from a generalization of Western, white, male learning experiences, and subsequently applied to dissimilar populations. Not naming women directly in the discussion of transformative learning is problematic for a number of reasons. A comprehensive review of gender and learning showed that the category of gender had faded from the adult education literature, although women's issues floated beneath the surface, and women continue to make up the majority of the student body and professoriate in adult education (English & Irving, 2007).

Summary – Transformative Learning

Transformative learning falls into the constructivist learning orientation. In this orientation, learners construct their own knowledge from experiences. Recent scholarship and the emergence of transformative learning underscore a fundamentally different way of thinking about learning and change. This approach to learning is characterized by an evolving critical awareness of the self in relationship with itself, with others, and with its social and cultural context (West, L., 2001).

There are several strands of transformative learning, only four of which were discussed in this review. Each perspective underscores the importance of meaning making but more importantly the role the self plays in this orientation. Dirkx posits

The self that comes through in each of these perspectives is more than a seeker of information and of solutions to life's problems. Instead, the self here is active, with a strong sense of agency, acting on and often creating the worlds it inhabits. It is a reflective, dialogical, expressive, and deeply emotional and spiritual self that constructs and reconstructs itself through experiences of learning. (1998, p. 10)

According to Mezirow (1991, 2000) transformative learning begins with a response to a disorienting event. This event leads the learner to critically reassess assumptions, beginning in earnest the transformative process and concluding, if it does at all, only when the individual has a transformed perspective and is able to make meaning of this new perspective. There are ten phases and five core elements to transformative learning: disorienting event; individual experiences, critical reflection; rational discourse and dialogue; and relational knowing and social validation.

Based on this review, it is evident that additional research is needed to develop a greater understanding of the application of transformative learning theory for learners

outside of a formal educational setting or for participants underrepresented in the literature, more specifically, ethnically diverse women. This study addressed this gap by exploring the essence of the transformative experience outside a traditional educational setting to improve our understanding of and gain insights into how ethnically diverse women make meaning of their new life circumstances and how they see the world.

E. Taylor (2007) raised a very interesting question and one that is still relevant today: Why does perspective transformation result from some disorienting dilemmas, but not others? E. Taylor's research suggests that a key may lie in moving beyond Mezirow's initial reliance on rational, critical thinking to include the role of emotions, intuition, empathy, and other forms of knowing (Taylor, E., 2008). As such, transformative learning, the shift in our perspectives and how we understand the world, coincides well with the development and personal empowerment of individual women as advocated in the discourse of feminist pedagogy as it provides a lens from which transformative learning in this study is viewed.

To that end, the next section of this chapter focuses on learning as it relates to women. The section starts with a brief review of the feminist pedagogy and women's development theory. It further discusses the literature that surrounds women's way of knowing, how women learn, and concludes, as did the previous discussion on transformative learning, with a critique of feminist pedagogy and women development scholarship and a summary as it relates to this study.

Feminist Pedagogy and Women's Development

To explore the development of the women in this study and address many of the gaps identified in the transformative learning construct, women's development theory, which was sparked by the feminist theory and rooted in feminist pedagogy, was used as a lens to better understand the learning and development of women. Feminist pedagogy cannot be understood in isolation from the other major concerns that have preoccupied feminist educators and activists. To that end, this section begins with a brief discussion of feminist theory, feminist pedagogy, women's development theory (women's ways of knowing), and how women learn. It concludes with a critique of feminist pedagogy and a summary.

Feminist theory. Feminist theory deals with feminist perspectives, ways of being and doing [and learning], which demand a shift in women's outlook and behaviors (English & Peters, 2012). The generation and production of knowledge has been an important part of feminist theory (Kolmar & Bartowski, 2005). As an epistemology, feminist theory seeks to establish knowledge production from a woman's perspective. It theorizes that from personal experience comes knowledge which helps each individual look at things with different insight (Kolmar & Bartowski, 2005). Feminist theory is distinct from other theoretical perspectives in that it is woman-centered and interdisciplinary; it actively promotes a way to achieve social justice (Kolmar & Bartowski, 2005); and it supports the conversation around gender differences that seek to answer three core questions: (a) "What about the women?" (b) "Why is the social world as it is?" and (c) "How can we change and improve the social world so as to make it a more just place for women and for all people?" (Ritzer & Goodman, 2004).

Feminist scholars have started to question the differences between women, including how race, class, ethnicity, and age intersect with gender. Ritzer and Goodman (2004) posited four views of feminist scholarship that attempt to answer the questions “What about the women?” Gender difference perspectives try to answer this question by examining how women’s location in, and experience of social situations differ from men. Gender-inequality theories look to answer the question by reorganizing women’s location in, and experience of, social situations are not only different but also unequal to men’s. Theories of gender oppression argue that, not only are women different from or unequal to men, but they are also actively oppressed, subordinated, and even abused by men. Last, structural oppression theories posit that women’s oppression and inequality are a result of capitalism, patriarchy, and racism.

Feminist pedagogy. Feminist pedagogy has its roots in the women’s movement (Briskin, 1990, p. 23). At its core, feminist pedagogy aims to de-center power, to give students the opportunity to voice their perspectives, realities, knowledge, and needs (Bryson, 2003). According to Bryson, as a way of thinking about learning, rather than a prescriptive method, feminist pedagogy has three common phases:

1. Resisting hierarchy: In the learning environment, the teacher and students work against the creation of a hierarchy of authority between teacher and student; the students also deliver content and influence the design of the class.
2. Using experience as a resource: As well as using traditional sources of information, such as academic journals and books, the students’ and teachers’ own experiences are used as learning materials. The purpose of using experience as a resource is twofold: firstly, experiences which have not been

documented in academic work are brought into discussion, and, secondly, the class participants experience transformative learning.

3. Transformative learning: Feminist pedagogy aims for the class participants (students and teachers) not just to acquire new knowledge, but also for their thinking to shift in new directions. This may involve the realization that personal interpretations of experience or of social phenomena can be re-read and validated in new, critical ways.

Feminist pedagogy is specifically concerned with

(a) how to teach women more effectively so that they can gain a sense of their ability to effect change in their own lives, (b) an emphasis on connection and relationship (rather than separation) with both the knowledge learned and the facilitator and other learners, and (c) women's emerging sense of personal power. (Tisdell, 1993, p. 93)

Moreover, feminist scholars want to make a difference in a significant and positive way to facilitate better understanding among women regarding the ways in which gender relations shape social possibilities (Glazer-Raymo, Townsend, & Ropers-Huilman, 2000). Feminist scholars are also concerned with giving a voice to women and encouraging them to view the world with a critical eye (Glazer-Raymo et al., 2000). Today, feminist scholarship and feminist pedagogy "are having a...strong impact on adult education" (Merriam, 1996, p. 140). Writing in this area embodies a psychological, sociological, and critical dimension.

For this study, feminist pedagogy served a dual purpose. It inspired women's development, the second theoretical construct for this study, and, it provided a research position from which I, as a novice researcher, conducted research that allowed me to incorporate the "voices of others without colonizing them in a manner that reinforces

patterns of domination” (England, 1994, p. 242) and a place from which I could address various gaps identified in the critique of transformative learning that center on “What about the women?” This analysis extends to women’s modes of learning (Merriam, 1996) and knowing (Belenky et al., 1986). From these feminist scholars, we learned there are differences between how women learn and come to know. Thus, the next section reviews, specifically, women’s ways of knowing since how women come to know and learn, together with transformative learning are the underpinnings of this study.

Women’s Ways of Knowing

The quest for self and voice plays a central role in transformations in women’s development and ways of knowing (Belenky et al., 1986, 1997a). The idea of self is prominent in current theories describing adult development. Surrey (1985) noted that the self is “a construct used in describing the organization of a person’s experience and construction of reality which illuminates the purpose and directionality of her ... behavior” (p. 1). The way the women move from one stage to another is that their “self” struggles with these dualities. The role of the self is to manage, negotiate, and reconcile these dualities. Each knowing perspective provides “a new, unique training ground in which problems of self and other, inner and outer authority, voice and silence, can be worked through” (Belenky et al., 1997, p. 134).

In terms of the question ‘What about the women?’ Gilligan (1982) argued for the importance of women finding their own voice in order to describe “ourselves to ourselves” (p. 83). Surrey (1985) suggests that women’s experiences of connectedness to “others leads to enlarged conceptions of self, morality, and visions of relationships” (p. 2). Gilligan’s (1977, 1982) work on women development models reframes development

and brings women's and girls' voices into the center of new psychology. Her work has enabled people to "listen more fully and to understand and value voices that previously were dismissed, misunderstood, or not listened too" (Jordan, Kaplan, Miller, Stiver, & Surrey, 1991, p. 3).

Extending the work of Gilligan (1977, 1982), Surrey (1985), and other scholars, Belenky et al. (1986, 1997a) interviewed a diverse group 135 women, with a focus on identity and intellectual development across a broad range of contexts including but not limited to the formal education system. Their seminal work is referred to as women's development theory. Belenky, et al., (1986) noted that

Relatively little attention has been given to modes of learning, knowing, and valuing that may be specific to, or at least common to women. It is likely that the commonly accepted stereotype of women's thinking as emotional, intuitive, and personalized has contributed to the devaluation of women's minds and contributions, particularly in Western technologically oriented cultures.... It is generally assumed that intuitive knowledge is more primitive, and therefore less valuable than the so-called objective modes of knowing. (p. 6)

In their research on women's ways of knowing, Belenky et al. (1986) revealed that the development of a population of women of various ages and experiences was not necessarily linear and it involved shifts among different ways of knowing. Although their work was conceptually grounded in the work of Perry (1970) in cognitive development and Gilligan (1982) in moral/personal development in women, the authors discovered that existing developmental theories at the time did not address some issues and experiences that were common and significant in the lives and cognitive development of women (Love & Guthrie, 1999). Based on their research, the scholars identified five "ways of knowing" or knowledge perspective areas that represent a different point in women's cognitive development, depending on concepts of self (*self*), relationship with

others (*voice*) and understanding of the origins and identity of authority, truth and knowledge (*mind*) (Belenky et al., 1986; 1997a). Those five ways of knowing, or epistemologies, were defined as “silence...received knowledge...subjective knowledge...procedural knowledge...and constructed knowledge” (Belenky et al., 1997a, p. 15). Each epistemology is briefly described below.

Silence. Silence is the name given to the first epistemological position of knowing. In the silence position, women see themselves as powerless, voiceless, and unable to receive knowledge. Women describing this position were notable for their extreme sense of isolation and fear of authorities, their fragile sense of self, and feelings of being “deaf and dumb” – having no independent voice and a lack of confidence in their own meaning-making and meaning-sharing abilities. Women in this knowledge position were often young, of limited education, and socioeconomically poor; moreover, words were used as weapons to inflict harm, to isolate and to diminish others (Belenky et al., 1986). Women in this position do develop language, but they do not develop the abilities associated with represented thought; because of this, they are limited in their ways of knowing (Hamp, 2006). Moreover, according to Belenky et al., (1997a) these women are limited to

The present (not the past or the future); to the actual (not the imaginary or the metaphorical); to the concrete (not the deduced or the induced); to the specific (not the generalized or the contextualized); and to the behaviors actually enacted (not values and motives entertained). (p. 26-27)

In addition, women in this position believe that, in their world, words have been used as weapons to punish and oppress people, not to empower or to form a connection with others. As mentioned above, the metaphor of “deaf and dumb” is appropriate; they are “deaf” because they are convinced that if they listen to words of others they will not

learn anything; and they feel “dumb” because they feel so “voiceless.” As Belenky et al. (1997a) observed,

The silent women who had limited experience and confidence in their ability to find meaning in metaphors were lost in the sea of words and numbers that flooded their schools. For them school was an unlikely place to ‘gain a voice.’ For them the experience of school only confirmed their fears of being ‘deaf and dumb.’ (p. 34)

Women in this position also see themselves as powerless and dependent on others, particularly authority figures, for survival, since they “see themselves as slated to lose, [so] they focus their efforts on assuring their own continued existence during a losing battle. They wage their struggle for survival without awareness of the power inherent in their own minds and voices” (Belenky, et al., 1997a, p. 30). Although only a few of the participants in the study were in the category of silence, Belenky et al. (1997a) noted that it is important to note that in retrospect a number of other participants did, at some time during the study describe being in silence.

Belenky, Bond, & Weinstock (1997b), in a later work, *A Tradition Has No Name*, expanded the idea of silence beyond being a mere step in epistemological development adding that it is a reflection of social disintegration. The authors speculated that the number of women in this position may be increasing, due to the fact that “the social factors that numb people into silence are rapidly rising” (Belenky et al., 1997b, p. 59).

They drew attention to specific conditions:

Escalating levels of violence; the decline of all sorts of social institutions that support the development and well-being of people (families, schools, health systems); the ever-increasing disparities in access to resources; the exclusion of more and more people from full participation in social life; and the increased blaming of the excluded for causing the problems that society cannot or will not solve. (Belenky et al., 1997b, p. 59)

On the surface, this epistemological position is consistent with the description of enlisted spouses portrayed by Harrell (2000) and discussed in Chapter 1. The fact that anyone emerges from childhood years with so little confidence in the meaning-making and meaning-sharing abilities signals the failure of the community to receive all of those entrusted into its care (Belenky et al., 1997a, p. 34).

Received knowledge (listening to the voice of others). Unlike the silent, who think of themselves as “deaf and dumb” and are unaware of the power of words for transmitting knowledge, women in this position perceived knowledge as a set of absolute truths received from infallible authorities. The process of learning, as understood by received knowers, involves receiving and repeating the knowledge and words of authorities. Women in this position had great difficulty coming up with original thoughts and lacked confidence in their own ability to speak, had little experience with female role models in authority positions, and often emphasized selflessness and care of others as their primary role in life. They either “get” an idea right away or they do not get it at all. They do not really try to understand the idea. They have no notion of understanding as a process taking place over time and demanding the exercise of reason (Belenky et al., 1997a, p. 42). These women take pleasure in feeling that they have the same thoughts and ideas as their friends and are unaware of their tendency to take what others say for their own knowledge (Belenky et al., 1986; 1997a).

Clinchy (1996), expanding the work of Belenky et al. (1986), suggested that received knowers believe that there is only one right answer to any problem and this right answer comes from authorities; they “equate receiving, retaining, and returning the words of authorities with learning” (Clinchy, 1996, p. 39). These women only see black and

white, never shades of gray since there are no gradations of the truth (Belenky et al., 1986). Because women at the position of received knowing believe that all knowledge originates outside of the self, they must look to others even for self-knowledge.

According to Belenky et al. (1986), one theme emerges in the moral thought of women in this position, a theme Miller (1976) and Gilligan (1982) find central in the women's voice: They should devote themselves to the care and empowerment of others while remaining "self-less" (Belenky, 1997a, p. 46).

Subjective knowledge (the inner voice). The shift into subjectivism is a particularly significant shift for women when and if it occurs. In this position, the learner begins to doubt authorities and views knowledge as originating from within. When the women are just beginning to make the transition into subjectivism, they are no longer willing to rely on higher status, powerful authorities in the public domain for knowledge and truth. Instead, they consider turning for answers to people closer to their own experience—female peers, mothers, sisters, grandmothers. Although the women may still think of these people as authorities, they draw them from the private world of family and friends with experience much like themselves.

Women began to rely on their own subjective thoughts, feelings and experiences for knowledge and truth—the "infallible gut" as Belenky et al. (1997a) refers to it (p. 53). Subjective knowers showed a general distrust of analysis and logical reason (Love & Guthrie, 1999) and often blocked out conflicting opinions of others. However, when they noticed contradictions in their thinking and became aware that some of their intuitions were in error, they reached out to others beyond their own experiences.

According to Belenky et al (1986; 1997a), more than half the women in the study occupied this position. These women were characterized as being self-absorbed and as tending to move to a condition of isolation. Women in this position believe that truth is highly personal and subjective to the individual. They had their opinions, and, although they would listen to others' ideas and opinions, "their intent is to communicate to others the limits, not the power of their own opinions, perhaps because they want to preserve their attachments to others, not dislodge them" (Belenky et al., 1997a, p. 66). To that end, since they felt that others' thoughts might negate their own beliefs and intuition, they would only listen politely to others' viewpoints but not attempt to embrace or consider others' thoughts and ideas. In a later work, Clinchy (1996) indicated that subjective knowers are not open to transformation, suggesting:

The subjectivist's spontaneity, her tendency to trust her own judgment and 'go with her gut,' are sources of genuine power, but they may limit her capacity for transformation. She is likely to emerge from 'interactions' with her own prior positions intact. (p. 237)

According to Belenky et al. (1997a), whomever a woman in this epistemological position finds to turn to—"social agency, female relative, girlfriend, even a nurturant boyfriend—the significant educational action is the reassurance and confirmation that maternal authority provides her that she, too, can think and know and be a woman" (p. 62).

Procedural knowledge (separate and connected knowing – the voice of reason). Most of the women in this position are privileged, bright, white, and young (attending or having recently graduated from prestigious colleges). In this position, the female learner came to realize that multiple perspectives may exist and utilized methodologies to apply and communicate obtained knowledge to others. Procedural knowers sought to

understand authorities, focusing on reasoned reflection rather than absolutism (Love & Guthrie, 1999). The women “are invested in learning and applying objective procedures for obtaining and communicating knowledge (Belenky et al., 1997a, p. 15). In comparison to subjective knowers, these women did not believe that truth is easily accessible or that someone can know something from intuitive feelings (Hamp, 2006). They believed that ideas can be developed, analyzed, tested, and communicated if people are careful in curbing their subjectivity with the use of procedures (Belenky et al., 1997a). These women experienced an increasing sense of control and felt the world was more manageable (Belenky et al., 1997a). Belenky et al. (1986, 1997a) described two alternative modes of procedural knowledge: separate knowing and connected knowing.

Separated knowers. Separated knowers tend to be adversarial and focused on critical analysis exclusive of their personal feelings and beliefs. In one sense, they are “highly conventional” but they also “violated” conventional feminine stereotypes (Belenky et al., 1997a, p. 103), choosing instead to play a game that has belonged traditionally to boys—the game of impersonal reason (p. 104). At the heart of separate knowing is critical thinking. Separate knowers are tough minded and they don’t “let anything in” unless they are certain it is good (p. 104) and they feel a special obligation to examine ideas critically, whether the ideas originate in their own heads or come from someone else.

Connected knowers. Connected knowers, conversely, seek to understand other’s ideas and points of view with a mind to understand, yet they value their own experiences as well (Belenky et al., 1986). Most procedural knowers in this study were economically privileged, Caucasian, young college students. Connected knowers develop procedures

for gaining access to other people's knowledge. At the heart of these procedures is the capacity for empathy. Since, to these women, knowledge comes from experience, the only way they can hope to understand another person's ideas is to try to share the experience that has led the person to form the idea (Belenky et al., 1997). Connected knowers begin with an attitude of trust; they assume the other person has something good to say – “their purpose is not to judge but to understand” (Belenky et al., 1997a, p. 116).

Connected knowing is just as *procedural* [emphasis added by the authors] as separated knowing, although its procedures have not yet been as elaborately codified (Belenky, et al., 1997a). Belenky et al. (1997a) offered this explanation of the difference between them:

They (separate knowers) no longer felt any personal involvement in the pursuit of knowledge. They felt as though they were answering other people's questions, and they could not make themselves care about the answers. Connected knowers, on the other hand, were attached to the objects they sought to understand; they cared about them. This being so, it seems likely that connected knowers can make the transition beyond purely procedural knowledge more smoothly than those who are tipped toward separate knowing. (p. 124)

Constructed knowledge (integrating the voices). In the constructed knowledge position, the learner understands that she is capable of creating knowledge. These women recognized the interrelatedness of knowledge, knowing and the knower and saw knowledge as a constant process of construction, deconstruction and reconstruction (Love & Guthrie, 1999). They were able to engage in real talk—the ability to listen, share and cooperate while maintaining one's own voice undiminished with great empathy (Belenky et al., 1986). They were articulate and reflective and noticed what was going on with others and cared about the lives of people about them (Belenky et al., 1986, 1997a).

Constructed knowers have a large tolerance for ambiguity. They view contradiction and internal conflict as inevitable. They do not experience a driving need to arrive at a hypothesis to answer the question before collecting information. Their focus is on examining assumptions and the conditions around the problem. This perspective views context as an important element in meaning making (Belenky et al., 1986). Each of these women was ambitious and fighting to find her own voice—her way of expressing what she knew and cared about (Belenky et al., 1986,1997a).

In a discussion of feminist pedagogies, Maher (1996) pointed to constructed knowing as *becoming* (emphasis added) as more important in feminist studies, providing a means for looking at learning communities of knowledge and identity politics:

It is important to see constructed knowing as a function of whole communities of learning, as well as of individuals. This is still the main contemporary challenge for feminist theory, women's studies, and feminist pedagogies both within and outside the classroom. (p. 170)

Constructivists seek to stretch the outer boundaries of their consciousness by making the unconscious conscious, by consulting and listening to the self, by voicing the unsaid, by listening to others and staying alert to all the currents and undercurrents of life about them, and by imagining themselves inside the new poem or person or idea that they want to come to know and understand (Belenky et al., 1997a).

Compared to other epistemologies, there is a capacity at the position of constructed knowledge to attend to another person and to feel related to that person in spite of what may be enormous differences. Belenky et al., (1997a) suggest that “Constructivists make a distinction between really talking” (p. 144) which requires careful listening, reaches deep into the experience of each participant, and implies a mutually shared agreement to create an environment where emergent ideas can grow

versus simple and didactic talk where each participant may report experience but there is no attempt among participants to join together to arrive at some new understanding. As Belenky et al. (1997a) noted, “Conversation, as constructivists describe it, includes discourse and exploration, talking and listening, questions, argument, speculation, and sharing” (p. 144).

In the constructivist epistemology, women also spoke of the anger they felt when no one listened or when their “womanly voice” was dismissed as soft or misguided, a particularly common complain of women working [and living] in a setting where men predominated. Belenky et al. (1997a) suggested that, in our society, which values the words of male authority, constructivist women are no more immune to the experience of feeling silenced than any other group of women; “once a woman has a voice, she wants it to be heard” (Belenky et al., 1997a, p. 146).

Constructivist knowers also actively reflected on how their judgments, attitudes and behaviors coalesced into some internal experience of moral consistency. These were ordinary women “juggling” the pieces of their life and at times overwhelmed as they tried to balance their commitments—work, children’s schedules, groceries, political action, time with husband or lover, the needs of friends and parents, reading, learning, time with nature (Belenky et al., 1997a, p.151); in addition, inclusion (“doing it all”) rather than exclusion (“turning the world off”) was an ideal as well as a formidable problem for constructivist women (pp. 151-152).

Summary of the Five Epistemologies and the Role of Self

Through a review of the salient literature, the researcher’s aim was to uphold the idea of self’s involvement in the learning process. Self, we have learned, is prominent in

current theories describing adult development. As Belenky et al. noted “The quest for self and voice plays a central role in transformations in women’s way of knowing...Each [knowing perspective provides] a new, unique training ground in which problems of self and other, inner and outer authority, voice and silence, can be worked through” (1997, p. 134).

For women at the positions of silence and received knowledge, there is absolute truth that is true for everyone; at the position of subjective knowing, truth is absolute only for the individual. Silent women have little awareness of their intellectual capabilities and they live selfless and voiceless at the behest of those around them. At the positions of received knowledge and procedural knowledge, other voices and external truths prevail. Sense of self is embedded either in external definitions and roles or in the identifications with institutions, disciplines, and methods. At the position of subjective knowledge, quest for self is primary. And, although they believe that truth is private and subjectively known, it often results in a sense of private authority; there is no public voice or public authority. For constructivists, through the process of sorting out the pieces of the self and of searching for a unique and authentic voice, women come to the basic insights of constructivist thought: All knowledge is constructed, and the knower is an intimate part of the known and they tend to listen to a “voice of integration within themselves that prompts them to find a place for reason and intuition and the expertise of others” (Belenky et al., 1997a, pp. 133-134).

These five epistemologies provide a female perspective that scholars have found lacking in prevailing theories of human development, theories that have been criticized for being based on research with primarily male subjects, often of a single ethnic, racial,

or class background (Kerka, 1993). Since women have different ways of growing, knowing, and learning, the next section extends the women's development theory with a review of scholarship focused on women's ways of learning.

Women's Ways of Learning

Caffarella (1992), E. Hayes and Flannery (2000) and Tisdell (1993, 2000) argued that women learn differently from men, agreeing with Belenky et al. (1986) that women learn through relationships, through nurturing, and through connecting with others. For example, Caffarella's (1992) review of both traditional and alternative models of female development found the following themes: relationships are the core of women's self-concept, identity and intimacy are issues of prime importance, and women's development usually does not follow the linear patterns supposed to be typical of males.

Tisdell (1993, 2000), extending the work of Belenky et al. (1986), identified at least three insights about adult learning from the feminist pedagogy perspective. First, women's learning needs may be different from men's. According to Tisdell (1993, 1995), women appear to value affective as well as rational forms of knowledge, and wish to validate their experiences as women. Tisdell's first insight is supported by a number of studies that have been conducted addressing differences in how men and women learn (Belenky et al., 1986; Brooks, 1989; Clark & Wilson, 1991). A number of writers have proposed "connected" or "collaborative" learning environments where knowledge construction can occur (Belenky, et al., 1986, 1997a; Daloz, 1986; Freire, 1970; Tisdell, 1993, 1995). From connected teaching evolves connected knowing. Belenky et al. (1997a) noted that "connected knowing builds on the subjectivist' conviction that the

most trustworthy knowledge comes from personal experience rather than the pronouncements of authorities” (p. 112-113).

A second insight identified by Tisdell (1993) is the attention paid to the interlocking systems of power and oppression implicit in the overt and hidden curricula of classrooms. For example, readings and other instructional materials are more often than not by white males; further, compared to men, women are rarely portrayed as being in positions of authority and power. A final contribution from feminist pedagogy to adult learning is “a direct discussion of how to deal with power issues in the learning environment [such as the power disparity between instructor and student] that affect the learning process” (Tisdell, 1993, p. 99). Many learning environments fail to embrace the peer-interaction and relational modalities favored by female learners and instead employ rule-bound and abstract approaches to learning. Socially assigned roles and characteristics may also impact on how women learn.

In addition, as suggested by Moore, Nicholas, and Doyle (1989), the social regulation of many transitions leads to the observation that women’s developmental trajectories may differ considerably from those described for men because of different societal expectations or social circumstances, or, in other words, “Differential treatment as a daughter, sister, woman, wife or mother all blend to result in different life experiences in what may seem to be parallel circumstances, but that result in different developmental outcomes because of social values and restrictions” (p. 3). Kazemek (1989) identified in literature a male and female morality: the male, based on objectivity, results in judgment, rules, and hierarchies of values; the female, grounded in relationships, results in concern for and responsibility to others.

Merriam (1996) observed that, for women, confirmation of prior learning, participation in defined learning communities, and the use of incidental or informal learning approaches contribute to their development as learners. In male-modeled educational settings, confirmation of learning comes at the end of the educational process (Merriam, 1996). However Belenky et al. (1997a) found that, for women, “confirmation and community are prerequisites rather than consequences of development” (p. 194). Cranton (2006) noted that some of the later research on transformative learning validates the findings of Belenky et al., 1986, 1997a; E. Hayes and Flannery (2000) and others. For example, T. Carter’s (2000) study on the developmental relationship of upper-level management women and Gilly’s (2003) findings on the collaboration and relationship were determined to be central aspects among members of a doctoral peer group. Over the last twenty years, there has been much empirical work to advance the feminist scholarship that addresses “What about the women?” However, though grounded in studies of women by women, there is much debate that lends to the critique of feminist scholarship as will be discussed in the next section.

Critique of Feminist Pedagogy and Women’s Development

Many overlapping feminist movements and ideologies have developed over the years. As hooks (2000) noted, “A central problem within feminist discourse has been our inability to either arrive at a consensus or opinion about what feminism is or accept definitions(s) that could serve as points of unification”(p. 21). Most people in the United States think of feminism, or the more commonly used term women’s lib, as a movement that aims to make women the social equal of men—particularly hard to do since, from the researcher’s experience, men are not equals among themselves. According to hooks,

“bourgeois feminism has always been fundamentally and unconsciously a feminism of the ruling class” (p. 22) with potentially different goals and issues of working class feminism or women in lower-class and poor groups irrespective of race.

According to Bryson (2003), challenges to feminist pedagogy have included queries of the very tenets listed above:

- Resisting hierarchy: Where the teacher is paid and employed to assess students by the institution, how can the students gain equality with the teacher in the classroom?
- Using experience as a resource: Who is able to speak out in the classroom? Which aspects of experience are further thrust into silence by the dominant voices of the classroom? How can students and teachers both talk of their ‘private’ experiences and engage in a professional assessor-assessed relationship? What is the line between ‘therapy’ and ‘academic discussion’? Who decides?
- Transformative learning: What changes to ways of thinking can occur in an institutionalized learning environment? What if the ‘transformation’ is a negative or distressing realization? Is the learning setting adapted to deal with high levels of emotion? Is there a risk of ‘transformation’ occurring as a reinforcement of a dominant feminist narrative?

According to Ferguson, Katrak, and Miner (2000), “Feminism, as an academic discipline, remains committed to social change, and continues to grapple with the integral, often complex, links between theory and practice” (p. 53). Feminist scholars must constantly contend with the unconstructiveness associated with the nature of the

word “feminist” and thus the very nature of their scholarly work. For example, *Women’s Ways of Knowing* (Belenky et al., 1986, 1997a) was a groundbreaking work in the area of feminist studies and women’s development but it has not been without its critics (Hamp, 2006). The five epistemological perspectives are not stages and “are not necessarily fixed, exhaustive, or universal categories,” though logically one could make the case (Belenky et al., 1997a, p. 15). This issue of progression of epistemological development frames the main criticism surrounding this body of knowledge (Ruddick, 1996). As Ruddick (1996) observed, “The progression from received knowing to proceduralism and then constructivism mirrors dominant educational ideologies. It not only gives the illusion of progress but also serves as an accurate measure of what counts as epistemological success” (p. 252).

“In line with this criticism is the observation that feminine traits - emotions, passivity, reliance on authority- are prominent in the perspective at the low end of the ladder, perpetuating the idea that these are less desirable ways of knowing (Hamp, 2006, p. 46). Lastly, despite the fact that Belenky et al. (1986, 1997a) clearly stated that this work is gender-related, not gender-specific, some feminists writers, according to Maher & Tetreault (1996) have determined the work to be dualistic and dichotomized.

According to Hamp, 2006

The central criticism is that the work depicts identity (male or female) as the one determinant of one’s development and way of knowing. This generalized view of women discounts the many differences among women, ignoring cultural and other contextual factors that enter into women’s development. (p. 46)

Of those extant transformative learning studies on women (e.g., Belenky & Stanton, 2000; Cranton & Wright, 2008), the focus on the feminist community is often

not strong and there is a tendency to fall into the constructivist characterization of women's learning as relational and supportive. Cooley's (2007) analysis of factors involved in the transformation of her participants is largely confined to affirming that close, personal relationships are necessary for women's growth. Even though the word 'transformation' is used, more recent work about women continues to be framed from a constructivist perspective that sees women as a unique group who need special care (Belenky & Stanton, 2000). Furthermore, these publications rarely have a direct application of the theory of transformative learning to women and learning (English & Peters, 2012).

Summary - Feminist Pedagogy and Women's Development

As a result of understanding the various knowing epistemologies, a number of feminist scholars were able to better articulate how women come to know and learn as well as to articulate those differences from an empirical perspective. Much of their work has been with women inside traditional learning environments. This study extended their work by looking at how women know and learn outside the classroom. Feminist pedagogy involves more than teaching. As noted by Pryse (1999)

It creates a scholarship of teaching because it brings connected learning into the very heart of women's studies as a research field. It is research or creative work that raises new questions and/or formulates theory that furthers our understanding of science, social science, history, the humanities and arts, education, public and social policy, and paradigms of knowledge in applied and professional fields. It does so in such a way that girls and women, and theories and analyses of their social and historical treatment, are brought to the center of the scholarship and the classroom instead of remaining ignored, marginalized, or relegated to footnotes. (p. 9)

Feminist conversations have "opened up geography to voices other than those of white, Western, middle-class, heterosexual men" (England, 1994, p. 224). This allows for

a geography which, as suggested by Lowe and Short (1990) that “neither dismisses nor denies structural factors, but allows a range of voices to speak” (p. 8) and “makes for a more complete analysis of the complexities of the social world” (England, 1994, p. 242).

According to Merriam (1996), “The work in consciousness and learning and feminist pedagogy are prying open our thinking about what learning can be, what constraints or barriers impede learning and how society may be free to learn more effectively” (p. 141). Merriam further offers that “valuing the learner’s experience, establishing a ‘safe’ environment for learning, and reducing the power disparity between instructor and student through self-directed and collaborative instructional models” will go a long way in supporting women as learners (p. 140).

A key assumption that underlies the study of women’s transformative learning is that much can be learned from the stories of women. The stories contain both action and reflection and serve to broaden the vision of emancipatory education. The vision celebrates diversity and includes many voices to enhance the meaning of transformative adult education. It has been shown that the contributions of women to the formation, maintenance, and reproduction of community are rarely revealed as fundamental features of that particular community’s history (Bell & Newby, 1971; Dominelli, 1995). When women’s perspectives obtain recognition, women’s work can be a source of power and pride.

Conceptual Framework

Using the review and critique of the literature and my experience and insights as the researcher, the conceptual framework for conduct of this study was designed to help “focus and shape the research process, inform the methodological design, influence the

data collection instruments used” (Bloomberg & Volpe, 2012, p. 96). It served as the “organizing structure” for the thematic coding schemes that emerged as a result of the analysis of the data, the interpretation of the data and thus, the findings. In essence, the conceptual framework became the “working tool” for conducting this dissertation (p. 96).

This study explored and added to the ongoing conversation about the transformative experience of female spouses of junior and mid-grade wounded warriors. This study sought to better understand the transformative nature or essence (Creswell, 2007) of the experiences of spouses of wounded warriors who have been injured in combat in support of the war, how these women learn to make meaning of their new life circumstances as a result of the challenges they and their families have encountered, and how society can better support them. The conceptual framework for this study drew from two main bodies of literature: the adult learning theory of transformative learning and the women’s development theory of women’s ways of knowing and learning.

Each category of the conceptual framework was directly derived from the study’s research questions outlined in Chapter 1. The overarching research question sought to understand the essence or nature of the transformative experience of the study participants. As such, the logical conceptual category to capture responses to this question is “the phases and key elements of transformative learning.” The next research question looked at how the process of learning enabled the women in this study to restructure meaning of a new perspective and what influences learning and what factors influenced their learning. The categories of “how women learn” and “meaning making” are thus appropriate. The next question probed deeper and sought to understand the relationship between the women’s knowing epistemologies and how they engaged in

critical reflection and discourse in their transformative experience. This question connected “how women know” with two of the key elements of transformative learning—“critical reflection” and “rational discourse”—and more specifically probed if, based on the researcher’s assumptions, the participants transformed from the first epistemology of knowing, silence, to the fifth epistemology of knowing, constructed knowledge. The last question, more philosophical in nature, assessed if the transformation of the study participants was indeed a transformative learning experience. As such, the logical conceptual category to capture responses to this question is the phases, key elements and outcomes of transformative learning. Figure 2 is a pictorial depiction of this study’s conceptual framework.

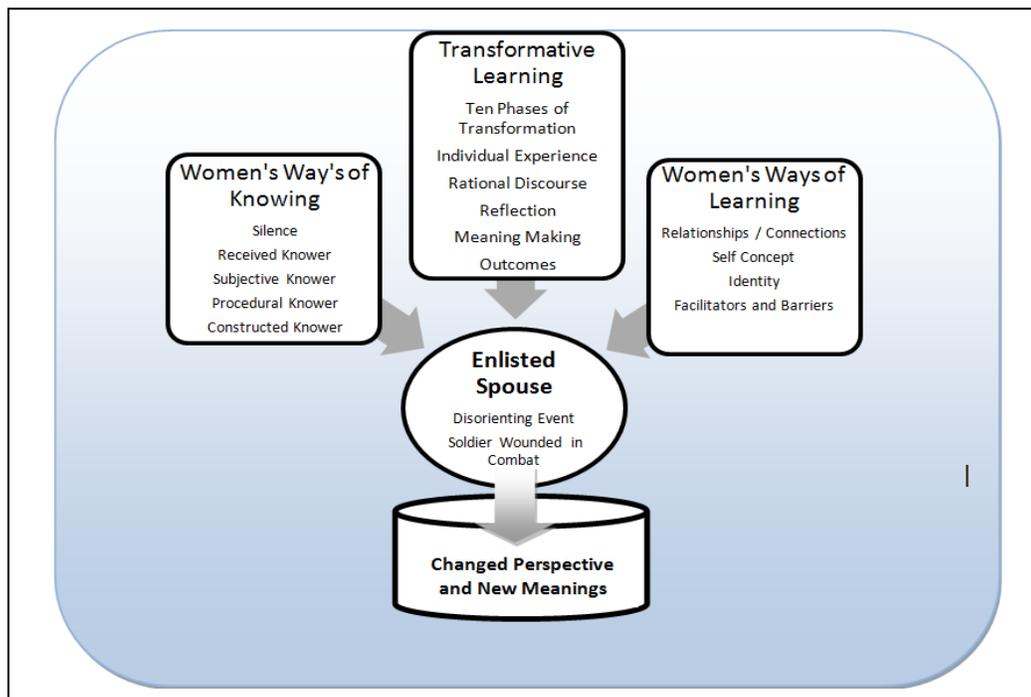


Figure 2. Conceptual framework

Conclusion

Through a review of the salient literature, my aim was to uphold this idea of self's involvement in the learning process. The self here is an active woman, with a strong sense of agency, acting on and often creating the world which she inhabits. Women's development theory illustrates how the epistemological assumptions of women are intimately linked to their perceptions of self and their relationship to their world. Each of the five "ways of knowing," or knowledge perspectives, represents a different point in the women's cognitive development, dependent on conceptions of self (*self*), relationship with others (*voice*) and understanding of the origins and identity of authority, truth and knowledge (*mind*) (Belenky, et al., 1986, 1997a; Love & Guthrie, 1999).

Transformative learning involves shifts in preconceived assumptions, biases and, subsequently, changes in one's behaviors (Mezirow, 2000). As we become adults, we often face moments of doubt or crisis that challenge our childhood assumptions. Transformative learning theory proposes that, as we meet these challenges, as I propose the women in this study have, we are faced with changing our deeply held assumptions, or meaning perspectives. As we examine our assumptions, we negotiate a new meaning (Cooley, 2003). Change, then, is essential (Young et al., 2006). And, according to the literature, outcomes of transformative learning include an empowered sense of self, fundamental changes in the way learners see themselves in their personal life context based on social relations, more functional strategies and resources for taking action and gaining control over their lives, compassion for others, new connectedness with others, enhanced spirituality, and involvement in ways of knowing other than rational (Christopher, Dunnagan, Duncan, & Paul, 2001).

E. Taylor's (2000, 2007, 2008) critical reviews of transformative learning summarized how emerging empirical work confirms and extends various dimensions of Mezirow's transformative learning theory in such areas as critical reflection, frames of reference, context, women's ways of knowing, and the process of perspective transformation. This current state of knowledge leaves adult educators with an endless array of modern tools and techniques for transforming the minds of adult learners more effectively and efficiently (Wilson & Kiely, 2002).

Feminist scholars in adult education have taken great and extensive pains to document the many different ways in which women know and learn in a variety of contexts. What we often neglect in this documentation is that the learning we are describing in feminist accounts is not "learning" per se rather a historically specific mode of coming to know the self and the world (Carpenter, 2012).

Much of the adult education literature on women and learning presupposes transformation. This is not surprising since the literature deals with personal and institutional challenges that affect women's entry and active participation in educational programs (Belenky et al., 1986; E. Hayes & Flannery, 2000). Women's challenging location in the workplace, the community, higher education, and the development sphere has lent itself to extended, though varied, discussions of transformation. Arguably, women's historically disadvantaged position has necessitated a unique body of work that has not engaged the discourse of transformative learning. The time is perhaps now right for theorists focusing on women to learn from the transformative learning literature (Irving & English, 2011).

Recent scholarship and the emergence of transformative learning underscore a fundamentally different way of thinking about learning and change. This new approach to learning is characterized by an evolving critical awareness of the self in relationship with itself, with others, and with its social and cultural context (West, 2001). As such, transformative learning, the shift in our perspectives and how we understand the world, intersects well with feminist-inspired women's development theory to fully explore how the women in this study learn and make meaning of their new life circumstances.

The integration of these two theoretical constructs also supported my goal "to produce non-hierarchical, non-manipulative research relations...between the researcher and researched" (Cotterill, 1992, p. 594). In addition, while the literature is suggestive of the possibilities for transformative learning for women, empirical work in this area is scant (English & Peters, 2012). Hence, this study sought to address that lacuna and validate if the concepts of transformative learning were applicable to the women in this study.

CHAPTER 3: METHODS

Overview

This chapter outlines the methodology and research design used to conduct this dissertation research study. According to Kim and Merriam (2011), “The selection of an appropriate research design or methodology to study transformative learning is inextricably interrelated to the researcher’s philosophical perspectives, the research questions, and how well the phenomenon is understood at a particular point in time” (p. 364). Kim and Merriam (2011) posited that all three factors are important in selection of a research methodology. To that end, as suggested by Bloomberg and Volpe (2012), this chapter describes the research design methodology and methods and includes discussion around the following areas driven by the purpose, research question and philosophical perspective: (a) rationale for research approach, (b) description of the research sample, (c) site and participant selection, (d) methods of data collection, (e) analysis and synthesis of data, (f) ethical considerations, (g) procedures of trustworthiness, and (h) limitations of the study. The chapter concludes with a summary.

Purpose and Research Question

This study explored and added to the ongoing conversation about the transformative experiences of women, in particular, female spouses of junior and mid-grade wounded warriors injured in support of the war. The study sought to better understand the transformative nature or essence (Creswell, 2007) of their experience as spouses of wounded warriors, how they learn to make sense of their new life

circumstances as a result of the challenges they and their families have encountered, and how society can better support them.

The theoretical framework lays at the nexus of transformative learning and the feminist theories of women's development. Transformative learning theory, as presented by its chief architect Mezirow (1991, 2000), posits that significant learning in our lives involves meaning-making that can lead to a transformation of our personality or worldview (Merriam, 2006). The study used a feminist lens to better understand the ways in which the women learn and thus transform their perspectives. A feminist approach to knowledge building recognizes the essential importance of examining women's experiences by women (Hesse-Biber, Leavy, & Yaiser, 2004).

The research questions focused the researcher on the area of interest and drove the study's design (Maxwell, 2005). Via transformative learning theory and the feminist theory of women's ways of knowing and learning as a theoretical framework, the overarching research question that underpinned this study was: What is the essence of the transformative experience of spouses of wounded warriors? The following sub-questions were also examined: How does the process of learning enable the women in this study to restructure meaning of a new perspective and what factors influenced a change in learning? What is the relationship between a woman's learning epistemology and how she engages in critical reflection and discourse in their transformative experience? Are the spouses' transformations indicative of a transformative learning experience as defined in this study?

Research Paradigm/Philosophical Perspective

Burrell and Morgan, in their seminal book *Sociological Paradigms and Organizational Analysis* (1979), observed that “all theories of organization are based upon a philosophy of science and a theory of society” (p. 1). They further stated that “all social scientists approach their subject via explicit and implicit assumptions about the nature of the social world and the way in which it may be investigated” (p. 1). Their work resulted in the following basic assumptions about the nature of the social world and how it should be investigated: (a) ontology - the phenomena under investigation; (b) epistemology - how one begins to understand the world; and (c) methodology - how to best study your phenomena based on the previous assumptions.

Creswell (2007) noted that these basic assumptions reflect a particular stance that researchers make when they choose a qualitative research and further shape their research by bringing to the inquiry paradigms or worldviews—“a basic set of beliefs that guide action” (Guba, 1990, p. 17). Creswell (2003, 2007) suggested that four worldviews inform qualitative research: postpositivism, constructivism/interpretive, advocacy/participatory, and pragmatism. They are briefly described in Table 1 below:

Table 1

The Four Paradigms of Qualitative Research

<p>1. Postpositivism.</p> <p>Researchers with a postpositivism worldview take a scientific approach to research. Their approach tends to be reductionistic, logical, and emphasizes empirical data collection, cause-and-effect, and deterministic based on previous theories.</p>	<p>2. Social constructivism.</p> <p>Social constructivism, which is often combined with interpretivism (Mertens, 1998), seeks to understand the world in which the participants live and work. Inquirers generate or inductively develop a pattern of meaning often addressing the “processes.” The researcher’s intent is to make sense (or interpret) the meanings others have about the world.</p>
<p>3. Advocacy/participatory.</p> <p>The basic tenet of the advocacy /participatory worldview is that research should contain an action agenda for reform that may change the lives of participants, the institutions in which they live and work, or even the researchers’ lives.</p>	<p>4. Pragmatic.</p> <p>Pragmatic researchers are focused on outcomes of the research, a concern with applications – “what works” – and solutions to problems (Patton, 1990, pp. 21-22).</p>

As suggested by the research question(s) and salient literature reviewed in Chapter 2, this study falls primarily into the social constructivist/interpretive paradigm and secondarily, from the feminist perspective, in the advocacy/participatory paradigm. The different frameworks allow us to have greater breadth in the analysis of the situation studied (Mills & Bettis, 2006). Opportunely, according to Creswell (2007), “individuals may also use multiple paradigms in their qualitative research that are compatible” (p. 19).

Social constructivist/interpretive paradigm. The social constructivist/interpretive paradigm was used for the following four reasons. First, transformative learning theory’s assumptions are constructivist, an orientation which holds that the way learners interpret and reinterpret their sense of experience is central to making meaning and hence learning (Mezirow, 1994); learners construct knowledge

through their experiences with others and the world around them (Moore, 2005). Second, social constructivism is often combined with interpretivism (Mertens, 1998), wherein the goal of the research is to rely as much as possible on the participants' views of the situation (Creswell, 2007). Next, Burrell and Morgan (1979) observed that the interpretive researcher sees the world as an emergent social process which is created [and thus constructed] by the individuals concerned. Last, Creswell (2007) suggests that "the participants in these interpretive projects represent underrepresented or marginalized groups, whether these differences take the form of gender, race, class, religion, sexuality, and geography (Ladson-Billings & Donnor, 2005) or some intersection of these differences" (p. 24).

As this research was concurrently focused on women and how women learn and make sense of their changed perspectives, the study was consciously underpinned with a feminist approach (or lens) to establish knowledge production from a woman's perspective (Kolmar & Bartowski, 2005).

The feminist pedagogy. Feminism gives us distinctive ways of extending the methods of qualitative tradition (DeVault, 2006). Creswell (2007) observed that "in feminist research approaches... the goals are to establish collaborative and nonexploitative relationships, to place the researcher within the study as to avoid objectification, and to conduct research that is transformative" (p. 27). These goals of a feminist research approach are directly in line with my goals for this study. As an emerging researcher, my "methodological interests lie in the development of a critical social science, a science intended to empower those involved to change as well as to understand the world" (Lather, 1992, p. 88).

The different frameworks allow us to have greater breadth in the analysis of the situation studied (Mills & Bettis, 2006). Opportunely, according to Creswell (2007), “individuals may also use multiple paradigms in their qualitative research that are compatible” (p. 19). These multiple perspectives—constructivist/interpretive and feminist/advocacy—manifested themselves in the approach and methodology used in this research and are discussed in the following section.

Qualitative Methodology

A qualitative research approach was chosen for this study given the nature of the research questions and the researcher’s interest in the theoretical framework of transformative learning and women’s ways of knowing/learning from a feminist perspective. Qualitative research is grounded in an essentially constructivist philosophical position, in that it is concerned with how the complexities of the sociocultural world are experienced, interpreted, and understood in a particular context and at a particular point in time (Bloomberg & Volpe, 2012). The intent of qualitative research is to examine a situation or interaction by allowing the researcher to enter the world of others and attempt to achieve a holistic rather than a reductionist understanding (Bogdan & Biklen, 1998; Locke, Spirduso & Silverman, 2000; Mason, 1996; Maxwell, 2005; Merriam, 1998, 2009; Merriam & Associates, 2002; Patton, 1990; Schram, 2003; Schwandt, 2000). Creswell (2007) recommended a qualitative research inquiry approach when the study is to gain an understanding of the essence of the experience for several individuals. It is my contention, as said by Bloomberg and Volpe (2012), “that purely quantitative methods were unlikely to elicit the rich data necessary to address the transformation of the study participants” (p. 118).

The strength of qualitative research is its ability to provide complex textural descriptions of how people experience a given research issue by providing information about the “human” side of an issue – the often “contradictory behaviors, beliefs, opinions, emotions, and relationships of individuals and allows the researcher to identify intangible factors, such as social norms, socioeconomic status, gender roles, ethnicity, and religion, whose role in the research issue may not be readily apparent” (Mack, Woodsong, MacQueen, Guest, & Namey, 2005, pp. 2-3). Considered synonymous with constructivist research (Gall, Gall, & Borg, 2007), qualitative research lends itself well to studying transformative learning experiences due to its richly descriptive nature (Grider, 2011).

To develop a complex, detailed understanding of the essence of the phenomena of transforming, I needed to talk directly to the participants, go to their homes, allow them to tell their stories unencumbered by what I expected to find in the literature, encourage them to share their stories, and hear silenced voices (Creswell, 2007). Although there is no prescribed structure for qualitative research designs, I used a phenomenological approach for the study.

Phenomenological approach. Within the framework of a qualitative approach, this study was most suited to be conducted as a phenomenological inquiry. Wojnar and Swanson (2007) asserted that phenomenology is often considered central to the interpretive paradigm (Clark, 1998; Denzin & Lincoln, 1998; Koch, 1995). As Merriam (2009) noted, “A phenomenological study seeks understanding about the essence and the underlying structure of the phenomenon” (p. 25). Van Manen (1990) described essence as “a grasp of the very nature of the thing” (p. 177). Merriam (2009) suggested that the essence is “the core meanings mutually understood through a phenomenon commonly

experienced” (p. 25). Furthermore “the focus of a phenomenology is a concept or phenomenon and the ‘essence’ of the lived experiences of persons about that phenomenon” (Creswell, 2007, p. 93). Since this research effort was designed to better understand the essence of the transformative experience and meaning making process for the women in the study, it fits well with criteria put forward by the above scholars. For these reasons, a phenomenological approach was an appropriate methodology for this study.

In *The Encyclopedia of Phenomenology*, Embree (1997) identified seven unique philosophical perspectives. Of the seven philosophical perspectives, two approaches—descriptive and hermeneutic (interpretive) phenomenology—guide the majority of phenomenological investigations (Wojnar & Swanson, 2007). Each will be briefly discussed below.

Descriptive phenomenology. Descriptive phenomenology is a descriptive approach to inquiry based on the work of Husserl (1859-1938), a German philosopher and mathematician considered the founder of phenomenology (Benoist, 2003; Drauker, 1999; LaVassuer, 2003; Maggs-Rapport, 2000; Moran, 2000). Husserl focused on the “belief that the meaning of lived experiences may be unraveled only through one-to-one transactions between the researcher and the objects [participants] of research” (Wojnar & Swanson, 2007, p. 173). Colazzi, in Moustakas (1994), extended the work of Husserl and made prominent the idea of transcendental phenomenology that focused on the description of the experiences of the participants. Moustakas (1994) also focused on another of Husserl’s earlier concepts, epoche (or bracketing) in which investigators set aside their experiences, as much as possible, to take a fresh perspective toward the

phenomenon under examination (Creswell 2007). Epoche encourages researchers to begin a project by describing their own experiences with the phenomenon, bracket their views before proceeding with the experiences of others (Creswell, 2007) and become neutral to facilitate an untainted description (Wojnar & Swanson, 2007). However, Moustakas (1994) himself admitted that this state is seldom perfectly achieved.

Hermeneutic (interpretive) phenomenology. Drawing heavily on the writings of Husserl, scholars such as Heidegger, Sartre, and Merleau-Ponty (Spiegelberg, 1982) modified, critiqued, and further developed Husserl's approach. Hermeneutic research, as suggested by these scholars is concerned with the meanings in social living, the meanings we place on our experience, the meanings we encounter during everyday life (N. Hayes, 2000). Heidegger (1889-1976) believed that humans are hermeneutic (interpretive) beings capable of finding significance and meaning in their own lives (Draucker, 1999). According to Wojnar and Swanson (2007) Heidegger's approach to phenomenology was based on the perspective that the understanding of individuals cannot occur in isolation of their culture, social context, or historical period in which they live.

According to Heidegger, the interpretive process is circular, moving back and forth between the investigator's forestructures of understanding and what was learned through the investigation. This hermeneutic circle⁶ (Heidegger, 1962) of understanding reveals a blending of meanings as articulated by the researcher and the participants (co-constitutionality) (Koch, 1995) and identifies the participant's meanings from a blend of the researcher's understanding of the phenomenon, participant-generated information,

⁶ Heidegger (1927) developed the concept of the hermeneutic circle to envision a whole in terms of a reality that was situated in the detailed experience of everyday existence by an individual (the parts). So understanding was developed on the basis of 'fore-structures' of understanding, that allow external phenomena to be interpreted in a preliminary way (Wikipedia, 2014)

and data obtained from other relevant sources. Van Manen (1990), expanding the work of Heidegger, described hermeneutic phenomenology as “research oriented toward lived experience” (phenomenology) and interpreting the “texts” of life (hermeneutics) (p. 4). Hermeneutic researchers investigate how people interpret their experience and convey meaning in their life (N. Hayes, 2000). Wojnar and Swanson (2007) posited that “when the primary goal [of a study] was to appreciate the holistic context of participant’s experiences and finding meaning in what participants said and received, hermeneutic phenomenology was selected,” as it was for this study (p. 179).

Qualitative Methodology Applying Hermeneutics (Interpretive) Phenomenology

This study used the hermeneutic/interpretive phenomenological methodology. Although both phenomenological approaches emphasize the importance of understanding human lived experiences and either approach would have been appropriate for this study, the key distinction between the two for this study was the inclusion of the women’s lens. An early feminist assumption was that research relationships were to be constructed as collaborations (Cook & Fonow, 1986). Hermeneutic phenomenology best supported this concept in that it allowed me to dialogue with participants so they could describe the human experience that shaped their meanings. Hermeneutic phenomenology is

Grounded in the belief that the researcher and participants come to the investigation with forestructures of understanding shaped by their respective backgrounds, and in the process of interaction and interpretation, they cogenerate an understanding of the phenomenon being studied” and allows the “voice” of the participants to heard. (Creswell, 2007, p. 22)

Forestructures include preconceptions, prior experiences, and biases that must be acknowledged as a means to improve understanding of the research participant’s experiences (Wojnar & Swanson, 2007). As Koch (1995) noted, “The preunderstanding

and the co-creation by the researcher and the participants are what makes interpretations meaningful” (cited in Wojnar & Swanson, 2007, p. 175). In the end, not using the process of epoche worked to my advantage. Most of the spouses admitted during the interviews that they chose to speak with me because I had been an Army spouse, I could understand, for the most part, their military language, and they would not have to take the time to explain every acronym or military concept.

The search for understanding the essence of the transformative experiences of spouses of junior to mid-grade enlisted soldiers wounded in support of the War warranted the use of a research paradigm with elements focused on the individual’s perspective (Creswell, 2007) underpinned with a feminist inspired lens and a methodology that allowed for the exploration of the individual’s lived experiences (Wojnar & Swanson, 2007). The different frameworks allow us to have greater breadth in the analysis of the situation studied (Mills & Bettis, 2006). These approaches also required a coinciding research design that will be discussed in the next section.

The Research Design

This section outlines the overall research design. It highlights briefly the intent of the literature review presented in Chapter 2 and discusses the research sample, site and participant selection, the data collection method, and the process of data analysis.

Literature review. An ongoing and selective review of relevant literature was conducted to inform this study. The review resulted in two literature streams that informed the study: transformative learning and women’s ways of knowing/learning. The focus of the literature review was to gain a better understanding of how a disorienting event such as soldiers being wounded in combat and their inability to take care of the

family as they did prior to being injured would prompt a transformative experience in their spouses, the key components of a transformative learning experience, developing a new worldview or perspective, how women know and learn, and how the women made meaning of a new world view.

Purposeful sampling. This study employed a purposeful sampling procedure to choose its participants. In qualitative research, only a sample (that is, a subset) of a population is selected for any given study (Mack et al., 2005). In a phenomenological study, the participants must be individuals who have all experienced the phenomenon being explored and can articulate their lived experiences (Creswell, 2007). Purposeful sampling is used in qualitative research (Creswell, 2007; Lincoln & Guba, 1985; Mack et al., 2005; Miles & Huberman, 1994) via a phenomenological methodology and thus was appropriate for this study.

To further enrich the information, the purposeful sampling used for this study was critical case sampling. Critical case sampling, as defined by Patton (2001) allowed the researcher to sample those individuals who could “make a point quite dramatically” (p. 236) and thus were rich in information. With soldier injuries come different levels of spousal, organizational, and/or community support. Within the community of wounded warriors, some continued on active duty; others did not or could not. The sample approach for this study was to select women who most typified having made a transformation from a state of dependency and demonstrated profound and dramatic changes in their lives and life experiences as a result of significant injuries (traumatic and/or debilitating; visible or not) their soldiers sustained fighting the War. Because the community of spouses of wounded warriors tends to be interconnected, snowball

sampling was also employed. Snowball sampling, a type of purposeful sampling, occurred when participants whom I contacted used their social networks to refer other spouses who could potentially participate in or contribute to the study. Snowball sampling helped recruit “hidden populations,” that is, groups not easily accessible to researchers through other sampling strategies (Mack et al., 2005, p. 6). Thus critical case and snowball purposeful sampling strategies were employed for this study.

Criteria for selection. Purposeful sampling is groups of participants according to pre-selected criteria relevant to the research question (Mack et al., 2005). The following criteria for selection of participants were used for this study:

- Married to a junior or mid-grade enlisted Army soldier at the time the soldier was injured or diagnosed.
- Willing and able to articulate their experience.
- Female 18 years of age or older.
- Their soldier must have been in the grade of E-1 to E-6 (junior/mid-grade enlisted) and traumatically injured during combat fighting the War.
- Their soldier may or may not be on active duty at the time of this study.
- The spouse of the wounded warrior cannot be on active duty.
- Willing to be interviewed and have the interview audio recorded.

To that end, the research engaged 15 spouses of wounded warriors who were in the ranks of junior or mid-grade enlisted (E-1 to E-6) at the time of injury. While there are potentially thousands of spouses, male and female, impacted by the trauma of the War, such a large population was beyond the scope of this study. Creswell (2007) suggested “a narrow range of sampling...for a phenomenological study” (p. 128). Where

he has seen the number of participants in phenomenology range from one (Dukes, 1984) up to 325 (Polkinghorne, 1989), Creswell supported Polkinghorne's recommendation to interview 5 to 25 participants. Dukes (1984) recommended studying 3 to 10 individuals and in one phenomenology, Riemen (1986) studied 10 individuals. In the end, Seidman (2006) suggested that the number of participants should be based on two criteria to determine "enough": sufficiency and saturation of information (p. 55). Sufficiency required a "sufficient number to reflect the range of participants and sites that make up the population so that others outside the sample might have a chance to connect to the experiences of those in it" (p. 55). Saturation was the "point in the study at which the interviewer begins to hear the same information reported; he or she is no longer learning anything new" (p. 55). Based on this collective body of knowledge, and agreement from my dissertation committee that sufficiency and saturation of information had been obtained, the study included 15 spouses.

The women in this study represented a diverse group of African American, Latino, and Caucasian spouses. Unfortunately, no Asian American or Native American spouses responded to participate in the study despite the researcher's efforts to recruit from these communities. The rationale for selecting a diverse study population is that enlisted spouses, predominantly minorities, historically have had less access to resources and are often an invisible and underrepresented group (Harrell, 2000). Also, there is a dearth of transformative studies focused on women, and, more specifically, diverse women populations (English & Peters, 2012). In addition, as the researcher is an African American researcher and former Army spouse of a soldier who died from a service connected disability, this population is familiar.

The research site. Qualitative researchers tend to collect data in the field at the site where participants' experience the issue or problem under study (Creswell, 2007). This means they "study things in their natural settings, attempting to make sense of, or to interpret, phenomena in terms of the meanings people bring to them (Denzin & Lincoln, 2003, p. 5). For this research effort, the interviews took place, to the greatest extent possible, where the women lived or worked. The initial choice of locations was limited to no more than seven military communities with at least five of those communities being outside the Washington, D. C. National Capital Region where the researcher was home based. Snowball sampling provided access to participants in four additional geographic locations which allowed for maximum variation (Creswell, 2007; Seidman, 2006) and richness of experience based on the different level of support and services offered in the diverse geographic locations. The time of day of the interviews was dictated, to the greatest extent possible, by the participants as well as the researcher's available resources. This up-close information gathered by actually talking directly to people and seeing them behave and act within their context is a major characteristic of qualitative research and allowed the researcher to have face-to-face interaction with many of the participants. In the end, the 15 spouses represented nine distinct geographical locations across the United States as there were no overseas respondents.

Recruitment and selection. Recruiting participants is often a challenge (Mack et al., 2005) as it was for this study. To overcome this challenge, the researcher used several strategies to recruit participants to cast a wider net of potential participants rather than simply relying on one source of referrals. First, since the Department of the Army is an extremely large and hierarchical organization of more than 1.4 million members and its

leadership is concerned with the safety, privacy, and potential exploitation of the spouses of wounded warriors, senior leadership support was obtained. To that end, the researcher obtained a letter of endorsement from the Assistant Secretary for Manpower and Reserve Affairs, Quality of Life⁷ for the research and authorization to access Army installations for the purpose of conducting the study and speaking to willing spouses of wounded warriors (see Appendix B). As a secondary measure, the researcher obtained permission from the Installation Command Headquarters for Soldier and Family Support Centers (SFAC)⁸ to facilitate entry to the installation SFACs (see email in Appendix C). Lastly, the researcher used her personal network and reached out to a number of Army Family Team Building⁹ volunteer spouse instructors.

More specifically, the researcher engaged the Directors of the SFACs at seven installations known to have a large concentration of wounded warriors: Fort Belvoir, Virginia; Bethesda (Walter Reed), Maryland; Fort Sam Houston, Texas; Fort Bragg, North Carolina; Fort Stewart, Georgia; Fort Hood, Texas; and Fort Carson, Colorado to identify and refer spouses of wounded warriors who have transitioned through the SFAC, met the eligibility requirement, and could potentially be interested in participating in the study. The researcher called each SFAC Director, made a preliminary introduction to those not known personally, introduced the study, and asked for their agreement to

⁷ This Army Secretariat position provides supervision and oversight for myriad of Army programs that affect the work life and welfare of all soldiers, family members, retirees, and civilian employees.

⁸ The SFAC is a one-stop administrative resource center hosting up to 16 different services to support warriors in transition, their family members and surviving spouses of soldiers killed in action. Each SFAC supports a major medical facility where injured Soldiers, Marines, Sailors, and Airmen are transported to for treatment depending on the nature and extensiveness of the injury and provides warriors and their family member's extensive assistance on their road back to duty or in their transition back to their civilian community (BAMC home page, 2012).

⁹ AFTB is a family member training and readiness program that provides participants with an understanding of Army culture and the skills and resources they need to become self-reliant, self-sufficient members of the military community. AFTB helps members of the Army family adapt to Army life, manage change, and embrace challenges. It is the Army's premier training program for spouses and "was developed by family members for family members" (Brown, 1996, p. 3).

identify and recruit potential participants. All seven SFAC Directors agreed to participate. Upon agreement, the researcher sent a follow-up email to each one thanking them for their support and included a complete Study Packet for their use that included:

- a SFAC Recruitment Letter for their records (Appendix D);
- a Potential Participant Recruitment Letter (Appendix E);
- a Research Information Sheet (Appendix F) that provided a comprehensive overview of the study for prospective participants;
- a Participant Profile Questionnaire (PPQ) (Appendix G) used to collect preliminary data and determine eligibility for the study; and
- a Participant Interview Consent Form (Appendix H).

Three of the SFAC Directors provided the researcher with the name, address, and email or telephone number of potential participants who indicated they were interested in participating in the study. Two Directors were unable to provide any viable leads of potential participants, and two Directors, though interested in the study, were unable to obtain the additional local legal permission required by their installation in order to participate.

As the former Chief of the Army Family Enrichment Division for the U. S. Army Community and Family Support Center for more than 12 years, the researcher trained hundreds of Army spouse instructors through the AFTB program and has maintained a personal relationship with many of them over the years. Logic would dictate the researcher use this network of spouses. As such, the researcher contacted 35 AFTB spouses and sought their assistance in identifying potential participants through their network of Army spouses. In the end, three instructors provided the researcher with

eligible potential participants; the leads from four of the instructors did not meet the eligibility criteria, and two potential contacts never materialized.

Data collection. Based on the nature of this study, two primary collection strategies were used: the PPQs and Personal Interviews. Several collection strategies were selected because, according to Bloomberg & Volpe (2012) “the use of multiple methods of data collection to achieve triangulation is important to obtain an in-depth understanding of the phenomenon under study” (pp. 107-108). Data were collected using two separate collection tools as outlined below:

Phase I – participant profile questionnaires. The SFAC Directors recommended 11 participants, the AFTB Instructors recommended four participants, and nine spouses were recommended by study spouses or outside sources as a result of snowball sampling. Each potential participant completed a PPQ. In total, the researcher reviewed 24 PPQs and contacted each spouse personally via telephone or email to establish a time for preliminary conversations to discuss the study and determine eligibility. During these calls, the researcher reviewed the information they provided on their PPQs, obtained additional information, provided information about the researcher, discussed the significance of the study and expectations of them as voluntary research participants, and answered their questions. From these preliminary conversations, the researcher selected eighteen spouses who met the participant criteria for interviews.

Phase II – individual interviews. The researcher used open-ended, in-depth interviews as the primary data collection method for this study. There are a number of reasons why this method was chosen. Interviews are the most common qualitative method (Creswell, 2007; Kvale & Brinkmann, 2009; Mack et al., 2005; Seidman, 2006).

Interviews are useful to get the story behind the participants' experiences and enable the researcher to pursue in-depth information about a topic (Undurraga, 2009). The interview permits a consideration of the context and setting of the interviewee and allows understanding experience in a unified way (Carter, B., 2005). Interviews are especially appropriate for addressing sensitive topics that people might otherwise be reluctant to discuss in a group setting (Mack et al., 2005) and interviews are key method used in feminist research (Charles, 1996; Cotterill, 1992; DeVault & Gross, 2007; Lyons & Chipperfield, 2000; Maynard, 1994; Reinharz, 1992).

The interview protocol. To carry out the purpose of a study, all the research questions must be satisfied (Bloomberg & Volpe, 2012). To that end, an individual interview protocol (see Appendix I) was developed to help frame and control the interview focus, while providing participants the opportunity to share their “unique experiences [and] special stories” (Stake, 1995, p. 65). The protocol consisted of statements, definitions and questions derived from the research questions. To test the logic and ensure understanding of the proposed interview questions (Young, 2013), three Army spouses who are part of the researcher's personal network, but not part of the research, reviewed the original versions of the interview questions. Each of the women responded and provided feedback that the following terms required explanation or clarification: *context*, *transformative learning*, *disorienting dilemma/disorienting event*, and *perspective/perspective change*. These terms were clarified in the guide and defined during each interview. One spouse recommended an expansion of the locations of the War to include soldiers injured in locations other than Iraq and Afghanistan since The Global War on Terror was being fought on multiple fronts. This recommendation was

adopted. Another spouse recommended the researcher be prepared for a range of emotions to be displayed when the spouses reflected on how their soldiers were injured and/or how the soldier's injuries and/or resulting illness has impacted their lives. As a contingency, a list of social and mental health services was developed for each installation in the event a referral was required (see Appendix K). Lastly, all three spouses recommended the last question that allowed the spouses to address America directly was a vitally important question and should remain as part of the interview protocol.

The Individual Interview Protocol is shown in Appendix I. The linkage between the research questions and the interview protocol as recommended by Bloomberg and Volpe (2012) is shown in Appendix J and provides a visual overview of the required coverage of the research questions. Ultimately the research questions provided data that supported the development of several of the interview question

The interview process. My goal as researcher was to engage in an approach that was “built around an open and leisurely interview that established rapport and allowed presuppositions and frames of reference of the interviewee to emerge” (Belenky et al., 1997a, p. 10). Together, the women and I decided on the interview dates and times based on their availability and my resources because most of the participants were located outside the National Capital Region. Based on their choosing, the interviews occurred on weekdays and weekends at various times, generally between 8:00 AM and 8:00 PM.

I began each interview with a brief conversation to break the ice and put each participant at ease. Each participant was asked to review and initial an interview consent form (see Appendix H). I reviewed the voluntary nature of the study, explained to each

participant her rights during and after the interview, and emphasized the confidential nature of the study. Although previously agreed upon, each participant was reminded that the interview would be digitally recorded and notes would be taken. Each agreed.

Each participant was asked to select a pseudonym. Only two spouses elected to choose a pseudonym; all others were comfortable using their first names only and wanted to ensure their voices were heard. Prior to the start of the interview, I discussed the dissertation process and five spouses indicated they were interested in obtaining a final copy of the dissertation.

Each spouse was interviewed twice using a modification of Seidman's (2006) three-interview technique. The first interview established the context of the spouse's experience to include a discussion of their personal background and allowed them to reconstruct the details of their soldier's injury and the process of becoming a spouse of wounded warrior within the context in which it occurred. The second interview, which took place within the three-week window as recommended by Seidman (2006), encouraged the spouses to reflect on their experience and the meaning their experience held for them. Prior to the start of the second interview, I summarized highlights from the first interview. This allowed for reflection and member checking, lending to the credibility of the results as suggested by Maxwell (2005). All interviews were conducted between June and October, 2013 and all interviews adhered to Seidman's recommendation that they be conducted within a three-week window; most second interviews occurred within five to seven days of the first interview to allow time for the women to reflect on their first interview but not put too much distance between the first and second interviews after recognizing how busy these women were. The interviews

lasted no more than 90 minutes each as suggested by Seidman; on several occasions, an informal conversation extended beyond the formal interview time period.

Five interviews were conducted face-to-face; ten interviews were conducted via telephone to best accommodate the spouses' schedules and maximize the researcher's resources. The interview protocol guided the conversation, and, true to the flexibility of qualitative research (Bogdan & Taylor, 1975), the questions were tailored based on the responses from the interviewees. During the interview, I listened intently for what was said and what was not said, making notes of instances of reflection, laughter, tears, sighs, body language, and other telling signs from the interviewee. The tempo and pace of the interview was adjusted to meet the needs of the participant. During two face-to-face interviews, the location experienced interruptions that caused a slight delay in the interview or background noises that interfered with but did not distort the conversation. One spouse, tending to a one-year-old, often used the speaker phone so that her hands were free to tend to her child. Two of the spouses of soldiers suffering from post-traumatic stress disorder had to continually remind their husbands whom they were talking to and why. All in all, the spouses were fully engaged in the interview process and thus the continued conversation with several of them.

A key aspect of hermeneutical/interpretive phenomenology is the interview outcome and the learning constructed by the interviewer/researcher and interviewee/participant. To that end, both researcher and interviewee play a key role. It is important how the researcher/interviewer approached the interview, asked sensitive questions, encouraged the women to share their stories, and, more importantly, how well the researcher listened (DeVault & Gross, 2007). In the spirit of forestructures of

understanding, key to hermeneutical phenomenology, each interviewee appreciated that I shared with her that I was a former Army spouse of a soldier who had died from a service connected disability and a mother of a soldier currently deployed to Afghanistan. Most noted that their agreement to participate, in part, was determined by the fact that I would have an “insider’s view” (England, 1994), be able to understand them “having walked the walk” and they, in turn, would not have to interpret their “military lingo” in an effort to be understood. After the second interview, one spouse asked me if I would be willing to set up a wounded warrior spouse sensing session while I was visiting her just to talk to other spouses who did not want to participate in the study but wanted a compassionate ear of an independent person (someone not at the location) to hear them. Though time would not allow this to happen, the request informed one of the recommendations discussed in Chapter 6.

Each interview concluded with me thanking the women for their willingness to participate in the study and asking to clarify any questions about the interview or the research study process. I informed each participant that she would receive a copy of the final transcript for review and encouraged all of them to provide feedback to ensure they were completely comfortable with their comments. They were notified that a non-response would imply approval. The interviews were digitally recorded, and I took notes during the interviews. Supplemental field notes were developed immediately (in most cases) after the interviews. Some field notes were developed a few days later based on my schedule.

Feminist interviewing. Feminism has a rich tradition of using interviews as a means of gathering data on the lives and experiences of women (Lyons & Chipperfield,

2000) and places emphasis on experience and the researcher's involvement in interpretation (Maynard, 1994). This type of interviewing is also concerned with asymmetrical power relationships (Charles, 1996), the hierarchal power relationships involved in the research process, and was an appropriate strategy for this study as it encouraged participants to reflect on their reality. It is a dialogue, a "natural" conversation, as described by Christman (1988, p. 74), in a safe, non-threatening environment in which the researcher "projects a genuine acceptance of the participant's viewpoint" (p. 80). Feminist interviewing encourages non-exploitative relationships, having a genuine rapport where research is a means of sharing information (Cotterill, 1992; Maynard, 1994). Most feminists usually favor the role of supplicant, seeking reciprocal relationships based on empathy and mutual respect, and often sharing their knowledge with those they research (England, 1994). Furthermore, according to Reinharz (1992), allowing women to put their "ideas, thoughts, and memories in their own words rather than in the words of the researcher...is an antidote to centuries of ignoring women's ideas altogether or having men speak for women" (p. 19).

As a female researcher conducting interviews with women, I was cognizant of the caution offered by Seidman (2006) that interviews among interviewers and participants of the same gender are not automatically unproblematic. He further suggested that same-gender interviews "can be imbued by the false assumption of shared perspective or a sense of competition never stated" (p. 102). To that end, I did not encounter any problems during the course of the interviews; however, on occasions, when the spouses would respond to a particular question with "you know what I mean," I asked for an explanation

to ensure their perspective was properly conveyed and not my presumptions based on my previous experience.

After spending more than 45 hours total in interviewing and talking to the spouses of wounded warriors about their experiences, and engaging in the “texture, tone, mood, range, and content” (Patton, 1990, p. 409) conveyed by the participants, I was immersed in their experience of what it means to be the spouse of a wounded warrior. All of the participants expressed gratitude at being able to talk about their experience to someone who wanted to hear their stories. They found it quite cathartic and acknowledged that it enabled them to reflect on and re-evaluate their experiences.

Data management. Organizing data in a rigorous, standardized way is essential to their security and validity of the study results. Modifying the recommendations suggested by Mack et al., (2005), the data were managed in a manner that protected the participants’ identities, minimized risk of breach of confidentiality, and prevented data from being lost. The researcher

- Created packets of all necessary forms for each participant.
- Used a digital voice recorder to record individual interviews.
- Made a back-up of the original recordings on a separate flash drive and secured the drive in a separate location from the original tapes.
- Kept the password-protected flash drives in a locked file cabinet in her home office when not in use.
- Ensured her desk top, laptop, iPad, and iPhone were password-protected throughout the research effort.

- Developed a common format for transcribing all recordings to ensure a uniform way of presenting and retrieving information on the location, date, and data collection event.
- Transcribed two sets of interviews and all the handwritten field notes.
- Obtained services of a professional transcriptionist for the remaining 13 sets of interviews by using a password-protected drop box.
- Obtained a signed confidentiality statement from the transcriptionist and the transcriptions and recordings were returned to the researcher.
- Named the computer file for each interview transcript according to a standard convention.
- Kept all documents related to a given data collection event (typed transcripts, expanded field notes, handwritten versions of researcher notes, digital recordings, profiles) with an archival information sheet.
- Will eventually destroy all recordings one year after publication of the dissertation. The surveys collected and transcribed interviews will be disposed of by shredding, the digitally recorded interviews will be erased, but the personal field notes will be maintained and secured in a locked cabinet.

This section provided an overview of the research design and discussed the methods that were used to collect and manage the data during the study. The next section describes the strategy for analyzing the data.

Data Analysis

Wojnar (2007) proposed that the goal of hermeneutic inquiry is to identify the participants' meanings from the blend of the researcher's understanding of the

phenomenon, participant-generated information, and data obtained from other relevant sources. Data were analyzed for content and narrative to generate findings that transform raw data (i.e., the transcribed interviews) into new knowledge, a coherent depiction of participants (J. Knowles, & Cole, 2007) and to reveal aspects of how participants made meaning of their lives and lived experiences in the context of becoming the spouse of a wounded warrior. This process was an ongoing iterative process, integrated into all stages to understand the essence of the spouses' experiences. In the end, I used the following eight-step process to analyze the data:

The data analysis process. The first step in the analysis process was the transcription. I transcribed two sets of interviews and quickly determined it would be more time efficient to engage the services of a professional transcriptionist. Each interview averaged 50 pages double-spaced. Upon receipt from the transcriptionists, I reviewed each transcript, compared it to the audio recording, and corrected any errors where required. After the review was complete, the transcripts were emailed to the participants for review and to correct of any errors, misrepresentations, exclusions, or to provide any additional relevant comments that may have come to mind after they had some time to reflect on their original comments. No substantial feedback was received. Four participants provided minor feedback, primarily typographical errors of a medical or military term that was incorrect. Upon the participant's review, I revised their transcripts accordingly. Ultimately, 1508 pages of double-spaced interview data were analyzed.

The next step in the analysis process was immersion (Cahill, 2006). All the transcripts were read several times and audio tapes reviewed to obtain an overall understanding of the phenomenon. This constant review process was done to gain

familiarity with the words and the intent before any coding began and before developing the individual narratives.

Next, I conducted an individual analysis treating each individual interview as its own case (Ayres, Kavanaugh, & Knafl, 2000). Open coding was used to breakdown the data to examine the pieces for similarities and differences (Corbin & Strauss, 1990). The participants' transcripts were individually analyzed both inductively and deductively using a recursive, iterative process to develop an initial set of open codes– inductively descriptive codes based on the language of the participants. Deductively, the codes were derived from the “conceptual framework, list of research questions, hypotheses [established in Chapter 1], problem areas, and/or key variables that the researcher brings to the research” (Miles & Huberman, 1994, p. 58). I looked for concepts and ideas that were repeated throughout the interviews (Saldana, 2009). For example, words and phrases that described their military environment such as *frequent moves*, *permanent change of station*, *frequent deployments*, *field exercises*, *chain of command* were coded with terms like *structure* or *rules of engagement*. Other phrases such as *invisible*, *discounted*, *shunned*, *ignored* were coded with words like *voice* or *agency*. Words like *anger*, *love*, *frustrated*, *overwhelmed*, *pissed off*, *anxious* were coded with the terms *emotions* or *feelings*. Words that described how the spouses accessed information such as *surfing the net*, *talking to other volunteers*, *finding information on their own* were coded with terms *self-directed learning* or *social discourse*. Open coding at this point also allowed for further identification and organization of data that appeared interesting and relevant for subsequent retrieval and analysis (Auerbach & Silverstein, 2003; Coffey & Atkinson, 1996; Merriam, 2009; Seidman, 2006).

After the first round of manual coding was completed over the course of three to four weeks, three peer-review sessions with two colleagues were held to review and validate codes. Group consensus required a revision to several of the coded sections. At the end of this first round of coding, 158 codes were identified. At this stage, I debated the value of using an automated coding program and decided to maintain the manual process, a decision the researcher has come to lament.

The final step in this multi-phase analysis process was a cross-case analysis, a comparison of one whole account (i.e., individual interview) with another to identify overall themes and patterns of meaning significant among the participants (Ayres et al., 2000). The 158 codes were applied in the cross-case analysis and were used to group “repeating ideas” (Saldana, 2009, p. 38) or “connecting threads” (Seidman, 2006, p.125). The initial set of 158 codes was grouped under 27 themes that captured the essence of the codes (Young, 2013). Through numerous iterations of review and consultation with the Chairperson, redundant and extraneous codes and themes were removed and realigned under the various codes. The final review resulted in four themes and 20 codes/subthemes.

As a novice researcher, I became frustrated with the potential that deconstructing the interviews with codes and themes, believing it would lose the voice of the participants. Based on advice from the Chairperson, the codes were set aside for several days. As part of an ongoing iterative process, I used this time to review the interviews and listen to the audiotapes again. This allowed me to see the interview data anew and to refresh my knowledge of the data from both a content and narrative perspective. Feminism gives us distinctive ways of extending the methods of qualitative tradition and

researchers can use women's speech to provide clues to analysis (DeVault, 2006). As such, I made notes of non-verbal discourse from the audio tapes—capturing the laughter, the tears, the sighs, pauses for reflective thought, and other significant changes. This review also provided an opportunity for me to better understand the value of a narrative approach/individual profiles to storytelling that is much more supportive of the hermeneutical phenomenological methodology.

Seidman (2006) suggested that “profiles and vignettes of a participant's experience is an effective way of sharing interview data and opening up one's interview material to analysis and interpretation” (p. 119). Consistent with the iterative process of comparison, I looked at matrices, cognitive maps, mind mapping, and other possible ways to do a secondary analysis of the interviews in order to develop the individual profiles that tell the spouses stories. Based on the fact that I wanted to bound the lengthy interviews to those events seen as “critical, influential, or decisive” (Miles & Huberman, 1994, p. 115) to the women's experience as the spouse of a wounded warrior, I used a modified “critical event matrix” (p. 113) schema (see Table 2) to perform a secondary analysis of the individual interviews. The critical events were displayed in the first column and the categories across the top.

Table 2

Individual Interview/Case Analysis Critical Event Schema

Critical Event/ Turning Point*	Category	Definition
1	Key Conditions	The physical or mental (thinking/ feeling/ attitude) state of a person
2	Relationships and Social Structure	Interrelationships among several persons (spouse, family, friends, coalitions, enemies, etc.)
3	Acts/ Actions	Actions in a situation that is temporally brief – seconds, minutes, or hours; Actions of more major duration – days, weeks, months – constituting significant elements of participant involvement
4	Strategies, Tactics	Ways of accomplishing things; tactics, methods, techniques for meeting their needs
5	Consequences	Result So effects of an action or condition/importance or relevance
6	Metaphors, Phrases, Analogies	Reflections of what the participants consider the essence of their experience – in their words

Note: Adapted from Miles & Huberman (1994). Important or crucial, and/or limited events as described by the participant/based on researcher’s interpretation of the action

This secondary analysis proved to be very time consuming but an extremely useful and productive approach to keep my analysis focused on the essential elements of each case. It also provided a framework to compare across cases. Using the results of the critical event schema, I developed individual profiles as suggested by Seidman (2006) to provide the readers a more in-depth representation of the participants’ individual experience. The heart of each profile is the individual responses to the interview questions. What the spouses said was seen to be as important as how they said it and how they pieced together their account (Stern et al., 1999). Their experiences were portrayed through their words (shown in italics) and the researcher’s words, giving the reader personal glimpses into the personalities, lives, and experiences of the participants (Shaw, 2001) and to show the context of their life as a spouse of a wounded warrior. The initial

profiles were 16 to 18 pages in length. After three refining iterations, the profiles were reduced to their bare essence of critical events. The profiles were provided to the participants to review, provide feedback on my interpretations of their words, and present any critical elements they felt were important to their experience. Six spouses returned their profiles with comments; two promised to review and comment but never followed through on their promise. Again, not returning the profile implied approval. The other seven spouses were okay with their profiles as written.

Reflection on the data analysis process. According to Merriam (1998), “Data analysis is a process of making sense of one’s data. It is a complex process that involves moving back and forth between concrete bits of data and abstract concepts, between inductive and deductive reasoning, between description and interpretation” (p. 127). As a novice researcher the data analysis was quite an overwhelming process since I chose to manually analyze more than 1500 pages of double-spaced interviews. Although I struggled using an automated data analysis program, I did not want to spend the time to learn the new technology. I struggled with the process of manually coding and analyzing the words of the spouses to develop themes. As I listened to the words of the participants, it was quite evident that, by using the inductive and deductive approach to analysis, I would have themes and subthemes that would not only support the theoretical constructs but also add to them. And, while the eight-step process described above appears to be very linear and very clean, it was not. Midway through the analysis process I set aside the coding and thematic development for a few days. I used this time to reconnect with the voices of the participants by reviewing the complete transcripts and listening to the audio tapes. This review gave me a fresh perspective of the totality of each participant’s

experience. At this time I reconciled my issue with coding by developing individual profiles as suggested by Seidman (2006), thus enabling the struggle and challenges and transformation of the spouses to be heard using their voices. However, to reduce an individual interview of 50-plus pages to succinctly tell the story required me to engage in what I call a secondary analysis using a Critical Event Matrix to bound the stories to their most salient, critical points. It was an extremely time-consuming effort but proved to be effective. Ultimately, despite my challenges, the analysis came together to provide findings and answer the research questions but not without much consternation on my part.

Displaying the results. The results of the analysis are displayed in Chapters 4 and 5. The voice of the women and their storied profiles are the foundation of this study and are displayed in Chapter 4. The profile “is a compelling way to make sense of the interview data” (Seidman, 2006, p. 120) and “provides insight into the subtle nuances of meaning that structure and shape everyday lives” (England, 1994, p. 243) of the women in the study. In keeping with the woman’s lens, as a way of knowing, Seidman suggested that individual narratives or profiles “bring a participant alive, offer insights into the complexities of what the researcher is studying, and is compelling and believable” (p. 120). From the researcher’s perspective, profiles provided merely a brief glimpse into the complexity of the women’s reality.

After a final review of each case, the profiles were arranged according to Seidman’s (2006) interview focus areas: focused life history, details of the experience, and reflection on the meaning of the experience. Profiles of seven of the 15 participants are highlighted in Chapter 4; their experiences are rich in detail and particularly

compelling, representative of the themes identified in the data analysis, and represented the varied manners in which the women responded to the research questions (Young, 2013). The profiles of the remaining eight women, whose stories are equally complex, compelling, and rich are placed in Appendix M. The 15 profiles, in their entirety, “illustrate the complexity and messiness of transformative learning” (English & Peters, 2012, p. 107) and convey the essence of their individual and collective experiences.

In addition to presenting profiles of individuals, the researcher presented and commented upon excerpts from the interviews thematically organized (Seidman, 2006). To that end, the four themes, 21 subthemes and 15 findings are displayed in Chapter 5. As recommended by Stern et al. (1999), excerpts and quotes from the interviews (presented in italics), summaries of the content of speech, statements about theoretical issues, and key substantive themes as they appeared in the profiles were incorporated into the findings. These results provide the basis for the conclusions, implications, and recommendations reported in Chapter 6 of this study.

This section provided an overview of the data analysis process and how the data will be displayed. The next sections describe issues related to protection of the participants, trustworthiness and validation, and researcher subjectivity.

Ethical Considerations

In any research study, ethical issues related to protection of the participants are of vital concern (Berg, 2004; Creswell, 2007; Marshall & Rossman, 2011; Merriam, 1998, 2009; Pring, 2000; Punch, 1994; Schram, 2003). Potential risks for participants in the study, though nominal, may be the failure to understand the purpose and parameters of the study, failure of the researcher to remain within the parameters of the study, and the

danger of breach of confidentiality of participants' interview or observation data. Although the researcher anticipated no risk to participants, various safeguards were employed to ensure the protection and rights of the study participants. Each participant was informed about the purpose, the process, and the parameters of the study through a comprehensive Research Information Sheet and provided her consent by reviewing and initialing a comprehensive informed consent form. To protect the identity of the participants, each was provided an opportunity to select an alias of her choosing to conceal her true identity. Only two participants selected an alias; the remaining 13 preferred to use their first name but requested that their soldier's name, children names, and names of any family members not appear in the study. Moreover, cautionary measures were taken to secure all research-related records in a locked cabinet in the researcher's home office; no one other than the researcher or authorized members of the research study had access to the material.

Trustworthiness and Validation

In qualitative research, trustworthiness features consist of any efforts by the researcher to address the more traditional quantitative issues of validity and reliability (the degree to which something measures what it purports and the consistency with which it measures it over time, respectively) (Bloomberg & Volpe, 2012). Lincoln and Guba (1985) used the terms "credibility, transferability, dependability and confirmability" to establish trustworthiness (p. 327). To address the issue of trustworthiness for this study, the researcher employed the strategies outlined below beginning with the issue of credibility.

Credibility. The criterion of credibility (or validity) suggests whether the findings are accurate and credible from the standpoint of the researcher, the participants, and the reader (Bloomberg & Volpe, 2012). To establish credibility, the following strategies were used: triangulation, member checking, peer reviews/debriefings, prolonged engagement, thick description, and random sampling.

Triangulation. Triangulation is the process of collecting information from a diverse range of individuals and settings, using a variety of methods to reduce the risk of change associations and of systematic biases due to a specific method, and allowing for a better assessment of the generality of the explanations that one develops (Maxwell, 2005). In this research effort, triangulation was achieved by pursuing multiple sources of data by using a variety of data collection methods—PPQs, individual interviews, SFAC observations, and field journal notes. The researcher was cognizant of potential bias that might exist and looked for ways to deal with it in addition to collecting information from diverse sources.

Member checking. Member checking or respondent validation (Bryman, 1988; Lincoln & Guba, 1985) is systematically soliciting feedback about data and conclusions from the people being studied (Maxwell, 2005). This is the single most important way of ruling out the possibility of misrepresenting the meaning of what participants say and do (Maxwell, 2005). To corroborate evidence and mitigate the main threat of incorrect transcriptions of interviews, member checking of the transcribed interviews established respondent validation. Member checking began before the second interview was started. Prior to the start of the second interview, the researcher summarized highlights from the first interview to allow for reflection and member checking, leading to the credibility of

the results as suggested by Maxwell (2005). Member checking was also completed immediately after the interview transcriptions were complete. The transcripts were emailed to the participants for review and to correct of any errors, misrepresentations, exclusions, or to provide any additional relevant comments that may have come to mind after they had some time to reflect on their original comments. No substantial feedback was received. Four participants provided minor feedback, primarily typographical errors of a medical or military term that was incorrect. No reply assumed consent based on instructions provided at the beginning of the interview process.

Upon their review, their transcripts were revised and the individual profiles were developed. The profiles were provided to the participants to review, provide feedback on the researcher's interpretations of their words, and present any critical elements they felt were important to their experience. Six spouses returned their profiles with comments; two promised to review and comment but never followed through on their promise despite attempts to follow-up, indicating their consent based on the original guidance. The other seven spouses were okay with their profiles as written. This member-checking technique of review and feedback is considered by Lincoln and Guba (1985) to be "the most critical technique for establishing credibility" (p. 314).

Peer review. The researcher employed peer review and discussed findings with colleagues, particularly the study chairperson, to ensure the reality of the participants was adequately reflected in the findings (Bloomberg & Volpe, 2012). Three peer review sessions to discuss and review the open codes were also conducted with two doctorate-level peers. Creswell (2007) noted that peer review or debriefing provides an external check of the research process (Ely, Anzul, Friedman, Garner, & Steinmetz, 1991;

Erlandson, Harris, Skipper, & Allen, 1993; Glesne & Peshkin, 1992; Lincoln & Guba, 1985; Merriam, 1998) by keeping the researcher honest; asking the hard questions about methods, meanings and interpretations; and providing the researcher with an advocate to listen to the researcher's feelings (Lincoln & Guba, 1985).

Prolonged engagement. Lincoln and Guba (1985) and Erlandson et al., (1993) recommend prolonged engagement between the researcher and the participants for the former to gain an adequate understanding of the phenomenon and to establish a relationship of trust between researcher and participants. From initial contact to completion of the project, I engaged with the participants on and off for more than nineteen months. During this time, I developed rapport with the participants as suggested by Seidman (2006). Building rapport includes the ability to quickly create interviewer/participant dynamics that were positive, relaxed, and mutually respectful (Mack et al., 2005). For the this study, building rapport started with my very first contact with the participant and continued to build with follow-up telephone calls, texts, and emails to confirm schedules and appointments, by working earnestly to be as accommodative of the participant's schedule as possible (within the limits of the researcher's resources), by allowing the participants to review their interview transcripts and provide feedback and corrections, review their individual profiles and provide feedback and corrections, review the thematic analysis of the data and provide feedback, and review the finish dissertation if so inclined. Five of the participants indicated a desire to have a copy of the finished dissertation.

The process of relationship building and co-construction was iterative and ongoing through email, text, telephone, and conversations especially to clarify their

feedback. Eventually, at the appropriate time, I will close out the study relationship in a cordial and friendly manner and maintain contact with those spouses who wish to stay in contact. This prolonged engagement and process of working together over a period of time provided opportunity for me to build trust with participants, which contributes to the credibility of the research (Lincoln & Guba, 1985).

Thick description. Thick description is described by Lincoln and Guba (1985) as a way of achieving a type of external validity and is an important provision for promoting credibility. By describing a phenomenon in sufficient detail, one can begin to evaluate the extent to which the conclusions drawn are transferable to other times, settings, situations, and people (Shenton, 2004). With over 1500 pages of double-spaced interview data and 15 detailed profiles, I was able to convey the actual situations that have been investigated and, to an extent, the contexts that surrounded them. Without this insight and thick description, it would be difficult for the reader of the final account to determine the extent to which the overall findings “ring true” (Shenton, 2004, p. 69) and may have applicability in other similar contexts.

Purposeful sampling. This research employed purposeful sampling, a kind of random sampling. Purposeful random sampling, a random approach “adds credibility to sample when potential purposeful sample is too large” (Creswell, 2007, p. 127). As Preece (1994) noted, random sampling also helps to ensure that any unknown influences are distributed evenly within the sample. In addition, I used maximum variation sampling at the beginning of the study by “determining in advance criteria that differentiate the sites, and then selecting sites ... that are quite different on the criteria” (Creswell, 2007, p. 126) to ensure diversity.

Transferability. Transferability refers to the ways in which the reader determines whether and to what extent a particular phenomenon in a particular context can transfer to another context (Bloomberg & Volpe, 2012). In other words, as suggested by Miles and Huberman (1994) questions to consider are: “Do the conclusions of the study have a larger import? Are they transferable to other contexts?” How far can they be generalized?” (p. 279). As recommended by Bloomberg and Volpe (2012) and Maxwell (2005), I addressed the issue of transferability by providing a thick, rich description of the participants and the context. This strategy of thick rich description is also supported by Becker (1970) and Schram (2003). Becker (1970) observed that “intensive interviews enable you to collect ‘rich’ data, data that is detailed and varied enough that they provide a full and revealing picture of what is going on” (pp. 51-62). Schram (2003) noted that depth, richness, and detailed description provide the basis for a qualitative account’s claim to relevance in some broader context.

Using a feminist interviewing strategy “allowed participants to reconstruct and reflect upon their experience within the context of their lives” (Reinharz, 1992, p. 21). This allowed me to capture the participants’ experiences and analyze their stories (Lincoln & Guba, 1985). The detailed participant profiles and the captured excerpts and quotes in the thematic analysis provided the reader a thick, rich description of the experience of a spouse of a wounded warrior and enabled the reader to potentially transfer the information to other settings “because of shared characteristics” (Erlandson et al., 1993, p. 32). This thick, rich description goes a long way toward validity (Seidman, 2006).

Dependability. Dependability focuses on whether the process of the study is consistent, reasonably stable over time and across researchers and methods (Miles & Huberman, 1994). The goal is not to eliminate inconsistencies but to ensure that the researcher understood when they occur (Bloomberg & Volpe, 2012). I used several strategies to work toward ensuring dependability. As recommended by Bloomberg and Volpe (2012), I asked colleagues to code several interviews to determine if the coding was generally found to be consistent. I also maintained an audit trail and researcher journal (Creswell, 2007; Lincoln & Guba, 1985; Mack et al., 2005). Creswell suggested that an audit trail that outlines the research process and the evolution of codes, categories, and theory (Miles & Huberman, 1984) and a chronological narrative of entries of research activities, including pre-entry conceptualizations, entry into the field, interviews, transcription, as well as initial coding efforts and analytic activities enhance the accountability and dependability of the study.

Confirmability. The concept of confirmability is one of objectivity. Bloomberg and Volpe (2012) and Miles and Huberman (1984) suggest that subjectivity can be framed as relative neutrality and reasonable freedom from unacknowledged researcher bias or at a minimum, an explicitness about inevitable biases that exists. In other words, do the conclusions depend on the subjects and conditions of the inquiry, rather than on the inquirer? (Guba & Lincoln, 1981). To maximize confirmability, several strategies were employed. Using a hermeneutic/interpretive phenomenological methodology, throughout the study my experiences, preconceptions, and biases about the phenomenon were examined (Wojnar & Swanson, 2007). I used an audit trail (Bloomberg & Volpe, Lincoln & Guba, 1985) to demonstrate dependability and included ongoing reflection by

way of journaling as well as maintained a record of field notes and transcripts. These strategies offer the reader an opportunity to assess the findings of the study (Bloomberg & Volpe).

Researcher Subjectivity. The qualitative researcher is the key instrument in the research study. They collect data themselves through examining documents, observing behavior, and interviewing participants and can impact the study in a number of ways (Creswell, 2007). One important threat to the validity of qualitative conclusions is the selection of data that fits the researcher's existing theory or preconceptions and the selection of data that "stands out" to the researcher (Miles & Huberman, 1994, p. 263). The researcher must understand how his or her values and expectations influence the conduct and conclusions of the study in order to avoid negative consequences and explain how one plans to deal with these (Maxwell, 2005).

I immediately disclosed that I was a former Army spouse of a soldier who died from a service-connected disability as well as the mother of an active duty soldier deployed to Afghanistan in support of the War. Because of this, the I have undergone a similar transformative experience that is closely related to (though not the same) as the women in this study. As stated by Glesne and Peshkin (1992), "my subjectivity is the basis for the story that I am able to tell. It is a strength on which I build...as a researcher, equipping me with the perspectives and insights that shape all that I do as a researcher" (p.104). Understanding and acknowledging my subjectivity was an inherent part of this qualitative research. Most important was my desire to authentically portray the stories of personal transformation of the women in this study and to tell it in their own words, thus the focus of Chapter 4 on the individual profiles.

Summary

This chapter provided a detailed description of the study's research methodology and methods. This dissertation employed a qualitative, phenomenological/interpretive methodology that supports both the constructivist and interpretive nature of the transformative learning process and meaning making of female spouses of junior to mid-grade enlisted wounded warriors. As such, the research engaged 15 female spouses of wounded warriors who were in the ranks of junior or mid-grade enlisted (E-1 to E-6) at the time of injury living in nine geographically distinct locations across the U. S. The sample approach for this study allowed the researcher to purposefully select women who most typified having made a transformation from a state of dependency and demonstrated profound and dramatic changes in their lives and life experiences as a result of significant injuries (traumatic and/or debilitating; visible or not) their soldiers sustained fighting the War.

Using feminist interview techniques to reduce power and engage in conversational dialogue with two in-depth interviews (a modification of Seidman's 2006 three-interview strategy) served as a powerful way to gain insight into the transformative experiences of the women. The first interview provided participant background data and allowed the participants to reconstruct the details of their experience; the second interview encouraged the participants to reflect on the meaning their experience holds for them. The data analysis process put forward by Wojnar and Swanson (2007) ensured the participants and the researcher "cogenerated an understanding of the phenomenon being studied" (Creswell, 2007, p. 22). Last, several strategies were employed to mitigate ethical concerns and ensure trustworthiness of the results.

Chapter 4 initiates the presentation of findings beginning with a profile of seven participants, and, in their own words, provides a thick, rich description of their experience that is compelling, enlightening, and informative. Chapter 5 presents the themes and key findings that emerged from the analysis of the data. Chapter 6, the final chapter of this dissertation, includes answers to the research questions, conclusions drawn from the research, implications to theory, and recommendations for future research, policy, and practice.

CHAPTER 4:

RESULTS – DEMOGRAPHICS AND PROFILES

Overview

The next two chapters present the research findings for this study. Chapter 4 begins the process by describing the demographic characteristics of the study participants and concludes by sharing the individual participant's stories that describe their experience as the spouse of a wounded warrior. Chapter 5 highlights overall themes significant to the study among the participants and details key findings identified from the analysis of the individual interviews.

The demographic section contains data on all 15 participants, the nature of their wounded warrior's injuries, and contributes to the context. The profile section contains a reduced version of the interview-derived data and is arranged according to Seidman's (2006) interview focus areas: focused life history, details of the experience; and reflection on the meaning of the experience. Profiles of seven of the 15 participants are highlighted in this chapter; their experiences are representative the majority of the themes identified in the data analysis and represented the varied manners in which the women responded to the research question (Young, 2013). The profiles of the remaining eight women, whose stories are equally compelling and rich, are contained in Appendix M. Collectively, the 15 profiles convey a richer, more complete, and more meaningful understanding of the phenomena.

Participant Demographic Data

The study group consisted of 15 spouses of wounded soldiers, referred to as wounded warriors, from multiple locations around the United States. They represent each

of the three service components of the U. S. Army – Active Duty, Army National Guard, and U. S. Army Reserve, each component bringing a different level of complexity to the study. The women ranged in age from 25 to 47 with a mean of 37.5. They represented a variety of ethnic backgrounds (four African American, four Hispanic, and seven Caucasian) and nine geographical locations within the United States: Central Texas, South Texas, South Dakota, Louisiana, Washington, DC, California, New Jersey, Georgia, and Colorado. There were no participants from an overseas location. All the participants had some college experience; three have Associates Degrees and one is actively working on her Bachelor's Degree. Seven spouses have Bachelor's Degrees; two of them are actively working on their Masters Degrees, two have one or more Masters Degrees, and one has a Doctorate. At the time of the interviews, five (one-third) of the 15 spouses were working outside the home.

Their wounded warriors range in rank from E-3 to E-6 (junior to mid-grade enlisted) when wounded or diagnosed and have suffered a multiplicity of combat-related injuries from amputations of limbs to blindness to post traumatic stress disorder (PTSD), traumatic brain injury (TBI) and more. Seven soldiers were injured while deployed to support combat operations in Iraq; four while in combat in Afghanistan, two while deployed to Kosovo and one soldier each while deployed to Kuwait and Syria. Several of the wounded warriors could not pinpoint a specific time of injury because of the nature of combat. They were diagnosed with PTSD and/or TBI many years after leaving the combat zone as a result of combat related engagements (mortar attacks, improvised explosive device (IED), enemy gun fire, rocket-propelled grenade (RPG) attacks, and more). Three spouses were not married at the time the soldier was deployed; however,

one spouse had been in a “significant other in a committed relationship” with the soldier for more than six years prior and during deployment. The remaining two spouses were married to the soldier at the time of diagnosis of PTSD or TBI and thus met the study criteria. Table 3 includes the attributes of the research participants and their soldier and the nature of their soldier’s injury. Pseudonyms were used to protect the identity of the participants and maintain confidentiality, where desired. The soldiers’ names and names of family members and friends were not used. The spouses are presented in Table 3 in the order in which they were interviewed.

Table 3

Participants’ Demographic Characteristics and Nature of Soldier’s Injuries

Alias	Age	Branch of Army	Race	Years Married	Number of Children	Education	Works Outside Home	Soldier’s Rank When Injured	Type of Injury or Illness
Genette	36	AR	C	12	2	Associate Degree	N	E-5	Amputated below right knee
Julie	25	NG	C	4	1	Associate Degree	N	E-4	PTSD, TBI Damaged knees
Nancy	31	AD	H	9	2	Some college	N	E-4	Amputated right leg; Salvaging left leg, TBI
Valerie	26	NG	H	1	0	Associate Degree	N	E-5	Shrapnel in leg; trying to salvage
MJ	42	AR	C	18	3	Bachelors Degree	N	E-6	Legally blind; Hearing loss; PTSD; TBI
Sandra	38	AD	C	15	1	Some college	N	E-6	Severe PTSD TBI Seizure disorder
Darlene	45	NG	C	2	1	Bachelors Degree; One year Graduate	N	E-4	Acquired Brain Injury (ABI); Grand mal seizures;
Pam	44	NG	C	10	2	Some college	N	E-4	Severe PTSD; TBI, Paranoia; Debilitating headaches; knee damage
Steff	42	AD	C	4	7	Bachelor Degree; working on Masters	N	E-6	PTSD, TBI Knee damage; Back damage

Sheri	42	AD	AA	5	9	Two years of college	Y	E-3	PTSD, TBI Suicidal ideations
Melissa	33	AD	H	7	0	Bachelors Degree/ 2 Masters Degree	Y	E-4	Combat related neck injury, PTSD, Suicidal Ideations
Kim	42	AD	AA	15	4	Bachelors Degree; 2 Masters Degree Doctorate	Y	E-4	PTSD, TBI Suicidal Ideations, Sleep Deprivation Depression
Mary	47	AD	AA	17	3	Working on Bachelors degree	N	E-6	PTSD, TBI Short-term memory loss Severe shoulder injury
Jean	36	AD	H	19	0	Bachelors Degree; working on Masters	Y	E-4	Combat related feet injuries Combat Stress Severe Depression
Veola	34	AD	AA	12	1	Bachelors Degree; working on Masters Degree	Y	E-6	Facial Injuries PTSD Depression
N=15	37.5			10					

Branch of the Army: Active Duty (AD); National Guard (NG); Army Reserve (AR)
Race: African American (AA); Caucasian (C); Hispanic (H)
Injury: Post Traumatic Stress Disorder (PTSD); Traumatic Brain Injury (TBI); Improvised Explosive Device (IED); Rocket Propelled Grenades (RPGs)

The Participant Profiles

Seidman (2006) observed that “profiles and vignettes of a participant’s experience is an effective way of sharing interview data and opening up one’s interview material to analysis and interpretation” (p. 119). In addition to a thematic analysis, the researcher used a modified “critical event matrix” as suggested by Miles and Huberman (1994, p. 115) to perform a secondary analysis of the individual interviews to bound them to those events seen as “critical, influential, or decisive” to the women’s experience (Miles & Huberman, 1994, p. 115). Using the results of the critical event analysis, the researcher

developed individual profiles to provide the readers a more in-depth representation of the participants' individual experience (Seidman, 2006).

The heart of each profile is the individual responses to the interview questions—what was said was seen to be as important as how they said it, how they pieced together their account (Stern et al., 1999). Their experiences are portrayed through their words (shown in italics) and the researcher's words, giving the reader personal glimpses into the personalities, lives, and experiences of the participants (Shaw, 2001).

The following profiles are provided for Genette, married to an Army Reserve soldier who lost his left leg when he stepped on an explosive device in Afghanistan in 2011; Veola, married to an Active Duty soldier suffered facial injuries and mental health issues after his truck ran over an explosive device in Iraq in 2005; Nancy, married to an Active Duty soldier undergoing limb salving due to a roof collapse while in Afghanistan in 2012; Mary, the oldest participant married to a medically retired Active Duty soldier seriously injured in a border cross bombing in Syria in 2008; MJ, married to an Army Reserve soldier who is legally blind as a result of injuries sustained in Iraq in 2006; Valerie, one of the youngest spouses and a newlywed, married to a National Guard soldier hit by shrapnel in his leg during a mortar attack while in Afghanistan in 2012; and Kim, married to a medically retired Active Duty soldier suffering from serious mental health issues as a result of his deployment to Iraq in 2005 after regular exposure to mortar fire and explosions. These diverse profiles were selected because they best display the complexity of the spouses' situation and also provide much commonality across the 15 stories.

Genette

“I’ve most definitely grown and I’m more confident... If I had to do it again, I could!”

Genette is 36 years old and has been married to an Army Reserve soldier for twelve years who had his right leg amputated below the knee as a result of injuries sustained while deployed to Afghanistan in 2011 in support of the War. They have two children, nine and 11 years old.

Focused life history. Genette grew up in Cleveland, Ohio. Before she was married, her goal was to complete school. She originally enrolled in nursing school but later decided to continue in the area of Special Education, in which she earned an Associate’s Degree. After earning her degree, Genette went to work for a management firm that managed buildings in the downtown area. She met her husband at work where he worked for one of the law firms in the building that her company managed. She said *“basically we met in the building...him delivering information to me.”* At the time, she did not know he was in the Army Reserves. It was not until after they got to know each other that she learned this tidbit of information. I asked her what made her decide to marry a soldier. She replied *“Uhm, I’m not quite sure”* at which we both laughed. Then she said, with a straight face, *“he made me laugh”* and we laughed again.

Her husband, she shared, *“completes her,”* though she did share that he has a different temperament than hers. She said: *“He’s a little bit more high-strung and has a little bit more energy than I have.”* They were married four days after the terrorists’ attacks on the New York City Trade Center and the Pentagon on September 15, 2001. Genette described his pride of being an Army soldier and her pride, likewise, in being

labeled “*as that Army spouse*” as things she liked about the Army. They also liked the opportunity the Army afforded the “*family to travel, meet new people and the closeness that you have when you meet these people,*” though she admits that he did most of the traveling. While there is not much Genette did not like about the Army, the thing she liked least was, as she described it was “*the uncertainty – like, you know, when is he going to come home that night, what’s going to happen next? You never knew when you were going to go again. Like he came home one September and by the next February he was gone again so you just never knew.*”

The literature describes enlisted spouses as invisible women with no voice who generally feeling isolated from their Army community; the Army labels spouses as dependents. Genette felt neither moniker applied to her. “*You [as an Army spouse] are only as isolated as you make yourself out to be.*” Before her husband was injured, she was involved in the Family Readiness Group¹⁰ and other organizations. Genette described herself as “*self-sufficient*” and someone quite “*capable of getting things done.*” The stability of the Reserve community made it easy to get things done. “*We don’t have to move and start over,*” she said. She also thought of the word ‘dependent’ as positive - “*as him being the supervising person in our family and the individual... who we follow...and the more stable person in our family. I do not see it as a negative.*”

Details of the experience. In 2011, her husband, an E-5 (Sergeant) was on his second deployment to Afghanistan when he was injured. She described her experience of

¹⁰ Family Readiness Group (FRG): a command-sponsored organization of family members, volunteers, soldiers and civilian employees associated with a particular unit established to provide activities and support to enhance the flow of information, increase the resiliency of unit soldiers and their families, provide practical tools for adjusting to military deployments and separations, and enhance the well-being and esprit de corps within the unit.

being notified of his injuries. According to Genette her husband had been assigned to a marine unit and she received a call from a marine gunnery sergeant, a call she was not happy to have received:

I was pissed at the way I found out. The idiot who called me was just completely rude as can be to me. I got notified by casualty assistance...and the office that it was supposed to come out of no one wanted to touch it because it was a gunny sergeant. So I got notified in a kind of different situation...I remember feeling the adrenalin just start to go and I also remember that I played it over in my head what if this ever happened, what would happen? So I can't, I mean, I was upset, I was crying but I can't describe what that [instance was like]. I was just like so heartbroken.

Her husband was a psychological operations specialist¹¹. While on a mission, he stepped on an improvised explosive device (IED or homemade bomb). She said:

He is missing his right leg below the knee. He had a complete degloving of the inside of his left leg. So what that means is that it just completely ripped off everything on the inside of his left leg. He is missing skin...muscles, veins, you name it and he is missing that on the inside of his leg which resulted in skin grafting to his leg and a lot of rehab.... He had 2 tibial plateau fractures in the right and left leg and he had a compound fracture of his left hand.... He had several soft tissue injuries. He had bilateral tympanic membrane [middle ear] ruptures, TBI [traumatic brain injury], and PTSD [post-traumatic stress disorder]. He had a fracture in his left foot and now has cartilage damage there...His body temperature doesn't regulate because over 10% of his left leg is burned.

As a result of his injuries, Genette quit her job as a health aide in the school district of the city where they and lived moved her two daughters to Texas, where her husband was receiving extensive, state-of-the-art medical care. As his spouse, non-medical attendant, and caregiver, she had to acquire knowledge and learn how to care for her husband. She spoke to experts, used the Internet to do research and talked to other spouses. She learned to challenge the system to ensure he received what she perceived was the “*right kind of medical care.*” According to Genette, often the doctors were

¹¹ A Psychological Operations Specialist is a Special Forces information and media specialist who can assess the information needs of a target population and develop and deliver the right message at the right time and place to create the intended result. (<http://usmilitary.about.com/od/enlistedjobs/a/37f.htm>)

focused on “*the primary injury*” and “*overlooked lesser injuries*” or they wanted to prescribe “*one medication that could interact negatively with the current medication.*”

She said:

There was several times where I had to be that stronger willed person. He would say something hurt and they would say there was nothing wrong. ‘No,’ I would say, ‘there is something wrong. You need to get into it.’ There have been instances here where they had to put him on other medications for like mental issues [due to anger management and PTSD]. They wanted to put him on another medication that was a blood pressure medication. Well, I didn’t agree with that because he was already on medication to lower his blood pressure for his migraines [due to TBI]. So I kinda had to advocate that you were not going to put him on that medication. You’re not going to give him that on top of this one and that took going to another doctor.

As we discussed supportive conversations to help with coping and learning, she readily agreed that “*being around other spouses that are going through similar circumstances*” is helpful. “*It’s important to have someone to talk to about the situation if they understand it.*” To that end, their families were of very little support. Genette said: “*Unfortunately...my family didn’t take this well. We didn’t speak to his family prior to this so I don’t have support there or the relationship there needed.*” Her father, a Vietnam veteran, began “*reliving the Vietnam era...the way Vietnam soldiers were treated when they came back versus the way these guys are treated.*” This caused a strain on their relationship so Genette “*formed that bubble round us*” so she could focus on what to do next while learning the Army processes.

What Genette is most proud of during her experience was her ability to challenge the Army structure and successfully navigate an exception to policy for her family. As an Army Reserve soldier, once the spouse is no longer needed as a non-medical attendant¹² to support the soldier’s recovery, the spouse must return to their home duty station.

¹²NMA: Non-Medical Attendant - This person provides additional support as the Soldier recovers, rehabilitates and transitions.

Genette, not wanting to leave her husband alone in Texas to finish his recovery, used her agency to fight for and be granted an exception to this policy. She said:

I've advocated a lot for our family because he is a Reserve soldier so to get our exception to policy and actually PCS¹³ here as a Reserve soldier, I had to be the advocate for that because he couldn't necessarily say anything...And that took me speaking to the Sergeant Major of the United States Army Reserves...going as high as Sergeant Major of the Army and going up as high as those generals and advocating and saying 'this isn't right; this is not right...you [the Army] needs to fix the situation or change the situation.

After much persistence and engagement with senior leaders, Genette's policy exception was approved. In exercising agency, she found her voice and experienced a broader change of mind. She recalls:

It's how you portray it. I don't think...had I gone in angry and aggravated and you know yelling and screaming, I don't think people would have listened to me. But because I went in there with this attitude of 'it's not right and it needs to be fixed and it doesn't need to be fixed for us necessarily but for the people that come behind us so that they don't have to go through it,' I think that's when you get things fixed. It's not focused on necessarily us and for that, people listened. Had I gone in there yelling and screaming, 'No, I don't think so.' You know, I think people listen if you present it the right way.

My famous thing about always saying was, you know, 'You took him away from me. For a year he was gone or he was supposed to be gone. And I was okay with that. I was okay with the fact that he was going to be in Afghanistan... I was okay being alone taking care of my children. Uhm, I knew he could defend himself. I knew yes, he would come home with mental issues more than likely, but I knew he could defend himself. He had a gun in his hand. I had faith in him and I had confidence in him. But he got hurt and he almost died. And you send him home to me and he almost died. Don't expect me to leave him again for an entire year. No, I don't care. You can tell me all you want, 'But he didn't die, he's alive.' Don't expect me to leave him for over a year again, you know.'

You have to keep the families together. If we weren't together, he may not have made it out of this situation. He – he may have committed suicide by now and he'll tell you that himself, you know, that if he had to heal here without his family, without his girls – the fact of, you know, getting up out of bed, he had to get up for

¹³ PCS: Permanent Change of Station - In the United States Armed Forces, a permanent change of station is the official relocation of an active duty military service member – along with any family members living with her or him – to a different duty location, such as a military base.

those girls. So it changes a lot to him with families involved. And I think that you have to heal the families because, you know, we went through it, too.

Genette was able to demonstrate a sense of agency and voice that, if applied to other families in her situation, will pay dividends in future years for wounded Army Reserve soldiers.

Although a little bit nervous in having to step up to the role of care provider, her biggest concern “*was that she wasn’t sure she would be able to pull it off.*” She was overwhelmed by the enormity of the task and concerned about “*doing a good job*” for the family. I asked her if she considered herself head of household. She quietly but emphatically said, “*No.*”

I don’t think I considered myself head of household. I still see him as head of household, but there are more responsibilities that I take. So even though he’s injured or he’s not able to do things, I still see him as head of the household.

As a result of her husband’s injuries, her life has been completely interrupted, somewhat deferred.

I had to quit my job and come and be with him as he rehabilitated. I had to his caregiver and so that was a lot on me to not only take care of two children, but having to take care of him also. I had to quit school until, you know, and I’m not sure when I’ll be able to return to that. And I am in a constant position of having to care for him and look after him.

Though Genette considers her husband’s injuries a disorienting event as described in the transformative learning literature, she acknowledges that she has not experienced a perspective change. “*Yes, I would [consider his injury disorienting dilemma] but I’d also say no [to a perspective change] because we’re still reaching for the same goals.*”

Contradicting herself moments later, she did mention that her perspective has changed. She has developed a “*hardened heart*” for people who are rude and stare at her and her husband or who park in a handicapped spot when they have other choices, especially if it

requires her husband to have to walk with a missing limb. She clarified her yes and no response even further:

I don't think that you, I mean, unless you just let this like completely change your whole life and you just have this real negative attitude ...about it. I don't think that it, that you can necessarily say yes to all of it because you're still going to go back to a life. You're still, you know, yes, we've had to alter it, but it's still not as much.

In thinking about her experience, Genette feels she has grown as a person and wife.

I mean, I think so [have grown] because there – there was new lessons to learn and new things to overcome. I think, you know, I've most definitely grown and come away with a larger knowledge than I did...I'm a lot more confident...The knowledge that's learned from dealing with this situation and everything and having to navigate the system. I know that if I had to do it again, I could. I know that if somebody came and asked me for help, I would know what to do, where to go.

I look back...people in his unit, in his group...they listen...They know what I've accomplished and so they'll listen to...my concerns.

Her children consider their father “*unique*” and are coping well; “*they don't necessarily see him as different.*” In addition, the move to Texas has been good for them as they have adjusted well to their new school system. As far as her relationship with her husband, Genette feels they have a “*solid relationship,*” but it is not flawless.

We definitely have our issues – his thoughts of himself are reflected in his anger, his upsetness. So it's a struggle...to be that person with him some days because it does come out on you. And it's a struggle sometimes to watch him.”

Today, Genette values quality time with her husband as a result of being stationed together during his recovery and they have more time together.

I think now, like I value that time together a little bit more. [Gets a little choked up]. I think we value more of all those firsts. The first step that each of, you know, I guess it's one of those, like there is a box that's just growing of memories from this experience.

Reflection. Reflection is a key element of transformative learning and is important to Genette. She admitted that she reflects on her experience daily. In reflecting, she said, “*Sometimes I come to conclusions that my life has changed. Will I ever go back to, to the way it used to be? Will I ever get time to actually [lets out a deep breath] do what I want to do?*” But, through it all, while she cannot make sense of it, she continues to see the blessings in a bad situation:

I don't think I can necessarily wrap my hands around all of them...The only way that I make sense...of the whole situation is that there's a plan. That...God has a plan.... It happened for a reason. We may not know the reason now, but it happened for a reason.

We concluded a lot that, you know, it's a crappy situation, it really is. But it is also a blessing. Our children were in a school district back home that they were financially unstable and they were getting ready to cut music, to cut gym, go to five hour school days, you know, no hot lunches, bare necessities and at the time of his injury, they got pulled out of that school district and they came to a new school district. Like that was a blessing in disguise. When we look back, the friends that we have met, the people that we have met, it's all blessings, you know.

Where I thought my voice was being heard as an FRG leader and that I was making a difference, here I made a bigger impact with my voice as a Reserve wife and the PCS situation. Uhm, we've seen impacts that it has made on other Reserve soldiers here and you look back and you're like, t that was a blessing, to be able to have that opportunity.

We look back and you know yea he got Purple Heart. He's proud of that but it was the Chief of Staff of the Army that gave it to him. You know so you look back and that's a blessing. Out of this crappy situation when you reflect back you're actually very, you know...he's alive. He's missing a leg; he's a little different but he's alive and (pause) there are tons of blessings.

Despite her apparent optimism, Genette has a difficult time picturing her future: “*I can't picture a future; that's the hard part.*” So much of the future is dependent on the

Medical Evaluation Board (MEB)¹⁴ results that will determine whether her husband can stay in the Army Reserve or have to get out.

That one piece of paper can change the whole future for this family. Right now this is middle ground. And I think a lot of that is because you don't know where you're going from here. Uhm, we don't know – are we going to stay in the Army or are we going to have to get out and are we going to have to get a new job. Nobody knows.

However, if the MEB approves for her husband to stay in the Reserves, she concludes that her future goals have remained stable – “*we would see ourselves like continuing on in our service, living the way that we had planned...hopefully someplace warmer than Cleveland and just living our lives with the goal that we had like nothing had happened.*” She does, however, say “*you also have to have a backup goal now because you're depending on something that may not happen...so we have to have a backup goal...Fortunately, according to Genette, “his civilian employer is more than willing to take him back and put him in any position possible”* and work around the limitations of his amputation. Genette said proudly:

He's doing really well. He can walk really well with [his prosthesis]. He's together. And you know a lot of people tell him when he wears pants, which is rare, he always wears shorts now, you know, you can't even tell...Our expectation is that he'll overcome this, you know, and he'll continue on and that we will live that happy future.

For women who find themselves in a similar situation, she offers the following advice: “*You need to connect. You need to bond together. You need to not give up. You know...it's a crappy situation, but in the end there's still good in it all.*” To any others who are interested in her experience, she says:

I want to thank everyone...you know...for the things that they've done to us, for us.... Uhm, you know, raise awareness of it – some people aren't as aware of

¹⁴ Medical Evaluation Board (MEB): The MEB determines whether or not a Soldier's medical condition enables him/her to continue to meet medical retention standards in accordance with Army regulations.

what is going on with the situation...I think, you know, a lot of people when the President states we're pulling out of Afghanistan, we're pulling out of Iraq, are oblivious to the fact ...there will always be people in Iraq no matter what...people forget or they see it and they do their one part and then forget to pass that one part on.

I think I would add that most everybody looks at the soldiers...they have the physical wounds.... They don't see how much the spouses are affected. But I went through it, too. I got that phone call. He can never experience that part. He can't experience certain hurts that I experienced. And so, personally I don't like the fact of being left out of his treatment or his decisions. I think, you know, that they have to be aware of the spouse and how it affects us.

When I got the call and I had to walk away and I got put on basically military orders to come take care of him, my job was gone. That was it. You know, you depended on your employer...but they had to give my job away at the end of the year...and that's not fair to spouses who may be able to go back and return. Now they can't. [One girl] had to make a decision of leaving her husband here or going back to her job. She went back to her job because they needed the income and they ended up divorced. You know, would the outcome have been different had she been able to continue to be with him and support him? It could have been different. So it does impact the families a lot more than I think anybody really thinks or notices.

Veola

“When stuff [like this happens]...you rethink a lot of stuff.... You rethink your life”

Veola is a super-resourceful ‘*old soul*’ though she is only 34 years old. She has been married for 12 years to an active duty wounded warrior suffering from facial injuries, post-traumatic stress disorder and depression as a result of injuries sustained in Iraq in 2005. She has one daughter who is seven years old. Veola’s chosen pseudonym is quite befitting as it is also her grandmother’s name because, as she puts it *“if she could grow up and be anybody, she’d be Miss Veola.”*

Focused life history. Veola grew up in central Texas in a small town where most people know who you are. She attended a local school there and laughed when she said, *“I went from kindergarten through 12th grade there, my parents went there, my uncle went there, small town.”* Shortly after graduation she left home for the bigger cities surrounding the Fort Hood, Texas installation¹⁵ and started college. At this time, she *“wanted to do a bunch of things.... I wanted to be a teacher...a nurse...to do modeling, to join the Air Force or join the Army...in my mind. I was, I’m still confused [laughs].* The beauty of this dilemma is that Veola felt she had a lot of options which is important at that age. Of all of her possibilities, she most wanted to work in the medical field so she *“started taking some courses for an RN program”* followed by *“classes for an OR tech.”* She admits that she *“was all over the place”*. She soon found she had no stomach for nursing and changed her major to Education and eventually earned a Bachelor’s degree from DeVry University in Irving, Texas.

¹⁵ Fort Hood is one of the largest United States military installations in the world, located in Killen, Texas.

Veola met her husband, an active duty soldier at Fort Hood, while working at the cellular company on post. She said, “*So I was basically [working] in a kiosk in the middle of the Post Exchange¹⁶, selling phones and pagers at the time...and met him inside my store.*” He was a Staff Sergeant, E-6, at the time and had been on active duty for several years. Though he was a few years older than she, she decided to marry him because “*he reminded me of my grandfather.*” According to Veola,

He was very old fashioned...drank coffee all day...didn't go out to the clubs like the other guys I was dating. He just kind of went to church and watched TV, and drank coffee and I thought, 'yes, this is it right here.'

He was 28 years old at the time ‘*but acting like grampa*’. Veola was 22 and happy to settle down.

As a young military spouse, Veola liked that “*we [the unit] were one big family.... We got together for...meetings or fundraisers. Everyone just acted like they have known each other for ever.... So the camaraderie between the spouses was...really good...it's just like you had a family away from family.*” However, moving is a constant way of life for Army spouses and Veola had apprehensions about moving out of Texas. As she put it, “*I'd been in Texas all my life.*” Despite her apprehensions, over the past twelve years, she and her husband moved to three different locations before finally moving back home to Texas. Because she was so deeply rooted in Texas, it was not surprising when Veola, as she described her previous duty stations, said “*I think I hated them about the same [laughs].*”

¹⁶ A store at a military installation that sells merchandise and services to military personnel and authorized civilians.

When we talked about how the literature describes enlisted spouses as isolated and invisible within their military community, Veola had a different perspective. She said:

I've been on both sides.... When I met him, he was enlisted and now, he's a Warrant Officer. So no, I don't really feel, no I don't. It's kind of both been the same but maybe I think its each individual person. Some people just don't know how to get out there and...meet people and talk to people.

I talk to and deal with whoever I want to, whoever is going to be my friend regardless of what his job title is. That's old school Army [the differences in rank and treatment of spouses]. It's a totally different Army now.

I've never really had any issues with getting something done.... If someone tells me no, I'm going to email and research and find out who the boss is and who your boss is and eventually I'm going to get it, especially if it's something that I know is right.

Veola does not consider herself dependent, a moniker the Army attaches to spouses and family members. “No, I am very much independent. I don't think I've been dependent...you know. I can pretty much fend for myself or...I have the resources to pay someone to do it [laughs].”

Details of the experience. In 2005, Veola's husband, a Staff Sergeant (E-6) at the time, was deployed to Iraq and, as she describes it, “he was blown up by an IED¹⁷.”

According to Veola:

They were on patrol and they ran over, or ran by/over the landmine and it blew the truck up. There were several of them in his truck and then some behind them...at the time he was a cavalry scout¹⁸ so you know they went out on missions.... He was shook up pretty bad. He had a cut across his face, and [shrapnel] pieces went up his nose. About the time he was able to call, he actually didn't want to say anything about it. He was just like, 'yeah, we went out on a mission tonight' and I was like 'ok' and I said 'are you going to tell me you got blown up or what' [she had already been alerted via the unit alert roster]. He was just going to let it go.

¹⁷ IED: Improvised explosive device – homemade bomb.

¹⁸ The cavalry scout is responsible for being the eyes and ears of the commander during battle. They engage the enemy in the field, track and report their activity and direct the employment of weapon systems to their locations.

This was the third time her husband had been injured while deployed and this injury triggered an awareness within her that war was serious business, a concept that she had not given a great deal of thought to before:

I think the third time it kind of made me realize, okay, there's some serious stuff going on. The first time it was like all in a week, so like one day one of the trucks got hit, one of the guys died. A second time, then his truck got hit and they saw, you know, soldiers' bodies blasted in half, and it was just craziness.

I asked if her husband had been diagnosed with PTSD or TBI as a result of the blasts. She quickly responded “*Oh my God, yes ma'am*”...However, he was injured in 2005, and it took the medical professionals more than five years to diagnose it:

When he came back [from Iraq], it was, you know, its during that time -...if you complain you know you're weak.... You just kind of keep moving.... So 2005 we left here [Texas] and went to Kentucky and I noticed, you know, just weird stuff like him waking up at night, you know, he would jump, he started having nightmares and would be up at 1am and couldn't sleep and so that's 2005. 2006, the same thing.

He was always mean or angry or mad or have those tantrums or just do crazy stuff and I'm like, that's not normal; normal people just don't do that. So I knew there was something. I couldn't get him to go in [for treatment]. 'I'm fine, I'm fine, I'll be ok' [he said] and I said 'Well, okay maybe you need to do a different job.'

So that's when we started looking at different jobs and then that's when he applied for Warrant Officer and in my mind I'm thinking, well you're not going to be in combat anymore so maybe this will help him...get back to normal. Little did I know that didn't work.... So finally after years of arguing, fussing, and fighting about it and telling him 'there's something wrong with you, and if you don't get help I'm going to leave', he finally went to the doctor after his last deployment to Afghanistan...in 2010. Five years of hell later.

You know the stigma started changing after, you know, after all of these years at war. They see that these guys, they have issues. [Today] he goes to group therapy. He did an inpatient stay for almost 2 weeks where they do group and talk about their issues and he's still going to that. He's in inpatient, actually right now. So...of course they dope them up, which I don't think is right but they give them...all this medicine and kind of make them zombies, if you ask me. I don't think...it's more like giving them medication is like putting a Band-Aid over the issue. They're not really solving the issue, you know what I mean?

So, while her husband was fortunate enough to overcome his physical injuries in 2005, the biggest issue for the family was his PTSD and depression, his treatment, and recovery. He is currently going through a medical board for evaluation to determine if he is medically fit to continue duty. Veola said:

He's still a workaholic. He can work. Once he's works, it's from sun up to sun down. It keeps his mind off other stuff. If he has any idle time, he goes nuts, which in turns drives me nuts. So yeah, he's going to get a job before his last day [in the Army]. He's not going to drive me crazy. I'm only 34 and I'm not taking no medicine so I've already done his resume, and he's put some...stuff out there and a couple of people have called him, so he will go to work; he will go to work.

Veola's preferred coping strategy is simple: "shopping and Starbucks." She also continued to work which serves as a distraction for her: "I've always worked so you know I'm always working or engaged in something and I have the baby so yes, whenever things get crazy at the house, or we are arguing, or he's just in one of those moods, I would just go to Wal-Mart or get me some coffee and I'm great."

In addition, Veola attended reintegration classes¹⁹. She also utilized group therapy where spouses can go and discuss their soldiers' behavior. Primarily, Veola is learning and teaching herself about PTSD as a way of coping.

I go to WebMD.... I definitely read all.... There's so much research and so much study on PTSD and the symptoms. For example, like insomnia. I didn't know insomnia was...linked to PTSD. I was just thinking he was not sleeping for whatever reason. So, I do my own research...reading of course. I use the Army Community Services pamphlets and brochures and military family life consultants. I've called them a couple of times...to ask questions and make sure I wasn't crazy.

While Veola felt it is important to have someone to talk to, her constant moving has made it hard to develop a network of spouses she can call friends. She shared, "it's important to have someone to talk to and explain what you're going through, because if

¹⁹ Classes conducted by the unit to slowly reintegrate the soldier into the family when they return from deployment.

you keep it all in, you eventually will need a prescription for symptoms.” However, Veola also shared that it has been hard to find someone to trust. When it comes to dialogue and conversations, Veola calls her mother: *“I tell my mom about it but she really didn’t have a true understanding of it herself.”* She also tries to talk to her friends from high school, but, because she has moved so frequently, she says,

There is just no one that I could really just totally depend on. When you’re away, you really don’t have, you know, you meet friends, you meet spouses...but you’re not that close with them just yet...So you just depend on yourself, your friends that you talk to via email and stuff.

Upon further discussion, Veola realized that, because she works for the wounded warrior program, she has a close circle of friends who understand her situation and support her through this experience. She said,

Most of the people I deal with, or in my close circle, either their husbands have deployed several times or they work for the military so they all kind of- you know, are familiar with stuff so when we vent to each other, they all understand.... I’ve been lucky in that aspect.

Veola’s biggest concern throughout this ordeal has been trying to protect her daughter from seeing and experiencing the “*ugly side*” of her husband’s PTSD:

I just wanted to make sure that he didn’t go off to where it would affect my daughter, like she would see him when he was going through his angry, wake up angry-for-no-reason times. I wanted to make sure that was something that she didn’t have to experience. So I tried to keep her you know, if he’s in one of those moods, and one of those anger moods where everything’s horrible that day for whatever reason, I didn’t want her to see that side of him you know, because I didn’t want her to be afraid of him, that was my main concern.

So far I’ve been pretty good with...keeping her sheltered but she’s a little older now. She’s pretty smart so she kinds of knows that. She’ll say ‘Oh, daddy’s trippin’ you know, so I know that she’s aware.

Over the last several years, Veola has had to advocate for her husband. He has always been quiet and reserved which is what initially attracted her to him but when he

“started doing things that normal people just don’t do,” she instinctively knew there was something wrong with him and that he needed help. She became his advocate, his voice:

Because he doesn't talk, he doesn't really say a lot. So, the first meeting we went to [his therapist]; I just got to sit there and talk for him you know, say like okay...remember this, remember when you broke this, when you got mad, you know, you kind of have to, especially if they're already introverted and they don't talk anyway. I was like okay, this is what he does and then one time I'd mention stuff and he'd be like 'oh yeah, that's right you know, this is what happened.' You kind of have to pull it out of him.

When her husband was first injured, she did not think anything about her would be different because “he wasn’t like an amputee; he wasn’t burned you know, his was more the shrapnel and the mental stuff.” Veola admits that she really “didn’t think much of it”. She knew he had “gotten blown up.” She knew “he was going to have some issues,” but she was not prepared for the “different man” who returned from combat. She admits that his injuries and PTSD has changed their everyday life.

He doesn't go anywhere. I mean he's always, like I said, been an introvert but, we could go out to eat and...he's not a shopper at all but he would go, you know, go to a bunch of stores...Now...I can't get him to go to restaurants and eat if it's a busy weekend. He just wants to stay at home and watch Fox News, and drinks coffee and my daughter, for whatever reason, does not like to shop. If we're not in Wal-Mart I can't really get her to go shopping.... So he just stays at home with her and mostly I do everything, you know, by myself.

He's not good in public places.... He's always on guard, looking around, finding exits, you know, just doing all this kind of stuff ...can't sit with his back to the door...and you know, where we park at and re-coning [conducting reconnaissance] the area.... My mind doesn't think like that...so yeah, he's just not the same.

Veola was also challenged to assume the role of his caretaker or taskmaster. She still has a hard time putting a label on precisely what her new role is:

I...have to remind him of a lot more things than before. 'Hey did you do this? Hey make sure you do that'. So, I don't feel like his mother but I feel like, sometimes I feel like I have a 40 year old and a 7 year old, and I don't know if that's just being married [laughs] or what but I do find myself having to repeat more stuff.... Not a caretaker per se because some women are definitely caretakers and they

have to help bathe and you know, do daily life stuff. I don't have to do that, but I do feel like that on a smaller role, if that makes sense."

I think I am kind of selfish in some ways because sometimes I'm like, 'Golly, like geez, why can't you remember this, seriously.' And then other times I have to remind myself okay, he's not the same person he used to be so I have to kind of step back and say 'Okay, take a deep breath, and then you know, come back to it.

Right now it's pretty one sided because he has a lot of appointments and he still a soldier full time and I work full time, so I'm most the one doing, you know, all the dropping off, picking up, running to dance here, going to recitals here...

It's hard because sometimes I want...us to do something together...but I know it's such a hard thing for him to do. I try not to bug him but it's definitely hard because you kind of feel like you're on two separate playing fields...It's hard...He's doing more therapy to work on his issues and being in public so hopefully it will definitely help us long term.

Since her husband's diagnosis and impending retirement from active duty, Veola does not consider herself head of household. She said *"The Bible says the man is the head of the household so, I'm going to say no just because I do believe in the Bible."* She added a quick caveat, saying, *"I think when it comes to decision making and stuff, I'm a little more vocal than he is...so I do [make most of the decisions]."* She also admits that she has learned to compromise. *"Before,"* she said *"this is what I want to do and I'm going to do it. I never compromised. Today I am more understanding that there is a problem and I just can't be concerned with me and what I want to do."*

Veola does, however, consider her husband's diagnosis of PTSD and depression a disorienting dilemma as described in the transformative learning literature. It has caused her to change her perspective on life though not initially. She said,

At first, I'm going to say no, when it happened, when he was still over there [in Iraq] but when once he came back, and I...say how it changed him, yeah, my outlook on stuff started changing...you know because then...you just started thinking okay, where's he going to get a job at and you know will they understand his sickness and you know how are we going to do this and you know you just start thinking about all these different scenarios and so year, I think it changes both of your outlooks...

I think my outlook changed, not only with him having PTSD but because I work with wounded warriors, and I see you know everything from A to Z, and at first I thought, you know, it's a war and you know that's just it. That's just kind of part of the process. But now I know it's, you know, it was a WAR [her emphasis]. It really changed a lot of people, a lot. So...my whole viewpoint on wars, and going to war, and why we're there and all of that has definitely changed because before I didn't really pay attention. I'm not going to lie. I voted for whoever was cute, and kept it moving. So now you know, I actually, you know I get into it [the political process] you know [laughs] more than before.

I think...that I didn't really... think about...how short life really is, because I mean it is, you know definitely short... We've had soldiers at work that are injured and you know they pass away and you just really don't really pay attention to it. You don't see how precious life is until you work around people who, you know, succumb to their injuries or you know they...get a terminal illness while on active duty so, essentially, it probably made me a little more, I guess opened my eyes up you know, more... and make me do the things that, you know like, like I said, oh I really want to go here, but I'll go one day, you know.

Reflection. Over the years, Veola has had time to reflect on this situation and concludes she did the right thing by insisting her husband get care for his PTSD regardless of the consequences:

I don't second-guess myself because I know there's a problem and I know I did the right thing.... I know that if I had just let him continue on, he would either be somewhere you know in a padded room, because he would have eventually.

I wasn't going to stick around for it. I'll tell you that so, you know, they say it's 'til death do you part, in sickness and health and all of that', but sometimes, sometimes, it's rough and you're dealing, you know, with that, especially when, you're not scared in your own home but when you're just mean for no reason or you just want to bash things, punch holes in doors. I mean I've just seen it all...I knew that I didn't want my daughter to grow-up around that, so he either had to get fixed or I was going somewhere. I was, on the first damn thing smoking somewhere [laughs].

I pray and I think it [this experience] makes me all humble because before, you know, you just go, go, go and like I said in working with injured soldiers, and then living with one, just... changes your whole point of everything. When stuff happens to you, you do rethink a lot of stuff. You rethink your life....

Veola's husband will be retiring from the Army soon and she is now focused on the future. Though she feels "unsettled" at the present time, Veola expects to finish her

master's degree (she only has six more classes) and to be successful. She hopes to get to a point where she feels settled *"in a place where I can grow in a job because I've never really had that feeling because I've moved so much...just find somewhere I can plant my roots finally because he's going to retire and then grow from there."* Veola also wants her husband to finish his Master's degree and *"then think about what he wants to do in the future that will make him happy... once this Army thing is said and done...because it's all he's ever known."* Veola also wants to focus on finding that *"normal civilian family life...and have fun that we used to have without all that excess worry."*

To Veola, this experience *"doesn't make sense to me. I just say Lord, how did I get here."* She laments

I thought he was going to be a 30-year life person because he just loves the Army, and then after that I figured he'd be too old to work again, so he was just like a stay at home dad, because you know, we have a 7 year old but now, I think it's going to be different because we're still going to be both working but he'll have a civilian job so that little vision is different, you know since he's retiring at 22 years versus 30...

Veola works as an advocate for wounded warriors and often advises women in her position,

To find a lot of patience, and to be understanding, and not get frustrated and say 'you're crazy' ...They need the extra support. They may be a little, you know, crazy but it is a reason for that, you know...especially if they weren't like that before.

And to America, Veola says,

I would say to America, when they decide to fix the budget they need to send some funds for more counseling.... Stop feeding all of these pharmaceutical companies, and stop giving them your money.... Let's find some other skillsets to work with these guys you know. They just don't need some drugs and be dopey all day. They have to work themselves back into society. Let's work on fixing these guys. Some of these guys are 25, 26, 27 and you know, mid-30s and they're on Social Security already. That's not right.

Nancy

“So far, I have amazed myself with the stuff I have had to overcome.”

Nancy is a vivacious, determined, and expressive 31-year-old Hispanic who exudes confidence. She is married to an Army Duty soldier who damaged his right leg while deployed to Afghanistan in 2012. She and her husband of 13 years have two boys, eight and 12 years old. Nancy is an entrepreneur who owns a line of girls and women boutiques, which she has put on hold to support her husband during his recovery.

Focused life history. Nancy was born and raised in Los Angeles, “*a West Coast girl*” as she boasts. She described her family as “*loud, happy Catholics*” and gave a hearty laugh. Her father is Mexican Italian and her mother is Mexican, Spanish and French which speaks to her mixed heritage: “*My great, great, great-grandma was pregnant with my great, great grandma. They were in France...then [traveled] to Spain...had the baby...left Spain to go to Mexico for a better life...The Italians were south Italians.*” Before she was married, her goal was to obtain her sociology degree from the University of Southern California (USC). Unfortunately, she attended USC only one semester before her father passed away. She lamented, “*A lot of my dreams and goals were kinda shattered*” when her father passed. She decided instead to attend the local college and earned a Dental Assistant Certificate admitting that she “*kinda settled a little bit.*”

She laughed when she told me how she met her husband whom she has known since 8th grade. According to Nancy, he courted her throughout junior high school. The two of them attended different high schools to pursue diverse interests. Nancy was interested in the performing arts so she attended, as she says, “*Hollywood High School,*

home of the sheiks and did dance, projection, theater.” They reconnected at the famous Quinceañera²⁰ and have been together since then. At 18 years old, shortly after calling off their May 2001 wedding, Nancy said, “We just eloped.... We hopped on the metro...downtown to the... Guadalupe Chapel.... I had on my cute sandals...we got married at 18. We got apple cider...and our newlywed dinner was across the street at Burger King [laughs].” Four years and twenty-five jobs later he joined the Army in 2005.

Two kids later, well two kids and many pregnancies, he decides to join the military...after 25 different jobs...we counted...His report date for Basic²¹ was January 2005 and I had just had a baby [their second son] and it all started. This whole moving from here to there started.... We were living in a studio apartment. I was working three jobs, he was working one pretty good job but it was kind of a dead end job, like factory work and everything...and we couldn't make ends meet.... So he left and I said let me go live with my mom and I just give her money for rent.

After her husband completed Basic training, it was time for the family to move away from California to their first permanent military duty station. The thought of leaving home and her mother was very disconcerting to Nancy. She said:

I was in tears. That was the roughest thing.... Here I am leaving my mom. She's sick, she's diabetic, open heart surgery, she just had her toe amputated due to diabetes and I was at the hospital every single day with the baby.... It was, I think, if a crystal ball would say 'well, this is the day you are going to start to feel like how to be a grown up,' I think I would have waited [giggles].

Prior to the deployment in which her husband was injured, Nancy describes with pride the unity of their first duty station and being a part of the Army:

Actually, like the whole, uhm, maybe because I come from a family of military - my dad...uncles, were all military from Mexico - Marines. And now the younger generations are everything, Marines, Army...Navy...His first unit was pretty hard core. The FRG leader, everybody just helped me. I was new, young, I had just had the baby, I had the older one, and I was actually pregnant when we got there but I lost the baby so everybody just came together. It was the very best first experience

²⁰ Quinceañera: The celebration of a girl's 15th birthday in parts of Latin America, marking the transition from childhood to young womanhood.

²¹ Basic Training: A ten-week Army training course that transforms 'civilians' into 'Soldiers.'

of being an Army spouse...It was a challenge but it was a good challenge. I was like, I'm ready to grow my little family and to be just him and I...it was hard...but it was nice. Also the benefits...that's a sure thing.

What she liked least was the pay and lack of benefits and opportunities for spouses:

We took a serious pay cut because he came in as just a private.... He was making great money at the factory and I had three jobs...then less than half, we took that cut...with a car payment, diapers to buy, it was really hard...There were lots of tears because I was the money handler, the budgeter [giggles] so it was kinda bad, really bad.

Nancy described how she often feels discounted and invisible in her dealings with the Army. She said

I honestly think we are all invisible. For example, even here...with the whole wounded warrior thing, I've had bad experiences with squad leaders who just don't care, putting their backs right in front of my face...when they're asking a question only to the soldier.

I wanna say benefits, school benefits – that is my major, major, major, major thing. That all these guys get TA²², they get GI bill. And what do the spouses get? Yea, there is the GI bill they can transfer but what irritates me is that there is stuff happening in the military, a lot of cheating – 'I'm just going to leave her' or 'I'm just marrying her for the extra money' type of thing. So they'll marry, or say you know he really does love her. He'll leave the girl. How can I explain this? Stuff happens, you know, a lot of cheating. And what if that was the case of certain girls I have seen that have no education and they are like out. Yes, that's what irritates me.

OK, if you say, Mr. Army...we're in this together blah, blah, blah, whatever, then I want to see this to be mandatory for the spouses to go to school because a lot of us, we are just left out in the cold...I feel like all we're good for is just having kids. Before they deploy they get them pregnant. When they come back, they get them pregnant...that's what really pisses me off. 'Girls, go to school, get a little trade, get something, get some skills, because stuff happens.' And that's like my urrgg...and why I feel they don't care about us.

we can't afford to say that I'm going to go back to school. I can't even take a dance class from like when I was back in high school because they are so expensive. And every single penny is accounted for in our monthly bills so that kinda sucks. That and I know I've heard it before, they said that 'if the Army

²² TA (Tuition Assistance): Financial assistance for voluntary off-duty education programs in support of a Soldier's professional and personal self-development goals.

wanted you to have a wife they would have issued you one.' Are you serious? That's what makes a soldier stronger, their family.... Do I feel invisible? All of us are invisible...

As far as being dependent on her husband to get things accomplished, Nancy disagreed, saying:

Oh no, I always had everything done and maintenance called and pest control called...And I tried to make...every woman...we are the glue of the home so we want to live a good life. We want our household to run smoothly, so we act [snaps her fingers]. We're on top of stuff.... That's how I am. So money, he's deployed; he's not deployed; I like to make my own money, you know, so this whole dependent stuff, I'm like uggh...how dare they [laughter]. I'm an independent woman.

I want to do what my parents did [both were business owners]...I like to be unlimited...I started [my business] with two little pay checks from my last job.... [My mom] took me to all her vendors and that's how I started my business in a little laundry basket...and once I...started by hitting up beauty salons and leaving my cards everywhere and holding fashion shows. I dressed Takara from America's top model.... She picked me...that was fun.

Details of the experience. Nancy's independence and self-reliance were tested several times during multiple moves and multiple deployments. In May of 2012, her husband's most recent deployment, he was supporting combat operations in Afghanistan. He was a Specialist (E-4) at the time. According to Nancy, he was working in a building in which the roof caved in, and he suffered a compound fracture:

The roof came down and just busted him...it was pretty much a compound fracture.... And nobody can tell me, pretty much, exactly what happened. I really don't know that much because obviously for him it was like [she snaps her fingers three times] a quick thing. Nobody was around him. I'm very ticked off with the leadership...And there were two people that were there with him. One was frozen [and failed to respond]...the other was trying to work the fork lift.... His leg was just dangling right there...

They were stationed at Fort Sill, Oklahoma (FS/OK) at the time. After he was injured, he was transported from Afghanistan to Fort Sam Houston, Texas (FSH/TX). She and the children were able to visit for two months. She said

Because the kids were in school [at FS/OK], I had to get everything ready and I went back. He had to stay [at FSH/TX] to finish up some medical treatment...[then]they sent him back to FS/OK. Not even 4 days later he gets a bad bone infection...severe temperature...everything real bad and they brought him back [to FSH/TX] because the doctor at FS/OK said 'No, we don't want to touch him'.

Because they kept saying 'antibiotics' and we were like 'Oh no, this is worse', he was returned to FSH/TX for surgery...and once a week had to travel from FS/OK to FSH/TX with a PICC²³ line. That takes a toll. He was like a weekend father, weekend husband. It was just bad....

According to Nancy, it would have been more beneficial to her family and to her husband's recovery to have been together in one location. Unfortunately, their request to move to FSH/TX where he was receiving medical treatments was denied several times. He eventually returned to FS/OK and his PICC line was removed in late November/early December 2012; he was recovering. On January 3, he got another infection and was transported back to FSH/TX. According to Nancy,

They brought him back [to FSH/TX] for emergency surgery; put in a rod, all kinds of crazy stuff and then...another PICC line.... I can't even remember but they brought me and my mom from California so she could be with the boys [in FS/OK] and I could be here [FSH/TX] to care for him because they said 'No, he can't go back to FS/OK; he's done.'

As his wife, Nancy had no voice with the unit or chain of command. It was at this time she began to exercise her agency and challenge the institutional policies that kept families separated.

I fought for and I went to the commander and I asked him 'why don't you just send us over there [to FSH/TX]. It makes no sense.... It was just bad to the point that I had to mention the Inspector General. I said, you know what, this is it, I'm done with this. You people are just hanging out and every time I come in here [FS/OK] no one is at the front desk; no one is anywhere to be found. Everybody, they're all in one office [mimics people laughing – hehehehe] happy time over there in FS/OK...Oh my goodness, he had just had surgery and I felt bad because

²³ PICC: A peripherally inserted central catheter that is inserted into a peripheral vein, typically in the upper arm, and advanced until the catheter tip terminates in a large vein in the chest near the heart to obtain intravenous access.

I couldn't be here for his surgeries because I had the boys in school. I can't just leave them...it was just hard.

So, my mom, she stayed [at FS/OK]. I came back here [FSH/TX] for four days. I cared for him; I attended him; I cooked for him.... We were at the Fischer house when he got a call from the commander at FS/OK stating that our PCS went through. We were like 'Shut up' [giggles]; like 'Shut up' [more giggles] and he [her husband] was like 'YEA'...

Our report date was two weeks later. 'What am I going to do?' And yep, he couldn't go back with me. I had to be his voice, his signature, his everything and they gave me hell.... Nobody was the voice for me so I pretty much had to fight my own battles.... It was torture...but we're here...

Nancy described a number of times when the squad leader or nurse case manager treated her as if she had no voice in her husband's recovery process.

I remember a nurse case manager, she would never talk to me like face me...never direct her speech toward me, always toward him yet he was always high on medication and...I had to voice it...to the Patient Advocate and say 'Why do they do that to them, knowing that they are high on meds' and they kinda like forced signatures...and I felt they didn't want the wives to be there...I called...some higher ups...I snitched on everybody, I don't care and I would do it again.... I want to say two, three days later, everybody changed...and now it's nice and peaceful.

This experience has taken a toll on Nancy's health. She now experiences recurring migraines and recently had an MRI (magnetic resonance imaging) scan to determine the source. She was also examined for lupus. She said "*I don't know what's going on, if its stress related. I just don't know what's going on.*" Adding to her stress, her youngest son is now required to have his lymph nodes constantly monitored for cancer.

To help cope with the stress, Nancy recognized that it was important to have someone to talk to. She said "*It's very important [to have someone to talk to] because a lot of people don't understand what we're [spouses of wounded warriors] going through. They're like 'Well, we support the troops'. I'm like 'Dude, let me give you some insight in a day in the life of.'*" Nancy relies on her junior high school friend who lives in the area

but neither she nor her husband have been in the military. Nancy also relies on the other spouses of wounded warriors.

I think [I rely on] the fellow wives.... I've met some great ladies here...and you click...A lot of...civilians think...that money wise, the prestige and all that.... I'm like 'are you kidding me?' ... They have this misconception [about Army life].... So this experience has opened a lot of my friends eyes seeing that 'wow, you know, it isn't how its described or how I thought it was on TV'.... The very few [friends] are the ones that follow your family from post to post to post and...we share pictures and 'the kids are getting so big' and the people you least expect sometime.

She also talks to her mom but mostly to her sister because “*she calms me down and she has some of the right answers but even if she doesn't have the answers, she'll just try to make me feel at ease.*” Ultimately Nancy goes it alone for the most part. And, while she does not consider herself anti-social, she is proud of the fact, as she puts it, “*I ride solo [laughter]...and they're like 'Yes Nancy, we know you ride solo'.*” She finds other ways to cope with the stress on her own terms like “*enjoying a nice glass of red wine*” [laughs].

Throughout this experience, the thing that keeps Nancy up at night is ‘*family*’.

She is most concerned, as she says, with the:

Health and well-being of my boys and my husband and even myself. That's when you have to be a little bit selfish because, since the women are the glue, if you stop running, if you fall into a depression or anything like that, I believe my household, it will just go poof [makes a poofing sound] if I don't keep going.

I'm also concerned with doing a good job, me doing a good job and so far I've amazed myself with the stuff that I've had to overcome. But I mean it's just, right now my main focus is getting me healthy. It's my turn. He's getting better, the kids are great...doing their own thing.

Reflection. Nancy is quite reflective about this experience. When we talked about becoming the spouse of a wounded warrior and all that it entails, she said:

I think about it all the time; all the time. I actually sit back and I say 'man, we have gone through a lot this past year...but look at how far he's come from not

walking and barely learning how to walk to actually light jogging.... Thank God that you have a second chance, that you didn't die in there. It could be worse.... Before in the beginning it was the physical pain; now it's the emotional pain...where he can't do exactly what he used to do before but he still has his life and he gets to see the kids again.

They are letting him stay in the Army so that those are more than enough blessings to me in my opinion. You know you can't be greedy; you can't be bitter all the time. I know guys who have just one arm...they're cool...There are the ones that you ask if they need any help and they say 'No' [snappishly] and you say 'ohh'. But to me, I don't even take that personally.

When he gets down and I tell him 'don't be like that', you know... 'It's easier said than done'...I say 'bend your knees' [as if in prayer]. It's kinda like I don't know what you're going through; you don't know what I'm going through but it's ok...I'm trying to deal with it. My sister says you have such a nice way of dealing with everything. My mommy, when she was crying, she's very emotional that woman, she was even like... 'I see you and not once did you complain how hot it was; how heavy that wheelchair was; how – because I have back problems – how badly your back hurt; how you don't want to shower him, not once did I see you complain.' I'm like, I usually complain but...it was just kinda like, you know, I thank Jacinto for my strength because it was just kind of a routine thing and you know that's your loved one there. I pray that he would do the same thing for me but like I said you never know.

I see it in the Fischer houses. They'll call off weddings...because they're not the guy that they fell in love with and it's like, 'are you kidding me...he's even better now in my eyes.' I still see this one marine...and I say 'hey, what's up' and give him his hug and everything and the very first time I saw him by himself, I asked him 'where is so-and-so' and he said... 'oh uh, yea, she went back home and the wedding's off, pretty much.' Guess what. That's her loss cuz you're, you're bad ass. Young guy too.

Nancy sees her role as caregiver as only temporary but she considers herself the 'emotional head of household' and her husband the 'financial head of the household' as life and her relationship with her husband takes on a new normal.

I see my role as primary caregiver as temporary. I had to stop everything, pack up everything, leave the entrepreneur life a little bit like just, not behind me, but on the side [laughs]. You know, so I'm coming back...and considering opening up [her business] again. It's just, you know, I had to focus on him.

Our relationship, compared to back in the day, it's a million times better...Back in the day, I'm not going to lie, he...was just a womanizer, careless father, careless husband. He was just one of those guys...and now we started going more to church and everything and it really helped us these past three or four

years...We just had our 13th anniversary on June 5th so, before that it was, it was hell...it was the worst years of my life and these three or four years have been pretty much the best, even with this injury and all of that...It brought us closer together...

We are where we have to be at, you know, where, if life brought us here, it's for a reason...it's to be more of a family, more united, everything. I think we know each other's fears, each other's happiness and what ticks them off [laughs] and the consequences...

I think I'm the one that's a little more centered and more willing to give...I'm a bad ass, you know...I think I have conquered right now in my life the hardest thing because I mean, family has turned their back on us, life has gotten hard. Now with career decisions and all that and I'm still here, and I'm still myself and I haven't changed...I may be more cautious maybe...everything happens for a reason. I guess this needed to happen to kind of, you know, whoosh away the bad people...and this is actually what I prayed for. I prayed for God to get the bad people away from my life and then keep the good ones...even if it hurts me, I don't care.

Nancy considers her husband's injuries a disorienting dilemma as described in the transformative learning literature and her perspective on life has changed.

I used to be a future planner and now it's kind of this whole experience kind of made me see that you live in the present because the future is never guaranteed...I just want to see us growing and growing like on the good side not you know, not leaning towards the left but leaning towards the right [laughs]. I'm more understanding now. I'm more patient. I used to be the screamer. Now I'm surprised at myself because I am the calm one...So it [this experience] has made me more of an 'uhhmmm' type of person, more grounded.

[In a serious tone] *I'm confident. I really am. Obviously there's always room to learn more. Every day you learn something new and I always welcome that...so it's kind of our responsibility to know...you have to educate yourself.*

Nancy tries to make sense of her experience this way:

This is the storm.... I try to focus later on the rainbow.... It is just a matter of being positive and focusing on this [experience] as temporary...along with having hope and faith. I guess those two words are actually our friend here, you know, hope and faith...that's all we have right here. If you have hope, if you have faith, you have hope."

When I pushed Nancy to look toward the future, she saw herself more together with her family, her business up and running again with the understanding that she is doing it all

for the boys, for their future, and more fun times to come. She saw her and her husband 'growing individually so they can then grow as a couple within our relationship.' To other women in her position, Nancy said,

There's hope...just stick with it and don't give up. Its determination to be persistent and determined and ...it's going to pass, it's going to pass. I mean it's tough right now...but I'm telling you ladies...at the moment you're like 'Man, what's going to happen' ...so you have to believe in yourself and if you just don't believe in yourself, I don't see them having any future.

Nancy has a strong message to America about her experience. She said:

Not only support the troops, the fallen, but support the families because we are the forgotten ones.... Remember the wounded warriors that are still here, they want that love too.... The rest of America, like the civilians and all that, they forget about the wounded warriors, you know. They're always like, 'the one that died in the line of duty and all that,' but what about the one that got blown-up and you know, he's still here but he's half here, you know...

America needs to stop having their heads up their butts, you know, and look at reality. Reality is all around you and how come that soldier is so happy all the time. He comes home, I mean he goes to work happy and he's now, full of life and maybe he has a good family back home, or maybe, think about it you know, we make them stronger you know. The Army makes them strong, '...the family makes them stronger.'

You know, they're physically broken but they have strong hearts, you know, they really do. They have strong hearts.

Mary

“Yes...it was an eye-opening experience...[now] I’m confident...I don’t know everything...but the little bit I do know, the real knowledge I do know and have, I do try to share with other people.”

At 47 years old, Mary is the oldest participant in the study and brings a no-nonsense approach to this phenomenon. She is married to a medically retired Active Duty soldier who was seriously injured while deployed to Syria in 2008. In addition to severe upper-body injuries, he suffers from post-traumatic stress disorder (PTSD), traumatic brain injury (TBI), short-term memory loss, and a multiplicity of other injuries. They have been married for seventeen years and have two “spoiled” sons, as she describes them, seven and 11 years old. Mary is a full-time care provider for her husband, a full-time college student pursuing her Bachelor’s degree, no longer works outside the home and “is in it for the long haul,” she says.

Focused Life Story. Mary grew up in Galveston Island, Texas, and attended high school on the Island. Even before she got married, her goals were “simple” as she says—*“to be a wife and a mother, with 2 kids and a dog and a white picket fence [laughs a hearty laugh].”* She met her husband in the military at the installation where they were both stationed in 1989. Mary was a supply clerk and he was a tanker. She said,

We were both privates [E-3s] at the time...He was a 19K²⁴ at the time and had just come into the Army as a tanker.... He loved being a tanker.... He was a real nice fellow [laughs]. We had mutual friends and so we all hung out together.

Mary ended her active duty career shortly after they were married in 1996. As an Army spouse, Mary enjoyed a number of things about the Army lifestyle. She enjoyed *“traveling and seeing things, doing things, you know, just meeting other people.... We*

²⁴ 19K: M1 Armor Crewman responsible for loading and firing guns, and operating armored equipment to destroy enemy positions.

used to have fun, hmm mmm [positive acknowledgement].” What she disliked the most was the constant separations due to deployments: *“It seemed like he was always constantly gone and then, you know, he was always having to travel. I mean he hadn’t missed a deployment.”* From Mary’s perspective, as the spouse of an enlisted soldier, she did not feel isolated from her Army communities. When asked, she replied, *“No ma’am.”* However, she feels isolated now as a result of his injuries. Prior to her husband’s injuries, Mary did not feel dependent on her husband. She said, *“No ma’am.... I do almost everything for us, if that makes sense. I just, you know, had no problem with taking care of the kids...taking care of him...I just did as a regular person would.... I took care of almost everything.”* Mary worked outside the home until her job was abolished in 2011 when the installation where she was worked was closed.

Details of the Experience. Mary’s husband was 41 and a Staff Sergeant (E-6) when he was deployed to Syria in 2008 to support combat operations for the War. He worked on the Syrian border conducting biometric identity checks, a form of identification and access control also used to identify individuals in groups that are “under surveillance” (Jain & Ross, 2008, p.1). She explained his injury like this:

A suicide bomber blew up the building that he was in.... He was on the Syrian border in March 2008. He was performing biometrics in a little hut. That’s why he was in-between the borders and one of the guys they had caught, uhm, a tier one guy, you know, like a most wanted guy.... The next day...some of his men [the tier one guy] came back...some of the terrorists came back and when they did, that was what they recognized he got caught-up in.

So the building that he was working in, where they were performing the biometrics check, the guy [terrorist]...went through the building and was acting like he was going to the Syrian border. Then, all of a sudden, he turned around and came back. And when he came back, he ran into the building and detonated [himself]. So it was my husband and one of his soldiers who got...injured. The little guy, the soldier that was with him, the PFC [Private First Class] that was

with him, he got burned, so they medevac'd him to BAMC²⁵ and they sent my husband off to Walter Reed.

He has, of course, PTSD. He has a TBI. He has pins and screws holding his scapula together. He has a spinal cord machine stimulating his back. He has light sensitivity and short-term memory loss. He has bone fractures in his knees, his ankles, and his ribs.... They said it would do more damage for them to go in and fix it then, you know, then left as is.

And he had to get his face...they did reconstructive surgery on his nose, because that was messed up too. They had to put tubes or something in there, so that was messed up....Even now, today he's still on morphine and...another [pain] medicine and...a medicine to sleep

I asked her how she felt when she first learned the news that he was seriously injured. She said,

I was sad, crying, hysterical, just to name a few, and calm at the same time. Because even though he received his injuries, when the casualty officer called me to tell me what happened, you know, even though I was upset.... I was hurt myself because I was like 'oh my gosh, what to do.' So I knew that I had to notify my family. I had to be confident and listen to what they wanted me to do or what had to be done and I had to think about what I had to tell these kids.

When her husband was injured, she was fortunate to be working in Base Operations²⁶ for the Garrison Commander and had access to key and timely information.

It helped me a lot [to be working for the Commander] because I got to...find out the different facts...when he got hurt. I was able to track, you know, where he was because the Commander at that time, they helped me a great deal with locating him while he was hurt and even during the time when he was sick and getting medical treatment.

Mary felt fortunate she had a network of friends and families to provide support: “*Friends and family [were key relationships] because they were the ones who helped me. And then I could say, people I worked with.... I had a little support [network] there as well who made sure I had everything.*” Her commander and coworkers raised money for her to travel to Germany to be with her husband. “*The Commander was really essential....*

²⁵ BAMC: Brooke Army Medical Center, Fort Sam Houston, Texas

²⁶ Base Operations: Refers to common service support functions on an Army installation.

Initially they weren't sure he would make it because they couldn't stabilize him. She and some of the staff had already gotten money together to send me there.... It meant a lot to me.” In addition, Mary had a network of friends, also soldiers, who checked on him regularly while he was in the hospital at Walter Reed because they were stationed in Georgia at the time. *“They went by and checked on him, brought him...whatever he needed, sat in the room with us, but one of the main things, they checked on him for me,”* when she had to return to Georgia to her work and caring for her young children.

It was comforting to Mary to know that, even when she was not able to be at her husband's side due to work or the children, she had a supportive network of friends and family. Although she never accepted mental health counseling, Mary felt it was important to have someone to talk to about her experience: *“For one, you know you're not the only one going through it... you have friends and family... there to support. That means a lot because you're not carrying that burden on your own.”* And, when Mary really needed to reach out and talk about all of this, she said, *“You need to have somebody who understands what you're going through so I speak to my friend...who's like my real sister...We talk about a lot of things. She was deployed all the time...I kept her kids...we talk about everything.”*

While her husband was recovering, Mary began to exercise her agency and advocate for the services she believed her husband required. She had to challenge the bureaucracy of the Veteran's Administration (VA) medical system.

Even here at the VA I was calling about his treatment. They were on this thing where they wanted him to pay, pay to get seen there.... They were saying they didn't have him in the system. They didn't have paperwork on him. It was a big issue for me at one point. It got to the point where I told them that I was going to call my Congressman because, I mean it was stupid. We did all the paperwork in DC at Walter Reed because the VA Rep came to the hospital, to the bedside

because they didn't know when they were going to release him at that time. They did all his paperwork there, and then we were told they were going to send everything [to Georgia] after we moved him.

Then we get here, and we're still going through these issues and problems, saying that he had to pay to seek treatment. Then, after he moved into the WTU²⁷, sometimes I was able to bring him home. While he was home, I would have to drive back and forth because they wouldn't let him get seen here like at the Shepherd Center [nearby].... So I'd have to keep driving him back and forth to Fort Benning from Atlanta for appointments and everything else. It was kind of crazy. It was really crazy, and so the VA was the real issue when they did not want to see him, and saying that he had to pay because they didn't have any information on him being a soldier to even receive treatment on his injuries.

And I knew that was wrong...and people listened to me after I raised my voice a couple of times [laughs]. I'm just being truthful. Being a veteran, I knew some of the things that should have been done, so I knew where to go, what questions to ask, and what to say to them, you know, as far as getting him help.

In 2012, Mary's husband was diagnosed with PTSD and allowed to medically retire, more than four years after sustaining life-threatening injuries in combat. Because of his injuries, PTSD and TBI, he has been classified by the VA as "unemployable." He still requires morphine and other medication to treat the pain that wracks his body, and, according to the VA, he is not able to work outside the home. Mary realized his injuries would permanently change her role in the family:

Instead of us splitting the responsibilities half and half [like we used to], I had to be more of a caretaker and take over most of his responsibilities as well, if that makes sense. He needed somebody to take care of him. At one time, he really couldn't fend for himself so everything was really on my shoulders then because I had to take care of him, the kids, and myself.

I just needed to help him. I mean in my heart and in my mind the only thing I knew is that I had to you know. This is me personally - as a couple, I knew that we married, and I said 'for better or for worse, you know, sickness, and health or

²⁷ WTU: (Warrior Transition Units). WTUs are at major military treatment facilities (MTFs) located around the world and provide personalized support to wounded, ill and injured Soldiers who require at least six months of rehabilitative care and complex medical management, as well as mobilized Reserve Component Soldiers requiring definitive care.

whatever' so I had to take care of him, and that was that. The main thing in my mind was I had to help him to get better because I knew with the depression and the PTSD and everything he was going through, he just didn't want to be bothered. He didn't want anybody to help him. He was in pain and it was just so many emotions and feelings that he was going through, and I knew I needed to carry him, to let him know that we still wanted him and regardless of his injuries, we needed him here. So that was the most difficult thing was encouraging him.

I was concerned for his mental welfare....He kept having flashbacks of the incident. And he felt like he was let down with the healthcare....It was just so many things that he was going through, I knew I had to make him feel better about the situation, if that makes sense.

Reflection. It was challenging to get Mary to think about herself or to talk about herself during this experience. Her focus was entirely on her husband and children. In talking about how her life changed, she said *"I guess I'm just more grateful...to have him here....You know, every day is not promised truthfully. You just never know what will happen so I just try to live every day to the fullest [giggles]. It's a day-by-day process."* Her husband's life has changed tremendously and those changes have impacted her life and the lives of their children:

He's...withdrawn a lot. He can't play sports. My husband loves to play basketball. But now he can't run...sometimes he can't even hold anything in his left hand. Sometimes he can't even hold a cup of water because it might fall, you know. As far as going somewhere, he can't be out sometimes because of the light, so he's almost isolated...to being in the house because of the medical issues and everything.

So just everything, everything had to be changed to suit him so he's comfortable now and I'm glad. I'm glad about that....I had to drive for him because he was, I don't want to say he had a flash back because sometimes he would drive the truck, he'd be in the middle of the road, you know, speeding. One time...he was still used to be over there and he saw a trash bag or something like a bag on the side of the road and he's jerking into the other lane. It was just part of the flashback process.... I was scared...so to accommodate him, I just drove. I wouldn't let him drive anywhere. I took the keys and I drove everywhere because I was concerned for our safety and everybody else's [laughs].

He drives now.... He's gotten better and sometimes I'll let him drive an hour or two if we go somewhere, depending, and I drive the rest of the way just so he won't, you know, feel too helpless.

Mary's husband also suffers from migraines due to light sensitivity. His sleep pattern changes and today, according to Mary, "*He just converted back to walking around the house checking everything at night, you know, like he was on duty and during the daytime, when its bright outside...he's sleeping.*" Considering the significant changes in her life and the role she has as primary caregiver, Mary still considers her husband head of household:

I've always seen my father as head, quote unquote head of household so I still let him stay in that role, even though you know, I step back and let him think that I still see him as head of household. I'm just his assistant [laughs]...Even though I know I have to take care of most everything; I still say that he's head of household.

Mary considers her husband's injuries and subsequent diagnosis of PTSD and TBI a disorienting dilemma as described in the transformative learning literature:

Yes, I do [consider his injuries a disorienting dilemma] because it changed everything.... I think it kind of affected him mentally as a man. I think it has, you know, because our roles...have switched. At one time he did, and with him not being the provider or the caretaker anymore, and then I had to take on the responsibilities and do everything for him. So yes, that did switch, and then also for his taking care of himself because initially, like I said he couldn't put his clothes on. I had to pick him up and get him to the bathroom, you know, bathe him...and do everything for him so, yes those roles did switch and that was a challenge for him at first.

However, when asked if she sees the world differently or if her perspective on life changed or if this experience has caused a shift in her values, her beliefs and her identity, she answered emphatically

Oh Lord, definitely not at all...I married him and I said I would take care of him for better or for worse and I held to it. And I have no problem; I had no problem with doing anything for him at all.

Mary reflects on her experience regularly and this is the conclusion she reached:

I would say I still reflect today and that is, just me personally, I thank God that he spared him and kept him here to be with us, and that it could have been a lot, it could have been a lot worse because even while we were all there, at Walter

Reed, I've seen, you know, the people who have no limbs, who lost limbs and everything and...don't have the option to even get up and walk or even hold a glass of water, you know, just a couple of things that we take for granted. So I'm very thankful and grateful that he's here and that he can do that with us.

I just think that this is what works for me. I mean there's nothing I can change, truthfully...about what happened to us. And I say us because not only did it affect him, but it affects our whole family but if this is the role I'm supposed to play, then that's where I'm at.

Like I said, he could not be here and that would be a totally different story so I'm fine with the cards I've been dealt, let me say that. I saw a lot of families break up over soldiers who...were getting treatment for their injuries. I saw a lot of other people say they couldn't deal with it and abandon these soldiers and that just made me want to be with mine even more because he was going through something that he didn't understand, truly I didn't understand but I mean, I stayed. I'm staying with him. I'm in it for the long haul!

Mary has a no-nonsense approach to making sense out of what has changed in her life. Simply stated, she said:

This is life. That's the only thing I can make of it is it's just life, you know. If it was supposed to happen, then that's what happened. There's nothing I can do about it. I can't rewind the hands of time and go back; that's just something that we can't do, and that's what I tell him, this is your destiny so, this was supposed to happen so we just have to deal with it and just keep on going.

He didn't understand at first, you know he would always question 'why me? why?' you know. He had a lot of questions initially so I just told him that this was meant to be. There was nothing that we could do, and there's really nothing that we could do about it so, and so say his prayers and we're going to keep on moving.

Mary stopped working when the installation where she worked closed in 2011. She volunteers at the school and is currently working to finish her Bachelor's Degree. She is on target to graduate in a few months. After she graduates, she has plans to go back to work outside the home. Looking forward to her future, she says confidently:

My plan is to come back into the workforce as a DA intern²⁸ After I get my internship...we're going to do a little traveling overseas...He thinks he would be ready to travel...I want the boys to see...something different...and then this time maybe he'll be able to enjoy the traveling even more instead of being a soldier who was sent to all these different places, you know, and not being able to enjoy it.

When the boys graduate and get out of the house, then we're going to do a little traveling in our Winnebago or whatever this custom bus thing is that he wants and that's the only thing I see [in my future].... I just want us to be happy and just, you know, enjoy life, the rest of our lives...

What I did tell my husband.... I'm going to be that little old lady who's taking care of this big old man, that's the only thing I tell him [laughs]. [Mary is only 5'4" and her husband is 6'3"]...I don't know if you ever go to the VA hospital to see these couples that are moving around. It's always...a little lady who's taking care of a man saying 'come on baby'...I tell him that's going to be me and him [laughs].

While Mary does not believe her perspective on life has changed, her comment just before we ended our conversation made me think, perhaps, her outlook on life has changed. She said:

At one time, we were thinking about, [all] I was thinking about was working, you know, trying to make money...prepare for the future, but now the only thing I basically like to do is spend more time with [the family], that's my main thing.

If Mary could speak to other women in her position, she would say:

I would just tell them to...pray; just pray and just try to have an outlet, like somebody to talk to or even...sometimes retail therapy is good. Sometimes I might go out and just shop but they need to have some type of outlet as well and sometimes...they might need counseling to deal with what's going on. I said I was going to go but I haven't and this happened to my best friend [her husband].

But, you know, they just need to be strong, pray and think about...the good instead of the bad, that's what I try to do. I try to think about the good - that he's still here, he's able to do things for himself now...he's still here to see the kids... at least he is here to, you know, see the kids and the kids can enjoy him.

Regarding the statement to America, Mary paused for a moment and then said,

²⁸ DA Intern: A Department of Army program which hires individuals in permanent, full time Civil Service positions and takes them from entry level positions to positions of mid-level management through on-the-job training and formal classroom instruction. Generally a two-year program, upon completion of the intern program the individual is placed in a permanent job with the Army. (<http://ncweb.ria.army.mil/dainterns/>)

One thing I would say is, for the military and also for the VA, take care of the vets....Don't be quick to judge because you never know what a person's going through.... With all the issues that's been going on lately...America needs to help our veterans. Quit denying them their benefits and their healthcare.

I mean as a veteran, you know, I served and tried to take care of you so why not take care of me!

MJ

“I’m very confident now. When our journey started I was scared and floundering...Now I think that the decisions I make...come from the right place.”

MJ is 42 years old and married to an Army Reserve soldier who is still in the Army Reserve pending a decision by a medical board. Her husband is legally blind as a result of injuries sustained while deployed to Iraq in 2006. He also suffers from a significant loss of hearing, post-traumatic stress disorder, and traumatic brain injury. She and her husband have been married for eighteen years and have three children in a blended family. She quit her job as an elementary school teacher to become his full-time care provider.

Focused life history. MJ grew up in South Dakota and today lives about 100 miles from her hometown. As a teenager, her goals, as she puts it, were “*really different*”:

I got married right before I turned 19, and had two children right off the bat, very young, and so at that time my goals were kind of to find a way to support my family. The University of Huron offered business courses, nursing or teaching, and so without really knowing what I wanted to do, I decided that out of those three, teaching would be the best choice and it was actually a very good fit for me.

MJ earned a Bachelor’s degree in Elementary Education and finished her formal education by adding a certificate in Special Education. Shortly after her divorce, MJ moved back home to Aberdeen. She met her soldier husband through her cousin. He was an Army Reservist and also had a civilian job as paramedic/firefighter. He had become a firefighter at 17 years old and enlisted in the Army Reserve a week after his 17th birthday. MJ said proudly, “*he’s one of the few that has always known what he wanted to do with his life [laughs] when he grew up.*”

When they met, MJ had two children, aged four and five; he had one child aged two. After eighteen years of marriage, their children are 22, 21, and 19 years old. MJ spoke fondly of bringing the two families together. She said,

He adopted them [her two children] after we were married because my ex wasn't present in their lives. It was good and it was good for the kids as well...and none of us questioned whether or not it was a good decision.

At this stage of their relationship, MJ admits being a bit naïve about the military and being an Army spouse. She knew he had deployed before but said:

*In my mind, I was very much a civilian. It was very much, that's something you do once a month...and ...two weeks in the summer. It really wasn't something that was prevalent in my mind at the beginning. We got engaged at the end of ...1995 and were planning a wedding for the following summer. Towards the end of '95, his unit called and was being deployed to Bosnia. So we actually got married in December '95, cancelled the big wedding. So at **that point** [emphasis by MJ] when I actually married him, it was very, very clear to me that something like this was likely to happen.*

Prior to the deployment in 2006, wherein her husband was injured, MJ, as an integral member of the Family Readiness Group (FRG), did not feel isolated in the unit as enlisted spouses have been described. She talked about what she liked and disliked most about the Army.

I liked the fact that when the unit got together...it was a sense of community. I liked the uniform and his pride in everything he did that was Army related...and about 2003, when there started to be a lot of talk about impending deployments, we ...amped up the FRG and I was an active part of the FRG for about 8 years.

Prior to deployment I really didn't have anything [that I liked least about the Army] because as a Reservist, it was so rare. I didn't like when had to be gone for a 2 or 3 week field exercise but he worked at the fire department, he worked 24 shifts anyway so we always lived with some kind of separation.

When we talked about how the Army labels spouses as dependent, she had mixed feelings on that issue, saying,

As it related to the military, yes [she felt dependent] cause...that was all his responsibility. We would discuss things, but he made all the decisions that had anything to do with the military.... We did all the household and children things jointly.

MJ, as a school teacher of 15 years, enjoyed a very promising career. Her work positively impacted the family financially and provided her with great personal and professional satisfaction. Prior to his injury, MJ wanted to pursue her Master's degree. She lamented, *"I had just gotten to the point where I really wanted to be in my career, and we had young children and that was kind of driving everything."*

Details of the experience. In late 2005, her husband deployed to Iraq. He was a Staff Sergeant (E-6) at the time. In 2006, the U.S. was in the fifth year of the War on Terrorism. MJ described how her husband was injured and how his injury and subsequent illness unfolded over the course of several years:

He was injured by a mortar blast that was within ten feet of him. They were in a lot, he was blown back, landed kind of on his neck and left side...and was pelted with rocks...and he didn't have on any protective gear. There was no shrapnel, just rocks. He describes after that his hearing loss and vision issues immediately after, but wasn't, uhm, wasn't thinking that anything serious had happened. 'It was time to get up, get his gear together, and go back to work' [he said].

The injury occurred the day before he was due to return home for two-weeks' rest and recuperation leave so, according to MJ, *"he was more focused on getting home to see the family than on his injuries."* MJ continued:

Because he was home on leave, he minimized [his injuries], of course.... 'There's always mortar blasts going off all the time.' he said. So, he went back to Iraq [after his two week R&R²⁹ period] and within a few days, he contracted a salmonella infection which was pretty severe. [In April] they treated him with heavy antibiotics for about 3 weeks; it wasn't improving. They switched antibiotics and it continued to get worse.... I mean, it was 12 to 15 times a day, nausea, vomiting, diarrhea, migraines, and it was work in between.

²⁹ R&R: Military slang for rest and recuperation (or rest and relaxation or rest and recreation), is a term used for the free time of a soldier in the U.S. military serving in non-family duty stations.

In July of 2006 he was diagnosed with clostridium difficile³⁰, bacteria in the bowel that according to MJ “*can be exacerbated by high doses of antibiotics.*” He was medevac’d back to the United States the following month. “*From April when he was diagnosed with salmonella to the beginning of October of 2006, was chronic diarrhea, vomiting, he dropped almost 50 pounds.*”

Once the infection cleared up and he was given a clean bill of health for his digestive system, he became concerned about having migraines, was nauseated and dizzy all the time, and had balance issues. The doctors told them it was “*part of his natural recovery*” because he had been ill for so long. At this time, MJ began to advocate for her husband. She pushed to get him a consult to Walter Reed Deployment Health Clinical Center (WRDHCC). Eventually he was seen at the WRDHCC in December 2006 and February 2007 where he was diagnosed with “*medically unexplained physical symptoms*” and placed in Medical-Hold³¹ for nine months, hundreds of miles away from home. According to MJ, “*he was depressed, suicidal, and anxious, on narcotic pain relievers but the medical professionals could not determine why his health was not improving.*” MJ described this as “*a proverbial loop of medical madness.*”

At the end of nine months, without a more precise medical diagnosis, the doctors sent him home. According to MJ, he was “*too sick to come home*” but obviously not sick enough to stay in Med-Hold. After he returned, he went back to his Reserve unit and returned to his firefighter/paramedic job. Both were short-lived; he only managed to keep

³⁰Clostridium difficile (C difficile) Colitis: Colitis (inflammation of the large intestine) resulting from infection with Clostridium difficile, a type of spore-forming bacteria. *C. difficile* infection is a growing problem in health care facilities, killing approximately 14,000 people a year in the United States. (http://en.wikipedia.org/wiki/Clostridium_difficile_colitis)

³¹ Medical Hold (or Med Hold): a temporary holding situation for Army National Guard and Army Reserve soldiers whose pre- or post-deployment exams reveal medical issues, or those who got sick or injured while overseas.

his job for about a year: MJ said, *“It was just a couple months before the fire department was calling me asking me about his anger, his temper, and his memory. He failed his paramedic refresher course, which he had taught for almost twelve years.”* He was eventually relieved from his job.

MJ continued to challenge the system and the Army’s hierarchical structure. Eventually she was successful in getting him another consultation at WRDHCC. Her persistence paid off and in December 2007 he was set up for post-traumatic stress disorder (PTSD) treatments; three months later but, two years after the mortar blast, he was diagnosed with a traumatic brain injury (TBI).

When her husband started with VA, his psychiatrist suggested she accompany him to some of his appointments and counseling sessions. As MJ said, *“He wanted to hear the whole story.”* After years of frustration by being locked out of the process, lack of diagnosis for her husband, and his many months in Med-Hold, her voice was beginning to be heard. This was a pivotal turning point for MJ. This act of inclusion into his healing process allowed her to express what she was observing, feeling, and living with:

That’s when I really started taking notes and writing down everything that was bizarre, everything that was uncharacteristic. And it took another year and a half before they were listening to me at the VA but eventually we got a lot of answers and a lot of things explained and I would come in with my print-outs of what I had Googled about PTSD, and say he does this, and he does this, and he does this and I don’t know what to do about it.

I had confident in my ability to find information and learn new things” [but she felt] out of her element in that much of what I read and learned did not make sense...I was desperately grasping at straws...VA would say something...like ‘oh, it looks like TBI, we’ll see you next month’ and didn’t even have a print-out to send home with us, so yeah, it was very desperate.

And while the primary focus of his medical care had been on his intestinal / digestive issues and later, the symptoms surrounding PTSD and TBI, the VA had documented in his file unbeknownst to her “*a gradual progression of decline in vision.*” By the end of 2008, he was legally blind at forty-two years old.

At this point, MJ confessed she was “*barely coping by the seat of her pants.*” She had three teenagers; two living at home and his daughter living with her mother. Concurrent with the time her husband left for Iraq, two critical family events occurred. First, her step-daughter was abandoned by her mother and MJ moved her into her home. Second, her youngest son began failing in school. Ultimately she went to court and to obtain custody of her step-daughter and to put her son on a protective probation order to prevent him from dropping out of school. He was just a week away from his 16th birthday. She describes it this way:

We went through this nightmare scenario...imagine all the things teens can get into, they all got into that, and then [their father, my husband] came home, and he came home very angry and very sick, and very needy. I mean he needed help with his job, he needed help with things at home, he needed help getting to and from his appointments. So my focus went from trying to manage all these kids to kind of having to leave the kids by the side of the road sometimes and just focus on him [her husband].

MJ was still teaching elementary school and trying to meet her school requirements and family responsibilities as well. She admitted to getting up at “*two or three in the morning to finish writing my report cards when I had conferences coming.... To say it was life altering is **not** [her emphasis] an understatement.*” She and the family coped with this experience through therapy.

During that 5 year period, when he was deployed and then in subsequent years, everybody was in counseling...it just wasn't enough to be really successful.... I had to do a lot of digging and pushing to get him [her husband] care and I was asking about different benefits for us that might be available.... Every time I was

told we weren't Active Duty so we didn't qualify, and the only resource the military ever gave me was Military One Source.

She admitted she has fallen short on her therapy. *"I haven't been as good following through on [my own therapy]... We [spouses] get so wrapped up in the veteran's life. I had to cancel almost 3 months of appointments in a row because we had another appointment for him and the ability to change an appointment with a neurologist or a specialist... just doesn't work out very well."* I found it interesting that she missed her appointments because she stressed so often throughout the interview that more support is needed for the spouse and children.

We talked about other resources such as the FRG. *'The FRG support was minimal,'* according to MJ. *"They all had kind of 'he must be faking it mentality', so it's been a struggle."* She shared incidents of teasing and harassment from the unit due to his disabilities and she has been removed from the unit FRG mailing list. MJ said sadly, *"since deployment, we've been extremely alienated."* She has no voice in the unit. MJ was adamant about the following point:

I mean it also needs to be noted probably for your purposes but, because I was fighting for [my husband] to get more intense care, because I knew something was wrong, and I couldn't be there and I had two [then three] teenagers and I had a suicidal husband who was 10 hours away [in Med Hold], let's fill him full of narcotics and all sorts of unpleasant thoughts, uhm, I made a lot of phone calls.

I did some Congressional complaints, anything I could think of to get him care.... I called my two Senators' offices and a Representative and said you know, 'I need him evaluated at Walter Reed because that's where he was supposed to have gone when they sent him back to the States [from Germany] and instead he ended up in Fort Riley.

At this point, MJ was learning how to advocate for services. Regrettably, her tactics were having negative consequences. MJ describes her desperation and the researcher could hear the pain in her voice:

I think that it's likely that some of the turn-aways I got were related to the fact that I was complaining about their care to begin with. It was never said to me that was why, but it always kind of felt like maybe if I was just going along with everything they would have been more helpful.

*There was something wrong with him, no one could really tell us what, and I wanted there to be a way to make things better for him, and I couldn't. I mean there was just no way to stop his physical or emotional pain, and then the other side of that is that I just knew in my head I was completely messing up all of our kids because I was choosing at times, him over the kids, or vice versa, depending on who needed it most. We were in **crisis mode** [her emphasis] for a good 3 years, just non-stop; everything was a crisis.*

We talked about her support network outside of the FRG. MJ readily admitted that their families did not understand and were not readily supportive:

Our families just expected us to just pick-up and move on. One family member has asked when they're going to fix his eyes, and we keep saying 'it's not his eyes; his eyes are fine. It's because of the brain injury.' 'Well, how can they fix that?' There isn't an understanding that this is not something that we can just fix. Other family members have repeatedly asked when I will go back to work or imply that my care giving is 'time off.' So unrealistic.

On a positive note, before she quit her job, her co-workers at school were very supportive and concerned even though they did not understand fully what was going on. Work, initially, was a way of coping for MJ: *"Work for me was an escape. I didn't have to deal with it when I went to work. I had a classroom; I had children to think of."* Unfortunately her husband was unable to cope on his own and started calling her *"numerous times throughout the day"* or she would go home *"and he wouldn't be able to tell me what he'd done all day."* At this point MJ said she *"realized how much more he needed help, and how much my being gone was a hindrance."*

MJ struggled with the notion of quitting her job because, at one point, she looked at her husband's situation as a *"temporary recovery process"* where she thought she would only need to be *"more active in facilitating things for him; eventually he would get better and they would find out what was wrong with him and how to fix it and they would*

all go back to their regular day to day lives.” “However,” she said, “I see it differently now...it’s a long term...caregiver, facilitator, assistant. I guess whatever he needs at any given point in time.” Eventually the collision of roles became too much for her to juggle and MJ quit her job to become her husband’s full-time care provider and head of the household. Learning to accept this responsibility was a significant part of her change process. MJ shared that, initially, these new roles of caregiver, facilitator, and assistant used to scare her.

Now, sometimes it makes me feel kind of angry and bitter or resentful, not towards him...but that dealing with some of that and learning to accept things and deal with any changes and new realities hasn’t been something that I’ve always coped well with. I feel kind of disappointed in the various systems, the ones that have now tried to minimize or have not been there to help the family. They haven’t recognized the full impact on family.

MJ admitted that a lot has changed in regards to spouse support over the last year or two and that the Army and VA support systems are trying to provide a higher level of care and support but she does not believe “*they are there yet.*”

Reflection. MJ reflected back on how her life has changed since her husband was injured in 2006. She hesitated as if when reflecting found it hard to voice her thoughts:

Well, obviously I lost my job. I’ve given up my career. [My husband] has given up his military career and his career with the fire department. We’ve lost friends. Simply through leaving work, you don’t have much contact with them so that you’re not in touch. Also some people have kind of turned their backs since they don’t understand. He has given up a lot of his independence. He can’t drive, there’s a lot of things he can’t do on his own, which means I, in turn, have sacrificed a lot of my independence because I have him with me or need to be with him

Our relationship has changed. When we first described it in the past, I think it’s more of a mother-child relationship than a partnership...because I’m giving him his medication or waking him up, or driving him around. This is no longer an equal partnership.

Intimacy is gone. Even so far as just having a nice quiet conversation I just feel that's something he's working on and something he's not good at anymore.

Where we used to be partners, we used to talk a lot, we used to share a lot and now we might be in the same room together most of the day, not interact on the same level and yet I find it interesting that when we sit down with his therapist and she asks about our relationship, he will say 'oh yea, we have a really good relationship; we spend a lot of time together' but it might not be time where I can get him to interact with me. So, his perception is different than mine.

MJ thought she had grown as a wife and as a person but confided that "I know that I have [grown] but I wouldn't say that I feel that I have." She went on to say:

This is something I need to do, I'm supposed to do but it's also something that I feel privileged to do, because I can be here for him and I can do what no one else would do for him. But I don't think that I always felt that perspective.

When we started I was scared and floundering. Now I think that the decisions I make regarding care for family come from the right place.... I don't make rash decisions, but I make decisions that I think have the best overall impact and I rarely question the decisions I've made...I know my motives and I'm motivated more to help him than I am to satisfy myself.

When we talked about her husband's injury in the context of a disorienting dilemma and I explained how the literature understood the term, I got one of those rare laughs from MJ and an astounding "absolutely." She said, "I don't know how it could not be. I mean, especially in a marriage where, or in a family I should say. Anything that effects one member, affects everyone, and, therefore, it alters everyone's life." Her perspective on life has changed:

I now feel the need to be more engaged, and more attuned and less focused on the superficial stuff.... I see the world through more of the veteran military caregiver eyes than I ever did before. Even though they're a relatively small percentage of the population, the one percent that actually served, to me, it feels like that's kind of my whole world and I'm put off by people who don't see that as, well, a priority or people who maybe aren't patriotic.

I also feel differently in that I used to have a lot of plans or ideas or things that I thought we'd do as a family, that we haven't been able to do, and now I get unhappy when I see people who are having family barbecues, and they're going

camping and then at the lake because I see us not feeling that same kind of joy and happiness that comes so easily to other people...

MJ and her family have given up their everyday life and sense of normalcy as a result of her soldier's injuries. She has taken her passion and drive and now provides outreach services as a volunteer with a nonprofit organization that, as she describes "offers a lot of online support, a lot of direct one-to-one virtual assistance; provides ... resources... a shoulder sometimes, gets them connected with other spouses...and accurate information ... about the way the Army...or the way the VA does something."

Most of our conversation focused on the past and present. MJ was perplexed as she tried to focus on her future without focusing on his:

I don't know what our life is going to look like. I don't know if either one of us will ever go back to work, and I don't know what that work might look like, and it's very hard for me to see, compared to when I was younger, being able to kind of see the path we were on. So in the here and now, the goals I have revolve around learning to find peace and acceptance with where we are and learning how to find any way possible, little or big, whatever to just improve our quality of life so we can find that enjoyment and that happy spot, and appreciate those moments when they come, instead of being consumed by chasing medical appointments, or filling out forms, or dealing with crisis moments....

Honestly when I think about my future, [lets out a deep sigh] even though I'm feeling disillusioned with the veteran and care giver world and the advocacy, I don't see myself moving away from that. I see myself trying to find ways to make what happened to us matter by raising awareness, by providing education, being there for others in the community that are facing similar circumstances because honestly, we've got decades ahead of us... we've got hundreds of thousands of [military] couples who are in their early twenties, that if their lifespan runs its course, could be dealing with this for 60 or 70 years.

And we're talking about a group of veterans who, on many levels are unemployable. They need round the clock supervision, and so we've got an entire group of people who are now homebound or out of the workforce and I just think there really has to be a better way to do this....This is why I'm here, this is why I'm speaking [to you]. It has nothing to do with me or my comfort level or what I have to say, as much as it does raising awareness for those people that need it.

Reflection is a key element of transformation. I asked MJ did she ever take time to reflect on her situation. She confided that it has only been within the last two years that she has been able to “*slow down enough*” to reflect. In doing so, she concluded that her biggest challenge was being stereotyped as the “*angry wife.*” However, in her defense she said:

For those soldiers with young families and no angry wife standing next to them, they don't have a chance if no one's advocating for them in some of these systems. Because I was so desperate and so angry, I kept pushing people where [my husband] would not... We still have discussions about whether or not I hurt his military career or whatever but it should not have been because I'm an angry wife [laughs]. I'm not in the military and he'd call me and say 'well you're not the one with a gag order now' and I'd say 'oh, okay, I'm sorry. [Sarcastically] I'm so sorry they're threatening you now [with a smile in her voice].'

I was able to get him the help he needed and so I think as I reflected, it is just that we have the strength to keep going. Eventually we kind of hit a rhythm where now, if he's not doing well, I don't panic anymore. I go 'oh, okay, for three or four days we're going to have some really crappy days, okay'. Where before I was constantly calling doctors and needing, needing something back from them.

Now I know the way to fix it is through strategy and training for both of us, and coping skills, acceptance. It would have been very helpful, and again I realized from the time he was injured, the TBI was a new thing, but for those people dealing with it now, it would be very helpful to know that they're not going to necessarily just magically get better, or fix it, but that it's going to be years of a learning process and finding strategies and coping skills. I think that would have given me a much better start.

I asked MJ how she made sense of all the things that have changed in her life as a result of this experience. After a long sigh, she said,

I don't question. [My husband] will frequently question the 'what ifs' and the 'whys' but I'm at a point where I say it doesn't matter why. It doesn't matter why your head hurts. Your head hurts; we need to address the pain. Or, it doesn't matter that you feel anxious necessarily, we need to just calm you down and move forward. I'm a little more matter of fact. But I think that also comes from having met so many other people in my situation, that I realize that our 'whys' and our 'what ifs' don't really matter. All that matters is how we address it and how we react to it. I think that's actually given me some peace as well. We're not alone. We're not crazy. We're not making this stuff up. We are learning how to deal with

it in the best way we can And, we can question and we can wonder, but all that does is waste time because it doesn't really fix anything; it makes us feel worse.

As our interview was wrapping up, MJ had the following advice for other women in her position or positions similar to hers:

Whatever you're feeling is fine. Too many of us come in with a lot of guilt, much anger, and hurt, and then we feel bad for feeling that way, because I'm not the one that's injured. I think we need to learn to appreciate the fact that this impacts us as well. Maybe not with physical damage, but this impacts us profoundly as well. So whatever you're feeling is okay, and that if you give yourself enough time and space, you will learn to do it. You don't always know what it's going to look like when you get out of it, but when you come through it, but you will come through it if you keep moving forward. It might be completely different from what you want, or expect, but if you move forward, one minute, or one second, or one breath at a time, you'll come through it.

So what would you say to America about all of this, I asked?

[Heavy sigh], that's a hard one [she laughs]. I think that it's very easy in our society to become jaded, or one-sided, black and white, and I think they need to stop and recognize that our military members sign that line wholeheartedly, and without any reservations to stand out there and die for our freedoms, and protect people they've never met, and don't know, and that is something that needs to be respected and honored. Whether you like our leaders, whether you, you know, agree with the wars and conflicts or not, you need to respect these military men and women and their families.

Valerie

“If I’ve grown as a person like I said it’s just being able to know that I [pause] I can overcome anything now. I feel like I don’t have anything that can hold me back.”

Valerie, at 26 years old, is one of the youngest spouses in this study. She is a talkative, self-assured, technically savvy spouse married for only one year to a National Guard soldier who was hit by shrapnel in his leg during a mortar attack while deployed to Afghanistan in 2012. Valerie and her husband have no children though they plan to have a family in the future. Just before our second interview started, Valerie’s husband was admitted to the hospital to undergo a four-hour surgery to have bone marrow removed from his left femur to put onto the bone graft on his right lower leg (the injured leg) which had stopped healing. I was concerned that she would be distracted and asked her if she would prefer to reschedule our interview. She simply shook her head “No.”

Focused life history. Valerie, originally from a small border town of “*Nogales in Southern Arizona*” claims Tucson as her “*home base*” today. She has an Associate’s Degree in Health Management and worked in the ambulatory surgical care unit at a local hospital before “*all of this happened.*”

Valerie’s goals, prior to marriage, centered around completing her education and her husband “*getting out of the service so they could get on to the business of accomplishing their goals that they pretty much set together.*” Valerie met her husband when they were juniors in high school and thought “*he was the biggest jerk in the world.*” Her opinion of him changed during her senior year when they “*were paired together in a number of group sessions...and just started hanging out.*” I asked her if it was karma. She said emphatically “*It was destiny,*” and we both laughed. She went on to say:

You can feel when there's something there, and I'm the one who actually plainly came out, I'm like 'So what? Are we going to date? Am I going to be your girlfriend? Are you going to be my boyfriend?' and asked him out. I'm kind of a ball buster like that. I had no idea he was already a soldier when we met. I mean, obviously, being an 18 year old and fresh out of high school, you're kind of like, okay, the world is a blank canvas. You can do whatever you want with it.

They talked about the potential that he would get deployed; she felt she could handle that. *"I'm pretty solid where I stand. I'm not someone who freaks out easily. So I'm like 'Okay, if that happens, we'll deal with it when it happens'."*

As a new spouse, Valerie acknowledged that she *"never really understood the dynamics of the Army"* until now. I asked her whether she felt isolated or without voice at any time in the Army community as described in the literature based on her experience as a soldier's significant other for many years and a young wife. She said:

I think there is a big difference when it comes to the enlisted and the officer's families. I guess case in point. My husband, I guess one of his captains, his wife was the FRG leader. And even though we did communicate and all, they were pretty good about the newsletters, emails, and all that, I felt that they... were too much of a closed knit between the officer's wives in relation to the enlisted wives. So when the officer's wives needed to do something, it was more like 'they took care of it' [making quotes with her fingers] and kind of letting the enlisted wives off into the corner. Like 'we got this; we'll take care of it.'.... It makes you – it makes me irritated. I was like okay. I mean, I can contribute. I can help out. But I feel like everything was very one-sided most of the time.

When we talked about how the Army labels spouses as 'dependent' and Valerie admitted she felt very dependent on her soldier:

When it came down to anything, unless I had the power of attorney, I couldn't really do any of the financial paperwork or I couldn't pick up something for him.... We [spouses] didn't have that much of a, how would you say, access to certain resources.... They kind of leave the spouses out of it...and their protocols are worthless. Worthless because nobody follows them anyway. Chain of command, forget about it.

Details of the experience. Valerie's husband, a Sergeant (E-5) was injured during his deployment to Afghanistan in 2012. She described the incident:

It was a mortar attack to the FOB³² deconstruction area that they were at. He got hit with shrapnel to the leg, and he was the only one hit because he was the only one out there that was close enough to get hit. The way he explained it to me, and from what I was told is the siren went off and he was outside. He went to go get the dozers, those big CAT³³ machines.... Everyone was already on break, and they were pretty much finished for the afternoon.... I think he was out about half or quarter mile... [When the siren went off]...he ran and went into a bunker...but the shrapnel still hit him because he was kind of half way in and out of the bunker.... The shrapnel shard that hit him shattered three inches from both his tibia and his fibula. He's doing limb salvage right now. So when he returned, and we saw him, his foot looked like the tail end of a scorpion because that's how his leg was pieced backed together, because it [the shrapnel] hit in two separate places.

At this point Valerie began to realize the magnitude of his injuries. Upon his return to the United States, he was transported to Fort Sam Houston, Texas, for further surgeries and to recover. As his spouse and non-medical attendant, Valerie left her job and her home in Arizona and moved to Texas to support her husband's recovery. Immediately Valerie had to learn to deal with the changed personality her husband was exhibiting. I asked her how she was coping with the injury and the emotional issues generally associated with these types of combat injuries. She admitted that, despite what she originally shared with me, that it was a struggle for her:

I would get frustrated and I hold back so much now that he's injured because they can act like jerks...I mean, I understand that they were in the situation...and I empathize with them, but it's like they don't have a filter anymore. They lose that and they lash out at their family or...their therapist or even random people that they just meet. It takes a while for them to find – you have to bring in those reins and tell them you have to calm down, or I know this is happening, but just breathe. If they get frustrated, you got to let them know, 'hey, it's going to be all right'. Because if not, they don't care.

Valerie was pleased her husband moved beyond the anger stage pretty rapidly and his personality has returned back to nearly normal. She said:

³² FOB: Forward Operating Base - any secured forward military position, commonly a military base, that is used to support tactical operations.

³³ CAT: Caterpillar Brand of construction and mining equipment, diesel and natural gas engines, industrial gas turbines and diesel-electric locomotives.

I'm grateful that my husband is – he's doing better than most.... When he first got out [of the hospital] he was very short tempered...but he would catch himself if he said it in a bad manner.... He'd be like I'm sorry, it's just I'm frustrated.

Medications are another thing. They sedate patients a lot here.... Sedate them to the point they won't feel the pain, but I think that makes them a little bit more vulnerable when it comes to them trying to talk to their squad leader or something. And I feel like their chain of command, a couple of them are out to get the soldiers sometimes.... And I'm like if you think about it, these guys are injured and you're treating them like this? You're supposed to at least be a little bit more compassionate when it comes to this because, obviously, you've been deployed.... You didn't get injured, but they did.

Valerie, as the spouse and caregiver, had to quickly learn the Army system and soon had to learn how to challenge the system to advocate on her husband's behalf to ensure he received what she considered the right kind of treatment or service as a wounded National Guard soldier. She said:

What if somebody was treating you like this? You would want someone to be able to advocate for you. And I feel like that's what a lot of the family members do here because they actually tell – I'm not going to lie, I've told off his platoon sergeant.

Whenever it came down to medications, if something wasn't feeling right, or if I thought there was an infection, I automatically would call them. I would go to his caseworker or case manager...and she always gets in contact with him.... I still go to his appointments...with his doctors and his pain management people because I feel like they think I – well, I do actually, I give more information as to what's going on than he does because he will be like 'yeah, that's working fine' or he'll forget to tell him that he's no longer taking this [medication] because he didn't like how he felt with it. And so...I let them know...I am able to give that insight.

According to Valerie, the medical professionals, while they preferred to address the soldier, welcomed her insights unlike her husband's unit that treated her as if she has no voice and only a limited role in his recovery. For example, after her non-medical attendant orders expired she was told by his unit that she needed to leave post and return home to Arizona because she 'was no longer authorized by Army regulation to be in

Texas with her husband.” The stress, she said, “*was almost unbearable*” as her husband was still in recovery. She lamented:

After my NMA orders were cut off, literally, they want absolutely nothing to do with the spouse when it comes to the National Guardsman or Reservists.... When they told him we won't be able to have her be here [any longer]...he's like 'Well, everybody else's family members are here. Why can't she be here?' And they're like 'You're National Guard; it's a different situation. Like she can go back home.' And he's like 'Well, I want her here.' And they're like 'We can't do anything about it.'

At this point, Valerie took control of her situation and exercised a sense of agency by requesting to be allowed to stay and support her husband for the duration of his recovery. Her request was approved, but his unit was not too happy about the outcome. She said:

Okay...and now that we've talked with the management over at the Fisher House, we've been given an extended stay.... We presented our case: Family needs to be with the soldier...just as long as they can be here [to help with the recovery process].... But they're [his unit] still hounding him about it because they know that I'm staying at the Fisher House and they have him assigned to the barracks, even though – yea, it doesn't make any sense.

And he's trying to recoup...and they're always hounding him about that...I mean, husband doesn't miss any appointments. I make sure of that. He takes his medication. I make sure that he goes to his formation...I make sure he gets to everything. And they're telling him 'well, just as long as you don't miss anything - one flub and we're going to counsel you.'... So I just make sure that he...makes that appointment, and that he's always following up, and he is doing a lot better with keeping track of his appointments and taking his medications.... And they're still giving him grief about everything and it's irritating. It makes me mad.

Valerie shared that since she “*was not working right now, it's difficult* [financially] *to be here* [at Fort Sam Houston].” She explained her perceived disparity in benefits for Active Duty and National Guard or Reserve families:

If you're Active Duty, obviously, your family is going to be here. But if you're National Guard or Reservist, you're out of here, unless you buy a house here or you move out here, which is something we can't do because we bought a house in

2009. So we have that, and we're still paying on the house...I still have everything connected there because I have my uncle who is staying there just because we have two dogs so he's literally, I guess, a housekeeper for us. So if we had to get an apartment here, that's one of the issues that we'd have. So if it weren't for the [volunteer] organizations that they have here for the wounded soldiers, I don't know what we'd be doing.

It's temporary. It's not our home. I can't take care of my house and be with family... Work. I can't work right now while he's going through all of this. I mean, he tells me if I want I can go out and look for a job here but I told him...I don't think it's prudent...so pretty much I'm at a standstill.

Valerie copes with this experience by keeping busy and engaging in activities with the Warrior Family Support Center³⁴ when she has free time. In addition, having family and other spouses to talk to about her experience is essential to helping her cope.

She shared:

We're really close to our family so we do a lot of Skyping.... We don't do it as often, maybe two or three times a week. Before, it was like before we'd go to bed at night, we'd get together with everybody...And I have met a lot of fantastic wives here...it's just your own sense of community regardless of what company you're in or if you're Active Duty or National Guard. Like, I've met a lot of women that are stationed here at Fort Sam. And I know I talk with them. We talk with each other, and we're able to communicate that way just to have an outlet.... I mean, because if one holds it in, they're going to end up exploding eventually....

We have a couple here that we talk with. He was injured four or five years ago...so he understands everything that he is going through. And his wife was there so she understands.... It's just, you know, having to find people that will mesh well with us.... That's one way that we cope because we are very social and that's what we do back home...so it's just having to keep that going without turning into hermits.... The ones that do retreat are the ones that lash out the most or...the spouses are like angry all the time. I don't want to be angry.... I'd rather be happy running around cracking jokes.

In addition to spouses of wounded warriors and support groups, I asked Valerie whom she reached out to when she was having a difficult time resolving an issue. She said, “My mom. I've always you know, had that open communication with her on

³⁴ Warrior Family Support Center (WFSC): provides coordinated services to patients, next-of-kin and extended Family Members with a primary focus on Wounded Operation Iraqi Freedom and Operation Enduring Freedom Warriors.

everything in life.... I can talk to you know the military spouses, but first and foremost I'll ask my mom."

Learning new information also helped Valerie cope. She shared that she is very assertive at gathering her own information:

I'm a computer junky. I'll search and surf the web. Also... We have caregiver support groups... They kind of teach you techniques as to how to cope with stress and emotional issues that women tend to have once a month that overly exerts everything... I know I do that a lot.

And while we've been together for a really long time... I'm still kinda learning the ropes and I've never met so many military spouses ever so uhm they are teaching me. I'm learning from what they're telling me. Like you said, I am assertive, I learn, I like to learn and find out what's going on but still it's so very fresh and new and it's not, it's hard to put into words, you know. It's only been a year [She takes a deep sigh as she reflects on everything that has happened over the last year].

Reflection. In reflecting on her experience thus far, despite her level of self-confidence and 'ball buster' attitude, Valerie felt out of her comfort zone and described it this way:

Well, with the whole situation, I mean, obviously, I feel like I've been taken out of my comfort zone.... It's something new. It's something different. You're away from home. You don't have that other family support that you're usually used to, so you need to adapt and be more open with people around you in order to handle this situation. So without those support groups and those other spouses, I feel like it would be a lot harder.

I think I'm more grateful. I'm always going to be grateful... that he made it back okay. It could have been worse and there's no reason for me to be so worried as I always tend to find myself. So that's kind of like a Zen moment that I have and then afterwards I just start reading because I'm like you know what, things could be so much worse, and if they were worse I'd probably find another way of being able to say you know what, I still got it. I've still got this because there's no... point in... pity parties and the negative thoughts and you know what yeah, it breaks you down, mentally, physically, you're worn out but, what keeps you going is, I'm grateful you know, he's here, I can still hear him laugh... and he still makes me laugh."

Valerie also described how she has grown as a result of her experience:

If I've grown as a person...it's just being able to know that I [pause] I can overcome anything now. I feel like I don't have anything that can hold me back. It's just, it's, it's refreshing knowing that regardless of what situation you're placed, you can still, you know, come in and, I don't know if it's the right words to say but like tear, as in you can tear it up!

I mean it's just a lot of getting used to and no one can every really prepare for this situation. It's something that you might mentally think, hey if this happens, this is how I'm going to handle it but nothing will ever turn out the way you want. I never realized how much I signed up for when this happened. I... thought maybe like later on in the future you know, at our older age I might have to take care of him or he might have to take care of me but I never thought at the age of 26 I would have to be you know, bathing my husband while he was in the bed or you know having to change his urine bottle... pretty much doing it all. Being in the medical field you would do that for other people but you never thought you would do it for your loved ones...And that's something that made me open my eyes to wow, that's just crazy, you know.

I think I've grown just knowing...not to expect or not to put yourself in, in a specific role, like be open to anything because anything can happen. Literally anything can happen. ...This is something that you're not necessarily waiting to happen. It's just thrust upon you and you either take it and you run with it or you flake and that's where a lot of divorces come from. That's where a lot of the violence comes from, suicides and I don't ever, ever want that to happen, 'cause I've seen it happen, and people have spiraled so it's something that you don't want to see anybody go through, and I wouldn't want to see us got through it so I'm like, I'll stay positive, thanks.

This is quite a contradiction to her earlier comments about being able to handle his deployment and injury if and when the time came. She confided:

I don't care what anybody says. If they're like 'oh, I'm prepared for my soldier to get hurt. I know what to do'. You don't know what to do. You don't know what you're going to do. That's just something that like I always thought I'd be like 'Yeah, I got this.' I mean, I'm very confident in that aspect...But when you're thrown into that situation, it's something that really makes you open your eyes to something that you never realized could happen and how difficult it will be to overcome.

[And during the recovery process] you can't really have everything planned out in a certain way because if you have it that way, more than likely it's going to go wrong. You just take it with a grain of salt, dust your shoulder off, and just deal with it.

Despite her role as care giver and expanded responsibilities running the household, Valerie did not consider herself head of household today. She considered the role shared equally with her husband:

He was the breadwinner, so you know, he brought in the bacon and he made sure everything was taken care of like little things, like insurance, making sure that was paid on time...those things. But...I am very organized so I always take care of the little things that go on in the background. And now, with his injury, I feel like it's probably going to be a 50-50 split even though I know you say that one or other is the main one. I prefer to keep it to where we are both neutral in that aspect so that even now, I would not want to overshadow him thinking that I'm the one who's got it all.

I'm always like the rock so it's not that big of a reversal change but even though he thinks that he's always had everything, it's like the woman always tends to be on the back burner trying to get everything together so now that it's upfront and in his face that you're always doing everything, they finally notice. 'Hey, it's always been like this.' Or I'll be doing something and he'll say 'why are you doing this' and you say that you always do this and they're like 'Oh really' and I'm like 'yes' [smiles a conspiratorial smile and laughs.]

While Valerie considered her husband's injuries a disorienting event, she has reconciled that part of her perspective has changed but she also thought parts are still the same.

I always thought people were, well it's gonna sound kinda bad, I don't want to be a pessimist, but there are very inconsiderate and a lot of ignorant people. I've always known that but now it's been escalated to the point where you can tell the ignorance behind some people's thoughts and what people are saying. I mean I've always just kinda taken it with a grain of salt.

For example, people who have handicap placards. Before he was injured, I mean I understood, hey if there is someone with a handicap placard, you know, let them park there or be considerate and let them pass. But there's a lot of people before who, and even now I notice don't care that they're injured. When I'm driving around and I have the handicap placard or plates and it's just me in the car, I don't take up the handicap parking because I don't need it but if he is with me and we park, they see me get out of the car and they can't see him because the back windows are tinted and before I get the wheel chair out I get some really dirty stares. I'm like 'wow' people are rude...It opens your eyes as to how people treat people who are, you know, handicapped or in wheelchairs.

My values are still the same.... A lot of people will be like, well, why would God do this to me...but I'm not going to question him. I'm not angry at him and I know a lot of people get angry at that situation so I'm not going to be one to change who I am for that situation...I've always been, you know, very self assured...I stay positive by...remaining the same. If you changed to the point where you're angry at the world because of the situation, it's not going to make things better so there's no point retreating or going that way...I like myself. I wouldn't want to change it. I wasn't a bad person before. I don't want to be a bad person. I was a good person, an awesome person. I want to stay awesome (we chuckle). If I become more awesome, then better for me, you know.

So, if anything from my perspective that's change within my values and the way that I look at life, personally, there's only moving forward.... I'm not going to dwell on the negativity of things and I'm not going to question what is thrown in my path. My values are intact.

As we talked about the future, Valerie admitted that it was hard to think about the future right now but she wants to go back to school and finish her Bachelor's degree. *"I see it as a real good possibility, and that's something that I definitely want to have in my life and be able to...show my kids that it is possible, regardless of what age you are, I mean I know I'm not super old [smiling]."*

Fortunately for Valerie, her husband still has his civilian job. She told me that *"when he was deployed, they held his spot because he's in the National Guard.... He may have to move from field work [in private security] to office work... but he doesn't have to stress about it."* However, when she considers future schooling and employment opportunities, her first thought goes to locating herself in an area that would be *"most practical"* based on his medical issues.

Today, Valerie does not take things for granted. She noted there was always a possibility he would get hurt but like most people, she never thought that it would happen to them because they have already been through so much. She shared

I never thought it would happen, you know, especially with him, just with the situations that he has been in before and, you know, the hardships that we've had to deal with when it came to family members and you know. How much, I mean

pardon my French, but how much shit can one person take in their lifetime and still have to be thrown into it. It's like, the way I told him once, I'm like, this is probably because we can handle it and it's just a test that we have to pass. And I think we're passing with flying colors.

I was curious how Valerie made sense of everything that has changed in her life after her last comment. She said something that really made me smile that was in line with her previous comment above:

Being able to, get rid of the bullshit. That was a really good change because now, with this going on...you do realize who your friends are. Before I used to walk on eggshells and now...I'm not going to do this...ever again. So that's something that's helped - knowing that I can see people for who they are now, instead of letting them walk on you.

I'm a little bit more aggressive...because I don't want anything to like hold me back or someone to try to take advantage because when we first got here, you know, you're new and you don't know what the hell is going on, and some people will try to scare you...Before I would try to sugarcoat things to make sure people listened and understood and yea they would listen because I put it nicely. I put it in a nice little package so I wouldn't hurt anyone's feelings. Now I think having gone through all of this, I don't think anybody should ever have to hear something just to make them feel good. I think they should know straight up what's going on.

From my perspective, it appeared Valerie had a perspective change but has yet to realize it. Her message to other spouses was plain and simple:

If you feel like you're headed towards a dark place...and if you feel like why me?.... I want them to realize that if they signed up for this and knew the ramifications of it all, they should have mentally prepared for anything and if they're going to let it ruin their relationship with their husband, men that they devoted and they swore they would be with 'til death do us part, you know it's legally binding...it's not like you and me, wedding, oh you know what, this isn't going to work. No you signed up for this, you loved him, maybe you're going to love him in a different way now, maybe there's a different kind of love that's going to bloom or maybe he's no longer, you're not going to see him as a lover, I don't know what people think but, if anything, don't ever let it blind you, and don't let the situation keep you from caring for your husband or your family.

To America, she paused, cleared her throat and said,

There's too much negativity here and there's people that are so self-absorbed in their own lives that they don't take into account that, you know, regardless of

whether it's a wounded soldier or just regular military or just someone who isn't involved with the military and they're struggling, and you're going to be the asshole who is going to cut them off or do something in their wake of you know, making them be pushed over that edge, they should really think about their actions before they try to I guess, cut all ties from that person, and that's how a lot of people fall through the cracks.

There's so many veterans that fall through the cracks that people don't realize how many of them and why you see so many of them on the streets is because once they're out of the military, they're no longer a number in the system, they're exactly like you and I, struggling day to day, trying to get that healthcare... I know that they're trying to better that system ... but people are still so ignorant about what's going on.

I think people should re-educate themselves. I think people should read a book on occasion, like America doesn't realize the resources that are out there for everybody to take into account that they can, we can make this, you know be the greatest nation in the world.

Kim

“I have grown as a person and as a wife. I look back and wonder how I did all the things I did...and I think, it was either sink or swim.”

Kim is 42 years old and has been married for 15 years to a medically retired Active duty Soldier wounded in Iraq in 2004 as a result of regular exposure to mortar fire and explosions. Kim’s husband suffers from post-traumatic stress disorder, traumatic brain injury, suicidal ideations, sleep deprivation, and depression. They have four children, ages 14, 12, seven and four. Kim, one of the five spouses who work outside the home, is a Wounded Warrior Advocate³⁵ and is very passionate about America *“learning more about and dealing with the stigma of mental health.”*

Focused life history. Originally from the South, Kim grew up in Louisiana. She attended an out-of-state boarding school for high school but returned home to attend college. She earned a Bachelor’s degree from Louisiana Tech University and a graduate degree from Grambling University. Attending boarding school encouraged her to exercise independence at an early age.

It [boarding school] was difficult at first but then it made me more independent. I felt I was more prepared for college, to be on my own and to make big decisions about things...By the second year, I kinda of embraced it...so overall, it was a good experience.

Before Kim was married, her goals were to use her Master’s degree in English and work as a college professor. She also wanted to work in the business world in journalism. As an Army spouse, she has had an opportunity to do both—she taught at a

³⁵ Wounded Warrior Advocate: a paid individual who helps the Soldier get through the Wounded Warrior Lifecycle, fostering the Soldier's independence. (<http://www.wtc.army.mil/modules/soldier/s2-advocates.html>)

number of different universities as an adjunct professor and worked, for a brief time, in a marketing department in private industry.

Kim met her husband while going through a divorce. We chuckled as she shared that she *“met him in the laundry room at the complex they lived in.”* At the time, she was friends with his sister and they all *“hung out together.”* To her surprise they were married a short time later. She said, *“He had never been married.... I had been through a marriage that fell apart...and now I was more independent-minded , you know, just have move on...and I really didn’t have plans to remarry right away...but we did, and it worked.”* He was 20; she was 27 years old at the time.

They were married almost three years before he joined the Army. Initially, she was not supportive of his decision to join the Army and thought it was just another phase he was going through to find himself since he was much younger than she. She recalled:

I have to admit it wasn’t something that I supported because we were homeowners, I had a good job as an 8th grade English teacher and I just couldn’t understand why he wanted to do this.... I really thought that this was just something else that he was just going to go through and that he’d just come around. But he went through with it; he convinced me that he was serious and he joined...right before September 11th.

She eventually came to *“support his decision”* which, as she confided, makes their experience and present situation *“so much more painful.”* She had a five-month-old and a two-year-old and two weeks before they were due to leave for their first duty station in Germany, the reality of this new military lifestyle unfurled. On September 11, 2001, Kim was watching the news thinking to herself *“life is now going to be different because I was watching all of this unfold into what I would later learn to be a terrorist attack.”*

Despite her initial apprehension, Kim adapted quickly to being an Army spouse. After moving overseas, she came to enjoy the benefits of living abroad.

It was a cultural experience. I felt like there were benefits to being an Army spouse...It made you proud to be the wife of a soldier who was serving his country. I felt a sense of pride...and I have to admit...after understanding what the Army was about...I felt...proud to be an Army spouse.

Contrarily, she did not like the long work hours and the unpredictable schedule. “He was with the Signal unit in Germany so they spent...over 200 days [a year] in the field, which is away from home.” And though the days were not consecutive “it kind of left me as a single mother temporarily...wearing so many roles...so many hats in our marriage...” she confessed.

While the seminal literature described enlisted spouses as invisible women with no voice who generally feel isolated from their Army community and the Army labels spouses as dependent, Kim felt that neither label was applicable in her situation. “I did not feel isolated. It could be just because I kind of educated myself about what the Army had to offer for families and spouses and I...used that support as much as I could.” Kim socialized with both enlisted and officer’s spouses and confessed that her naïveté about the Army hierarchy worked to her benefit.

Kim has always worked and never felt dependent on her husband. “I’ve always been kind of independent minded...so I figured out a lot of things...and I would be better off if I just did them myself so they’d be taken care of...” She recalled thinking about quitting work at one time because child care was such a challenge but quickly admitted that she “wasn’t really a stay-at-home mom kind of person.” Fortunately, her husband was always supportive of her career and her ability to work outside the home ensured the family was “financially stable and able to do many of the things they wanted to do.”

Details of the experience. In 2004, three years into the War, her husband, an E-4 (Specialist/SP4) was deployed to Iraq. His location had been bombarded with mortar fire on a consistent basis and his unit was working long days; he was exhausted. She explained the situation this way:

His friend went on a convoy for him and [clears her throat].... He did not go ...because he wanted to go to sleep.... He was the Captain's gunner...even though I didn't know about this until the newsletter came out...which kind of angered me because...we had this talk about volunteering to do dangerous things, and he said he wouldn't, but he did.

He was the captain's gunner and he had been going on missions many times, and this time he didn't go...His friend, whom he was very close to, was killed on that mission that he should have gone on...When they [the unit] came back, my husband and some other lower enlisted soldiers were told to clean up the remains [of his friend and the other fallen soldiers] from the Humvee.³⁶

On a daily basis he...encountered some type of IED attack or had to shoot at people and so I think that's where the PTSD came from. He was involved in some explosions they said...but the TBI and PTSD wasn't diagnosed until years later.

On some level, her husband feels responsible for the death of his friend and the constant mortar attacks and explosions impacted him significantly. Kim said:

When he came back [from Iraq], I had to have him removed from the home within two weeks because of the anger. He was not sleeping. He was avoiding sleep. He was withdrawn. We used to talk all the time. He barely wanted to talk. He was spending money and he couldn't remember where he was spending it. He had his license taken away from him for aggressive driving and speeding and it was just totally out of character and this kind of behavior went on for a few years. He did seek help when he returned, and they [the Army medical professionals] diagnosed him with combat stress, and they gave him some Ambien and told him he'd be okay. But he was having nightmares, avoiding sleep, and all those things, and this went on for quite some time.

The military was not really supportive of people having behavior health issues so he was just told... 'if you don't get it together...we'll chapter³⁷ you out.' So I think a lot of his recovery was just, really, he held most of it in. He went to a few

³⁶ Humvee: The High Mobility Multipurpose Wheeled Vehicle (HMMWV), commonly known as the Humvee, is a four-wheel drive military automobile used by the military; it has largely supplanted the roles originally performed by the original jeep.

³⁷ Chapter: When a commander administratively separates a Soldier from the service under the provisions of Army regulation 635-200.

support groups, combat stress groups and then he just tried to block out what was going on with him.

When they [soldiers] are down range, they'd take photographs, or people would give them photographs of things that probably should never, ever be seen by anyone, you know, dead bodies and things like that, and he looked at them frequently, which caused him to either not go to sleep or have nightmares...At some point we did sleep apart. We were still close. I still felt like I needed to help him through whatever this was but I just could not sleep in the same room with him because, ...he would have nightmares or he would not go to sleep because he'd have the TV on, so his sleeping habits kind of disrupted our lives to become you know, separate sleeping arrangements.

Eventually the Army moved the family back to Germany. Kim recalls being back in Germany as “a blessing and a curse.” Because they were living near a training base and could hear gunfire all the time, his odd behavior increased.

I noticed that he was like sometimes hiding in a closet, wouldn't go to sleep..... That behavior was getting worse and he just completely had a nervous breakdown.... They sent him to Landstuhl [Army Hospital] and from then, you know, he, I felt like the more they talked about it with him, the more he started to remember things...repressed memories... that he just blocked out and didn't want to deal with and it got to a point where he was not, he wasn't even caring for himself.

He wasn't showering or shaving or it was becoming like I was caring for another person, another child and you know if he wasn't overly medicated and just sitting there like a zombie then he was angry all of the time. He didn't want to go anywhere because of loud noises, anything that might startle him. He just didn't want to deal with it and his unit could not understand what was going on with him because he wouldn't talk about it.

Since his unit did not understand what was going on with him and, according to Kim, “*did not want* [her emphasis] *to understand what was going on with him*”, they put him on CQ³⁸ for days at a time and as much as allowed by policy instead of getting him the help he needed. Kim said:

I knew that he needed help. Other people could see that there was something going on with him but his chain of command, even with all they could see, they

³⁸ CQ (Charge of Quarters): The soldier who stays up all night performing administrative functions in his unit; he's in charge of the quarters over night.

did not want to acknowledge it, and practically started a med board³⁹ for his foot, that had nothing to do with anything that happened to him...saying 'We're just going to chapter you out because you can't function.'

And that's when I said 'NO [her emphasis], that's not going to happen. You know he has other issues and what he needs is help, not to be just chaptered out of the military for a foot issue.'

At this point in her husband's career, Kim began to exercise her sense of agency and advocate for the basic services her husband had earned as a combat veteran.

Understanding the hierarchal nature of the Army, Kim initially tried to work within the unit. She soon found that she had no voice with the unit or chain of command: *"They pretty much just kind of brushed me off and kept giving him CQ and they gave him a really bad NCOER⁴⁰ I was angry with the Army for not doing right by him."* Her anger eventually led to action. Because the unit remained unsupportive, Kim elevated her request for support to a higher level and filed an Inspector General (IG)⁴¹ complaint. She also emailed a general officer she had met earlier who got involved by asking the Commanding General of her husband's installation to step in and investigate her complaint.

During the investigation, the unit made a mistake. Kim's husband was given a folder when he went to the Medical Evaluation Board (MEB) briefing that contained damaging email communication between his unit First Sergeant, a member of the MEB, and the responsible individual that makes the determination for entry into the Warrior Transition Unit (WTU).⁴² According to Kim, the email communication acknowledged

³⁹ Med Board (Medical Evaluation Board/MEB): determines whether or not a Soldier's medical condition enables him/her to continue to meet medical retention standards in accordance with Army regulations.

⁴⁰ NCOER (Non-commissioned Officer Evaluation Report): Used by the Commander to evaluate the performance and potential of noncommissioned officers (SGT through CSM), in peacetime and wartime.

⁴¹ Inspector General (IG): Mission to be the eyes, ears, voice, and conscience of the Army across the spectrum of operations. Conducts thorough, objective, and impartial inspections, assessments, and investigations.

⁴² Warrior Transition Unit (WTU): WTUs are at major military treatment facilities (MTFs) located around the world and provide personalized support to wounded, ill and injured Soldiers who require at least six months of

that “he probably had other issues but they were going to put him out because they can’t use him.” Kim forwarded this communication trail to the Commanding General because, as she said, “I know that I’m not going to get support [from his unit].” Kim was desperate for assistance. She described her situation:

He was unraveling.... I had small children.... I think my baby was about seven months when...things just came to a head...I had a three-year-old, an eight-year-old and a ten-year-old. So I just felt...the only way to really save all of us was to save him.... I was very stressed, I lost a lot of weight from the stress but I don’t recall like crying or anything because I just felt like if I started to cry I would never stop.

As a result of her actions, the unit was directed to discontinue the medical boarding process, move her husband to the WTU so he could get proper treatment. Kim was actually relieved when he was finally diagnosed with TBI and PTSD in 2009, five years after his deployment.

I felt relieved [when he was diagnosed] because I felt like something was going on with him and I could see the changes in him from the time that he came back. My husband and I had never had a domestic incident or anything. Anybody who knows us would describe him as a supportive husband who does laundry, who does everything except cook because he doesn’t know how, but I enjoy it more because I’m from Louisiana so it’s like a religion for me [laughs]. So you know he was just very supportive, a good father. I think that if I didn’t know my way around the Army, he would have been like many other soldiers who have problems and, you know, the chain of command just says ‘we’re going to put you out without any benefits’ you know, and they have families to think about.

Developing coping strategies during this experience was critical for Kim. Moreover, having someone to talk to who understood what she was going through was key to Kim’s coping and acceptance but also did not come easily. Kim readily admitted that she talked to her mother on a regular basis. She also went to behavior health counseling to have someone to talk to especially after he was diagnosed with TBI. She

rehabilitative care and complex medical management, as well as mobilized Reserve Component Soldiers requiring definitive care.

was full of anger and needed to channel that anger in a more positive constructive way she said:

The most emotion that I felt at that time was anger. I was angry with the Army for not doing right by him.... I also reached out to the Army Wounded Warrior (AW2)⁴³ program as a support... They really helped us a lot because I had been an advocate prior... I reached back and they supported me and told me what I needed to do. It's so different when you're in those shoes. Even though I had been an advocate for someone else, when it came to my own husband it was like someone had to direct me... to help me make the right decisions.... I just couldn't remember what I knew because I was so... confused about things. You know, am I doing the right thing to try to get him care? I did a lot of second guessing about things and the AW2 program really helped me... 'Hey, you've done this before. This is your husband now. You have to do it for him'. I never expected to be someone who had all these issues.

I used to think that it was embarrassing to say that I had to do this or that for my spouse, but I don't feel that way anymore because I realize that... part of the stigma is to be embarrassed about something that you can't control or a behavior health condition that you know is real.

During her husband's illness, diagnosis, and treatment, Kim maintained her employment. At their current duty station, she continues to serve as an advocate for wounded warriors and talks to soldiers and spouses on a regular basis. Her supervisor and peers have been supportive of the time Kim needs to oversee her husband's treatment. She did well to maintain her professionalism despite his several attempts at suicide and his eventual short-term institutionalization. Perhaps this too was a way of coping with her own personal situation as it was unfolding. She said:

I just want to add too, I think that sometimes my supervisor you know, he actually worried about me because he was afraid that I was always just in professional mode even though he knew things had to be going on and that I was still overachieving, you know, at my job, and if someone needed help or if someone needed to be trained, they always walked them to me, and at the same time I had all of these other things going on.

⁴³ The Army Wounded Warrior Program (AW2) is the official U.S. Army program that assists and advocates for severely wounded, ill and injured Soldiers, Veterans, and their Families, wherever they are located, regardless of military status (<http://www.wtc.army.mil/modules/soldier/s2-aw2EligibilityEnrollment.html>)

Reflection. As she reflected on her experience, one of her biggest fears and one of the many things that keeps her up at night even today is his suicidal ideations. While she was never concerned for herself or for her family, because his anger was directed outside of their circle, she recalled this fear:

I'm thinking that he was going to kill himself because he expressed wanting to die many, many times...and that's something that he still goes through...I really thought that at any moment he's going to leave and he's going to take his life because he told me he wanted to. I didn't feel threatened or afraid for myself or for the kids...because he would say 'if I'm going to kill myself, I wouldn't do it here because I wouldn't want you or the kids to find me.

After her husband was diagnosed with TBI and PTSD, she knew her role in the family would be different. She felt that he would be more dependent on her. *"He felt vulnerable...and came to distrust his own judgment.... I felt I was going to be the person who kept us all together and decided everything.... I was scared, anxious, sometimes resentful...a little overwhelmed."* Their personal lives changed dramatically. Her husband was medically retired a year ago and she has assumed the role of head of household. According to Kim, *"He doesn't work; he's... trying to find his way. He doesn't really socialize. We don't go places. He doesn't go places alone. He doesn't like crowds...we don't do movies, public restaurants...He just kind of needs a routine to function."* Kim, like many other spouses and their families have given up their everyday life and sense of normalcy as a result of their soldier's injuries. Even today, nine years after he was injured, he remains a suicide risk. Kim has to check up on things, remind him of his appointments, organize his medications, and make sure he takes them.

I don't feel like we're partners but more of you know kind of a care-giving relationship. When he was around [and not deployed] he was very engaged in making decisions and participating in family stuff. Our relationship today is one of trust.... Over time, he's come to realize that he can tell me things that happened to him, things that really aren't uhm or if he has a bad nightmare...he knows I'm going to listen even if I'm exhausted.

Kim considers her husband's injuries and diagnosis of PTSD and TBI a disorienting event. She acknowledges her perspective on life has changed.

I think my outlook has changed. Before he was diagnosed, I worked with veterans and soldiers who were diagnosed with PTSD but it really wasn't my situation... I was supportive. I had a lot of spouses who came to me and talked to me and.... I felt really bad for them. I felt I was relating to them but it wasn't until after he was diagnosed that I actually understood exactly what these spouses go through...and how the world ...perceives people with post-traumatic stress disorder.

My perspective about what I expect from him is different. I look at the world in a different way.... It's definitely something, that changed our lives and altered the way we are going to live permanently.... It's a matter of a life altering experience.

Learning is a big part of the coping process for Kim. With a Bachelor's degree, two Masters Degrees and a Doctorate, Kim is a lifelong learner. This new role of care provider for a wounded warrior diagnosed with PTSD and TBI was yet another learning opportunity for Kim.

I think...just learning to talk about things...because in the beginning I really didn't want to talk about most of the things that were going on with him and I didn't want to address it with...my kids, his parents or my parents because I didn't want them to have to worry about him. I think now I'm able to really talk about what's going on with him...and how he's really doing, and just be honest with people.

I educated myself enough to know how to address things and...hopefully I'll continue to educate myself as new information comes out...and hope it's something that can help him and help our family. I'm especially confident in the knowledge that I've gained. I feel more competent, more like I can predict what's going to happen and how it will unfold because it can be kind of like a cycle.

I think people [listen to me today]...It can be an issue [people not listening] and it has been in the past but I don't think it's an issue anymore. I feel people know that, because he's told most of his therapists and doctors 'if anybody knows him, it will be me' and [they've] come to value my opinion and want to hear from me. I appreciate that.

While Kim felt that medical professionals in her current military community value her insights and input into his treatment, she was quick to acknowledge that it does

not happen for all the spouses she works with as a wounded warrior advocate and it does not happen in many other communities. From her experience, it seems to be a common practice to exclude the spouses from the soldier's or veteran's care: *"I have spouses who have told me they couldn't go into the room with their veteran when they're at the VA or even sometimes when they were still on active duty you know, they were not included in the care."* Kim is using her sense of agency to make changes in the system:

It was a perspective or practice that I voiced concern on and ...just trying to get people to change that practice by letting them know that spouses are probably the closest caregiver that most of these guys have. If they are married you probably want to be reaching out to the spouse because he or she is going to know exactly what is going on.

It has taken Kim several years to get to the point where she can truly reflect on her experience. In doing so, she shared the following conclusions:

It wasn't encouraged [by the Army] to deal with [mental health issues]. You know, that's not the way the military is. The culture is not to...dwell on things that happen to you; you need to just keep pushing and moving on but...I think that he was probably very fragile and just hid it from us for a long time.

I've [takes a deep breath] come to the conclusion that...PTSD and TBI is a disease that you can only try to treat the symptoms and that he may not be the person that I married, he may not be that person ever again and just come to accept that and kind of work through what he's going through. It's a different way of coping. I think the other thing is just not taking much for granted because you know, I don't know what the future holds for him but I try to be optimistic...I feel like I am making most of the decisions and I have to do that for a long time.

[Through this experience] I have grown as a person and as a wife. I look back and wonder how I did all of the things that I did and I think, basically, it was sink or swim...I didn't have time to...fall apart. I had my moments where I had to go in the bathroom and close the door and cry, and come out and look as if nothing is going on...while I was worried about him being institutionalized and it was just me and the children, kind of juggling so many things and it definitely made me feel vulnerable at times.

When I told Kim that the title of my study was *'Silenced Voices that Cry in the Night,'* she immediately understood the intent and could personally relate to it. But,

despite everything she has overcome, Kim was optimistic about the future though it was challenging for her to discuss her future without discussing his future first:

I expect to be supportive but still juggling and trying to find a balance between supporting the family, behavior health, his...and my own, having a career outside the family...and [dealing] with whatever issues arise in the home...He's mentioned...many times that he wants to go to school. I'm hoping now...he'll finally do that, and get a degree so that it gives him some self-worth and some purpose too. But...I'm optimistic.

Kim said that she “cannot make sense of this situation” but she continues to count her blessings. “I really just try to count my blessing, just try not to focus on the bad. I keep hoping tomorrow's going to be different and have that optimism...Most of the time it's not so bad [now].”

Today Kim works as an advocate for wounded warriors. I asked her what advice she gives to other women in her position. She responded

I tell them to do what works for them...and to really educate themselves, involve themselves in their spouses care because that's their right to be informed and to know what's going on...and I say, it's ok to feel vulnerable and afraid...they're not alone.

To America, Kim would say:

There needs to be more education about behavior health issues, uhm more support for families of wounded warriors, because...it is life-changing for children, for spouses. I would like to see people have a better understanding of behavior health issues and become knowledgeable about it and sympathize or empathize with them, what some of the spouses and families go through.

Before we closed out the interview Kim made this final point:

I'm glad I actually had a chance to really talk about what we went through because I don't think that I've talked about it with someone I didn't really know and it felt good to kind of re-live some of that and knowing that it can maybe help somebody else, [especially since] there's a definite stigma attached to the African American community about behavioral health.

Summary

Each woman experienced an individual transformation becoming the spouse of a wounded warrior. The women coped primarily by eventually accepting the hand they were dealt, educating themselves and learning about what was happening to their soldiers, and advocating on behalf of their soldier and/or family. Each spouse took responsibility for her own learning, which occurred informally with dialogue and conversation with other spouses and or strangers via online chat rooms and Facebook who understand what they were experiencing, conversations with close family members and friends who may not have understood but provided an avenue to vent their frustrations, conducting their own internet searches to find information as well as in a formal structured counseling or therapy session. Each spouse learned how to advocate for her soldier or family to move from a position of exclusion to inclusion in the healing process.

Of the seven stories presented, five of the spouses described a changed perspective as a result of their experience, a key element of transformative learning. Chapter 5 details key findings identified from the analysis of the individual interviews and highlights the overall themes significant to the study among the participants.

CHAPTER 5: RESULTS – THEMES AND KEY FINDINGS

Overview

The participant profiles presented in Chapter 4 and Appendix L captured the individual essence of the spouses' experience and described how the disorienting event challenged their commitment to their husband, marriage and to whatever commitment they may have had to the affiliation to the institution of the Army or their role as an Army spouse while maintaining the intended voice of the participants—their stories remained the central focus (Clandinin & Connelly, 1994, 2000). Chapter 5 continues the presentation of key findings relative to the conceptual framework by capturing the commonality of the collective experience. It attempts to enhance the reader's understanding by providing a synthesis of a shared experience and highlighting the concepts or themes into a linked and logical portrayal (Kearney, 2001) that establishes the foundation to answer the overarching research questions: What is the essence of the transformative experience of spouses of wounded warriors?

Chapter 5 provides a brief summary of the analytical process discussed in Chapter 3; the key themes with corresponding excerpts extracted from the interviews (Seidman, 2006) and a summary of each key theme; the presentation of findings by responding to the research questions; and a conclusion. Chapter 5 also establishes the study's conclusions, implications and recommendations presented in Chapter 6.

Summary of Data Analysis

To analyze data and share results, I used an ongoing, iterative, and integrated process to understand the essence of the spouses' experience. The spouses, in keeping with the spirit of hermeneutical researcher, were included throughout the process and,

though the process is depicted as a linear process, it was much more circular with many moments of going back and forth between steps:

1. Transcriptions. All 15 sets of interviews were transcribed, reviewed, and provided to the participants for review, corrections, deletions, or additions.
2. Immersion. All transcripts were read several times and audio tapes reviewed to obtain an overall understanding of the phenomenon.
3. Individual Analysis. Each individual interview was treated as its own case and open coding was used to find similarities and differences.
4. Peer Review Sessions. Three peer review sessions were conducted with two colleagues to review and validate the codes.
5. Cross-Case Analysis. The interviews were compared with each other to identify overall themes and patterns. The initial set of 158 codes was grouped under 27 themes. Through an iterative process the codes and themes were reduced, combined and integrated. The final review resulted in 4 themes and 20 subthemes/codes.
6. Reflection. The codes and themes were set aside and the interviews and audio tapes were reviewed again as part of the iterative nature of the analysis.
7. Critical Cases Analysis. Using a Critical Event Schema each interview was analyzed to bound the participants' stories to its most critical, influential, or decisive elements.
8. Creation of Profiles. Based on the results of the critical event schema analysis, individual profiles were developed for each of the participants, highlighting their voice as they shared their experiences.

Although there were significant individual differences in the experiences of the 15 women interviewed, a collective set of experiences characterized the process of transformation. Those commonalities were identified as key themes. While a number of themes were culled from the data, the spouses' experience is presented in the following four themes most relevant to the research questions and conceptual framework: (a) commitment to relationships and roles; (b) negotiating and resisting a new normal; (c) transformative resources; and (d) revised commitment to roles and relationships.

The four themes and twenty supporting subthemes have been segregated amid two interrelated environs—the personal/interpersonal and the institutional⁴⁴ environs. C. Scott (2012) suggests that the personal relates to relationships, interacting, learning, etc. and the institutional environs is characterized by the elaboration of rules and requirements to which individuals “must conform [or at a minimum negotiate within] in order to receive legitimacy and support” (Scott, C., 2012, p. 132). Both environs which had tremendous impact on the spouses' transformative experience.

In terms of the context of interpersonal environ, spouses focused on their commitment to their soldier and found themselves working on rebuilding relationships with their wounded warriors and assuming greater responsibility maintaining their families. Within this context spouses were able to access resources, had an opportunity to dialogue with others, have empathy for others, listened to and learned from others or learned on their own - eventually leading to the development of their individual sense of agency.

⁴⁴ Institution(s) refers primarily to the US Army but also to the Veteran's Administration, and other military-affiliated institutional agencies the spouses had to negotiate within in order to obtain support for their wounded warrior or for their families.

The institutional environ included the laws and norms that underpin the military lifestyle and the mechanisms created to enforce those rules and norms. Though the spouses differed in how included or connected they felt to the military and how engaged they were in the military lifestyle, after their soldier's injury, each one was constrained in her attempt to care for her spouse by the institutions that prescribed a very limited role and tightly governed her interaction and behaviors in her husband's care plan and recovery process. Within the institutional environ, the spouses learned how to navigate the system, negotiate and advocate on behalf of their soldiers and their families, and were eventually effective at using their voice to gain inclusion into their husband's treatment process. The following section presents the key themes.

Key Themes and Significant Statements

Together, the themes and subthemes explicate how the spouses made meaning of their transformative experience as the spouse of a wounded warrior. The key themes are depicted in Table 4, followed by corresponding excerpts extracted from the interviews (Seidman, 2006).

Table 4

Key Themes and Sub-themes by Domain

Theme	Subthemes	Personal/ Interpersonal Domain	Institutional Domain	Relevant RQ(s)
Commitment to Roles and Relationships				
	Commitment to Soldier	✓		1
	External Commitments	✓		1
	Relationship with the Institutions'		✓	1
	Rebalancing Gender Roles		✓	1
	Accepting the Care Giver Role	✓		1
	Loss of Self and Sense of Normalcy	✓		1
Negotiating and Resisting a New Normal				
	<i>Silenced</i> by the Institution(s)		✓	1,2
	Challenging the Institutions		✓	1,2
	Power of Emotions	✓		1,3
	Self Directed Learning	✓		1,4
Transformative Resources				
	Supportive Others	✓	✓	1,3,4
	Healing Conversations and Social Discourse	✓	✓	2,3,4
	Spirituality and Internal Strength	✓		3,4
	Coping and Coping Strategies	✓	✓	1,2,3
Revised Commitment to Roles and Relationships				
	Reframed Commitment to Soldier	✓		1
	Loss of Trust in the Institution(s)		✓	1,3
	Finding Voice, Validating Self, and Enacting a Sense of Agency	✓	✓	1,2,3,4
	Transformed Perspectives	✓		2,3,4
	Making Meaning of the Experience	✓		1,4
	Commitment to Self	✓		1,4

Theme 1 - Commitment to Relationships and Roles.

Commitment to soldier. Commitment and dedication were central facets of the couples' relationships. At the onset of the war, the spouses were highly committed to their soldiers and their role as an Army spouse, and they enjoyed fulfilling relationships with their spouses. For example, Pam who had met her husband ten years earlier said this about her husband: *"we went out one night and heck...we've been inseparable ever since."* Jean married her high school sweetheart. She said *"I think I knew he was the one because he just made me genuinely happy [pauses as if to reflect] and I just felt very optimistic, like I could do anything."* Valerie also married her high school sweetheart but not until she was 25 years old. She shared, *"We've been together [since high school]. We never broke up...so we kind of planned out that we would get married when we were 24 or 15 because I wanted to be finishing up my schooling."* Darlene met her husband while doing rebuilding work in Haiti: *"I decided to marry Dale [also a pseudonym] because he was loving, sweet and gentle, very manly, very attractive, very considerate and very responsible – just a neat individual.... We have separate interests...and we have interests that we share."* Sandra described her commitment to her soldier: *"I met my husband on a partnership competition...love decided it for us so we just went with it and got married."* Veola shared, *"He was very old fashioned; drank coffee all day. He didn't go out to the clubs like the other guys I was dating. He just kind of went to church and watched TV...and I thought YES, this is it right here."* Julie met her husband between deployments. She said, *"We kind of ran into each other and we started talking...he went back on deployment...we continued our conversations online for the next six or seven months. When he came home, that's when we really started our relationship...then we got*

married.” Genette shared, “He made me laugh. He just completed me. There was just something that completed each other.... We...I don’t know, it was basically love at first sight.”

The spouses also relayed stories of other spouses who abandoned this commitment.

Mary: “I saw a lot of families break up over soldiers who...were getting treatment for their injuries. I saw a lot of other people [spouses] say they couldn’t deal with it and abandoned these soldiers!”

Nancy: “I see it in the Fischer houses. They’ll call off weddings...or get divorced...because they’re not the guy that they fell in love with and it’s like, ‘Are you kidding me...he’s even better now in my eyes.’”

Genette: “I watched the girls who were here for a good three or four months...and she went back...and they ended up divorced.”

External commitments. The spouses were similarly balancing commitments in their lives unrelated to their role as spouse prior to their soldier’s injury. MJ had been a school teacher for 15 years and was enjoying a promising career as an elementary school teacher. Her work, like many of the spouses, positively impacted the family financially and provided her great personal and professional satisfaction. She shared her commitment to getting ahead on the job: *“I had just gotten to the point where I really wanted to be in my career, and we had young children and that was kind of driving everything.”* Steff was enrolled in a Master’s degree program and committed to taking care of her children and working with the homeless. She said, *“I sincerely wanted to finish that degree. It took a long time to get...into grad school, with kids and being a single parent and it was really, really important.”* Melissa’s goal was to earn her doctorate and have children. She was well on her way with a Bachelor’s degree and two Master’s degrees. Nancy, a fashion entrepreneur, was committed to growing her business:

I saved the last two pay checks...and I started my business in a little laundry basket this big [she drew a circle the size of a standard laundry basket] I started hitting up beauty salons and leaving my cards everywhere and holding little fashion shows. I dressed Takara from America's Top Model. She choose me out of the vendors...

Relationship with the institution(s). When the spouses spoke of their relationship with the Army, most were proud to be or were proud at one time to have been an Army spouse and affiliated with the Army. Women who were not initially supportive of their husbands' decision to join the military came to honor their relationship and their role within the hierarchical structure of the Army. Though the spouses complained about the recurrent separations, long work hours, and frequent moves required of a military family, most appreciated and looked forward to the opportunities being part of the military offered – to travel, meet new friends, the closeness of the military community, and the ability to experience a secure way of life.

Kim adapted quickly to becoming an Army spouse and enjoyed the benefits of living abroad: *“It was a cultural experience. I felt like there were benefits to being an Army spouse. It made you proud to be the wife of a soldier who was serving his country. I felt a sense of pride.”* Genette described his pride of being an Army soldier and her pride, likewise, in being labeled *“as that Army spouse”*—it was one of the things she liked most about the Army. Prior to her husband's deployment, Pam, like many other spouses considered their unit *“a family”* even though, as he was a member of the Army Guard, they only came together on *“family weekends.... It was nice...there was a sense of ‘we all belonged’.*” MJ shared that

I like the uniform, and his pride in everything he did that was Army related...and we had our own little community of spouses and it was so nice to have a group of people who understood my fears and my concerns, compared to my civilian friends.

Despite a level of commitment to the Army, some of the spouses felt very strongly that, from the onset, they were treated as if *'invisible'* within their husband's unit simply because they were spouses of enlisted soldiers. The word *'invisible,'* in this context, is defined as the old axiom of *'being seen but not heard'* by individuals whom the spouses considered in positions of higher authority in the Army. For example, the spouses described incidents in which the unit was not supportive.

Sandra. I injured my back...could hardly move for over 2 weeks...and nobody [from the unit] came and helped me with anything." She went on to say, *"Now, if this...had been an officer's spouse, I'm sure this would be different...because it's just a different standard for them most of the time.*

Valerie. When the officers' wives needed to do something, it was more like they took care of it kind of letting the enlisted wives off in the corner like 'We got this, we'll take care of it.' It's like 'Okay, if we want to participate, how do we go about doing it?' And they're like 'Oh well, don't worry, we have this.' And it's like 'Okay.' It makes you – made me irritated. I was like 'Okay...I can contribute. I can help out.' But I feel like everything was very one-sided most of the time.

Pam. Yeah...to some degree [I feel invisible].... There always seemed to be this hierarchy of enlisted...and then you had your NCOs [non-commissioned officers], and then you had your officers. So yeah, there was kind of that separation...a little bit like the Berlin wall. You weren't supposed to cross that line.... I mean, it's not that they're all like that but there was definitely the 'great divide' at times.

Alternatively, an equal number of spouses did not feel invisible in their husbands unit prior to their soldier being injured. Veola has experienced life as an enlisted spouse and today as a warrant officer's⁴⁵ spouse. She shared that

I don't really feel isolated.... It's kinda been the same but maybe I think its each individual person. Some people just don't know how to get out there and...meet people and talk. I talk to and deal with whoever I want to... [The differences in rank and treatment of spouses] that's old-school Army. It's a totally different Army now.

Kim, like Veola and a few others said, *"I did not feel isolated. It could be just*

⁴⁵ Warrant Officer (WO) - An officer in a military organization who is designated an officer by a warrant, as opposed to a commission. A WO is considered an expert in his or her chosen career field.

because I kind of educated myself about what the Army had to offer.” Kim socialized with both enlisted and officer spouses and confessed that her “*naiveté*” about the Army hierarchical structure worked to her benefit.

Rebalancing gender roles. Despite their commitment to their soldier, the Army, and other aspects of their lives, during deployments, the spouses acknowledged they had no choice but to “*step up,*” as Nancy put it, and assume greater responsibility for running the household in order to keep the family together, functioning, and moving forward. Secretly, a few spouses admitted they looked forward to this “*alone time.*” It can, as one spouse said, “*be liberating.*” The spouses described the friction that typically followed a normal deployment when the soldier returned home generally because the spouse had attained a certain comfort level in managing the home and did not want to relinquish *all* of the responsibility back to the soldier. The soldier was also adjusting – adjusting to the new rules, expectations, and pace of life at home and working to reposition themselves after spending a year, and for some with multiple deployments, several years in a war zone. As a result, these couples rebalanced and renegotiated roles many times during the course of their relationship.

Kim. When he was around he was very engaged in making decisions and participating in family stuff. Back then [prior to injury] it [role reversal] was maybe a part time or temporary situation. They’re deployed; they’re coming back and then I can give this back to him.

Darlene. [After deployment] the plan was he was going to come back and...watch the baby in the morning and get used to her and kind of be outside where I needed to be so I could check on them and breast feed or whatever...and I was going to finish my classes and get two As in two four credit classes, anatomy and physiology, and microbiology.

As their soldiers returned home injured, with acute physical and emotional wounds of war, the spouses had to assume an increased level of responsibility on a full-

time basis as evidenced in their stories. They struggled with this rebalance in gender roles. They found it a challenge to comprehend the new family dynamics, and most of the spouses were met with some level of resistance from their wounded warrior.

Jean. To be honest with you I think ...it's the manhood thing.... I think sometimes he wants to be in that [lead] role but he really can't because he's limited and it has to get done.... It's been kind of difficult for him because he wants to do some of the stuff that he just can't do it or he tries to do it and...it really would be so much easier if I just do it [laughter] I see that he can't even walk right now...it's just slowly going to get worse I've learned that I am an awesome expert at cutting grass because he's not able to do it...and you know all the physical stuff.... I do a lot more physical stuff than before.

Steff. The first part and the hardest part I think for him was just to accept the limitations, trying to get him to understand that he's not 25 years old anymore, and he's not bulletproof. He's not you know the man of steel, not in that respect.... That acceptance is still an ongoing battle to some degree.... But just to...initially making him understand, you can't drive and take your pills, you have to let me do this. You can't...just because you think you're okay and just because you've been told you won't be doing it anymore

Sandra. Because we always worked, so everything, household chores and whatever, that was always both of our thing, you know. [Now] my responsibilities are more. I mean even if he brings the majority of the money home...when it comes to typical manly things, yeah, that's me.... So I do everything.... I really do everything from cutting the grass, the cleaning, washing, cooking, doing shopping, uhm [long sigh] all the paperwork, fighting with insurances...fixing the car, changing the oil...I mean you name it, I do it. I'm a good handyman too [laughs].

Melissa. With his PTSD and anxiety like I've pretty much taken over like everything.... We used to split the chores in half and like literally [now] I control everything.... I pay the mortgage, I pay the bills.... I say 'here's your money for what you want to buy' and I think that was probably my biggest fear.... How are we going to provide and make it work...and I'm learning how to deal with him because he has his ups and downs.... It was just a complete role reversal that occurred, more like a permanent role reversal.

Some spouses believed their soldiers would recover and assume their share of the responsibilities of running the household and spoke longingly of desire to relinquish these additional duties.

Pam: I guess...in my Pollyanna state, I didn't think anything was going to be different...I figured he would figure it out and he would be able to...continue to be dad, the husband, the man...in the sense of how we perceive men as the breadwinners...I never in a million years believed that we would have that complete reversal where I had to be solely in charge.... I'm overwhelmed.... There is nothing I would like more than to just take it off my plate, quietly shove it on his plate and walk away for an hour or so but realistically, I know I can't do that...there are times when it feels like being the mother of a 44-year old man...he's more dependent on me.... I would say like frightening, frightening.... He doesn't like it...

From a gender perspective, the spouses believed that the Army recognized the soldier as 'head of household'⁴⁶ and the spouse as 'dependent.' For some spouses, the rebalance and redistribution of labor and power required them to assume the role of head of household. As such, it impacted the relationship between the spouse and soldier and the spouse and institution.

Sheri: I consider myself head of household. I never thought that I would be. I work right now full time.... I had to work.... He has an 'unemployability status' so he hasn't been working now in about three...or four years and it's hard for him.... He doesn't like to hear that there's not a lot he can do. Most days he's pretty depressed, he's isolated.... He's not as helpful...as he used to be.... Between our four kids, there was no way that we were going to make it so I couldn't stay home with him. It just put a lot more pressure on me.

Pam: I consider myself head of household now. I did not consider myself head of household prior to the hellacious onset of PTSD a few years ago. I still tried to defer to him because of my, I was brought up Catholic, men are in charge and I tried to still give him that...[now] I do it all...because my husband has been declared 'incompetent' by the VA. I am fully in charge of the money that comes into our household and I pay all the bills and I reconcile everything...all that dual burden is on me.

Several spouses, though they have assumed greater responsibilities, did not equate an increased role in the household to being the family's head of household.

⁴⁶ Head of Household: An institutional label in the Army hierarchical structure generally applied to the soldier who has authority to exercise family control

Mary. *I've always seen my father as head, quote unquote, head of household, so...I step back and let him think I still see him as head of household...even though I know I have to take care of most everything.*

Genette. *I thought I was going to have to step up a little bit more in my position, that there would be some things that he would not be able to do any longer.... So, no I don't think I've ever considered myself head of household. I still see him as the head of the household, but there are more responsibilities that I take. So even though he's injured or he's not able to do things, I still see him as the head of the household.*

Nancy delineates responsibility this way: she considered herself the “*emotional head of household*” providing the stability the family needs and considered her husband the “*financial head of household*” since he provided most of the money to the household. However, it was interesting when the spouses described how the Institution struggled with acknowledging and accepting them in this lead role and pushed back more often than not, virtually silencing them when dealing with the Institution on the soldier's behalf (see Theme 2).

Accepting the care giver role. In addition to an increased level of responsibility in managing the home, each of the spouses accepted the role of care giver for her wounded soldier. The spouses described in great detail how providing constant care stretched the boundaries of their relationships; was physically and mentally demanding as well as emotionally unforgiving; and impacted their commitment to the soldier, their family and other aspects of their lives. As the spouses recalled their experiences, each vividly described her exhaustion, pain, sadness, anger, depression, and a multiplicity of other emotions in learning how to effectively manage her new role. Most important, with the exception of a few, the spouses have come to accept the long-term nature of this new role. Genette, whose husband is missing his right leg below the knee and suffered

significant damage to the left leg, shared comments that are representative of the few exceptions:

I had to quit my job and come and be with him as he rehabilitated. I had to become his caregiver and so that was a lot on me to not only take care of two children but having to take care of him also. I had to quit school...not sure when I'll be able to return...and I'm in a constant position of having to take care of him and look after him.... [But] he's doing really well. He can walk really well with [his prosthesis]. He's together.... Our expectation is that he'll overcome this and he'll continue on.

In contrast, most of the spouses are married to soldiers suffering combat-related mental health issues as well as physical injuries. These spouses are living a very different reality. They spoke of a loss of intellectual intimacy, a loss of sexual intimacy, and expressed sorrow that their lives and the lives of their soldiers and families have been forever changed. They expressed concern not only about the impact on their relationship over time but also about the deterioration of their warrior's condition or the length of time their husband would have to live in a disabled state. Several spouses spoke of the effects on the soldiers of over-medicating by medical providers, self-medicating, suicide ideations, depression, and anxiety. Many of the spouses initially thought their role as caregiver would be temporary and described their disillusionment when they learned their role as caregiver would be long term or even permanent.

Sandra. Oh God, completely, my life made a 180 degree turn...I am a care giver first, second mother, then wife.... It's very stressful. The caregiver really overpowers the wife thing because we don't have that one-one-one too much anymore.... I'm just a stay-at-home mom on top of it, but its awkward because I'm not used to being home 24/7.... It kind of puts you on the back burner...it all changes...it's not like it used to be.... It's like losing your husband.... The man I have now is not the man I married.... I still love him, it's just different...it's not the same.

Steff. In the beginning...I had no concept...it [care giving] would be full time and that he would continue to be [sigh]. I guess you think when somebody is injured...you know...but with TBI, things change so much over time. I didn't

really anticipate that at first but in the last five years his ability to function has declined a lot, the cognitive stuff and with PTSD flare-ups, sometimes you're good and sometimes you're really, really bad... I don't leave him alone...at all. His medication is in a locked box that he does not have access to. I give him his medications at the appropriate time.... We haven't encountered being apart other than when he was in the hospital...because he's tried to kill himself several times.

MJ. I guess...I thought that of a temporary recovery process where I would need to be active in facilitating things for him and then eventually he would get better, we'd find out what was wrong with him and how to fix it and we would all go back to our regular day to day lives. Now of course, I see it differently. And it's...long term, long term care giver, facilitator, assistant.... I guess whatever he needs at any given point...and it scares me. Our relationship has changed.... It's more of a mother-child relationship than a partnership.... I'm giving him his medication or waking him up or driving him around.... Intimacy is gone.... Sometimes it makes me feel kind of angry and bitter or resentful, not towards him.... To say it was life-altering is not an understatement.

Darlene. And now I'm on the other side and I'm a caregiver and I need to know, I need to understand what is happening to my husband and I need to know how to deal with him, and I don't get that training.... Would he ever be a full partner again?.... It's looking like I'm now not only a permanent single parent but now I've gained another child and I've lost my husband.

Mary. What did I think would be different? Uhm, I guess just being more of a care taker, instead of us splitting responsibilities half and half. I had to take over most of his responsibilities...because he needed somebody to take care of him.... He really couldn't fend for himself, so everything was on my shoulders then because I had to take care of him, the kids, and myself.... I said for better or for worse, you know, sickness and health or whatever so I had to take care of him, and that was all that.

Kim. I think that being his primary care giver is sometimes stressful.... I feel it's more like a full time thing and back then initially maybe a part time or temporary situation.

Loss of self and a sense of normalcy. Most of the spouses described a 'loss of self and sense of normalcy' and a profound disappointment since they could no longer pursue their own professional and personal goals with the same level of commitment as before their soldiers' injury. They described in great detail how they had to adjust their work schedules, reduce their work hours, miss work, quit their jobs, change residences,

and/or disrupt their children's school because of their extensive care giving responsibilities. The spillover between work and family life was tremendously stressful and the spouses described how they exhausted their own intrinsic resources and neglected responsibility to themselves by putting the needs of others, particularly their wounded warrior, before their own.

MJ. And then he came home, and he came home angry and very sick and very needy. I mean he needed help with his job, he needed help with things at home, and he needed help getting to and from his appointments. So my focus went from trying to manage all these kids to kind of having to leave the kids by the side of the road sometimes and just focus on him.... At first, for me, work was an escape. I didn't have to deal with it when I went to work.... [Then] I needed to be gone constantly for appointments.... I couldn't leave him unsupervised at home.... Well, obviously I lost my job. I've given up my career.... We've lost friends.... He can't drive; there's a lot of things he can't do on his own which means I, in turn, have sacrificed a lot of my independence because I have him with me.

Jean. I put myself in a second person type of role.... I always try to put him first and make sure he's ok. I have a tendency to overlook my needs.... You become the caregiver person so you just have to take it on.

Steff. I went from being a single parent with an orderly life and an orderly house, stable financially, in school, having a job and I don't have any of that now.... Everything changed. I don't even recognize the person I was ten years ago. I don't know that girl.... It's like somebody I used to be.... I miss her.

While several of the spouses noted that their children were coping well with the physical changes of their fathers, most of the spouses of soldiers suffering from mental health issues spoke of the effects of what they termed 'secondary PTSD' and hyper-vigilance experienced by their children in an effort to protect their father from further harm; several others described how their children have pulled away from their fathers, acting out in school, or how they have been impacted in other ways.

Kim. [The kids] had a hard time, especially my oldest. He's probably just kind of moved away from being close to his father, and not really interacting...it's almost like [the children] don't trust his judgment.

Sheri. *There are a lot of things that I don't think are normal, that I don't want them [the children] to think are normal or think is acceptable...like he's [her husband] is a die hard for these videogames with guns and violence and every curse word that you could imagine...so if he's not watching TV, that's what he's doing and now my [five-year-old] son is doing it every time and that bothers me, because it's not normal.*

Steff. *[My daughter] she loves him to death...she's extremely sensitive to him and extremely kind and extremely patient with him.... My son, he's in the Army reserves, doesn't quite know how to deal with it...he's not ever rude or ugly about it but he just doesn't know how to take it and I don't think he fully understands why his mom gave up her life for this...why I made the decision.*

Pam: *Our oldest, our 15 year old, he is very angry at times that he can't have his dad back. The other times he really enjoys some of the attention that him and dad have together.... He gets a one-on-one time with his dad that our daughter doesn't always get.*

Isolation and loneliness as a result of becoming a caregiver was a consistent theme, particularly among the spouses of soldiers suffering from mental illness. Pam, for example, along with a little self-talk, described it this way:

In our neighborhood...you don't see us. You know that we're there but you really don't see us because we don't interact with our neighbors. He doesn't feel comfortable going outside very often. He doesn't like strangers.... He's out in our backyard because it's secluded, it's okay. But in the front yard people can see him...it's part of his paranoia so it's just easier if nobody can see him or he secludes himself up in the bedroom sometimes I mean for days.... This is one of the loneliest lives I've ever led. 'We vowed forever, in sickness and health, and I can do this. It's not going to be easy but I can do this.'

Other spouse shared similar stories of isolation and loneliness.

Kim. *He doesn't socialize. We don't go places, he doesn't go places, too many places alone. He doesn't like crowds so we don't usually go to movies or even public restaurants. If it's a lot of people, he won't like it... I've kinda just backed off a little bit of trying to push him into something...if I can compromise on it or just leave him alone as long as he's in a peaceful situation and not wanting to hurt himself.*

Mary. *He's...withdrawn a lot. He can't play sports. My husband loved to play basketball but now he can't run, he can't even hold anything in his left, his left side. Sometimes he can't even hold a cup of water because it might fall.... As far*

as going somewhere, he can't be out sometimes because of the light, so he's almost isolated sometimes to here, being in the house because of the medical issues and everything.... It irritates him when he hears loud noises...and being around all the people, that's another reason why he has to be home sometimes.

Julie. There's some other stuff we cannot do.... We really don't go shopping at the mall a lot...if he saw anybody that looked like anybody overseas he would freak out or get really hostile...I pretty much do all the shopping on my own. Certain smells and scents kind of get to him. We can't be in large crowded area so we avoid dinner time...or go early afternoon with all the older senior citizens.

Sandra. Our world has shrunk to our property...I never know when he will have seizures.... We can't plan really nothing. We don't know what the day brings. We cannot make normal plans. We cannot say 'Okay, we're going to a birthday party because I never know if I'm going to make it there, you know, be there as a family. I mean we've got to there as a family most of the time but even with the child, to drop him off I can never really plan anything.

Several spouses described their inner struggle of deciding whether to stay in the relationship. Nancy noted that *"Life has gotten hard, now with career decisions and all that and I'm still here,"* acknowledging she had to think very hard about whether to stay in the relationship.

Veola. I wasn't going to stick around for it.... They say its 'til death do you part, in sickness and health and all of that', but sometimes, sometimes, it's rough and you're dealing with that [anger] ...especially when you're just mean for no reason or you just want to bash things, punch holes in doors. I knew that I didn't want my daughter to grow up around that, so he had to get fixed or I was going somewhere. I was on the first damn thing smoking somewhere.

Julie. His PTSD would get to the point where I was like 'I don't want to do this anymore' so we sought pretty much everything that we could... I'm independent. He's independent.... There for a while we couldn't stand each other but that was the PTSD...so after awhile of being separated we decided that we didn't want to be separated. We decided that we needed to be a family.

Sheri. The therapist he was seeing...actually asked me to come in one day. She told me he was probably never going to be able to work again...he was going to need to be monitored for the rest of his life; he was probably going to need to be on one medicine the rest of his life.... We had only been married for a year or two.... Did I really want my older girls, their father was very abusive. I know they saw a lot of things that happened and I had to walk away from that and then I had just

had my son and I didn't want him to grow up, you know, watching this...I needed to make some choices at that point.

Pam. We have almost separated a couple times but we never have.... He was self-medicating and drinking. Is this what I want? Is this what I am willing to live it?... I told him this has to stop.

Many spouses not only gave up their careers and educational pursuits, they also gave up their own recreational and social activities. Sandra and her husband relocated to another state and settled in a town close to her husband's parents to provide more support for him. The move proved to have negative consequences.

We decided on the area...that puts us in the middle of his parents and his sisters. We've got no contact with anybody.... I don't have friends really.... I would have never moved here, anywhere near his family if I would have known...so we're debating even to move, that's how bad it is.

Many spouses described how the stress of care giving has negatively impacted their health. Darlene shared that *"It's impacting my health.... I just eat on the run.... I feel fluffy. I've got extra rolls and I'm like WHAT [emphasis by the participant] happened? What happened was a whole lot of stress.... I can't get to sleep and turn my mind off, and I eat."* Nancy suffers from migraines, vertigo, and lupus-like symptoms and is concerned. She said, *"Since the women are the glue, if you stop running, if you fall into a depression or anything like that, I believe my household would just 'poof' if I don't keep going."*

Pam articulated the loss of normalcy most simply and her comments are representative of most of the participants: *"I would just love to have a normal life, and then I'm like, what does normal look like?"*

Summary. Army Values⁴⁷ require ‘selfless service’ of those who serve. It is quite possible that, for some spouses, overlooking themselves is a paradoxical part of the process of learning to be a wife of a wounded warrior and believe this is what their new role demands. And, for most of these spouses, they are subscribing to the Army Values vicariously by providing selfless service to the soldier and have, in essence, created their own ‘code of the military spouse of a wounded warrior’.

Theme 2: Negotiating and Resisting a New Normal.

Silenced by the institution(s). Despite how the spouses felt about the Army, after their soldiers returned from combat injured, most of the spouses felt silenced or shut out at some time by the institution(s) when they reached out to the unit chain of command, medical providers, or service providers to be included in the healing process of their soldier. Silenced, in this context, refers to an absence of voice or having no say, not the ability to speak and be understood and not to their individual level of development. The spouses described how they were, despite the wishes of their soldiers, positioned in this location of silenced by those in authority roles in any one of the institution(s). This artificial positioning of silence was prevalent across all the spouses’ experiences and negatively impacted their ability to support their soldier’s healing and ultimately caused a significant shift in their level of commitment to the institution(s) (see Theme 4).

The spouses described specific incidents they perceived as poor or inadequate medical care. Typically, these incidents, from the spouses’ perspectives and, at times, the soldiers’, involved misdiagnosis, no diagnosis, over-medicating, misinformation, lack of

⁴⁷ The Army Values originate in the central beliefs of our American culture. The universal values of loyalty, duty, respect, selfless service, honor, integrity, and personal courage that enable you to see what is right or wrong in any situation and make decisions based on those values. So when you embrace and choose to live Army Values, you are truly endorsing the essence of your primary mission: to protect the United States and its way of life. Retrieved from www.army.mil/values/

information, and failure of the institution(s) to take into consideration the observations and concerns of the spouses. The spouses described their inability to be heard and to participate in or be a part of the soldier's healing process. They believed this lack of inclusion prolonged proper diagnosis and healing in some cases and required intervention, advocacy, and action on their part.

For example, Nancy described her experience, which was a common theme echoed many times over by most of the spouses, of being invisible and having no voice in her husband's unit and her frustration with trying to provide spousal insights to his care providers

Even here, even with the whole wounded warrior thing, I've had bad experiences with even squad leaders...putting their backs right in front of my face, only directed at, when they're asking a question, only to the soldier.... I remember a nurse case manager. She would never talk to me, like face me...never direct her speech...toward me, always toward him yet he was always high on medication.... This goes with the whole invisible, being an invisible wife.... I had to voice it.... I felt they didn't want the wives to be there.... I know I've heard it before, they said that if the Army wanted you to have a wife they would have issued you one. That irritates me big time.... One [squad leader] told my husband, who cares if she leaves with the kids, she's just your wife.... Do I feel invisible? All of us are invisible.... I had to be his voice...his everything and they gave me hell.... Nobody was the voice for me so I pretty much had to fight my own battles.

In a similar situation, Kim described how she too was disregarded by the unit in her efforts to obtain mental health services for her husband:

I knew that he needed help. Other people could see that there was something going on with him, but his chain of command, even with all they could see, they did not want to acknowledge it.... I felt like his unit, I don't think they listened to me. In fact I know they didn't listen to me. They just kind of brushed everything aside.

Steff, as her husband's mental health continued to deteriorate and he tried to commit suicide multiple times, endeavored to get the unit to listen to her. Like most of the spouses, she too was ignored.

We started out like we're supposed to, with the chain of command, following it step-by-step and his unit at the time was very difficult, to say the least... With [my husband] standing right there with me, obviously granting his permission for me to be there, unable to advocate for himself, the unit would still ignore what I was saying and 'No, you, I know that you're his commander, but do you live with him? Have you seen him have a night terror? Have you chased him down when he's lost his marbles momentarily and he thinks he's in Iraq, and he's trying to kill bad guys and there's nobody there? Like, you don't see this. Just No! You have to listen. It's just what you're doing and you're saying 'we don't care about you.' That's the message from the Army, loud and clear.

Other spouses described how they too were excluded or dismissed by the institutions.

Sandra. I told the medical team back then there was something else wrong. It's not just PTSD...and they kind of shrugged it off.... I would just keep pressing, 'Look, I see those things and that's not normal. That's not PTSD. That's not mental health. You need to get the right things done' and they won't listen to you. They really won't listen to you and it's stupid because they just see them for what 30 minutes maybe an hour depending on the session they're in and they don't want any feedback from family.... I think it's really important that they include the family in it because we live with them 24/7 and we see what's going on...

Sheri. I don't think this particular VA is being very supportive. I don't think they listen. He says 'hold on' more than once there.... You know there are certain medications that work for him and others that don't. They can't seem to get that right...and they refuse to listen.... It's hard getting the care they need [husband and son] that I asked for...so it's kind of an uphill battle.

Darlene. I kept saying to everybody, you know, the nurse case manager, his primary care managers, his neurologist, his psychiatrist, hey there's something different. I see it all the time. He's getting lost, he doesn't know where he is, he's forgetting what I said to him the day before, two days before, an hour before.... You know, so I kept trying.... I was successful in pushing the envelope.... I don't expect people to necessarily listen to me. I don't expect them necessarily to not listen to me but I will raise an issue over and over and over again, which is what I did.

Genette. I don't think that people look at the spouses as much. I don't think they see how much the spouses are affected by it as much because.... I always say he has the physical wounds but I went through it too. I got that phone call. He can never experience that part of it. He can't experience certain hurts that I experienced...and so like personally, I don't like the fact of being left out of his treatment.

Nancy. *I had to be his voice, his signature, his everything and they gave me hell.... I was here by myself [trying to process his change of station orders while he was in the hospital at another installation] ...Squad leader didn't help me. Nobody was the voice for me so I pretty much had to fight my own battles.*

Conversely, only a few spouses shared that their voice was heard during their experience though they recognized that their cases were not typical based on their interactions with other spouses.

Kim. *I know that it [being heard] can be an issue. It has been in the past but I don't think it's an issue anymore. I feel people know that, because he's told me most of his therapists and doctors...if anybody knows him, it will be me. So I think that people who are part of his care have come to value my opinion and they want to hear from me, and I appreciate that.... I know that's not the standard because I have spouses who have told me that they couldn't go into the room with their veteran when they're at the VA or even sometimes when they were still on active duty, you know they were not included in the care; they were kept out of the loop. And it's a perspective or a practice that I voiced concern on, you know, just tried to get people to change that practice by letting them know that, you know, spouses are probably the closest caregiver that most of these guys have. You know if they are married you probably should be reaching out to the spouse because he or she is going to know exactly what is going on.*

Negotiating and challenging the institutions. The participants used the term *advocacy* to describe how they challenged and negotiated, sometimes successfully, sometimes not, the bureaucratic systems responsible for the care and recovery of their soldiers and their families. As a common theme across their stories, the spouses relayed in great detail how they learned, over time, to effectively advocate for proper care for their soldier or for their family and described their struggle against the bureaucratic and hierarchical structures of the institutions. Each spouse described the lack of results she obtained by following the prescribed institutional structure or chain of command. After numerous unsuccessful attempts, the spouses learned to be much more proactive by disengaging from the prescribed institutional protocol of following the chain of command

and advocating for medical services for their spouses to more senior members or external agents who could provide assistance and advocate on their behalf. The spouses utilized an array of strategies and tactics in order to obtain the kinds of service and treatment they felt their soldier required. For example, after being dismissed by the chain of command, several women filed Congressional inquiries or Inspector General⁴⁸ Complaints that led to command intervention on their behalf.

Steff. At that point, I started the Congressional inquiries. Initially it didn't help...so once I learned how that worked then I got mad [laughs] and sent a Congressional inquiry form with a letter to every single member of the House and Senate Armed Services Committee. I think the letter probably made people's eyes bleed [laughs]. '...He's given his whole life, his health, everything he had, and he will not be dismissed like this. I don't think so'.... We'll take this as far as we have to go!

MJ. I had to do a lot of digging and pushing to get him care and I was asking about different benefits for us that might be available.... I was fighting to get more intense care because I knew something was wrong.... I made a lot of phone calls...Congressional complaints, anything I could think of to get him care...I think that it's likely that some of the turn-aways I got were related to the fact that I was complaining about their care to begin with.... [After filing congressional inquiries] and when we started with the VA, his psychiatrist suggested that I accompany him to some appointments because...they [finally] wanted to hear the whole story

Kim. I tried to work with his unit and they would not listen.... Eventually I had to file an IG complaint and I emailed [a senior general officer]...who stepped in and said 'okay, we're going to stop this whole process; the unit will move him to the WTU and he will get treatment. I think that if I didn't know my way around the Army, he would have been like many other soldiers who have problems and the chain of command just says 'we're just going to put you out without any benefits...and they have families to think about.

⁴⁸ Inspector General (IG) – Mission to be the eyes, ears, voice, and conscience of the Army across the spectrum of operations. Conduct thorough, objective, and impartial inspections, assessments, and investigations. Advise and assist Army leaders to maintain Army values, readiness, and effectiveness in the promotion of well-being, good order, and discipline.

Several other spouses threatened the unit chain of command or the medical professionals with filing congressional inquiries or external investigations in order to get a response from them or to be included in their soldier's care.

Other spouses advocated on behalf of their families since their soldier was in no condition to do so. For example, Genette fought for an exception to the policy that allowed her family to stay together during her husband's recovery. Army policy for Reserve and Guard soldiers direct that, once the spouse is no longer needed to serve as the soldier's non-medical attendant, the spouse must return to their home station. Genette challenged this policy and after several denials, she won:

I've advocated a lot for our family because he is a Reserve soldier so to get our exception to policy and actually PCS here as a reserve soldier, I had to advocate for that because he couldn't necessarily say anything.... And that took me speaking to the Sergeant Major of the United States Army Reserves...going up as high as the Sergeant Major of the Army...advocating and saying 'this isn't right; this is not right.'

Nancy's husband was traveling back and forth between his assigned installation and his assigned medical treatment facility weekly. Once a week, he made a 780 mile round trip with a PICC inserted into a peripheral vein. She advocated for her husband's commander to reassign him to the installation where he was receiving medical treatment. After several denials, her persistence paid off; her request was approved.

The spouses struggled with negotiating their new normal or resisting the change. Many employed a number of tactics and strategies in an effort to have their voice heard and to secure a role into their soldier's medical treatment and recovery. Their actions ultimately influenced decisions of the institutions to change practices that originally silenced the spouses and, in many situations, facilitated the warrior's recovery, the

ultimate aim of their actions. An overview of their collective advocacy strategies are outlined in Table 5.

Table 5

Overview of Negotiation and Advocacy Strategies

Alias	Negotiation and Advocacy Strategies
Steff	<ul style="list-style-type: none"> o Filed several Congressional inquiries and wrote letters to every member of the House and Senate Armed Services Committee o Advocated with the post commander to review the unit's action in reducing her husband in rank and to move him to the WTU o Still negotiating with VA and Social Security to correct his paperwork indicating he has a spouse/children so he can be compensated properly
MJ	<ul style="list-style-type: none"> o Negotiated to get her husband a consult to Walter Reed Medical Facility o Made a lot of phone calls to get more intense care/evaluated for PTSD and TBI o Filed Congressional complaints and called her Senators' and Representative's offices o Fought for benefits and mental health services for self and children
Kim	<ul style="list-style-type: none"> o Filed an IG complaint o Wrote letter to senior ranking general officer to intercede on her husband's behalf
Genette	<ul style="list-style-type: none"> o Advocated with the doctors for her husband to go to Fort Sam Houston for treatment instead of Walter Reed o Requested exception to policy as a Reserve spouse to stay co-located with her husband while he was recovering o Had to constantly remind the doctors that they needed to focus on all of his injuries, not just the main injury and to moderate his medications
Nancy	<ul style="list-style-type: none"> o Threatened to file an IG complaint o Requested unit commander approve permanent change of station so the family could be co-located at the installation where her husband was receiving long term rehabilitation care
Sheri	<ul style="list-style-type: none"> o Had her husband admitted for treatment after several suicide attempts o Fought with the Veteran's Administration to increase his disability ratings
Valerie	<ul style="list-style-type: none"> o Challenged actions of her husband's Platoon Sergeant. o Went to his case worker on issues of over-medicating o Requested exception to policy as a National Guard spouse to remain co-located with her husband while he was recovering
Sandra	<ul style="list-style-type: none"> o Pressed medical providers to test for PTSD and Traumatic Brain Injury o Challenged the doctors to not over medicate him o On the verge of being financially destitute, went to VA and requested help to file a claim to reevaluate him to increase disability ratings
Pam	<ul style="list-style-type: none"> o Advocated for her husband to be reassigned to the Warrior Transition Unit and to be tested for PTSD and TBI o Called VA, notified them they were being evicted and requested help
Jean	<ul style="list-style-type: none"> o Emailed doctor to relay issues of over medicating / changes in his moods.
Mary	<ul style="list-style-type: none"> o Threatened the unit and VA with a Congressional investigation when VA

	wanted her to pay for services so he could be treated for his combat injuries
Veola	<ul style="list-style-type: none"> o Recommended her husband apply for Warrant Officer School to avoid additional deployments o Advocated with medical providers to reduce over medicating
Melissa	o Filed several complaints on his behalf because the medical providers were not properly documenting his file and filling out paperwork properly
Darlene	o Advocated for Traumatic Brain Injury services, music therapy..

The power of emotions. All of the spouses characterized themselves as “*emotional*” throughout their experience. Emotions ran the gamut from anger to overwhelmed to worry with many in-between. The spouses described how their emotions either served as a driving force for action or paralyzed them to inaction. The most described and thus experienced emotion by the spouses was anger. This intense emotion had to be resolved and propelled them to action.

For example, Sandra vividly recalled how she had been summarily dismissed by the Institution in her request for a TBI screening for her husband: “*And that’s when I really got ‘mad’ because they wouldn’t even take the information into consideration. He even said they can talk to me...and they were still refusing to...and it made me really mad, it really did.*” Her anger led her to push harder for a diagnosis of TBI that eventually was approved several years later. Sandra said, “*I will [now] call anybody and everybody until I get the answer I need.*” Kim described how her anger at being continually “*brushed off*” by her husband’s unit led her to, as mentioned above, eventually circumvent his unit’s chain of command and file an Inspector General complaint to prevent the unit from discharging her husband from the Army. She said

I knew he needed help.... His chain of command, even with all they could see, they did not want to acknowledge it and....started a med board....saying we’re just going to chapter you out because you can’t function. And that’s when I said NO! That’s not going to happen. You know he has other issues and what he needs is help...not to be chaptered out. The most emotion that I felt at that time was anger.

I was angry with the Army for not doing right by him.... I was so...confused about things.... I never expected to be, you know, someone who had all these issues. Steff described her frustration throughout this experience of not being listened to and finally reached her limit and said “*Just ‘No! You have to listen.’ And that was the frustration and not being able to get things done.*” Eventually, she said she “*also got mad*” and her anger moved her to take action. “*So once I learned how that worked then I got mad and sent a Congressional inquiry form with a letter....that probably made people’s eyes bleed.*”

Several spouses let the anger overtake them before learning to manage their emotions. For example, MJ, who labeled herself “*the angry wife*” said,

It makes me feel kind of angry and bitter or resentful, not towards him...but that dealing with some of that and learning to accept things and deal with any realities hasn’t been something that I’ve always coped well with. I feel kind of disappointed in the various systems, the ones that have tried to minimize or not be there to help the family.

Similarly Darlene described the anger she experienced. “*I went through a really hard period where I just flipped out. I was angry.... I looked at him. He looks normal and I expected him to be back to normal and he wasn’t.... It was scary...like grief...first denial...then there’s the anger.*” Her anger compelled her to continue pushing and become as she put it “*the squeaky wheel*” until his care providers were better coordinated and showed more “*sensitivity to his particular injury.... I was bound and determined to get the best help for my husband as I could.*”

Others spouses spoke of feeling frustrated, vulnerable, afraid, depressed, overwhelmed, sad, and more as they described their experiences. Valerie described her frustration when she said “*I would get frustrated and I hold back so much now that he’s injured because they can act like jerks.... It’s like they don’t have a filter anymore...and*

they lash out at their family...you have to bring in those reins” so they calm down. Jean, for example, said, “At first, [his behavior] would frustrate me; it was out of my control but I think I’ve become more accustomed to it; it’s just the norm, kind of like all one more change, we can do that.” Steff shared her emotional experience: “I got...really depressed and really combative probably for a long time. And then once you kind of realize you’re getting toxic for yourself, uhm, I went and got my own counselor.” Pam admitted that her experience was “overwhelming at times” and that she “cried a lot because it was sad but we’ve learned to overcome and adapt.”

Most spouses described a multitude of emotions throughout their experience:

Mary. I was sad, crying, uhm hysterical just to name a few and calm at the same time even though I was upset. I was hurt myself because I was like ‘oh my gosh, what to do?’ I was more worried for him...worried because he was worried about ...his injuries so I just worried about how he was going to cope with it truthfully.... I just wanted to be there for him and so, that’s what I did.

Melissa. Being nervous because of...the many unknowns.... I was nuts.... I also worried about him and just the way he thinks...because he did have his moments where he was suicidal.... I was angry; I was frustrated.... I was doing everything...and little thing were slipping.

Several spouses learned that anger was not the appropriate emotion to elicit the kind of action they were seeking. Genette, for example, was able to obtain an exception to policy for her family to transfer to the location of the medical facility. She said, “*Had I gone in angry and aggravated and you know, yelling and screaming, I don’t think people would have listened to me.*” Pam shared her strategy to requesting services for her husband:

I try to go in there, you know, not with my guns blazing but with my knowledge and say, okay, this is where we are at. Typically they listen when I talk because I kind of put it out there where I don’t want to give them much of a choice to brush me off.

Jean, who filed several complaints while advocating for her husband, learned that anger was simply a medium that moved her to action but ‘getting angry’ and letting the anger take over was not the solution. For her, it was all about the right approach: *“I was angry; I was frustrated...but I wasn’t complaining about every little thing.... I would question it.... I would research it.... I think in retrospect, if I would have complained about every little thing, I probably wouldn’t have gotten anywhere.”*

While anger was the most described emotion, there were several spouses, despite their challenges would not let anger rule them.

Valerie. I don’t want to be angry.... I’d rather be happy running around cracking jokes.... If you changed to the point where you’re angry at the world because of the situation, it’s not going to make things better so there’s no point to retreating, or going that way.... There’s no...point in...pity parties and the negative thoughts and you know what, yeah, it breaks you down, mentally, physically, you’re worn out but...I’m grateful you know, he’s here, I can still hear him laugh...and he still makes me laugh....I’m happy that he’s trying his best to make sure that I’m ok because with his injury, he’s like ‘I want to make sure that you’re fine.’

Jean. I always turn to look at the positive, that’s one thing that I’ve always been. I’m very optimistic, like even when it’s the worst thing. I always have to look at the positive about it because there’s always something positive to everything.

Every spouse expressed being overwhelmed at some time during her experience. Ultimately, the words ‘*anger*’ or ‘*angry*’ were used 103 times to describe their feelings throughout the experience, contrasting the word ‘*love*’ which was used only 32 times to describe feelings for a spouse, child, or the Army throughout the interviews. Nonetheless, all emotions provided an immediate sense of what the spouse was experiencing at any given time throughout their experience. Figure 3 depicts the multitude of emotions experienced by the spouses.

Kim. *I was really uneducated about...repressed memories...so I educated myself enough to know how to address things and ...hopefully I'll continue to educate myself as new information comes out...and hope it's something that can help him and help our family. I'm especially confident in the knowledge that I've gained. I feel more competent, more like I can forget what's going to happen and how it will unfold because it can be kind of like a cycle.*

MJ. *I'm not a medical provider but I spend 24 hours a day with him so if I tell you seeing something, I'm seeing it. I may not know what IT is or be able to diagnose IT or treat IT but if I'm telling you this is what he's doing, then this is what he's doing....I knew nothing about any of the medical conditions he now has. Absolutely nothing. I had to do a lot of research on my own.... I had to learn how to find my own information and disseminate that information and find my own strategies for dealing with a spouse that had TBI and PTSD, or sleep apnea, and do a lot of research on what I could do to make things better for all of us. I had to find my own strategies, I had to learn to track absolutely everything whether it be interactions with the VA, or with the Army....I organized boxes and boxes.*

Though she was confident in her ability to learn new information because that was something she had done her entire life, MJ shared that what she was learning felt very much out of her element. *"It felt more desperate. It didn't feel like I was reading something and going, 'Oh, okay, that makes sense.' It felt like I was desperately grasping at straws....so yeah, it was very desperate."* Most of the spouses, like MJ, maximized the Internet to learn about post-traumatic stress disorder. In doing so, many of the spouses also found others experiencing similar situations that they could learn from.

Pam. *I've got awesome research skills so I had questions and stuff and I researched it. I've been here two years.... I would say for at least six months I stalked the Family of a Vet blogs and web pages. I'd read things and I would be like, 'oh, this makes so much sense. Oh my gosh, somebody else is living this same hell that I'm living and I mean I learned everything I could.... When it comes to a new hurdle, I need to investigate it first and because I am really compulsive about making sure I know what I'm getting into, I research everything...I wasn't just going to take their word on because it's the VA [laughs]and they're not always right!*

Veola. *I go to WebMD.... I definitely read all.... There's so much research and so much study on PTSD and the symptoms. For example, like insomnia. I didn't know insomnia was...linked to PTSD. I was just thinking he was not sleeping for whatever reason. So, I do my own research...reading of course. I use the Army Community Services pamphlets and brochures and military family life*

consultants. I've called them a couple of times...to ask questions and make sure I wasn't crazy.

Valerie. I'm a computer junky. I'll search and surf the web...And while we've been together for a really long time...I'm still kinda learning the ropes and I've never met so many military spouses ever so they are teaching me. I'm learning from what they're telling me. Like you said, I am assertive, I learn, I like to learn and find out what's going but still it's so very fresh and new and it's not, it's hard to put into words, you know. It's only been a year.

Nancy shared her value of learning. *"Obviously there's always more room to learn more. Every day you learn something new and I always welcome that...so it's kind of our responsibility to know...you have to educate yourself."*

Melissa tried working work to remain physically fit during her experience. She eventually recognized she needed to find other outlets for coping. She found learning new information helped.

I found out...I needed another outlet.... For me it's like learning about it...learning about what's going on with him. That helped...me calm down a little....His therapist invited me a few time to therapy sessions and the counselor recommended books...that were really good. I also just talked with other spouses at the Warrior Transition Unit...Learning from other people's experiences [helped].

Summary. In becoming spouses of wounded warriors, the women felt they could no longer abide being passive outsiders and suppressed by those institutional constraints. As a response to their "new normal," most found themselves resisting the change, negotiating or "pushing back" on authority and negotiating and advocating for their wounded soldier and their rights as a family rather than conforming when those rights were incongruent with the formal constraints that governed the institutions. Through the process of negotiation and resistance, they learned what actions and strategies worked best for them, discarded actions that did not obtain the results they were looking for, and,

over time, exercised their voice in ways that could be heard in the institution of the Army that had historically marginalized them.

Theme 3: Transformative Resources.

Supportive others. Although the spouses characterized their experiences with words such as *isolation* and *being alone in their experience*, most of them spoke of supportive others such as family members, significant friends, co-workers, medical professionals, and even strangers who were invaluable in helping them to cope with or adjust to the transformation they were experiencing or relinquish practices and strategies that were not effective in producing the outcomes they were seeking, and accepting new knowledge. Several spouses, however, described how their isolation continued with family and friends and perceived ultimately, that was the best way for them to survive.

For the majority of the spouses, their mother was, without rival, depicted as the first person they needed to provide for support, advice and guidance, and, for some, a little tough love to help them cope with their experience. Valerie shared how she reached out to “*my mom*” when she needed to talk or resolve an issue: “*I’ve always had that open communication with her on everything in life...I can talk to, you know, the military spouses, but first and foremost I’ll ask my mom.*” Like most of the other spouses, Veola called her mother when she needed to talk to someone: “*I tell my mom about it but she really didn’t have a true understanding of it herself.*” Melissa relied very heavily on her mother as well: “*My mother helped a lot too. She has a very positive attitude...and I see myself now doing it with my husband sometimes where...there are certain things you just have no control over but you do have control over your emotions...*”

Living in close proximity of family worked for several of the spouses but for others it did not. Sheri shared that she was fortunate to live near her home town. Because of this, she received tremendous support from her family, especially her mother: *“My family all live within five minutes of me...and I’m guaranteed to talk to... or see at least one of them every day [laughs].... That’s probably the biggest support that I have. Other than that, I have pretty much nothing.”* And though Sheri was supported by her family through her experience, it limited in regards to her soldier’s PTSD. Sheri confessed her family *“knows he has PTSD but they don’t know what it is; they don’t understand it; they don’t know how bad he has it.... They’ve been here and seen that he’s not his normal self but...don’t really understand what’s going on.”*

Most of the spouses not only relied on their parents but other family members, close friends, and coworkers who could relate to her experience.

Nancy. My sister... calms me down and she has some of the right answers but even if she doesn’t have the answers, she’ll just try to make me feel at ease.... [Also] fellow wives. I’ve met some great ladies here; not all of them...but the wives, the ones that you click with...they understand.”

Jean. I rely on ...my mom and dad... my sisters [one who is also married to a wounded warrior] and, and co-workers. I have a friend whose husband was in the process of getting out [of the Army] too, so I’ve relied on her quite a bit. Plus I feel like my friends are kind of in the same role as I am so it’s good to have a different perspective from someone else in that same role. Dealing with the physical side of his injuries is almost easier than dealing with the mental side of his injuries. I think the mental side of it has caused so many more problems than the actual physical side of it.

Melissa. My friends, they’re probably...the biggest ones [to help me cope]. When I just want to scream and say those things you’re not supposed to say to a loved one, you can say it to a friend, and they just totally understand what you’re saying.... If I ever said that to my husband he would be devastated. I remember once complaining [to a friend] about something after he came back, and I don’t know if it’s typical for all soldiers but ...all of a sudden, I called it like addicted to the internet and watching porn. I was just like flabbergasted. I had no idea what was going on and I was just ... talking to my friends. I found out they pretty much

went through the exact same thing, you know.... Unfortunately, they were like, yeah, I guess that's normal behavior for [some of] them when they come back, you know.... I'm finding out things are like normal, I guess as sad as it sounds.

Although all the spouses described the importance of having supportive others to talk to, a few shared they did not receive support from their families. Instead, they described conflicting relationships with family and how they had to turn away from family to find support.

Genette. Unfortunately my family didn't take this well. We didn't speak to his family prior to this so I don't have support there or the relations there. I mean the relationship that is our family, I mean me, him, and our daughters, that's key.... I did form that bubble around us because you end up with so many people asking 'What happened? What's going on?' and you're just focused.... I would also say that key relationships, are those that you form here with other soldiers or other people that are here to assist you such as your case manager.

Julie. I really don't talk to my parents.... I can't have a conversation with my mom because she doesn't understand but I can have a conversation with, you know, my best friend because she was there. My mom guilt trips me every time I talk to her into moving back home, and the same with his parents...but neither one of us really want to move back because there's nothing there.... I would not call anybody back home for anything down here because none of my friends are in the military lifestyle. They have no idea...I mostly relate to people down here...who are usually other caregivers.

Sandra relied on her father in Germany “*as an outlet*” but also described the lack of support from his family living nearby. She said:

So, we decided on this area...because it puts us in the middle of his parents and his sisters...but we've got no contact with anybody. Nothing. I mean his parents call every once in a while but he had a falling out with his sister, so she is completely gone.... I can't think of more stress...they're still stressing us out and it makes our life worse.

Steff described losing most of her friends when she became involved with her husband and how her family is not involved in her life as a result of her marriage.

When we met, most of my friends that I hung out with were also single moms. And when I got into the relationship, I couldn't go out anymore.... He became my full-time job so we just...drifted apart. For a long, long time, there really weren't any others...not while he was in the Army...there was nothing else. The time before he

retired...it was really just me and him against the world kind of thing...My family is very distant at best.... My mother liked him but she didn't approve of the situation just because he had so many problems. She thought, 'Why in the middle of your graduate degree, your kids are in high school, why are you gonna do this?' Her fall back was always 'I don't understand, your father went to Vietnam more than once and he was fine' ...so we just don't talk about that at all.

Several spouses, without a network of personal friends or family members, found solace and support by reaching out to strangers via online communities of volunteers who provided advice and counseling to spouses of combat veterans, particularly those suffering from mental health issues. Each one has joined a community dialogue and now provides healing conversations to others based on the lessons learned.

Sandra. [Through my online community] I have learned to depend on strangers. Strangers are more important to me right now than people who should be important. I mean I'm not talking about my husband or my son, I talking about other family members and friends who I counted on to be there and are not there anymore. You learn to lean on them to understand and to get advice from them if something doesn't work.

Pam. It's really important [to have someone to talk to] and I think it helps me to cope with it. One of the things that I've learned recently...through [her online community], is how I'm sharing my experiences with another young wife. I have given them the hope that they are not all alone in this struggle.... You know where they are, where they need to get to and so that's kind of the way I've been looking at it is that by being able to share these things with others, I can help someone else go through this, and maybe their life won't be as lonely as mine was in the beginning

Darlene. Find a really good friend to talk to. You need someone you can trust who will listen to you. And if you don't have someone like that in your life, and you're worried about talking to someone on base...look off base...just keep searching for someone to talk to. It's so helpful to finally be able to unload."

Social dialogue and healing conversations. Although the spouses believed it was important to have someone who cared to talk to, family, friend or stranger, on a deeper, more personal learning level, the spouses shared the need to dialogue with someone who understood their issues, their challenges, their state of mind, and who could

offer constructive and healing feedback based on a common set of experiences or professional medical experience.

When Mary really needed to reach out to talk about what she was experiencing, she said: *“You need to have somebody who understands what you’re going through so I speak to my friend...who’s like my real sister.... We talk about a lot of things. She was deployed all the time.... I kept her kids...we talk about everything.”* While Valerie is close to her family and has met a number of spouses while her husband has been in rehabilitation, she has connected with one special couple that has gone through a similar experience.

We have a couple here that we talk with. He was injured four or five years ago so he’s someone who is not freshly injured so he understands everything that he [her husband] is going through. And his wife was there so she understands.... It’s just, you know, having to find people that will, you know, mesh well with us.... That’s one way that we cope because we are very social and that’s what we do back home.

Several spouses were too embarrassed to initially share their struggles of being married to a soldier suffering from a combat related mental health disorder because of the negative social stigma attached to PTSD. They described their personal challenge of opening up. Others spouses had lived their lives *“keeping it all to themselves”* because they felt they should have been able to cope with this experience without complaint. For example, even though Nancy shared that she has met a lot of great spouses and shared her experience with them but she is also quick to say *“I ride solo”* preferring not to involve too many outsiders. Kim, another such spouse, found her experience of opening up and admitting the truth to others liberating and described how it freed her to grow.

I used to think that it was embarrassing to say that I had to do this or that for my spouse, but I don’t feel that way anymore because I realize that...that’s part of the stigma is to be embarrassed about something that you know you can’t control or a

behavior health condition that you know is real. I think...just learning to talk about things...because in the beginning I really didn't want to talk about most of the things that were going on with him and I didn't want to address it with...my kids, his parents or my parents because I didn't want them to have to worry about him. I think now I'm able to really talk about what's going on with him...and how he's really doing, and just be honest with people.

Many of the spouses shared their experience of reaching out to trained professionals such as chaplains, therapists, and counselors for dialogue, advice and support for themselves and their family members.

Julie. We both have talked to the chaplain. We both have sought marriage counseling too, to try and help and because that was part of the problem. His PTSD would get to the point where I was like 'I don't want to do this anymore' so we sought pretty much everything that we could.... I go to women's group [weekly] at our apartment complex...where you talk about your spouse, so it's kind of nice [laughs]. There's another couple. He's a Reservist so it's kind of nice to not have to speak to active duty all of the time because active duty is different from National Guard.

MJ. During that five-year period, when he was deployed and then in subsequent years, everybody was in counseling.... We used military-provided therapists in our area; the court mandated therapy, and then we used VA.... I still work with his psychologist and I'm working with a social worker at the VA through the caregiver program...for therapy...but I haven't been as good at following through.... Today we [cope] through therapy.

Sandra. When my husband got home, my son went through counseling. He just had a very tough time adjusting.... As a mother you can tell him and explain it to him over and over, and it takes somebody else doing it. The counseling has been helpful but he's still different from other kids and his perspective is that they don't understand and he acts different, you know.

Counseling was a big part of Darlene's coping strategies. She and her husband go to marriage counseling which she says has "*helped put things in perspective like issues that are really specific to the situation and those that are not.*"

Because Steff was met with so much resistance to "*other than drug therapy,*" she recognized the need to protect her own mental health and well-being. It was important for

her to have someone to talk to, to learn from, and to share with. Since the doctors would not listen her, she said,

I got mad, and really depressed and really combative probably [laughs] for a long time. And then once you kind of your realize you're getting toxic for yourself, uhm I went and got my own counselor. I still go with him to his weekly counseling and weekly psychiatry appointments, but I got my own counselors so I can say anything I want to you know without the fear of him taking it wrong

You know if I go into my counselor, 'that man is just wearing me out, you know I need him to take a break'. If I said that to him, in his counseling session, he would take it all kinds, just, internalize it and feel guilty and go 'I'm a terrible husband'. No, he can't help it. I need to say those things to somebody else.

Steff and her husband go to weekly counseling together and have been with the same counselor since 2008. She lamented “*You just have to have a sounding board.... I don't know what I'll do when he retires.*”

Spirituality and internal strength. The spouses described support from a “higher power” as the most significant resource that helped them endure this experience. It was not religion *per se*, but their faith in God is what many believed propelled them moving forward and hoping for a more positive future than present. Many of the spouses described having a sense of a spiritual or God-like force operating within their lives, providing them spirituality and internal strength to cope with their experience. Several spouses joined the church and spoke about the power of prayer and hope as they looked toward a more positive and peaceful future. For example:

Nancy. I thank Jacinto⁴⁹ for my strength because... that's my loved one there [her husband].... I pray that he would do the same thing for me.

Genette. God has a plan.... It happened for a reason. We may not know the reason now, but it happened for a reason.... It's a crappy situation', it really is.

⁴⁹ *Jacinto* is a Spanish and Portuguese name meaning Hyacinth, which refers to Saint Hyacinth, a Roman martyr and used here to apply to a higher power.

But it is also a blessing. You know you take away lessons when we look back.... He's missing a leg; he's a little different but he's alive and there are tons of blessings

Mary. I thank God that he spared him and kept him here to be with us... it could have been a lot worse...I've seen, you know, the people who...lost limbs and everything...and don't have an option...so I'm very thankful and grateful...Pray; just pray...be strong, pray and think about the good instead of the bad.

Veola. I pray and I think [this experience] makes me all humble because before, you know, you just go, go, go and like I said in working with injured soldiers, and then living with one, just... changes your whole point of everything. When stuff [like this] happens to you, you do rethink a lot of stuff. You rethink your life.

Pam, in rethinking her life, joined the local church for solace and support: “I started going to church and the church helped me a lot...it gave me a piece of mind that I really needed.”

Others spoke of an internal strength that supported them through this experience.

Kim shared her amazement at her inner strength that emerged as a result of her experience:

I look back and wonder how I did all the things that I did and I think, basically, it was sink or swim...I didn't have time to...fall apart. I had my moments where I had to go in the bathroom and close the door and cry, and come out and look as if nothing is going on...while I was worried about him being institutionalized and it was just me and the child, kind of juggling so many things and it definitely made me feel vulnerable at time....I really just try to count my blessings, you know, just try not to focus on the bad. I keep hoping tomorrow's going to be different and have that optimism...I am optimistic things will get better.

In addition, Valerie said, “I've always had faith. I mean I've always been very spiritual in my own right.... My values are still the same.... A lot of people will be like, ‘well, why would God do this to me’...but I'm not going to question him.” Nancy summed it up in two simple words – “*hope and faith*”:

I guess those two words are actually our friend here, you know, hope and faith...that's all we have right here. If you have hope, you have faith...If you have faith, you have hope...so you have to believe in yourself and if you just don't

believe in yourself, um, I don't see, you know, them having any future...I have faith; I've been through the worse.

Conversely, Julie, while she has faith, shared her annoyance with the issue of church when her husband tried to force her into going.

My husband got around another soldier who was really active in church, and then all of a sudden he wanted to go and he wanted to bring me and I didn't go. My views on church are I just – I don't go. I have my own reasons, not saying that I don't read the Bible, because I do. I go to Bible study. I just don't go to church.... He kept saying that he doesn't want to be married to somebody that doesn't go to church with him... and so I told him to find somebody that would go with him cause I'm not gonna be in a marriage where I'm gonna be forced to do something I don't want to do.

Coping strategies. Learning to cope throughout the experience was a prevalent emergent theme. The effectiveness of their coping efforts depended on the type of stress and/or conflict, the particular individual, and the circumstances. In addition to reaching out to family, friends, and others for support during their experiences as described above, the spouses shared a variety of other coping strategies.

Darlene said she also coped by finding time to go to a once a week one-hour writing session and mind-body therapy. Of the mind-body sessions she said, *“There are cooling techniques that you can do with your breathing to help calm you...so I had these breathing techniques I would do and I was like feeling like I was a volcano about to burst, and it really helped.”*

Julie goes *“on trips with the Support Center...to get away from everything.* In addition, as a way of coping, Julie was committed to her role as volunteer in helping soldiers and families, although she had never volunteered before. As a result of her husband's situation and her new perspective on life, volunteering has become an important part of what she does every week to help soldiers and their families relieve

stress. Volunteering has also helped Julie to want to be a better person: *“I wouldn’t volunteer ‘cause I’m not a people person at all. I get agitated very easily with people...and can come off as very rude. I try not to be...but volunteering, it’s helped me not to be as rude.”* This situation has also helped her grow as a spouse: *“I’m a nicer wife now too. I used to be really angry with my husband and then I finally got over it. So I’m not as mean, I guess.”*

Nancy said, *“she finds ways to cope with the stress on her own terms like enjoying a nice glass of red wine [laughs]”*.

Pam had an interesting way of coping with the deployment:

While he was deployed, I begged my doctor to put me on something that could help me cope. And the doctor put me on some Zoloft, and I cleaned. My kids, they got dirty and their clothes were washed before they even hit the floor, they were in the washer. That summer he was gone, I had all my nieces and nephews that were able to be away from their parents, spend the entire summer at my house. We called it Aunt Pam’s camp [laughs]. They all had chores. If they argued and misbehaved they didn’t get a gold star for the day. If they got a gold star for the week, they got a prize [laughs].

Uhm, I did everything in my power to keep busy...I coped by studying genealogy. Let’s see, I made jewelry and cleaned the house of course. I had friends, I mean I finally made some friends in the community we lived in, so that was good and I did have my mom stay with me the whole year [he was deployed].

Veola’s preferred coping strategy was simple: *“shopping and Starbucks.”* She also continued to work outside the home which served as a distraction for her:

I’ve always worked so you know I’m always working or engaged in something and I have the baby so yes, whenever things got crazy at the house, or we are arguing, or he’s just in one of those moods, I would just go to Walmart or get me some coffee and I’m great.

In addition, Veola attended reintegration classes conducted by the unit to slowly reintegrate the soldier into the family when they return from deployment.

Acceptance was a copy strategy mentioned by several spouses. Kim said, “*he may not be the person that I married, he may not be that person ever again and just, you know, come to accept that...it’s a different way of coping.*” Melissa shared, “*it was just something that I had to accept and just get over it I guess.*” MJ said, “*learning to accept things and deal with realities*” has helped her cope with her experience.

Learning, previously described in theme 2, was a key coping strategy for all the spouses. For example, Sheri shared how learning helped her cope after her husband’s first suicide attempt:

All in all we were just under a lot of pressure. There’s a lot more stress. It was overwhelming. One thing that helped me cope was when he went to inpatient therapy the first time [he tried to commit suicide]. They had a family day thing and I went. Just me. I went by myself because I wasn’t sure what it was and if I should bring the kids or not. They did a really good job explaining what PTSD was, how it would affect him, and how it would affect me, and how it was going to affect the kids and the biggest thing I think I learned out of that ...was the way he was...acting had nothing to do with me and it’s not my fault he has PTSD.

I was just walking into it and I did everything that I thought I had done right and it seemed it was all wrong.... Going through therapy that day helped me to understand that there are other people out there and everybody’s facing the same thing. And it wasn’t just me and once I got that through...my head, things became a lot easier for me. And I started to understand a little bit more but it took me going there to hear...the doctor to say that, for me to understand it a little bit more.

Veola also described how learning and teaching herself about PTSD served as a key coping strategy:

I go to WebMD... I definitely read all.... There’s so much research and so much study on PTSD and the symptoms. For example, like insomnia. I didn’t know insomnia was...linked to PTSD. I was just thinking he was not sleeping for whatever reason. So, I do my own research...reading of course. I use the Army Community Services pamphlets and brochures and military family life consultants. I’ve called them a couple of times...to ask questions and make sure I wasn’t crazy.

Not all of their coping strategies were positive or effective. Several spouses spoke of engaging in negative non-effective coping strategies. For example, MJ described moving from non-effective coping strategies to a more positive strategy:

I was barely coping by the seat of my pants.... I had to do a lot of digging and pushing to get him care...because I knew that something was wrong and I couldn't be there and I had two teenagers and I had a suicidal husband who was 10 hours away, let's fill him full of narcotics and all sorts of unpleasant thoughts, I made a lot of phone calls.... I did some complaints, anything I could think of to get him care until I think that it's likely that some of the turn-aways I got were related to the fact that I was complaining about their care to begin with....

Eventually...I Googled about PTSD and I would tell them [medical providers] 'I don't know what to do about this'...basically just writing anything that I saw that was odd or uncharacteristic and just continually telling them this is a man who never used his sick days.... [Based on what I've learned now I know] this is not something that we can just fix and it's coping skills and strategies and learning new ways to live.... Learning to accept things and deal with new realities.

Julie also used a negative strategy for coping. She said, *"I don't really cope. I think I just avoid it. Every time he tries to talk to me about something that's happened, I pretty much shut down and say 'I don't want to talk about it right now.'"*

Sandra's comment was representative of many of the comments described by the spouses: *"I cope by simply putting one foot in front of the other."* Although the spouses described a multiplicity of coping strategies, Figure 4 depicts the ten individual coping strategies described as most prevalent across the spouses collectively:



Figure 4. Top ten coping strategies

Summary. The spouses’ description of their supportive resources suggests they learned through relationships, through nurturing, and through connecting with others. The concept of social discourse and sharing their feelings and struggles, whether with family members, other spouses with similar experiences, friends or strangers, online community advocates, or a network of professional counselors and therapists, was found to be a necessary part of their transformative experience. Emotions were key, and, while most of the spouses experienced the same emotions, managing those emotions was an entirely individual experience.

Theme 4: Revised Commitment to Roles and Relationships

Reframed commitment soldier. According to the spouses, after their soldier was injured, the women experienced a significant change to the quality of their relationship.

They spoke of a loss of intellectual intimacy as well as a loss of sexual intimacy and expressed sorrow that their lives and the lives of their soldiers and families have been forever changed as highlighted in Theme 1. They expressed a perceived loss of self and their former relationship. Despite these losses, the spouses remained committed to their soldier, now a wounded warrior. Several spouses described a change in the structure of the relationship with their wounded warrior, feeling more like a care provider than wife much of which was highlighted in Theme 1. Take Sandra for instance. She had been married for 15 years, and, for nine of those years, her husband had suffered from severe PTSD, traumatic brain injury and an uncontrollable seizure disorder. She described her revised commitment to her warrior:

The caregiver really overpowers the wife thing because we don't have that one--one too much anymore....It all changes.... It's not like it used to be....It's like losing your husband....The man I have now is not the man I married....I still love him, it's just different...it's not the same.

MJ had been married for eighteen years. Her soldier suffers from PTSD, TBI, hearing loss and is legally blind as a result of his injuries. She described her revised relationship:

Our relationship has changed.... It's more like a mother-child relationship because I'm giving him his medication or waking him up, or driving him around. This is no longer an equal partnership. Intimacy is gone.... Where we used to be partners, we used to talk a lot, we used to share a lot and now we might be in the same room together most of the day, not interact on the same level and yet I find it interesting that when we sit down with his therapist and she asks about our relationship, he will say 'Oh yea, we have a really good relationship; we spend a lot of time together' but it might not be time where I can get him to interact with me. So his perception is different than mine.

Kim described her changed relationship: “*I don't feel like we're partners but more of you know kind of a care giving relationship....Our relationship today is one of trust.*”

Veola described her changed relationship: “*I don't feel like his mother but I feel like,*

sometimes, I feel like I have a 40 year old and a 7 year old.” Darlene shared her changed relationship:

I look at him. He looks back to normal and I expected him back to normal, and he wasn't. So that dawning took probably a couple of months that he was not going to be who he was...there are lots of ways to lose your husband.... It's looking like I'm now, not only a permanent single parent but gained another child, and lost my husband.

The spouses also described their revised commitment and dedication to their wounded warrior whether driven by love or cultural expectations:

Mary. Just me personally, I thank God that he spared him and kept him here to be with us, and that it could have been a lot, it could have been a lot worse because...I'm fine with the cards I was dealt, let me say that. I saw a lot of families break up over soldiers who...were getting treatment for their injuries. I saw a lot of other people say they couldn't deal with it and abandon these soldiers and that just made me want to be with mine even more because he was going through something that he didn't understand, truly I didn't understand but I mean, I stayed. I'm staying with him. I'm in it for the long haul!

Valerie. If they're going to let it, you know, ruin their relationship with their husband, men that they devoted and they swore they would be with 'til death do us part,' you know its legally binding...it's not like you and me, 'Wedding, oh you know what, this isn't going to work.' No, you signed up for this, you loved him, maybe you're going to love him in a different way now, maybe there's a different kind of love that's going to bloom and maybe he's no longer, you're not going to see him as a lover, I don't know...don't ever let it blind you and don't let the situation keep you from caring for your husband or your family.

Pam. It's not glamorous. There's nothing glamorous and exciting about PTSD and TBI. When you're arguing with your veteran because he can't remember if he took his pills or not or like yesterday when he took his night time pills in the morning.

Darlene. My marriage vows mean something and I'm not a quitter. My marriage, I'm not going to quit. My commitment to my family, to have an intact family...I'm not going to give up on myself and how I can grow. I'm not going to give up on my husband and how he can grow and you know, I'm not going to give up on the military.

Jean. It's for better or worse....Like it wasn't really an option. You just have to do it. Either you do it or it's not going to, you know, because you see all of these people like if they do it you know it works and if they don't that's when you see the divorces and the separations and things like that so...when it comes down to it

you have to be that support person [pause] because if you're not who's going to do it in the relationship?

More simply put, Melissa expressed the unspoken commitment implied by the spouses based on what they did not say: *"Divorce is not an option."*

Revised commitment to the institution(s). As highlighted in Theme 1, prior to becoming the spouse of a wounded warrior, when speaking of their relationship with the Army, the Institution, most were proud to be an Army spouse and respected the institution(s). In becoming the spouse of a wounded warrior, for most of the participants, their relationship with the institution(s) was revised and the spouses viewed the institution(s) in a very different, most often, negative light. Most of the spouses described a loss of trust in the institutions, how the institution(s) failed their soldiers and many other wounded warriors, and how the lack of support negatively impacted their commitment to those institution(s).

Kim. I'm angry with the Army for not doing right by him." She went on to say "It wasn't encouraged [by the Army] to deal with [mental health issues]...that's not the way the military is. The culture is not to ...dwell on things that happen to you; you need to just keep pushing and moving on.

Jean. I think when soldiers come back they just kind of like, they're back, back to normal. But I don't really think...that they get the information [from the Army] on how to get used to being back in that role of being a husband or a father or a brother. I don't think they really give them the time and the support for it. I mean you get support from your family but I don't think...the support is there, I probably shouldn't say that, but I don't think the support is really there from the Army. A counselor is like 'Oh, you're fine, here's some medication, you're good to go, I'll see you in a month', but I don't think that the network is really there, it hasn't been developed yet, but I guess you can see, look at the suicide rate. Unfortunately I think it's a problem that's here and I think we haven't even scratched, like the edge of it. I think it's only going to get worse, within the next couple years.

Genette. I think the situation I'm going through with VA now, yeah they're treating these guys for everything and they're giving these guys mental help.... And now they're starting to open it up maybe to the families but it's like you need

to open that up to the families because you can just – and I think that was hardest with me because they wanted me to go home and leave him here because, you know, we are that Reserve family.

MJ. Uhm [sigh] I feel...disappointed in the various systems, the ones that have now tried to minimize or not be there to help the family.... They haven't recognized the full impact on family. But that's changed a lot in the last year or two.... At least they're trying. I don't think that they are there yet.... They need to understand the family's role, they need to understand that the family is unique. They need to...be sure they aren't being belittling or dismissive.... One thing that I've often said is 'you live with him every single day; 30 minutes of an office visit is not enough of a picture for the provider to know what we're dealing with and there have been many, many times that we've been dismissed or blown off because they didn't see any of that in the office visit.

Sheri. I will support 100% of everyone that's there [deployed soldiers]...of all of our soldiers....I support the Army. I support all the military. It's just, you know it bothers me....They [the Army] trained you to kill and then they...don't tell you how, you know, the after-effects of the killing...how it's going to affect you after you've done that. And then...it happens and [the Army] just throws you away, you're no good for them anymore.

Valerie. There's so many veterans that fall through the cracks that people don't realize how many of them and why you see so many of them on the streets is because once they're out of the military, they're no longer a number in the system, they're exactly like you and I, struggling day to day, trying to get healthcare.... Someone could wait years to see a specialist....Veterans are dying from that because they're not getting that care.

Melissa, in the minority, had a different commitment to the institution(s) than the rest of the spouses. As a federal employee working for the Army, she expressed a desire to “*move up the federal service chain...the government's given so much, the Army has give me so much.... I feel I'm doing my best when I'm helping the organization to help me and others.*”

Finding voice, validating self and enacting a sense of agency. Most of the spouses spoke of finding their voice in an asymmetrical relationship with various elements of the institution(s) they were dealing with and learning how to effectively advocate on their behalf and on behalf of their soldier and their families. Agency, as it

relates to the participants in this study, provides them a sense of belonging as they were eventually successful at being included in the care of their soldier; it gave them a sense of direction since they were able to divest those processes and strategies that had failed them in the past; and it gave them a sense of purpose in that most were able to see beyond themselves and their soldier and looked toward a greater purpose of helping others as a result of their experience of becoming a spouse of a wounded warrior. Genette found her voice and sense of agency as she fought the institution(s) on behalf of her family. She advocated for an exception to Army policy that allowed her, as a spouse of an Army Reserve soldier, to permanently change duty stations to care for her husband, thus establishing a precedent that will be beneficial to other Reserve and National Guard spouses in similar situations given that a high percentage of the 48,000 injured represent these two components.

My famous thing about always saying was, you know, 'You took him away from me. For a year he was gone....And I was okay with that. I was okay with the fact that he was going to be in Afghanistan.... I was okay being alone taking care of my children. Uhm, I knew he could defend himself. I knew yes, he would come home with mental issues more than likely, but I knew he could defend himself.... I had faith in him and I had confidence in him. But he got hurt and he almost died. And you send him home to me....Don't expect me to leave him again for an entire year. No, I don't care. You can tell me all you want, 'But he didn't die, he's alive.' Don't expect me to leave him for over a year again, you know.

You have to keep the families together. If we weren't together, he may not have made it out of this situation. He – he may have committed suicide by now and he'll tell you that himself, you know, that if he had to heal here without his family, without his girls – the fact of, you know, getting up out of bed, he had to get up for those girls. So it changes a lot to him with family involved. And I think that you have to heal the families because, you know, we went through it, too.

Kim is using her sense of agency to make changes in the Institution's systems that will benefit other spouses of wounded warriors seeking inclusion in their soldiers' medical care and healing process:

It seems to be a common practice to exclude the spouses from the soldier's or veteran's care....It is a perspective or practice that I voiced concern on and ...just trying to get people to change that practice by letting them know that spouses are probably the closet caregiver that most of these guys have. You know if they are married you probably want to be reaching out to the spouse because he or she is going to know exactly what is going on.

Sandra found her voice in dealing with the institution(s) and it was a turning point in her life. She said, “*I will call anybody and everybody until I get the answer I need. I used to not do that. I don't care anymore.... Any problem I'm having, I'm on it and that was not something I was used to doing.*”

MJ became a co-founder of a volunteer base online program that provides services to soldiers, veterans, and spouses, especially those suffering from post-traumatic stress disorder and traumatic brain injury:

I see myself trying to find ways to make what's happened to us matter by raising awareness, by providing education, and by being there for others in the community that are facing similar circumstances because honestly, we've got decades ahead of us.... We've got hundreds of thousands of couples who are in their early twenties, that if their lifespan runs its course, could be dealing with this for 60 or 70 years.

Steff, using the lessons of this experience now volunteers for an on-line care giver program providing advice and guidance to soldiers, veterans, and spouses. She said of finding her voice and sense of agency:

What I do now [my volunteer work] is much more fulfilling than a paid job ever was and I think I have more empathy for people, not just for him, but across the board....Maybe this was meant to be and maybe this is where I'm supposed to be and I had to live it to be able to effect any real change.

Transformed perspectives. Each of the spouses described her soldier's injury, post-injury recovery, resultant status as a wounded warrior and the significant changes to their life as a disorienting dilemma. With the exception of two spouses, this disorienting dilemma compelled the spouses to transform their perspective and develop a new outlook

on life. For example, several spouses who always considered themselves as politically attentive now find themselves much more focused on issues close to home while others have expanded their focus to more global political issues that impact the warrior and their families:

Darlene. It's been disorienting and...it turned my world upside down. My outlook on life has changed and I'm glad this is confidential but it really makes me sick what the military does to men. It makes me feel sick when I see so many young men dealing with such hard, hard difficulties in their lives. War makes me sick. I hate it. I don't want to hear the news anymore and I've always been a political junkie. I see the results of war in front of my face every day and I feel for these guys and it makes me want to cry. We [America] have real issues that are complicated. Let's try and solve it.... I am really disenchanted with our political system.... I used to know more about international politics and follow some domestic issues.... What I care about [now] is my neighbor. I care about the guy next door who lost both of his legs and an arm. I just. I don't know. It really makes me mad.

Veola. I think my outlook has changed, not only with him having PTSD but because I work with wounded warriors, and I see you know everything from A to Z, and at first I thought, you know it's a war and ...that's just kind of part of the process. But now I know...it was a WAR [her emphasis]. It really changed a lot of people, a lot. So... my whole viewpoint on wars, and going to war, and why we're there and all of that has definitely changed because before I didn't really pay attention. I'm not going to lie. I voted for whoever was cute, and kept it moving. So now I actually...get into it [the political process] you know [laughs] more than before. [It's] made me a little more, I guess opened my eyes up you know, more.

Other spouses described the profound ways in which this experience has changed their lives and how they see the world differently.

Kim. I think my outlook has changed. Before he was diagnosed, I worked with veterans and soldiers who are diagnosed with PTSD but it really wasn't my situation.... I was supportive. I had a lot of spouses who came to me and talked to me and...I felt really bad for them. I felt I was relating to them but it wasn't until after he was diagnosed that I actually understood exactly what these spouses go through...and how the world ...perceives people with post-traumatic stress disorder. My perspective about what I expect from him is different. I look at the world in a different way.... It's definitely something that, that changed our lives and altered the way we are going to live permanently.... It's a matter of a life-altering experience.

Pam. I think I'm more cynical now. Uhm, definitely know that I am just as sarcastic as I was before but I use it more...it's like a coping mechanism. You know there are days that it seems that it's the only way to handle things. Uhm, I don't have the same perception of the military life as I did previously...people think that veterans are raking in all these bucks.... I'd love to have somebody else take over my budget [laughs]. It's not as great as people want to think it is.... Also, previously my husband and I had considered starting a business for us, to secure our future and to help give the kids some security in the future where now one of the things we would like to do is to be able to establish something that would help other veterans. So, instead of securing our future...making money for ourselves, we want to help others be able to get some security.

Sandra. Yes, it [my perspective] changed. It did change.... I'm disappointed in how people perceive my family or my husband, you know, because he looks normal from the outside kind of, on a good day. And he doesn't have all these injuries like missing limbs.... I used to believe in the good in people, in everybody and I'm seeing some really evil stuff...a lot of mean things...just to not pay them right...since we have been dealing with this injury. [As a volunteer] it is important for me to help others understand our situation, where we're coming from to help others learn how to cope with this. I love it...and I'm pretty sure that's why I do the work.... I don't want others to end up in the same situation we were in and if it's intervened right away, they don't even have to get to that point if it's done right. I don't want to see anybody homeless, living on the street, not knowing how to feed the family, or living in the car.

Melissa shared her transformed outlook on life and how this experience made her realize that she needed to have people in her life:

I think I'd probably say maybe [my perspective] changed for the better. Before...I would probably say I was...like the role reversal, I was more the hermit before him, and I really wanted to be at home. My awesome night would be basically staying at home, watching a movie, uhm and I really didn't share a lot of personal things with people...even my work. They wouldn't know anything personal about me. [After he was diagnosed]...I started opening up more with them...and I started to feel more comfortable....I guess, I softened, I don't know [laughs]....My husband would tell you I was heartless before. Like I never used to cry before...now I'm like...something on TV, laughing and it's so sweet, I'll start crying because it's so sweet. We were so independent I didn't think I needed friends to help me with anything. But I realize...having those relationships in place is not only super important but it's...healthy...I feel better

Even though most of the spouses described a perspective change, two spouses believed their outlook on life remained the same despite having experienced a

disorienting dilemma. Genette said, “Yes, I would [consider his injury] a disorienting dilemma but I’d also say ‘No’ [to a perspective change] because we are still reaching for the same goals.” Mary considered her husband injury a disorienting dilemma “because it changed everything about him. I think it kind of affected him mentally as a man.” When asked if she saw the world differently, she emphatically answered, “Oh Lord, definitely not at all.... I married him and I said I would take care of him for better or for worse and I held to it. And I have no problem...no problem with doing anything for him at all.”

Two spouses described their soldiers’ injury as a disorienting dilemma in their life but expressed mixed emotions on whether they maintained the same perspective on life:

Jean. *I think to a point I still see it [the world] the same, because there’s still a lot of things I want to do and that I want us to do but then I also think, well no, I guess I look at it differently because I work with the Army. I work with soldiers, and I work with spouses that come in and they are deploying.... We have wounded warriors and we have the survivors, and I think it’s different because I work with them on a regular basis, so I’m used to it and it kind of gives me a different perspective on it. [This experience] forced me to state more with what I thought and believe because I’ve kind of become that person you know....I’m the person who wants to get him to do it so I think seeing him change, I think if we both changed at the same time it might be too much. I kind of want to be the stable person; I want to be that solid rock, that foundation for him...that stable person to allow him to grow.*

Valerie. *My values are still the same.... A lot of people will be like, well, why would God do this to me...but I’m not going to question Him. I’m not angry at him and I know a lot of people get angry at that situation so I’m not going to be one to change who I am for that situation So, if anything from my perspective that’s change within my values and the way that I look at life, personally, there’s only moving forward....I’m not going to dwell on the negativity of things and I’m not going to question what is thrown in my path. My values are intact....If you changed to the point where you’re angry at the world because of the situation, it’s not going to make things better so there’s no point to retreating, or going that way....I like myself. I wouldn’t want to change it. I wasn’t a bad person before. I don’t want to be a bad person. I was a good person, an awesome person. I want to stay awesome (chuckles). If I become more awesome, then better for me, you know.*

Making meaning of their experience. When events happen in our lives, particularly situations as egregious as the injuries sustained by these soldiers, it only makes sense to try and understand them. Meaning making, as described in Chapter 2 and for the purpose of this study, is simply defined as the process by which the spouses give meaning to their experience. After hours of discussions with the spouses, and many hours of them reflecting on their experience, most were not able to make meaning of their experience. The spouses continued to struggle with difficult emotions, feeling lonely, angry, and overwhelmed. Some mourned the loss of their previous relationship with their spouse; others embraced a new relationship and but all were plagued with doubts about the future. They struggled with putting their impressions into words others would understand or even that they could understand. Several spouses had a difficult time simply understanding the concept of meaning making even when I explained it to them.

For those who attempted to describe their experience, the prevailing collective thought, from my perspective that describes their individual attempts at making meaning of their experience, is the Latin phrase *amor fati*, loosely translated as the *love of one's fate* (Ulfers & Cohen, 2002). *Amor fati* describes an attitude in which the spouses see everything that happened during this experience as a necessary part of their experience, something that is “just meant to be” and characterized by an acceptance of their situation. Their rationale for it happening to them was different, but, ultimately, each one felt it was just meant to be – just meant to be a test; just meant to be to see the world differently; just meant to be to become a better wife; just meant to be to try to help others; just meant to be of service to others; just simply meant to be the life they were meant to live.

Melissa. I haven't really been able to put my hands around this.... It's just supposed to be the thing, you know.... How do I make sense of it...I don't. I mean,

I don't... It's cheesy but I know a lot of our situation, like I've always reflected to my parents' relationship. I know when my parents had their rough patches and how they handled it and you know, I never really make sense of it because we're married...and marriage you have to work through things and you have to go through things together.

Mary. This is life. That's the only thing I can make of it is its just life, you know. If it was supposed to happened, then that's what happened. There's nothing I can do about it. I can't rewind the hands of time and go back, that's just something that we can't do, and that's what I tell him, this is your destiny so, this was supposed to happen so we just have to deal with it and just keep on going. He didn't understand at first, you know he would always question 'why me, why?' you know. He had a lot of questions initially so I just told him that this was meant to be. There was nothing that we could do, and there's really nothing that we could do about it... so say his prayers and we're going to keep on moving.

Nancy. This is the storm...try to focus later on the rainbow.... We are where we have to be at, you know, where, if life brought us here, it's for a reason...it's to be more of a family, more united, everything. I think [now] we know each other's fears, each other's happiness and what ticks them off [laughs] and the consequences.

Genette. I don't think I can necessarily wrap my hands around all of this. We, the only way that I made sense, you know, of the whole situation is that there's a plan. That, you know God has a plan. There's a plan. It happened for a reason. We may not know the reason now, but it happened for a reason. We concluded a lot that, you know, it's a crappy situation, it really is. But it is also a blessing. You know you take away lessons when we look back.... He's missing a leg; he's a little different but he's alive and there are tons of blessings.

Sheri. I don't completely make sense of it. I mean, I think that I've accepted it, and I know that makes sense. I don't make sense of IT. I make sense of it for what it is. I don't make sense of IT. None of it makes sense to me...so the fact that he's having a bad day, or a bad week, or a couple of weeks or whatever and I can't figure out what it is that's upsetting him or just has him mad at me for no reason, when I know I haven't done anything.... I can't understand it. I don't understand it so I haven't quite made sense of any of it. I've accepted it [laughs].

Steff. You know, all they did was sign up and go to war, and they do what they're supposed to do, they serve their country, and now they're thrust into a mess that is not of their own.... I don't always make sense of it [laughs]. I know that there's no making sense of it...I mean I do get stuck every now and then on the 'why'...of all of it. Why did this have to happen? Why is this so hard? And there's no answer to that, it's just because it is, and you just fight through it. You know ... sometimes I think that meeting him and dealing with all of his problems, has refocused me to where I really am supposed to be and I had to live it to be able to effect change.

Pam put it most succinctly and captured the essence of the spouses' collective perspectives when she responded dubiously: "*I'm supposed to make sense of it?*"

Revised commitment to self. Throughout the interviews, it was a challenge for the spouses to separate their experience from that of their soldiers. Most were hesitant, not able, or not willing to picture their future. When pressed to think about their future, several mentioned they wanted to go back to school to finish their degrees, or to get their wounded warrior to a more stable place, or saw their future as doing more of the same. Ultimately, their futures were a mix of optimism to renew commitment to self but overlaid with realism and the knowledge their new normal and commitment to their wounded warrior would always take precedent.

Steff. I would like to get back to finish school at some point. I would like us to get to a more stable place with his medical care....In a lot of ways we're still fighting with social security and the VA....I'd like to be better off financially as well.

Mary. Finish my degree...and after I get my internship [with the government] we're going to do a little traveling overseas when the boys graduate and get out of the house...then we're going to do a little traveling in our Winnebago...and in about 10 more years of government service then maybe I can retire myself and our plan is to just keep traveling.

Valerie. Continuing to go to school, getting a good job. We're going to have babies so I would like to have two if everything, you know, being logical and thinking rationally that we can handle two kids. He wants four. I would love to have four and if we can afford four, I'm all in but right now, I told him, I'm like, we'll stick to 2 just to be on the safe side!

Darlene. In my minds-eye, I see a very thin person [chuckles]. She's smiling and she's happy and she's good to everybody....I see my husband and I adjusting to life outside of [the medical center] where despite his permanent partial disability, he has meaning in his life and so he's happy and I have meaning in my life and I've got the life set up where I can fulfill more parts of myself that need to be fulfilled personally.

MJ. I'm motivated more to help him than I am to satisfy myself....Honestly when I think about my future, even though I'm feeling disillusioned with the Veteran and

care giver world and the advocacy, I don't see myself moving away from that. I see myself trying to find ways to make what's happened to us matter.

Sandra. I see myself in the future doing the same like I'm doing now...taking care of my husband and making sure my son is okay and everybody has everything they need.

Though Genette also wants to finish her education, she said, *"I can't picture a future. That's the hard part."*

Summary. Through their experience, each spouse experienced a revised commitment to her soldier, to their marriage, and to the institution(s). For most, the soldier's injuries altered the nature of the interpersonal relationships to the point where several spouses had considered at one time or another abandoning the relationship. To date, none have. At times it was difficult to ascertain the nature of their commitment – where they committed to the wounded warrior, committed to the sanctity of their marriage, or both. Most described a changed perspective in how they saw the world as a result of this disorienting dilemma. Whether that transformed perspective led to a transformative learning experience will be explored in the next chapter.

Conclusion

This chapter completes the thematic presentation of the data found during this research. The final analysis resulted in four themes and 20 sub-themes. The data were presented thematically and segregated amid two interrelated environs—the personal/interpersonal (relating to relationships, interacting, learning, etc.) and institutional environs (characterized by the elaboration of rules and requirements to which individuals must “conform in order [or at the least navigate within] to receive legitimacy and support”) (Scott, C., 2012, p. 132). Both environs had tremendous impact

on the spouses' transformative and learning experience. The themes contributed to the findings and established a foundation for the subsequent responses to the research questions and the discussion and conclusions presented in Chapter 6.

CHAPTER 6:
RESEARCH QUESTIONS, FINDINGS, CONCLUSIONS, IMPLICATONS
AND RECOMMENDATIONS

Overview

This purpose of this qualitative research study was to gain an in-depth understanding or ‘essence’ (Cresswell, 2007) of the transformative experience of spouses of junior to mid-grade enlisted soldiers wounded in combat while fighting the Global War on Terror. The study sought to understand how these women learn to make sense of their new life circumstances as a result of profound and dramatic changes in their lives and life experiences as they grapple with the additional responsibility of caring for their wounded warrior amid tremendously increased responsibilities in leading and managing their households and, from a practical perspective, how society can better support them. This study also endeavored to add to the ongoing scholarly conversation about the transformative learning experiences of women.

This effort has particular relevance because the United States has been at war for the past thirteen years. Since 2001, the onset of the War, more than 2.6 million troops have served in Iraq or Afghanistan, 6,809 have been killed in the war zone, 52,010 soldiers were wounded in action, and 970,000 Iraq and Afghanistan veterans have registered a disability claims with the VA⁵⁰. The increasing pace of military operations necessitated by America’s militarized response to 9/11 is taking an unacceptable toll at

⁵⁰ Department of Defense, “Operation Iraqi Freedom (OIF) U.S. Casualty Status,” Fatalities as of: May 22, 2014, 10 a.m. EDT; Department of Defense, “Operation New Dawn (OND) U.S. Casualty Status,” Fatalities as of: May 22, 2014, 10 a.m. EDT; Department of Defense, “Operation Enduring Freedom (OEF) U.S. Casualty Status,” Fatalities as of: May 22, 2014, 10 a.m. EDT, at <http://www.defense.gov/news/casualty.pdf>.

home on both service members and their families (Howell & Wool, 2011). Critiquing the militarist effects of 9/11 can be particularly challenging, as educators and scholars who question the meanings of patriotism and democracy may risk being called “a disgrace to the American flag” (Apple, 2006, p. 66). This is not the case in this study.

This chapter provides a research synopsis, presents findings and answers to the research questions, conclusions, implications to theory, and recommendations for future research and to policy makers and practitioners. The chapter concludes with a summary and a reflection of the researcher’s transformative experience.

Research Synopsis

This qualitative study explored the transformative experience of 15 diverse spouses representing nine geographical locations who are the spouses of wounded warriors injured in combat in support of the War. Enlisted spouses were studied for several reasons: (a) “We often hear about the sacrifices soldiers make for their nation, but we rarely hear about the spouses’ struggles” (Biank, 2006, p. xvi); (b) Army spouses feel they must keep most of their frustrations, disappointments, pain, and human vulnerabilities tucked away for the good of the Army and their husbands’ careers (Biank, 2006, p. xvi); (c) as Harrell (2000) noted, many enlisted wives are isolated from other enlisted spouses, and, from the researcher’s experience, this group of women generally has less access to resources that may be available to spouses; (d) a review of Mezirow’s research revealed that little consideration has been given to how factors of race, gender, ways of knowing, and context influence the development of revised perspective views in adult learners (Clark & Wilson, 1991; E. Hayes & Flannery, 2002; E. Taylor, 1998, 2007); and (e) I believed that transforming their world view as a result of the traumatic

injury experienced by their soldier and subsequent impact on their lives and the lives of their families may be the first step towards a strong family foundation that better supports changing roles and responsibilities.

This research employed an interpretive phenomenological methodology (Creswell, 1998). The theoretical framework lays at the intersection of transformative learning (Mezirow, 1991, 2000) and the feminist-inspired theory of women's development (Belenky et al., 1986; 1997a) and how women learn (Tisdell, 1993, 2000). The nexus of transformative learning and women's development (a) teaches women more effectively so that they gain a sense of their ability to effect change in their own lives [as was the case of the participants in this study]; (b) provides an emphasis on connection and relationship rather than separation with other learners; and (c) highlights women's emerging sense of personal power (Tisdell, 1993).

This study used a modified version of Seidman's (2006) three-interview series where each participant was interviewed twice between June and October 2013; all interviews occurred within five to seven days of the first to allow time for the women to reflect on their first interview as recommended by Seidman. An interview protocol (see Appendix I) was designed around the following research questions: What is the essence of the transformative experience of spouses of wounded warriors? How does the process of learning enable the women in this study to restructure meaning of a new perspective and what factors supported their learning? What is the relationship between the women's learning epistemology and how she engages in critical reflection and discourse in their transformative experience? Are the spouses' transformations indicative of a transformative learning experience as defined in this study?

The next section provides the responses to the research questions and key findings.

Responses to the Research Questions and Key Findings

RQ 1: What is the essence of the transformative experience of spouses of wounded warriors?

The essence of the spouse's transformative experience was the result of their deep and abiding commitment to their wounded warrior, their family, and themselves and the conscious awareness that their current way of being, their current condition, needed to change. It was not prescriptive, it was not directed, and it was not one-size fits all. The disorienting dilemma compelled them to make new meaning of their commitment. Most of the spouses said they were in this for the *'long haul, 'divorce is not an option', 'I'm not giving up', 'through sickness and health'* and, to that end, it was their commitment that sustained their experience. Their commitment impelled them through their transformative experience. Their transformative journey was individual, unique and extremely personal, and for most, only the beginning. To be committed, emotionally, intellectually, physically, and mentally, to their soldier started with a choice. Throughout their experience, their commitment to their wounded warrior often came at a high personal cost or even a loss of self. Commitment can produce some of life's greatest rewards as well as life's greatest challenges as it did for the spouses in this study.

This study found that, for the spouses, rebalancing gender roles required a willingness on their part to acknowledge their limitations, the limitations of their soldier, and an acknowledgement that their soldier's injury had presented them with a disorienting dilemma as described in the transformative learning literature. The rebalance

of roles often led to resistance from the soldier and the institution that the spouse had to negotiate and/or fight against.

The study found that the spouses spent considerable time living up to role expectations they felt were imposed on them by society as spouses of wounded warriors. This expanded role has taken a physical and emotional toll on them as they struggled to balance full-time care giving responsibilities with leading and managing their homes and for five of the women, continued employment outside the home. This physical and emotional strain caused additional stress in their family relationships and their children, led to increased degeneration in their health and wellbeing, and, over time, has the potential to interfere with the level of care provided to the wounded warrior.

The study also found that despite the nature of the soldier's injury—physical, mental, or emotional—each spouse was committed to their relationship even though she experienced a loss of self and has given up her everyday life and sense of normalcy. In most cases what they have given up is permanent.

RQ 2: How does the process of learning enable the women in this study to restructure meaning of a new perspective? What factors supported their learning?

Meizrow viewed learning as a journey of a learner changing his or her frames of reference by interpreting experience and these interpretations would then guide actions and empower the learner to give a rationale for those actions (Meizrow, 2000). Each of the spouses confirmed that the injuries sustained by her warrior served as a disorienting event and a catalyst for change. The spouses were not adequately prepared to deal with their injured soldier and the significant changes and challenges they encountered. It was through their learning process, as suggested by Mezirow (1981), that the spouses came to

recognize their culturally induced dependency roles and relationships and the reasons for them and took action to overcome them. Initially, the spouses resisted their new life circumstances by believing in the temporariness of it. Eventually, they stopped resisting and came to accept their new life circumstances. Once this happened, they were able to assess what they knew and set out to learn how to best survive. They did this by learning new information, becoming more competent, and fighting for their rights as a spouse through multiple ways.

The graphic depiction at Figure 5 portrays the non-linear characteristic of the spouses' learning process and it places more emphasis on the interrelationship among the steps than on the sequential aspect of the model. What is important to note is that critical reflection is an integral part of the spouses learning process.

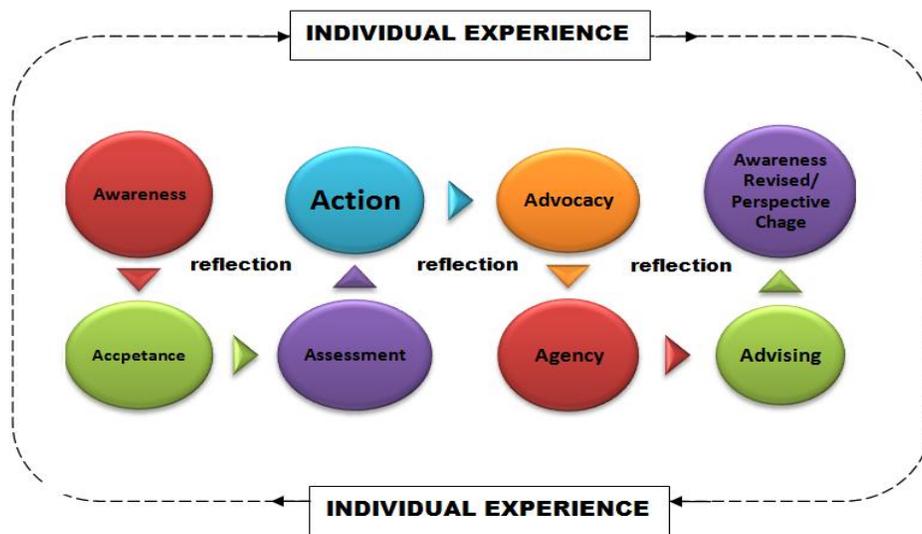


Figure 5. Graphic depiction of the spouse learning process

The study found that social discourse, validation, and connecting with others were instrumental in supporting their learning and transformed perspectives. Social discourse with family, friends, and professional care providers provided an opportunity for the spouses to grow and learn throughout their experience. For the spouses whose family and friends turned away from them, they were able to reach out and talk to strangers. It was through dialogue and discourse, the essential medium through which transformation is promoted and developed (Taylor, E, 2009), the spouses formed a network of understanding, a community of others with whom they could learn and share.

The study found that self-directed learning was similarly instrumental to the spouses in gaining a greater level of competency, confidence, and control over their problems, learning and applying new information, and engaging in more positive-focused coping strategies and negotiations within the institution. Those who engaged in more positive coping strategies were more successful at learning and changing their perspectives to be more inclusive in their perceptions of their world, to differentiate increasingly its various aspects, be open to other points of view, and to integrate differing dimensions of their experiences into meaningful and holistic relationships, the outcome of a transformative learning experience (Mezirow, 1991).

Lastly, the study found that the spouses relied heavily on an emotional and spiritual presence to support their learning and transformed perspective. Many of the spouses described having a sense of a spiritual or God-like force operating within their lives, providing them spirituality and internal strength to cope with their experience and emotions. While anger was the most articulated emotion and love was generally implied,

most of the spouses experienced the same range of emotions. Managing those emotions, however, was an entirely individual experience.

According to Apte (2003), “Learning is about transformation, it’s about change, its about seeing yourself in relation to the world differently” (p. 168). As the spouses learned, new insights begin to emerge and the spouses began to see themselves in a new and different light and to see the world from a different perspective. While at times throughout the interviews, it was difficult for the spouses to separate their experience from their soldier’s experience, their words highlighted in Table 6 describe how they see themselves transformed as a result of their experience.

Table 6

Description of the Spouses’ Personal Transformation

Alias	Description of the Spouses’ Personal Transformation
MJ	<i>“I’m very confident now. When we started I was scared and floundering.... Now I think that the decisions I make...come from the right place.”</i>
Kim	<i>“I have grown as a person and as a wife. I look back and wonder how I did all the things I did and I think basically...it was either sink or swim”</i>
Valerie	<i>“If I’ve grown as a person...it’s just being able to know that I [pause] can overcome anything now. I feel like I don’t have anything that can hold me back.”</i>
Pam	<i>“I am stronger than I ever thought I could be and I want to help others that are going through the same thing.”</i>
Melissa	<i>“I think I’ve grown as a person and wife. I think the person I was before, I really wasn’t living and really enjoying the little things in life...now it’s the people in my life versus before it was like the accomplishments of our life.”</i>
Steff	<i>“I don’t even recognize the person I was ten years ago. I don’t know that girl. It’s like somebody I used to read about...in a book and it’s a character from another story and another time.”</i>
Nancy:	<i>“I’m a bad ass now...I think I have conquered right now in my life the hardest [challenge ever].”</i>
Sandra	<i>“Yea, I’ve grown....I will call anybody and anyone until I get the answer I need if I run into problems....I used not to do that.”</i>

Genette	<i>"I think [I've grown] because there are new lessons to learn and new things to overcome.... I've most definitely grown and come away with a larger knowledge than I did."</i>
Julie:	<i>"Yes [I've grown] 'cause normally I wouldn't volunteer cause I'm not a people person at all.... I can come off as very rude...so I try not to be that type of person so I feel like I've gotten better at it...so yeah, I've grown as a person because I'm definitely a lot nicer of a person than I used to be...and I'm a nicer wife now."</i>
Jean	<i>"I feel like I've grown. I think I grew because I've had to. I didn't grow because I wanted to, but I think I'm finally getting to the point where I want to grow because I want to learn....I think I have a lot more growing to do."</i>
Veola	<i>"I think I have grown a lot, and I think, you know, being a mom has also changed that as well. It's kind of helped me grow and not be as, I don't want to say I was wild, but, just kind of slowed me down, you know."</i>
Sheri	<i>"There are a lot of things that happen that you have to deal with and you have to be a really, really strong person to deal with this on a regular, daily basis....I'm very confident."</i>
Mary	<i>"Yes [I have grown]...it was an eye-opening experience...[now] I'm confident.... I don't know everything about the injuries but the little bit I do know, the real knowledge I do know and have, I do try to share with other people."</i>
Darlene	<i>"I think both. I think I've gotten worse but I think I've grown....I think I'm gaining more awareness and better methods of communication...but I've shown parts of myself I never thought I would show....Yes, this situation has challenged me and those challenges have forced me to change."</i>

RQ3: What is the relationship between the women's learning epistemology and how she engages in critical reflection and discourse in their transformative experience?

This research question was based on assumptions from the literature articulated in Chapter 1 that the women in this study would have moved through the learning epistemology developmental framework as described by Belenky et al. (1986, 1997a) to find their voice and enact a sense of agency. In trying to understand their experience of voice like Belenky et al. (1986, 1997a) I searched the participants' stories for all

references associated with the idea of voice, reflection, and discourse. The study found that the spouses in this study (with the exception of one) exemplified, from a personal/interpersonal environ, a high level of development consistent with key aspects of subjective, procedural, and constructed knowing. This finding is important for two reasons. First, it is inconsistent with the stereotype of enlisted spouses described in Harrell (2000). Second, the women's development model was not necessarily static, linear, or progressive though it is perceived as such. More importantly, the study found that no one learning epistemology could adequately capture the complexities and uniqueness of an individual woman's thought and life during this experience. Thus, the contextual model was very much dependent on the particular circumstances the spouses were encountering.

The spouses drew on several of the epistemologies as their needs arose. For example, all of the spouses exhibited characteristics of the subjective knower in that subjectivists often put their needs at the bottom of the list, preceded by other people, husband, and children as was the case for all the spouses in their role as caregiver and expanded role in managing the household. All of the spouses exhibited characteristics of the connected knower as connected knowers seek opportunities for collaborative learning via support groups, group therapy and women's study groups. All the spouses exhibited many characteristics of the constructed knower in that they were all just ordinary women juggling the pieces of their life and at times "overwhelmed as they tried to balance their commitments – work, children's schedules, groceries, time with their husbands, the needs of friends and parents, and learning." (p. 151). As constructed knowers, as posited by Belenky et al. (1997a), the spouses in this study also spoke about their "anger and

frustration and how frequently they felt unheard and unheeded” (p. 146); they also shared “the anger they felt when no one listened or when their ‘womanly voice’ was dismissed...a particularly common complaint of women working in [or living within] a setting where men predominated” (p. 147) as found in this study and articulated by the participants.

To that end, the study found that most of women felt marginalized and had no voice within their soldiers’ unit after their soldier was injured. This perception of positioning in silence by the institution was prevalent across most of the spouses’ experiences; it negatively impacted their ability to support their soldier’s healing and, over time, caused a significant shift in their level of commitment to the institution(s). The women struggled to find their voice to use for the benefit of their soldiers and their families, and for some it took more time than others. Once they learned to free themselves from the limitations imposed on them by the institutional environ, the spouses were better able to enact a sense of agency and voice, effectively negotiate their transformation, and advocate on behalf of their spouses and families. In turn, according to the spouses, the institutions shifted (transformed) to respond to their negotiation strategies and advocacy, began to seek and value their input as an individual with voice, and integrated them into their soldiers’ care more appropriately. These individual adjustments and accommodations by the institutions may have broader impact on the future role of spouses in the care of wounded soldiers.

Lastly, the study found that the spouses, as a result of their experience feel they have a moral commitment and conviction to act on behalf of the larger community of wounded spouses in which they live. Many have accepted volunteer positions; others are

looking at continuing their professional education in counseling, social work or other related fields that will provide them skills they can use to help advise, mentor and coach others in similar situations. This call to action is another key outcome of transformative learning.

RQ4: Are the spouses' transformations indicative of a transformative learning experience as defined in this study.

Each spouse was evaluated against three sets of factors to determine if she had experienced a transformative learning experience:

- The ten stages of transformative learning (Mezirow, 2000);
- The core elements of transformative learning as described in Chapter 2: Individual Experience; Critical Reflection; and Rational Discourse; and
- The outcomes of transformative learning as described in Chapter 2. The outcome of transformative learning reflects individuals who are more inclusive in their perceptions of their world, able to differentiate increasingly its various aspects, open to other points of view, and able to integrate differing dimensions of their experiences into meaningful and holistic relationships (Mezirow, 1991, 2000) and able to take action, immediately or delayed based on changes in one's view of the situation (Brookfield, 1995).

Using the three sets of factors described above that characterize Mezirow's theory of transformative learning, an analysis was conducted for each of the spouses. The results are shown below. An example of the analysis for one participant, Kim, is shown at Appendix L.

- Fifteen women considered what happened to their lives as a result of their soldier's injuries as a disorienting event.
- Ten experienced all the elements of transformative learning.
- Thirteen described participating in critical reflection and rational discourse/discourse.
- Thirteen experienced a transformed perspective; two of the thirteen acknowledged mixed results in which their perception and supporting dialogue was incongruent—they said they felt they did not have a perspective change but their words, indicating a changed perspective contradicted their feelings.
- Two acknowledged they did not experience a transformed perspective.
- Three are still living at a medical facility (at time of interview) while their warriors receive treatment; they have not yet reintegrated into what they consider a new normal lifestyle. As a result, their reintegration is not complete. For the spouses living what they consider a new normal, their reintegration is constantly evolving.
- Eleven described being able to differentiate increasingly its various aspects, open to other points of view, and being able to integrate differing dimensions of their experiences into meaningful and holistic relationships.

Given all the factors, the data supports that each of the spouses experienced a personal transformation and most of the spouses experienced a perspective transformation. However, in assessing the outcomes of transformative learning, which according to Mezirow, differentiates a transformation from a transformative learning

experience, eleven of the spouses described those outcomes of being more inclusive in their perceptions of their world, able to differentiate increasingly its various aspects, open to other points of view, and able to integrate differing dimensions of their experiences into meaningful and holistic relationships. As posited by Moore (1993), the spouses transformations and transformative learning experiences were not linear, sequential, or recursive nor was successful completion of one stage contingent upon the previous stage. Table 7 displays the results of the analysis for each participant.

Table 7

Analysis of Participant Transformative Learning

	Ten Phases of Transformative Learning (Mezirow, 1991; 2000, p. 22)														
	Genette	Julie	Nancy	Valerie	MJ.	Sandra	Darlene	Pam	Steff	Sheri	Melissa	Kim	Mary	Jean	Veola
Disorienting Dilemma	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Self Examination	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Critical Assessment	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Inclusion	◆	□	◆	◆	◆	◆	□	◆	◆	◆	◆	◆	◆	◆	◆
Explore /trying new roles	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Planning	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Acquisition of Knowledge	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Competence	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Reintegration*	◆	□	◆	□	◆	◆	□	◆	◆	◆	◆	◆	◆	◆	◆
Perspective Transformation	□	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	□	◆	◆
	Core Elements of Transformative Learning (Moore, 2005; Taylor, E., 2009)														
Disorienting Dilemma	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Individual	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆

Experience														
Critical Reflection	◆	□	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	□	◆
Rational Discourse	◆	□	◆	◆	◆	◆	◆	◆	◆	□	◆	◆	◆	◆
Outcome of Transformative Learning Mezirow (1996, p. 163; 2000, pp 7-8); Dirkx (1998)														
Differentiating Views, Permeable, Open to Others Integrative	□	□	□	◆	◆	◆	□	◆	◆	◆	◆	◆	◆	◆
Informed Action	◆	◆	◆	◆	◆	◆	□	◆	◆	◆	◆	◆	□	◆

◆ Indicates code was experienced by participant Note: TL matrix adapted from Rahamed (2013, p 247)

Conclusions

As suggested by Young (2013), the conclusions of this research are founded on the researcher’s interpretation of the aggregate of the themes, findings, and responses to the research questions, and consideration of the research participants’ “culture, social context, or historical period in which they live” (Wojnar & Swanson, 2007, p. 174). As such, five key conclusions are provided to place this research effort within a larger context (Bunton, 2005).

Conclusion 1. Without the expression and recognition of feelings, participants could not engage their new reality. This study supports the transformation and change of perspective of a diverse group of women. However, it extends the current conversation by adding an emotional and spiritual component absent in Mezirow’s (1991) rational and linear model of transformative learning as advanced by Dirkx (1998) and other scholars.

Conclusion 2. This research adds to and advances the discourse of how women learn as well as supports the contention of feminist learners that women learn more

through connective and collaborative approaches and that socially assigned roles and characteristics impact how women learn. It also provides an alternative perspective on the development level of enlisted spouses in this contemporary environment and could potentially inspire other women in similar circumstances, through transformative learning, to transform their world view.

Conclusion 3. The insights gained from this study offer an alternative perspective of today's enlisted spouse. It found, along with the analysis of how they are taking on multiple roles, that they have achieved a higher level of development and knowing and were silenced, not in their own epistemology, but within the institutions in which they had to exist and operate.

Conclusion 4. Although this research was at the individual and collective level of analysis and did not explore organizational transformation (Kasl & Elias, 2000; McGuire, Palus, Pasmore, & Rhodes, 2009), the data revealed that these women, by successfully negotiating or pushing back against being silenced, served as “catalysts for transformation” within many of the institutions. The researcher cannot declare the spouses have been completely successful in eliminating the traditional institutional hierarchical barriers, but it is evident they have created an environment that is, according to the interviews, much more inclusive of the spouses in the care of the soldier. But, according to the spouses, there is more work to be done.

Conclusion 5. A transformed perspective led the women to strive to translate their moral commitments into action, as put forward by Belenky et al. (1997a) “both out of a conviction that ‘one must act’ and out of a feeling of responsibility to their larger community”—their wounded warrior community (p. 150).

Implications and Recommendations

The increasing pace of military operations necessitated by America's militarized response to 9/11 is taking an unacceptable toll at home on both service members and their families (Howell & Wood, 2011). The interviews and the responses about programs and services do offer insight into the specific needs of spouse caregivers of wounded warriors and the multitude of roles and responsibilities they assume. It also shows the gaps in literature that exist and the need for support for this critical population. As a result of this study, the following implications for theory and recommendations for future research, policy, and practitioners are provided.

Implications for Theory

The conceptual framework for this study draws from two main bodies of literature: the adult learning theory of transformative learning and the feminist theory of women's ways of learning and knowing. These two constructs served as the theoretical underpinnings for understanding the essence of the transformative stories of the study participants. Given the findings and conclusions, this study extends and pushes forward the theories utilized in the conceptual framework as outlined below beginning with transformative learning and concluding with feminist pedagogy and women's development theory.

Transformative learning theory. Mezirow does not readily account for the extra-rational, emotional, and spiritual dimensions in perspective transformation. The findings of this study do not support Mezirow's linear, rational and critical reflection process to change perspectives. Instead, the results of this study show a larger role for emotions and affect, spirituality and social context in their learning in their new sense of

self. As such, it supports Baumgartner (2001a) and others (Boyd & Myers, 1988; Davis-Manigaulte, Yorks & Kasl, 2006; Dirkx, 2001, 2006; Nohl, 2009) who have argued that it is important to realize and remember that emotions and spirituality are, more often than not, “reveal aspects of a learners perceived reality...and potentially “deeper insights into self” (Dirkx, 2006, p. 17) during a transformative learning experience though generally overlooked by Mezirow.

This deeper insight into the self, emotions, and affect, as suggested by Dirkx, 2006, and their transformative influence can better be described by analyzing the study participants through the Jungian theory or view of transformative learning. Dirkx (2006) further suggests that “the Jungian theory can help us identify and understand the powerful role that emotions and unconscious dynamics potentially play in the transformative dimensions of adult learning” (p. 18). Jung is very interested in the self and how it differentiates in relationship to others. As highlighted in the findings the spouses’ process of loss of self or self-negation has the potential to serve as a path to Individuation.

Individuation is what Jung (1969) refers to:

As a process by which we come to recognize and develop an awareness of who we are and how we relate to others...[where ultimately] each person comes to a deeper understanding, realization, and appreciation of who he or she is apart from the pressures of the social and cultural contexts in which they are inextricably embedded. (Dirkx, 2006, p. 19)

Dirkx posits that “it is only through this process of Individuation that we can develop more authentic relationships with others and with ourselves” (2006, p.18).

“Individuation involves discovery of new talents, a sense of empowerment and confidence, a deeper understanding of one’s inner self, and a greater sense of responsibility” (Taylor, 2008, p. 7). These attributes were clearly articulated by the

participants as they described their personal transformation (see Table 6, Description of the Spouses' Personal Transformation, p. 303). Dirkx further suggests that “when we take seriously the responsibility of developing more conscious relationship with the unconscious dimensions of our being, we enter into a profoundly transformative, life-changing process” (2006, p. 19). As such, the findings of this study are much more indicative of this alternative perspective of transformative learning than the rational approach advanced by Mezirow (1991, 2001).

In addition, this study looked at the transformative experience of spouses of wounded warriors from a position of their daily lives and provides conversation that addresses a gap identified by Taylor (2007) who put forward that most of the settings for empirical studies were situated in formal higher education...with little exploration in non-educational settings and his critique of Mezirow's theory for a lack of representation of women. English and Peters (2012) also find the silence on gender troubling since the original concept of transformation emerged from Mezirow's 1978 study of women. Beyond that fact, neither Mezirow's deliberation on that study or his more recent work have focused specifically on women (English & Irving, 2007). The women in this study are not enrolled in a traditional learning institution, yet they are experiencing many of the phases, core elements, and outcomes of transformative learning as individuals in previous studies situated in formal higher education. The findings offer a different way to operationalize the ten stages of transformative learning (Mezirow, 2000). To that end, the women have assumed the role of facilitating a transformative learning experience through their learning process for themselves that was triggered, as they all agreed, by a significant personal event, identified in Mezirow's original study as a “disorienting

dilemma, an acute internal and personal crisis” (Taylor, E., 2000, p. 298). Table 8 illustrates a cross-walk between the spouses’ description of their learning process through their experience and the phases of transformative learning as outlined by Mezirow (2000). While the processes are strikingly similar, they differed primarily in the area of provisionally trying on new roles. Because of their commitment to their wounded warrior, the women were learning new skills and acquiring information to enhance their role of care taker. For the participants in this study, their new role was neither optional nor provisional. It would be long-lasting and in most cases, permanent.

Table 8

Spouse Learning Process and Phases of Transformative Learning

Stages of Transformative Learning (Mezirow, 1978, 1991)	Spouse Learning Process
A disorienting dilemma	<i>Awareness:</i> Perceiving their situation was life altering
Self examination with feelings of fear, anger, guilt, or shame	<i>Acceptance:</i> By assessing and accepting their situation, they were better able to take charge and work to change it
A critical assessment of assumptions	
Recognition that one’s discontent and the process of transformation are shared	<i>Action:</i> Question what they know; determining what information they did not know and seeking information and knowledge
Exploration for new roles, relationships, and actions	<i>Assessing:</i> Reflecting throughout the learning process; deciding what worked and what didn’t
Planning a course of action	
Acquiring knowledge and skills for implementing one’s plan	<i>Advocacy and Negotiating:</i> Applying what they learned to challenge the hierarchical system(s) and fight for inclusion
Provisional trying on new roles, relationships	
Building competence and self-self confidence in new roles and relationships	<i>Agency:</i> Finding their individual voice and sense of agency and using both to better their lives and the lives of others
	<i>Advising:</i> Counseling, giving advice, and sharing with others based on what they learned as well as learning from those who they advised or shared with
A reintegration into one’s life on the basis of conditions dictated by one’s new perspective	<i>Awareness Revised:</i> A revised perception of their situation and viewing the world from a new perspective

Lastly, the study provides findings about learning through real challenges for a diverse group of women that did not evolve from a generalization of Western, white, male learning experiences and extends the conversation of transformative learning with regards to gender. Ultimately, while each of the spouses experienced a disorienting dilemma, assumed responsibility for their own learning based on their experience and experienced a personal transformation, most experienced a perspective transformation, and most exhibited the key outcomes of transformative learning.

Feminist pedagogy and women's development theory. At its core, feminist pedagogy aims to de-center power, to give students the opportunity to voice their perspectives, realities, knowledge, and needs (Bryson, 2003). Feminist scholars are concerned with giving a voice to women and encouraging them to view the world with a critical eye (Glazer-Raymo, et al., 2000). This study seeks to fill gaps in the literature and thus add value to the ongoing conversation.

First, according to Bryson (2003), challenges to feminist pedagogy have included queries of the very tenets of feminist pedagogy: (a) resisting hierarchy, (b) using experience as a resource, and (c) transformative learning. This study addressed each of these key tenets and has provided empirical based findings that describe the participants' efforts to resist the hierarchical structure of a male-dominated institution (the Army) and the strategies and learning required in an effort for them to find voice and enact a sense of agency. Each participant used her personal experience to describe her resistance and negotiation with a new normal based on the injuries of her soldier and the additional responsibilities of care giving and leading and managing the household. From a feminist perspective, learning how to fight back through resistance and standing up for themselves

took time but it was a prominent theme across the many stories and transforming their perspective was a key outcome.

Next, feminist pedagogy aims for the participants not just to acquire new knowledge, but also to shift their thinking in new directions. This may involve the realization that personal interpretations of experience or of social phenomena can be re-read and validated in new, critical ways. This study adds to the feminist pedagogy with results that describe how women in real-life crisis situations have the ability to acquire new knowledge from a self-directed perspective and to shift their way of thinking to new and more effective directions outside a traditional classroom. As a result of their learning, the women in this study were able to effect change in their lives and develop a sense of personal power—key aspects of feminist pedagogy as posited by Tisdell (1993).

Given the findings with regards to women's development theory and women's ways of knowing, this study found that the spouses in this story (with few exceptions) exemplified a higher level of development consistent with key aspects of subjective, procedural, and constructed knowing. This finding is inconsistent with the stereotype of enlisted spouses articulated by Harrell (2000) based on her work with enlisted spouses that "characterizes junior enlisted spouses as lower class – and thus uneducated and unintelligent" (p. 99) and most characteristic of silenced knowing. The findings of this study provides an alternative perspective on the development level of enlisted spouses in this contemporary environment and could potentially inspire other women in similar circumstances, through transformative learning, to transform their world view. It found, along with the analysis of how these women are taking on multiple roles, that they have achieved a higher level of development and knowing and were silenced, not in their own

epistemology or way of knowing, but by the institutions in which they had to exist and operate.

Lastly, Belenky et al., identified five “ways of knowing” or knowledge perspective (or epistemologies) that represent a different point in women’s cognitive development: “silence, received knowledge, subjective knowledge, procedural knowledge, and constructed knowledge” (1997a, p. 15). The model appears to be progressive stages of development implying one must be completed before proceeding to the next stage. However, the results of this study found that no one learning epistemology could adequately capture the complexities and uniqueness of an individual woman’s thought and life. Thus the findings reveal that the model is contextual and very much dependent on the particular circumstances the spouses were encountering. The spouses in this study drew on several of the epistemologies as their needs arose. The way the women moved from one perspective to another is that their “self” struggled with these dualities. The role of self is to manage, negotiate, and reconcile these dualities. Each knowing perspective provides “a new, unique training ground in which problems of self and other, inner and outer authority, voice and silence, can be worked through” (Belenky, et al., 1997a, p. 134).

Transformative learning and feminist pedagogy

In terms of the finding of loss of self (self-negation), the study revealed that all of the spouses admitted to a loss of self during their transformative experience. This finding is applicable to the conversation surrounding both transformative learning and feminist pedagogy though for very different reasons.

From the feminist perspective, loss of self is a prominent theme in the codependency literature (Cowan, Bommersbach, & Curtis, 1995). In their role as care giver, the spouses exhibited hyper-attentiveness to the moods and actions of their spouse and an over focus on others while ignoring themselves. While these characteristics are viewed as behavior consistent with the nurturing role traditionally held by women, it can also be attributed to the women's lack of power and resources and gender inequality (Cowan, et al., 1995). As such, the women experienced suppression of feelings, sacrificed their needs and desires to please and care for their spouses, loss of identity, intimacy disturbances, anger, and loss of self at the same time. Whether this was a result of a need for self-protection, gender inequality, or an unwritten societal expectation of a dependent spouse, it was difficult to ascertain. Feminist analysis would suggest that "loss of self is derived from a hierarchical system and may represent examples of powerless behavior in subordinate persons" (Cowan et. al., 1995, p. 224).

In contrast, this study and in particular, the Jungian interpretation of transformative leaning, Individuation, as advanced by Boyd (1991) and Dirkx (1998, 2006) and discussed in Chapter 2, offers an alternative perspective on the feminist view of selflessness or loss of self. From this perspective, the women's loss of self became an integral part of their developmental journey and personal growth. It served as a catalyst for the participants to come to a deeper understanding, realization, and appreciation of who they are apart from the pressures of the social and cultural contexts in which they lived. And for many their self-less service as care provider has resulted in a more trusting and authentic relationship with their spouse. Perhaps we need a more complex and robust

view of the human experience of trauma and its implication for one's sense of self and the capacity to thrive in the face of trauma.

Summary. This study extends and pushes forward the theories utilized in the conceptual framework of the research design above beginning with transformative learning and concluding with feminist pedagogy and women's development theory. It also outlines implications of one key finding, the loss of self, from both a feminist and transformative learning perspective. Feminist scholars, like I hope to become, want to make a difference in a significant and positive way to facilitate for women how to better understand the ways in which gender relations shape social possibilities (Glazer-Raymo, et al., 2000).

Recommendations for Future Research

The researcher recommends further studies be conducted to develop a larger database of information to gain a more comprehensive understanding of the transformative learning experience of spouses of wounded warriors. As such, the following recommendations are made.

First, as this study was conducted retrospectively by the women looking back at their transformative experience, the transformative learning community could benefit from, as E. Taylor (2000) suggested, looking at the process of change over time. A future research recommendation is to conduct a longitudinal study as a follow up with this group of women and evaluate their change over a number of years. This long-term perspective could as, E. Taylor suggested, offer understanding about regression that might follow the transformative process, and provide a window into how the women are acting in their lives differently in response to their transformative experience.

Much of the critique about transformative learning studies is that they are conducted in retrospect, as was this study. A future research recommendation would be to select a group of spouses, male and females, of combat soldiers, and carry out the study using observations and recording the learning experience as it was actually happening. The data would provide new insights in the process of transformation (E. Taylor, 2000).

A limitation of this qualitative study was the small number of participants and the inability to generalize the data, although to do so was not the intent of this study. Given the limited number of participants in this study in relation to the large number of wounded soldiers and their geographical dispersion, a future research recommendation would be to expand the participant group by conducting a nationwide survey to study the transformative experience of a larger number of participants to delineate learning activities that contribute to a perspective transformation.

The researcher contends that, to have a more complete picture of the transformative experience of the spouses, it is essential to consider the narrative of the wounded warriors in relation to their spouses' transformation and their own. As such, as suggested by Sluzki (1992), a future study should include both the soldier (male and female) and the spouse (male and female) to determine their individual and collective meaning making process of this phenomenon.

As dual constructs, transformative learning and women's development were a powerful combination to shed light on the complicated experiences of these women. However, three phenomena were identified that cannot be explained by the study's theoretical framework and could have more explanatory potential by studying the spouses through different theoretical lens.

Coping theory. Learning to cope throughout the experience was a prevalent emergent theme. Coping is defined as expending conscious effort to solve personal and interpersonal problems, and seeking to master, minimize or tolerate stress or conflict (Weiten & Lloyd, 2008). They posit three broad types of coping: problem-focused, emotional focused, and appraisal focused. The effectiveness of the coping efforts depended on the type of stress and/or conflict, the particular individual, and the circumstances. Most of the spouses engaged in problem-focused or positive emotional-focused coping strategies. Emotional-focused strategies helped the spouses change their emotional reaction to their experience. Spouses who engaged in negative emotional coping strategies required a longer time to adapt and adjust to a new normal. Understanding coping theory and the benefits of each of the three broad types may have the potential to teach the spouses how to more effectively cope during their experience.

Family systems theory. As highlighted in the personal stories and findings, it was difficult for the researcher to get the women to focus on their experience throughout the interviews without focusing on their soldier's experience. It may be more informative to study the spouses using the family systems theory. As suggested by Bowen in the 1950s, individuals cannot be understood in isolation from one another, but rather as a part of their family, as the family is an emotional unit. Families are systems of interconnected and interdependent individuals and each member has a role to play and rules to respect. Within the boundaries of the system, patterns develop as certain family member's behavior is caused by and causes other family member's behaviors in predictable ways. Maintaining the same pattern of behaviors within a system may lead to balance in the family system, but also to dysfunction. For example, if a husband is depressive and

cannot pull himself together (much like many of the wounded warriors in this study), the wife may need to take up more responsibilities to pick up the slack (much like the spouses in this study). The change in roles may maintain the stability in the relationship, but it may also push the family towards a different equilibrium. This new equilibrium may lead to dysfunction as the wife may not be able to maintain this overachieving role over a long period of time. Understanding the long-term impact of a new family equilibrium can ultimately inform policy and service providers for the entire family impacted by acute physical and emotional pains soldiers bring home with them from war (Howell & Wool, 2011).

Triangular theory of love. The researcher found the essence of the spouses transformative experience was commitment. Sternberg (1997, 2004) described types of love based on three different scales: intimacy, passion, and commitment. According to the Triangular Theory of Love, it is important to recognize that a relationship based on a single element, as the researcher concluded in this study, is less likely to survive than one based on two or more scales. Understanding these components of love may help the spouses avoid pitfalls in their relationship, work on the areas that need improvement, or help them recognize when it might be time for a relationship to come to an end (Sternberg, 1997, 2004).

Recommendations for Policy and Practice

The researcher advocates that the biggest challenge is for practitioners, including policy makers, program and service providers, and society so they can better understand the dilemma faced by enlisted spouses of wounded warriors and the nature of their experience to more effectively help them cope and thrive in their new circumstances.

Thus, the following eight recommendations are thus provided for policy makers, programs, and service providers:

Policy makers and service providers.

Funding. From a practical perspective, the statistics stated above only began to suggest the suffering of the injured and the families of those killed or injured. Because so many of the wounded are in their early 20s, they and their families face a life time during which the medical care may be costly, intense, and constant (Wood, 2012). This fact was highlighted by many of the study participants. Additional funding must be allocated for the long-term care of wounded soldiers and their families for years to come.

Integrative services. Though many of the institutions and service providers are providing good care based on the women in this study, this researcher recommends the service providers move from a state of *independent* support – each providing their own level of assistance and service to the spouse, soldier, and children to a state of *interdependent* support where they routinely and, as a matter of standard, leverage the expertise of specialists working holistically in a coordinated effort to support the soldier, spouse and family. All too often, the women in this study described how they had to identify and coordinate services provided by what they considered complex and oft uncaring health and social service systems that were difficult to navigate. In navigating these systems, the women often found little or no information about services or they had to agglomerate disparate information into a more cohesive approach to provide care. A more interdependent holistic approach may result in more timely and coordinated diagnosis, treatment, and potentially more rapid recovery for the wounded warrior.

Spouses and children.

Spouse resources. Each of the spouses spoke of a lack of resources available to her and the inadequacy of these available resources. Due to changes in their family composition and household structure, for the women in this study who considered themselves head of household, care-giving demands and burdens over the long term may be beyond the capacity of the spouse and families to effectively respond. Buvinic and Gupta (1997) suggested that women who become the heads of households are worthy of special attention because they are triply disadvantaged: they experience the burdens of poverty, gender discrimination, and lack of social support. This has implications for the spouse, her husband and children, and for society more broadly and will require the attention of researchers, government agencies, policy makers, and program planners. The spouses recommended that policy experts, program managers, and service providers reach out to them directly and ask them what they need in order to determine their unique needs, to identify and assess gaps in programs and services offered to them as caregivers rather than make assumptions based on uncorroborated data. The women in this study wanted to be part of the solution and they wanted other spouses of wounded warriors to be part of the solution. They want their voices heard and respected.

Spouse job protection. Soldiers of the Reserve and National Guard are entitled to employment protection under The Uniformed Services Employment and Reemployment Rights Act (USERRA) of 1994, a federal law that establishes rights and responsibilities for uniformed service members and their civilian employers. A recommendation of this study is that policy be implemented to provide job protection for a specified period of time for any spouse who must leave her job to care for a soldier and the spouse be

guaranteed a return to her job, or similar job, once the soldier no longer requires full-time support or after a specific period of time has elapsed. This will allow the spouses to support their wounded warrior without incurring a financial burden due to loss of their employment.

Spouse learning communities. Based on the findings, the spouses learn best in a collaborative learning environment. To that end, the researcher recommends that Wounded Warrior Spouse learning communities or collaboratories be established by the Army and the Veteran's Administration to:

- Promote an environment of active, involved, exploratory learning.
- Promote a positive, more informed attitude toward more sensitive subject matter and the women can have real conversations about war and the impact of war.
- Encourage understanding of different perspectives.
- Allow the spouses to discover and explore alternative solutions to their problems.;
- Encourage the women to develop responsibility for each other.
- Create a stronger social support system; and develop higher level thinking skills (adapted from Hsrinivas, 2014)

Long-term mental health care for children. The children of the families in this study also endured long and sometimes multiple separations from their fathers only to have them return from war with physical and or emotional pain and, in some cases, as described by the spouses, not able to be a father at all. The women described how their children exhibited anger, suffered from worry, anxiety, and depression. Some children

either moved away from their fathers, losing the close connections that may have existed prior to deployment while others became over-protective and hyper-vigilant when it came to their fathers. However, others exhibited behavior problems in school. The implication is that many of these children are likely to continue to experience the pain of separation though the soldier has returned home. The researcher contends that, in many cases, these children may continue to need support and mental health services to address their ongoing mental health challenges or, as several spouses described it, secondary PTSD-like symptoms. Some of these children will likely be in therapy for years, and the system will need to understand the kinds of services they need and the impact of this experience on their youthful development (NCCP, 2010).

A national registry of children impacted by the War. While this study focused on the spouses, there is concern that the children may fall through the cracks of the institution, particularly children of National Guard and Reserve soldiers as they are less integrated into military social support networks. As such, the researcher recommends a national registry of children impacted by the War, managed by the Army or the Veterans Administration, be established to ensure continued outreach and services to these children at least through their formative years.

Summary

This chapter concludes the research on the transformative experience of spouses of junior to mid-grade enlisted soldiers wounded in combat while fighting the War. The chapter provided a synopsis of the research by reintroducing the research purpose and problem statement, methodology and the theoretical framework that intersects transformative learning (Mezirow, 1991, 2000) and the feminist-inspired theory of

women's development (Belenky et al., 1986). The answers to the research questions and key findings were included together with conclusions and implications. Lastly, recommendations for future research, policy, and practice were provided.

This research adds to the conversation a study on a diverse group of women—African American, Hispanic, and Caucasian—outside the traditional classroom who transformed their world view as a result of a significant disorienting dilemma—the acute physical and emotional wounds of war—their soldiers sustained in combat and its impact on their lives and the lives of their families. It offers and extends the conversation on Mezirow's rational approach to transformative learning by highlighting the importance of emotions and spirituality as put forward by Baumgartner (2001a); Boyd & Myers (1988); Dirkx (2001, 2006) and other scholars. The study results support the arguments offered by Caffarella (1992), E. Hayes and Flannery (2000) and Tisdell (1993, 2000) in that women learn differently from men and support the assumptions put forth in Chapter 1 with regards to women's development. Lastly, this study has provided some human context for official statistics and should be of interest to the military leadership, personnel managers, analysts, and policymakers involved in the recruiting, retention, and management of junior enlisted personnel and their families, as well as to Congress and the media as suggested by Harrell (2000). The researcher's aim is that the results will inform policy, services, and programs for spouses of wounded warriors and increase awareness of the challenges faced by these women and their families.

Though the war has officially ended in Iraq and most recently in Afghanistan, thousands of troops remain on the ground in both countries (DeYoung, 2014). And on October 15, 2014, U.S. Central Command designated new military operations in Iraq and

Syria against the Islamic State of Iraq and the Levant as Operation Inherent Resolve (OIR)(“Defense website”) ushering in the potential for a new era of wounded warriors and spouse care givers shouldering the burden of yet another American militarized response to combat terrorism.

Researcher Reflection

I started this scholarly journey for several purposes—to learn to effectively apply theory to my practice as the Chief of the Army’s Civilian Training and Leader Development programs for a workforce of 330,000 employees, to increase my competitiveness for an executive-level position within the field of learning and education, and prove that seasoned mature women like myself can, at this stage in their careers, make a valuable contribution to academia. As an African American woman, I have often felt my humble beginnings would hinder my progress—parents who were high school graduates, growing up in rural West Virginia at a time when African Americans in general and women more specifically were not encouraged to exceed.

As we studied myriad theoretical concepts, I was captivated by the concept of Transformative learning. I equated it to my own many transformative moments over the past many years. Now I had a name for it. Mezirow (2000), its chief architect, who recently passed away, suggested that the focus of the theory is how we learn to negotiate and act on our own purposes, values, feelings, and meanings rather than those we have uncritically assimilated from others—to gain greater control over our lives as socially responsible, clear thinking decision makers (p. 8). For me, transformative learning has the potential to open new vistas, new lenses, and new ways of knowing and seeing, and I am most inspired by Wallace’s (2007) definition as highlighted in Chapter 1.

Transformative learning is deep learning wherein, when we step back and question what we know, we begin to see that there is more to our world than imagined, and we start to question some of our beliefs that we have always held. Often, it may be a divorce, job loss, sickness or loss of a loved one that pushes us out of our comfort zone and makes us find new ways to reflect on things, through experiencing these fundamental changes, and looking at ourselves and our world in a new light. (p. 259)

As a woman, an African American woman, and an emerging scholar, I have experienced many disorienting events, and, as I searched for my scholarly niche, I found that I perceived myself to be an advocate for the underserved and the underrepresented. This guided me to a second body of knowledge and the scholarly conversation surrounding feminist pedagogy and women's development - feminist pedagogy, not in the radical sense, but the feminist perspectives surrounding ways of being and doing, knowing and learning, all of which demands a shift in outlook and behaviors as women.

Transformative learning, viewed through a woman's development lens, is a powerful combination of theoretical constructs and draws its ideas from the aspects of a woman's relational sense of the world and her ability to express and live by her emotions more freely than men. Such a perspective teaches women more effectively so they can gain a sense of their ability to effect change in their own lives (Tisdell, 1993) and provides a position that perfectly supported my goal to produce non-hierarchical, non-manipulative research. Together, these two constructs worked for me. And, while I support Mezirow's belief that transformation begins with a disorienting event, a dilemma of sorts that leads you to more critically examine the world and your assumptions, beliefs and values—all those things that make you who you are—I also learned from my participants that transformation is holistic and has an emotional and spiritual component and for me, like the women in the study, transformative learning has a much greater Jungian influence. And it was also the power of learning through relationships, through nurturing, and through connecting with others that I wanted to bring to light in my study.

This study, "*Silenced Voices that Cry in the Night*," is the culminating exploration of the transformative experience of 15 courageous women but also the culminating

exploration of my experience as the spouse of soldier who died from a service-connected disability, as a woman who endeavored to overcome this challenge, and my need to give voice to those often without. It is so interesting to me that each of the spouses got it when we discussed the title. Unfortunately, so many others did not. I hope this study helps policy makers, program and service providers, and society get it.

The word *transformation* has a powerful and positive effect. When I think of it, I picture something qualitatively different and better, not simply something quantitatively bigger or more of the same, and find comfort that we can emerge from old or existing structures when they are challenged, broken up, and re-imagined around a different operating system as it was for the women in this study. As I listened to the participants' stories, I was immersed in their experiences of what it was like to become the spouse of a wounded warrior. I hope this study gives voice to them so their silenced voices can be heard.

Many of the women whom I interviewed told me they found the exercise quite cathartic and that it enabled them to reflect on and re-evaluate their life experiences. I certainly feel similarly. While my own "learning journey" through this process has certainly been linear and rational on some level, it has also been a profound experience that I can only describe as spiritual and deeply emotionally transformative as well. It would give me great personal fulfillment to expand on this body of work in a college or university Women's Studies Program that explores gender identities, relations, practices, theories, and institutions where I can have the privilege of influencing a new generation of learners. As such, like the strong scholarly woman I most admire, Maxine Green, I hope my own transformation is not yet over!

From the Inkwell: An Ode to the Warrior Spouse



*Raised to be a man of God, taught thou shalt not kill,
Now placed upon the battlefield where there tis his only will.
Resting beneath the sunset, wounded he dreams of home,
Lying on the desert's floor knowing death will surely come.**

Injuries so severe he dares not to breathe
Death will come; it will be a relief.
But today is not his day to die; miracles cheat him of peace.
Now wounded, battered, he prays his pain to cease
He's home, on life he has a new lease.
But his pain, our pain, I sense, it's not right
My *silenced* voice cries out in the night.
Sleep never comes but the day dawns anew
If this is God's will, I have much work to do
To pick up the pieces of his broken might
To fix that which is broken and no longer right.
I must find my way; I must find my *voice*
They're depending on me; I have no other choice.
There are things I must learn; don't know where to begin
And at this moment, I don't know how it will end.
But as another day comes to a close, I rest, I rest my weary soul
For tomorrow will come with its own set of woes.
The family is sleep, his wrecked spirit at peace
I pray that God on life gives us yet another lease.
Until then, my *silenced voice* cries out in the night
God this is not right, God this is not right.

*The first four lines are adapted from a poem by Kathy J Parenteau entitled "A Soldier Dies Alone"

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Appendix A:

Ranks for Enlisted Soldiers, U.S. Army

Junior – Mid-grade Enlisted Ranks



PRIVATE (PVT/PV2) (Addressed as "Private") (Grade E-2)

Lowest rank: a trainee who's starting Basic Combat Training (BCT). Primary role is to carry out orders issued to them to the best of his/her ability. (PVT does not have an insignia)



PRIVATE FIRST CLASS (PFC) (Addressed as "Private") (Grade E-3). PV2s are promoted to this level after one year—or earlier by request of supervisor. Individual can begin BCT at this level with experience or prior military training. Carries out orders issued to them to the best of his/her ability.



SPECIALIST (SPC) (Addressed as "Specialist") (Grade E-4)

Can manage other enlisted Soldiers of lower rank. Has served a minimum of two years and attended a specific training class to earn this promotion. People enlisting with a four year college degree can enter BCT as a Specialist.



CORPORAL (CPL) (Addressed as "Corporal") (Grade E-4)

The base of the Non-Commissioned Officer (NCO) ranks, CPLs serve as team leader of the smallest Army units. Like SGTs, they are responsible for individual training, personal appearance and cleanliness of Soldiers.



SERGEANT (SGT) (Addressed as "Sergeant") (Grade E-5)

Typically commands a squad (9 to 10 Soldiers). Considered to have the greatest impact on Soldiers because SGTs oversee them in their daily tasks. In short, SGTs set an example and the standard for Privates to look up to, and live up to.



STAFF SERGEANT (SSG) (Addressed as "Sergeant") (Grade E-6)

Also commands a squad (9 to 10 Soldiers). Often has one or more SGTs under their leadership. Responsible for developing, maintaining and utilizing the full range of his Soldiers' potential

Appendix A: (continued)

Enlisted Soldiers, U.S. Army

Senior Enlisted Ranks



SERGEANT FIRST CLASS (SFC) (Addressed as "Sergeant") (Grade E-7). Key assistant and advisor to the platoon leader. Generally has 15 to 18 years of Army experience and puts it to use by making quick, accurate decisions in the best interests of the Soldiers and the country.



MASTER SERGEANT (MSG) (Addressed as "Sergeant") (Grade E-8). Principal NCO at the battalion level, and often higher. Not charged with all the leadership responsibilities of a 1SG, but expected to dispatch leadership and other duties with the same professionalism.



FIRST SERGEANT (1SG) (Addressed as "First Sergeant") (Grade E-9). Principal NCO and life-blood of the company: the provider, disciplinarian and wise counselor. Instructs other SGTs, advises the Commander and helps train all enlisted Soldiers. Assists Officers at the company level (62 to 190 Soldiers).



SERGEANT MAJOR (SGM) (Addressed as "Sergeant Major") (Grade E-9). SGMs experience and abilities are equal to that of the CSM, but the sphere of influence regarding leadership is generally limited to those directly under his charge. Assists Officers at the battalion level (300 to 1,000 Soldiers).



COMMAND SERGEANT MAJOR (CSM) (Addressed as "Command Sergeant Major") (Grade E-9). Functioning without supervision, a CSM's counsel is expected to be calm, settled and accurate—with unflagging enthusiasm. Supplies recommendations to the commander and staff, and carries out policies and standards on the performance, training, appearance and conduct of enlisted personnel. Assists Officers at the brigade level (3,000 to 5,000 Soldiers).



SERGEANT MAJOR OF THE ARMY (SMA) (Addressed as Sergeant Major) (Grade E-9). There's only one Sergeant Major of the Army. This rank is the epitome of what it means to be a Sergeant and oversees all Non-Commissioned Officers. Serves as the senior enlisted advisor and consultant to the Chief of Staff of the Army (a four-star General).

Appendix B:

Letter of Endorsement from the Assistant Secretary of the Army, Quality of Life



DEPARTMENT OF THE ARMY
OFFICE OF THE ASSISTANT SECRETARY
MANPOWER AND RESERVE AFFAIRS
111 ARMY PENTAGON
WASHINGTON, DC 20310-0111

20130416

SAMR-CQ

MEMORANDUM FOR Ms. Vicki A. Brown, Doctoral Student, George Washington University, Human and Organizational Learning, 17460 Glennville Drive, Dumfries, Virginia 22016

SUBJECT: Army Support for Doctoral Dissertation Study of Army Spouses

1. This letter conveys my strong support for the dissertation study you have undertaken as a doctoral student. Your roles as a former Army spouse and career Army civilian will add great depth to the study. I understand the focus of your study is to gain an in-depth understanding of spouses of junior and midgrade enlisted soldiers in the rank of E-1 to E6 who have experienced dramatic changes in their lives as a result of significant injuries their soldiers sustained fighting the War on Terror (primarily in Iraq and Afghanistan). The study seeks to understand how spouses have learned to overcome these experiences. The theoretical constructs are "transformative learning" and "women's ways of knowing". As this is a qualitative study, I further agree that interviews conducted over the summer of 2013 with 10-15 spouses of wounded warriors and one focus group at an SFAC (installation TBD) will help validate your findings.

2. This letter also may be used to request on your behalf the support of Army agencies and organizations to assist you as the research moves forward. To the extent feasible, I ask for their support of your efforts by facilitating access to installations, Soldier and Family Assistance Centers (SFACs), Warrior Transition Units (WTUs) and to the spouses who wish to participate.

3. The results of her research can be applied to a variety of structural and functional areas and will unquestionably have a positive impact on support to Army Families.

Encl (as)

Sincerely,

A handwritten signature in black ink, appearing to read "Anthony J. Stamilio".

Anthony J. Stamilio
Deputy Assistant Secretary
(Civilian Personnel and Quality of Life)

Appendix C:

Approval to Visit Soldier and Family Assistance Centers

-----Original Message-----

From: O'Leary, Charles D Jr CIV USARMY IMCOM FMWRC (US)

Sent: Wednesday, May 01, 2013 3:08 PM

Subject: PhD Candidate Study (UNCLASSIFIED)

Classification: UNCLASSIFIED

Caveats: NONE

For all addressees:

Reference: Ms. Vicki Brown, Ed.D candidate study.

I have coordinated with **Ms. McCollum**, Chief, Family Programs. We agree with this action and are very supportive of Ms. Brown's study to evaluate this caregiver group. Ms. Brown's plan calls for the use of the Soldier and Family Assistance Centers, Army Community Services, and Wounded Warrior Program/Warrior Transition Units to assist in identifying potential participants to interview. As such, I am requesting your support for her study by meeting with her and identifying potential participants for this study. Since her population may be that of those already out of the service, the Army Wounded Warrior program (AW2) may be especially useful.

Please aid her in making any needed local connections. I do not have the local AW2 and WTU Commanders or any WTU staff contact information.

I have included some background info on Ms. Brown, a copy of an "Endorsement from ASA M&RA", and her Research Information Sheet.

I have also included her on this email should you want to go ahead and initiate contact.

Thank you for your assistance.

Charles O'Leary

SFAC Program Manager

charles.d.oleary.civ@mail.mil <<mailto:charles.d.oleary.civ@mail.mil>>

Classification: UNCLASSIFIED

Appendix D:

Soldier and Family Assistance Center (SFAC) Recruitment Letter

Silenced Voices That Cry In the Night:
The Transformative Experience of Spouses of Wounded Warriors who Survive
the War
Is it Transformative Learning?

by Vicki A. Brown, Doctoral Candidate, George Washington University

December 17, 2012

Mailing Address
Dumfries, VA 22026
Vicki.brown@gwmail.gwu.edu

[Name,
SFAC Director
Address of SFAC
]

Dear [Name of SFAC Director],

My name is Vicki Brown and I am a doctoral candidate in the George Washington University's Executive Leadership Doctoral Program in Human and Organizational Learning. I am also a career Army civilian employee of 34 years working in the Pentagon and Crystal City as the Chief, Army Civilian Training and Leader Development. As you may be aware, part of the requirements for the doctoral program is to conduct research for my dissertation. I am very excited to begin this phase of my education!

My research topic is the phenomenon of transformative learning of female spouses of wounded warriors injured in support of the Global War on Terror of junior and mid-grade enlisted soldiers in the rank of E-1 to E-6 at time of injury. Specifically, I am studying each individual's experience of transformation from a state of dependency for spouses of wounded warriors and how they make meaning of their new situation. If you are interested in reading my proposal, I would be happy to share it with you. The study is a qualitative study, and I will be conducting semi-structured interviews with a number of spouses.

I am asking for your help. I would like your administrative and/or counseling staff at [Name of SFAC] to identify spouses of junior to mid-grade enlisted wounded warriors as potential participants who have transitioned through the SFAC. I am looking for spouses who have demonstrated profound and dramatic changes in their lives and life

experiences as a result of significant injuries (traumatic and/or debilitating; visible or not) their soldiers sustained fighting the War.

I have enclosed a comprehensive Research Information Sheet/Participant Consent Form explaining to your staff my participant profile and the exact nature of their role in identifying possible participants. Below I have identified the basic involvement required:

1. You (and your staff) will identify potential participants based on the criteria I have provided. It is my hope that each SFAC will provide between five and ten names.
2. You (and your staff) will contact the spouse, receive, and document permission for me to initiate contact or provide the potential participant with my information in order that the individual contact me.

If your office is like mine, I know that you are very busy and this is the extent of involvement I am requesting from your SFAC. What I have described above is only a proposed means of identifying potential participants. I am very amenable to other options and suggestions you may have.

The results of the study will be available to you once the dissertation has been completed. If you are willing to allow your SFAC personnel to help me in this study by providing access to names of spouses of wounded warriors, I request that you e-mail me stating that intention. I must provide the University physical evidence of your willingness to support my effort.

If you have any questions, please do not hesitate to contact either myself or my faculty advisor at GWU, Dr. Ellen Scully-Russ. I eagerly await your response.

Vicki A. Brown
Doctoral Candidate
George Washington University
Vicki.brown@gwmail.gwu.edu

Dr. Ellen Scully-Russ
Assistant Professor, George Washington University
Ashburn, VA
Scullyru@gwu.edu

Appendix E:

Potential Participant Recruitment Letter

Silenced Voices That Cry In the Night:
The Transformative Experience of Spouses of Wounded Warriors who Survive
the War
Is it Transformative Learning?

by Vicki A. Brown, Doctoral Candidate, George Washington University

4 February 2013

Mailing Address
Dumfries, VA 22026
vabrown@gwu.edu

[Name,
address of potential participant
City, State Zip]

Dear [Name of Potential Participant],

My name is Vicki Brown and I am a doctoral candidate in the George Washington University's (GWU) Executive Leadership Doctoral Program in Human and Organizational Learning. I am also a former Army spouse and a career Army civilian employee of 34 years working in the Pentagon. Part of the requirements for my doctoral program is to conduct research for my dissertation. As you can imagine, I am very excited to begin this phase of my education!

My research topic is one that may be of interest to you. The purpose of my study is to look at the phenomenon of transformation of female spouses of wounded warriors injured in support of the Global War on Terror. Specifically, I am studying each woman's experience of transformation from a state of dependency and how they make meaning of their new situation.

As the spouse of a wounded warrior you may be eligible to participate in this study. As the researcher, I am reaching out to you to determine if you are interested and eligible to participate in the study. Please review the enclosed Study Information Sheet. If you are interested in participating, simply complete and return the enclosed Potential Participant Questionnaire form and mail it back to me in the pre-paid envelope. You can also scan and email the form to me at vabrown@gwu.edu.

It is important to know that this letter is not to tell you to join the study. It is your decision and your participation is completely voluntary. There are no consequences to you if you choose not to participate, and, if you do participate and change your mind midstream, you may withdraw at any time. That is your right as a participant.

If you are interested in reading my proposal, I would be happy to share it with you. The study is qualitative in nature and I will be conducting two interviews with each spouse in the location of her choosing. Each interview is scheduled to last no more than 90 minutes. Two interviews—that is the level of your involvement unless you would like to review my write-ups as I go along with the study. I am more than happy to share and receive your feedback.

You do not have to respond if you are not interested in this study. If you do not respond, no one will contact you, but you may receive another letter in the mail which you can simply discard.

Thank you for your time and consideration. I truly believe that a study of this nature is vitally important to our Army decision makers, our society at large, and to other spouses who are having similar experiences. I hope you will consider participating.

If you have any questions, please do not hesitate to contact either me at XXX-XXX-XXXX (cell)/XXX-XXX-XXXX (work) or my faculty advisor at GWU, Dr. Ellen Scully-Russ at XXX-XXX-XXXX. I eagerly await your response.

Sincerely,

Vicki A. Brown
Doctoral Candidate
George Washington University
vabrown@gwu.edu

Dr. Ellen Scully-Russ
Assistant Professor, George Washington University
Ashburn, VA
Scullyru@gwu.edu

Appendix F:

Research Information Sheet (RIS)

Silenced Voices That Cry In the Night:
The Transformative Experience of Spouses of Wounded Warriors -
Is it Transformative Learning?

Principal Researcher: Vicki A. Brown, Doctoral Candidate

Telephone Number:

Faculty Sponsor: Dr. Ellen Scully-Russ, Assistant Professor, Human and

Organizational Learning

Telephone Number:

1. INTRODUCTION:

As a spouse of a wounded warrior, you are invited to take part in a research study. Your decision to participate is strictly voluntary. Before you decided to be part of this study, and I hope you will, you need to understand the purpose, benefits and potential risks. This information sheet provides information about the research study. A short bio is attached to provide information about me as the researcher. I am available to answer your questions and provide further explanations. Again, you are free to choose whether or not you will take part in this study.

2. PURPOSE:

The purpose of this qualitative study is to gain an in-depth understanding or essence of the learning experience and meaning making process of young, ethnically diverse female spouses of junior and mid-grade enlisted soldiers in the rank of E-1 to E6 who have transformed from a state of dependency and demonstrate profound and dramatic changes in their lives and life experiences as a result of significant injuries (traumatic and/or debilitating; visible or not) their soldiers sustained fighting the War on Terrorism. I am particularly interested in women who experienced a life change as a result of the injuries sustained by their soldier. I am most interested in the process of growing and transforming from a state of dependency and how women must now make meaning of this new way of seeing the world.

As a former spouse and career Army civilian employee, I, Vicki A. Brown, am the researcher. I most earnestly want to tell this story from your perspective as a wife. Far too often our voices go unheard or misrepresented. As a participant in this study, this is an opportunity for you to share your story that will hopefully encourage other women

who may be in similar situations as well as inspire the rest of society so they better understand the impact of the War from the wife's perspective.

3. PROCEDURES:

This study requires at least two interviews and keeping a reflexive journal. The research interviews will be conducted at a location of your choice. You will only need to participate in two 90 minute interviews. With your permission, the interviews will be audiotaped and transcribed to ensure I capture and maintain an accurate record of the discussion. The interviews will be anonymous and names will not be used at all. As a participant in the study, you can select your own pseudonym – the name by which you want to be identified. The interviews will be audio-recorded and transcribed either by me or an experienced research transcriptionist. You will be provided the final transcription for review and feedback.

The research study will be submitted in partial fulfillment of requirements for the degree of Doctor of Education at George Washington University, Washington, DC. The results of this study will be published as a dissertation. In addition, information may be used for educational purposes in professional presentation(s) and/or educational publications.

4. POSSIBLE RISKS

Although I believe the risks associated with the interview process are minimal, I must inform you of the potential risk to you. Self-disclosure is an inherent part of the interview process. Reflecting on unpleasant experiences may evoke upsetting memories. You may fear that information you disclose may become public. Every effort will be made to minimize any risks to you as a participant in this research effort and to ensure that all information provided by you is treated as strictly confidential. The University Institutional Review Board (IRB) requires strict adherence to confidentiality and protection of study participants.

5. POSSIBLE BENEFITS

The study has a number of potential benefits. You may:

- a. Gain a better understanding of how women make meaning when exposed to new and unfamiliar circumstances. This information could be helpful to you in your personal and professional life.
- b. Add to the scholarly conversation about transformative learning for a unique group of women – spouses of wounded warriors.
- c. Provide information about the social implications ranging from understanding your needs as caregivers as medical advances extends life and increases demand for long term, home-based care to assuming the role of head of household and the impact on relational issues.
- d. Provide a voice for a unique group of women and women like them which is virtually silent in the literature, potentially adding to and advancing the discourse of

‘women’s way of knowing’ and inspire other women in similar circumstances to transform their world.

e. Lastly, the study has potential to provide some human context about spouses for official statistics and should be of interest to Army leadership; personnel managers; and policymakers involved in the recruiting, retention, and management of junior enlisted personnel and their families, as well as to Congress, the media, and society.

6. COMPENSATION:

There is no financial remuneration for your participation in this study.

7. RIGHT TO WITHDRAW FROM THE STUDY

Your participation in this research study is voluntary. You may decide not to begin or stop this study at any time.

8. CONFIDENTIALITY AND PRIVACY OF RESEARCH RECORDS

Your records, including your interview, will be private and stored in a locked filing cabinet and/or a password protected private computer in my home office. No one, other than the research team, will know that you are part of this study. Your research records may be provided to authorized representatives of the George Washington University Office of Human Research and/or Committee on Human Research. Except for these entities, research records will be kept confidential unless you authorize their release, or the records are required to be released by law (i.e., court subpoena). You will not be identified by name in any reports or publications of this study. After two years from the conclusion of this study, the audio tapes will be destroyed.

9. QUESTIONS

If you have questions about this study, please call Vicki Brown at XXX-XXX-XXXX during the workday or XXX-XXX-XXXX in the evenings or weekends. If you have complaints about participating, please call the George Washington University Assistant Vice President for Health Research, Compliance and Technology Transfer at 202.994.2995.

Appendix G:

Participant Profile Questionnaire (PPQ)

Silenced Voices That Cry In the Night:
The Transformative Experience of Spouses of Wounded Warriors who Survive
the War

Is it Transformative Learning?

by Vicki A. Brown, Doctoral Candidate, George Washington University

Thank you for agreeing to participate in this study. I need some information about you to establish eligibility to participate in this study.

Demographic Data Sheet

1. Name (Last name, First name) – Please print

2. My age is: (select one)

- under 18 _____ (for emancipated teen)
- 18-22 _____
- 22-25 _____
- 25-30 _____
- Over 30 _____

3. My race/ethnicity is:

- White _____
- African American/Black _____
- Asian. _____
- Hispanic _____
- Native American . _____
- Other _____ (please identify)

4. Do you have children: _____ Yes _____ No

5. If yes, indicate how many and their ages:

- 1 child _____ Age: _____
- 2 children _____ Ages _____, _____
- 3 children _____ Ages _____, _____, _____
- 4 or more _____ Ages _____

6. When / where was your soldier injured? (Month/Year)

7. Is your soldier still on active duty?

- Yes _____
- No _____

8. Are you working outside of the home? :

- Yes _____ How long: _____
- No _____

9. What is the nature of your employment? (job title, kind of business, supervisor position, etc.)

10 Is there anything else you would like to share that makes your family unique that you feel may be of value to my research about spouses of wounded warriors?

Appendix H:

Participant Interview Consent Form

Silenced Voices That Cry In the Night:
The Transformative Experience of Spouses of Wounded Warriors who Survive
the War

Is it Transformative Learning?

by Vicki A. Brown, Doctoral Candidate, George Washington University

Dear [Potential Participant]

Thank you for agreeing to participate in my research study. As a reminder, this study is a requirement for my Doctoral Degree and is under the direction of Dr. Ellen Scully-Russ of the Department of GSHED Department, George Washington University (GWU). Taking part in this research is entirely voluntary.

The purpose of this study is to gain an in-depth understanding of female spouses of junior and mid-grade enlisted soldiers in the rank of E-1 to E6 who have experienced dramatic changes in their lives as a result of significant injuries their soldiers sustained fighting the War. The study seeks to understand how you have overcome these experiences.

Each participant is scheduled for two interviews. The first interview will include a discussion about your personal background. It will also set the stage for the second interview and allow you to discuss the details of your experience of your soldier's injury. The second interview is designed to encourage you to reflect on how you best learned how to deal with the changes and the meaning this experience holds for you. The total amount of time you will spend in connection with this study is 2-3 hours. You may refuse to answer any of the questions and you may stop your participation in this study at any time.

Although the risks associated with the interview process are minimal, I must inform you of the potential risk to you. The kinds of questions that will be asked will be related to your soldier's injury, the impact of his injury on you and the family, how you have adjusted to his injury and how you perceive the world today. Reflecting on unpleasant experiences may be upsetting to you. If that happens, you are free to ask me to pause so that you may have some time to collect your thoughts or you may ask me to stop the interview completely. And again, you may withdraw from the study completely if you chose too. During the interview, if needed, I will provide you with a list of installation social services with phone numbers of counselors you may speak with.

You may fear that information you disclose may become public. Direct quotes or your experience will be used to provide the reader with a better understanding of how

you have adapted, but we will not identify you by name. Every effort will be made to minimize any risks to you as a participant in this research effort and to ensure that all information provided by you is treated as strictly confidential. The University Institutional Review Board (IRB) requires strict adherence to confidentiality and protection of study participants.

If you need additional information, please do not hesitate to ask.

Sincerely

Vicki A. Brown, Doctoral Candidate, George Washington University
Email: Professor.vbrown@comcast.net
Cell Phone:

Appendix I:

Individual Interview Protocol

Silenced Voices That Cry In the Night:
The Transformative Experience of Spouses of Wounded Warriors who Survive
the War
Is it Transformative Learning?

by Vicki A. Brown, Doctoral Candidate, George Washington University

First, let me begin by thanking you for participating in this research study. This interview satisfies a requirement for my Dissertation as part of my doctoral program with George Washington University.

To remind you, briefly, the purpose of this research is to learn about your experience as the wife of a wounded warrior injured in combat. I will be asking you a series of questions aimed at understanding your experience as a spouse prior to your soldier's deployment, the kind of injuries he sustained, how his injuries have impacted your life and the lives of your family members, and how you have learned to cope with this new perspective.

Do you have any questions about the purpose or why I am conducting this interview?

I want to remind you that everything we say is completely confidential. A pseudonym will be used. Is there one you like me to use?

[Wait for response]

I want to hear about your ideas, your perspectives, and your experiences so there are no right or wrong answers. With your permission, I am going to digitally record this interview for the purposes of transcribing and analyzing the data for use in my dissertation. You can stop the interview at any time for any reason; all you need to do is tell me to stop.

Do you have any questions of me before we start the interview?

START THE TAPE RECORDER

Interview One – Part 1- Introductory Questions

Purpose: To establish context of the participant's experience as a dependent spouse prior to her husband's injury (Seidman, 2006)

1-1: Key question: Tell me a little bit about yourself.

1. *Where did you grow up? Go to school?*
2. *What were your goals before you got married?*
3. *How did you meet your husband?*
4. *What made you decide to marry a soldier?*
5. *I see from the participant profile questionnaire you have ____ children. Tell me about them.*

1-2: Key question: Now, let's talk a little about your life as an Army spouse. If possible, I would like for you to think about your life as an Army spouse prior to the time your soldier was injured and I will try to help you.

1. *Prior to the deployment in which your husband was injured, what were the things you liked **most** about being an Army Spouse, and why?*
2. *What were the things you liked least about being an Army Spouse, and why?*
3. *The literature describes enlisted spouses as generally feeling isolated from their Army community. Does this description apply to your general feelings as an enlisted spouse?*

- If so, can you share an incident that is indicative of this?

- If not, why not? Do you think this description is no longer accurate, and why?

4. *Describe a time for me, before your husband's injury, when either you or one of your children needed a service that was difficult for you to access.*

- What was difficult?

- What did you do?

- How did you feel?

- Who helped you?

- How did they help you?

5. *Prior to your husband's injury, did you have any special dreams or goals for yourself, your family, your husband?*

- Please describe a few of them for me.

6. *Prior to his injury (or illness), did you work outside the home?*

- If so, what was your job?

- How much did work impact your family?

7. *The Army labels spouses as dependents. Prior to your husband's injury, did you feel you were dependent on him to get things done, particularly related to on-post things?*

Note: if the participant begins describing experiences that are not prior to their soldier's injury, respectfully redirect the discussion.

Interview 1: Part 2

Purpose: To discuss the participant's experience with responding to a disorienting event (Mezirow, 1991) and their transformation (Seidman, 2006)

2-1: Key question: The next few questions will focus on your husband's injury (or illness) and your feelings and thinking at the time.

1. *How was your husband injured?*
2. *How did you feel when you learned he had been seriously injured (or diagnosed with PTSD or TBI)?*
3. *What was his care like while working to recover and transition to this new lifestyle?*
4. *How did you cope with everything that was happening at the time?*
5. *What kind of resources did you use?*
 - Emotional resources
 - Informational resources
 - Financial resources
 - Family care resources (for those with children)
6. *What relationships were key in helping you get through this difficult time?*
7. *How important was it for you just to have someone to talk to about your experience?*
8. *During this time, what were your biggest concerns? What kept you up at night?*
9. *Was there a time when you had to advocate for your husband in order to help him get the treatment or the service that he needed to recover?*
 - How did you know that he needed it?
 - What did you do?
 - How confident were you in your knowledge and ability?
 - Did people listen to you?
10. *During this time, did you ever stop to reflect on this situation? What did you reflect on? What conclusions did you come to?*

I know I have given you a lot of things to think about and I truly appreciate you taking time to share your feelings, thoughts, and experiences with me.

At this time, can we schedule our second and final interview? That interview will focus more on you and your role today. It should be no longer than 90 minutes.

What timeframe is best for you? _____.
Thanks...I will review my calendar and send you a follow-up email.

Interview 2:

Purpose: To have the participant reflect on the earlier interview and her descriptions of the experience prior to her husband's injury and more recently today in her role and discuss the meaning assigned to the two sets of experiences (Seidman, 2006).

In our previous interview, we talked about life before your husband was injured and how his injuries have impacted your life. You've had some time to think about our first interview and may have had some new thoughts you want to share.

Review key points from the first interview.

2-1: Key Question. Given what we talked about in our first interview, what you would like to add to our previous discussion before we get started with this, our final interview?

Thank you for sharing those thoughts with me.

2-2: Let's talk a little now about your experience in your current role.

1. *After your husband was injured, what did you think would be different about your life and perhaps your role in the family?*
2. *How did this make you feel?*
 - What were you most concerned about?
3. *Since then, how has your life changed?*
 - How has your husband's life changed?
 - How are you both coping with these changes?
 - How are the children coping with these changes?
5. *Do you still see the world the same as you did before your husband was injured or has your perspective (or outlook) on life changed?*
 - If so, how?
 - If not, why do you think it hasn't?
6. *How would you describe your relationship with your husband today?*
7. *Has your role of head of household impacted your work outside the home?*
8. *Has your supervisor, peers, subordinates been understanding of the new demands on your time?*
9. *What were some things that you did NOT KNOW that you know now?*
 - or what were you not able to do then that you know and can do now?
 - How do you think you learned that?
10. *I asked these two questions earlier but today I would like to re-ask them but I want you to consider your response from this new perspective of who you are today.*
 - Do you take time to reflect on this new position you find yourself in?
 - What conclusions have you come to?
11. *How important is it for you to have someone to talk to?*
 - Who do you usually reach out to discuss different issues or things that you are having a difficult time resolving by yourself? And why?

2-3. We have focused a lot on the here and now and the changes in your life. Let's look toward the future. I am reminded of a question I asked you in our first interview about your goals and aspirations for yourself, your family and your career. I would like to hear about those again but from your perspective at this point in your life.

1. Today, after all of this, what expectations do you have for yourself?

- Your family?
- Your husband?
- Your relationship with your husband?

2. What kinds of things are important to you now that weren't quite so important to you before?

3. Based on all that you have accomplished, do you feel you have grown as a person, a wife?

4. How confident are you in this new knowledge you have created?

- Knowledge about the world?
- Knowledge about the systems that you have to navigate to get things done?
- Knowledge that allows you make decisions that have tremendous impact on your family?

5. Do you get a sense that people listen to you when you speak now? More than before your soldier was injured?

6. How do you make sense of what has changed in your life?

7. Tell me about your future.

- How do you see yourself in the future?
- What will be different than you expected when you first got married?

8. If you could speak to other women in your position, what would you say to them?

9. What would you say to America about all of this?

Wrapping up interview:

That was the last of my questions. Is there anything you would like to add that I have not asked that you feel is important for me to know about your experience?

[What for response]

Thank you again for your willingness to participate in my study. I appreciate your candor and insights and I learned a great deal.

Thank you. [Stop recorder]

Appendix J:

Linkage Between Research Questions and Interview Questions

Research Question(s)	Interview Question(s)
Establishing context	<ol style="list-style-type: none"> 1. Where did you grow up? Go to school? 2. What were your goals before you got married? 3. How did you meet your husband? 4. What made you decide to marry a soldier? 5. I see from the participant profile questionnaire you have ____ children. Tell me about them. 6. Tell me about your life as an Army spouse prior to your soldier's injury? 7. What were the things you liked least/most about being an Army spouse, and why? 8. Army labels spouses as dependent. Prior to your husband's injury, did you feel you were dependent on him to get things done? 9. Prior to your husband's injury (or illness) did you have any special dreams or goals for yourself, your family, your husband? Please describe a few of them for me. 10. Prior to his injury (or illness) did you work outside the home? If so, what was your job? How much did your work impact the family? In what ways?
1. What is the essence of the transformative experience of spouses of wounded warriors?	<ol style="list-style-type: none"> 1. How was your husband injured? Please describe the circumstances and how you felt? 2. What was his care like while working to recover and transition to this new lifestyle? 3. How did you cope with everything that was happening at the time? 4. Describe a time when you had to advocate for your husband in order to help him (or your family) get the treatment or service that he needed to recover? How did you know he needed it? What did you do? How confident were you in your knowledge and ability? Did people listen? 5. After your husband was injured, what did you think would be different about your life and your role in the family? How did this make you feel? 6. Since then, how has your life changed? How has your husband's life changed? How are you coping with these changes? How are the children coping? 7. Do you consider yourself head of household today? If so, why? If not, why not? 8. Has your role of primary care giver impacted your work outside the home? 9. What expectations do you have for yourself? 10. Do you feel you have grown as a person, a wife? If so how? If not, why not? 11. How would you describe your relationship with your spouse today? 12. Today, after all of this, what expectations do you have for yourself? Your family? Your husband? Your relationship with your

	<p>husband?</p> <p>13. What kinds of things are important to you now that weren't quite important to you before?</p> <p>14. Do you get a sense that people listen to you when you speak now? More than before your soldier was injured?</p> <p>15. How do you make sense of what has changed in your life?</p> <p>16. Tell me about your future. How do you see yourself in the future? What will be different than you expected when you first got married?</p> <p>17. If you could speak to other women in your position, what would you say to them?</p> <p>18. What would you say to America about all of this?</p> <p>19. Is there anything you would like to add that I have not asked that you feel is important for me to know about your experience?</p>
2a How does the process of learning enable the women in this study to restructure meaning of a new perspective?	<p>1. Describe a time before your husband's injury, when either you or one of your children needed a service that was difficult for you to access? What was difficult? What did you do? How did you feel? Who helped you? How did they help?</p> <p>2. How did you cope with everything that was happening at the time?</p> <p>3. What kind of resources did you use? Emotional resources? Informational resources? Financial resources? Family care resources?</p> <p>4. How do you learn new information?</p> <p>5. How important is it for you to have someone to talk to about your experience? Who do you usually reach out to discuss different issues or things that you are having a difficult time resolving by yourself? And why?</p> <p>6. How confident are you in the new knowledge you have created? Knowledge about the systems that you have to navigate to get things done? Knowledge that allows you to make decisions that have tremendous impact on your family</p>
2b. What factors influenced a change in learning?	<p>1. What were your biggest concerns? What kept you up at night?</p> <p>2. Describe a time when you had to advocate for your husband in order to help him (or your family) get the treatment or service that he needed to recover? How did you know he needed it? Did people listen?</p> <p>3. What are some things that you did not know that you know now or what were you not able to do then that you know and can do now?</p> <p>4. Based on all that you have accomplished, do you feel you have grown as a person, a wife? If so how? If not, why not?</p>
3. What is the relationship between the women's learning epistemology and how she engages in critical reflection and social discourse in their transformative experience?	<p>1. The literature describes enlisted spouses as generally feeling isolated from their Army community. Does this description apply to your general feels as an enlisted spouse? If so, can you share an incident that is indicative of this? If not, why not? Do you think this description is no longer accurate, and why?</p> <p>2. What relationships were key in helping you get through this experience?</p> <p>3. Has your supervisors, peers, subordinates been understanding of the new demands on your time?</p> <p>4. How important is it for you to have someone to talk to about your experience? Who do you usually reach out to discuss different issues</p>

	<p>or things that you are having a difficult time resolving by yourself? And why?</p> <p>5. During this time, did you ever stop to reflect on this situation/experience? What did you reflect on? What conclusion did you come to?</p>
<p>4. Are the spouses' transformations indicative of a transformative learning experience as defined in this study?</p>	<p>1. Do you consider what happened to your soldier what the literature describes as a disorienting dilemma?</p> <p>2. Do you still see the world the same as you did before your husband was injured or has your perspective (or outlook) on life changed? If not, why not? If so, how?</p> <p>3. What kind of things are important to you now that were not quite so important to you before?</p> <p>4. How important is it for you to have someone to talk to about your experience? Who do you usually reach out to discuss different issues or things that you are having a difficult time resolving by yourself? And why?</p> <p>5. During this time, did you ever stop to reflect on this situation/experience? What did you reflect on? What conclusion did you come to?</p> <p>6. How do you make sense of what has changed in your life?</p>

Appendix K:

Installation Social Service Resources

Silenced Voices That Cry In the Night:
The Transformative Experience of Spouses of Wounded Warriors who Survive
the War

Is it Transformative Learning?

by Vicki A. Brown, Doctoral Candidate, George Washington University

List of Resources for Participants

If needed, each participant will be provided the following list of free local resources available through their installations services office:

Fort Belvoir Virginia:

Director of Army Community Services 703.805.2908/2600 Building 200, 9800 Belvoir Road (18th and Belvoir Rd), Fort Belvoir, VA	Director of Social Services Information: 571. 231-FBCH (3224) Clinic: 571.231.1763/1764 Dewitt Army Hospital 9300 DeWitt Loop Fort Belvoir, VA 22060	Crisis Hotline 703. 805.1832 703.229.2374 24/7 Crisis HOTLINE
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Fort Bragg, North Carolina

Director of Army Community Services 910. 396.8682 Soldier Support Center Normandy Drive, 3rd Floor. Toll Free: 1.800.958.4759	Director of Social Services 910. 907. 7869 Womack Army Hospital Third Floor Fort Bragg, NC	After Duty Hours: MP: 910. 396.0391 WAMC ED: 910.907.7000 AOD: 910. 907.6000
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Fort Stewart, Georgia

Director of Army Community Services (ACS) 912.767.5058/5059 201 Lindquist Rd Building 86 Fort Stewart, GA 31314	Director of Army Community Services 912. 315-6816 Building 1286 Hunter AF,GA 31409	Director of Social Work Services (SWS) 912. 435-6779 /6717 Winn Army Hospital 1061 Harmon Ave. Bldg. 311 Fort Stewart, GA 31314 Hours: M-F0730-1630	Social Work Services After Duty Hours: 912. 435-6666 Crisis Hot Line 24 hours: 1-800-273-TALK / 1-800-273-8255
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Installation Social Service Resources (page 2)

Fort Sam Houston, Texas

<p>Director of Army Community Services Tel: (210) 916-7322 Address 3931 Okubo Barracks Building #3644 Fort Sam Houston, TX 78234-5095</p>	<p>Director of Social Services Social Work Service (SWS) 210. 539.9580 Brooke Army Medical Center (BAMC) 4178 Petroleum Dr. BLDG 3528R/FSH near the RV Park inside the Holbrook Gate. BAMC After Duty Hours: Dial 911</p>	<p>Military Family Life Consultants: 210. 376.7824 3060 Stanley Road, Suite 95 (in the Army Community Service Building) When: Mon-Fri 7:30am - 4:30pm (MFLCs are available to meet with clients virtually anytime, anyplace if needed)</p>	<p>Crisis Hot Line 24 hours: 800. 273-TALK (8255)</p>
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Appendix L:

Analysis of a Transformative Learning Experience - Kim

Ten Phases of Transformative Learning	In Kim Words
Disorienting Dilemma	Yes [I consider this a disorienting dilemma]...it's definitely something that changed our lives and altered the way that we are going to live permanently in just, you know, everything...I think it's a matter of a life altering experience.
Self Examination	[Initially] I felt relieved; [later] I was very stressed; and then I felt real anger. I was angry with the Army for not doing right by him...I was scared, anxious, sometimes resentful...I just kind of felt a little overwhelmed.... It used to be kind of embarrassing to say I had to do this or that for my spouse...I'm concerned about my own behavioral health, the pressure of having to decide so many things and make sure he was getting the care he needed.
Critical Assessment	I think just being in charge all the time...making all the decisions...being all things to everyone. I didn't expect that...I don't feel like we're partners but more of a caregiver relationship.... It has given me more responsibility... It's...a full time thing...and he may not be the person that I married, he may not be that person ever again.
Inclusion	I went to behavior health counseling so I could vent and talk to someone after he was diagnosed with TBI. I work as an advocate for wounded warriors; they supported me and told me what I needed to do...even though I had been an advocate for someone else...It really helped to have someone listen who understands what you are talking about...or just to have someone empathize with you. I am better able to do my job with other spouses.
Explore New Roles/trying new roles	I felt he would be more dependent on me.... I would be the person who kept us together and decided everything. Being his primary caregiver is sometimes stressful.... I feel it's more like a full-time thing and back then maybe a part-time or temporary situation...
Planning	I keep a routine for me and the kids even if he didn't want to participate...Planning is key...Time manage – just about everything that I think will affect him, how far away I am going to be from my job, what kind of job is it.
Acquisition of Knowledge	I think I educated myself enough to know how to address things and hopefully I'll continue to educate myself as new information comes out and hope it's something that can help him and help our family. I learned about Repressed memories - I really didn't understand how...until they get into therapy, those memories can come back and make it seem like it was yesterday.

	I learned to talk about things because in the beginning like I said I really didn't want to talk about most things that were going on with him and I didn't want my kids, his parents or my parents to have to worry about us...but I think now I'm able to really talk about what goes on with him and just be honest with people about what he goes through.
Competence	I do now [see myself as head of household] He leans on me for everything...decision making...having to decide so many things and making sure he was getting the care he needed. It's kinda weird because with everything that's going on, I'm still able to function...When wounded warriors called me on my blackberry, I'm still answering all the main issues, and at the same time solving my husband's issues and addressing those too. I have a better sense of honesty and what I can manipulate him into doing.... Sometimes I look back and wonder how I did all of the things that I did and I think...it was either sink or swim.... I'm especially confident in this new knowledge that I've gained. I feel more competent, more like I can predict what's going to happen and how it will unfold.
Reintegration	I expect to still be support of him but still juggling and trying to find a balance between supporting the family, behavior health, his behavior health and my own, and having a career outside the family... making sure I can be professional during the time that I'm supposed to be and when I come home I can be a spouse and a mother and all those other things that I need to be as well. I'm optimistic that things could get better.
Perspective Transformation	I think my outlook has changed. Before he was diagnosed, I worked with veterans and soldiers who were diagnosed with PTSD but it really wasn't my situation.... I was supportive and I had a lot of spouses who came to me and talked to me about it and I felt really bad for them; I felt I was relating to them but it wasn't until after he was diagnosed that I actually understood exactly what the spouses go through. I see the world as a little uneducated and a little unrealistic about PTSD and TBI.
Core Elements of Transformative Learning (Moore, 2005; Taylor, E., 2009)	
Individual Experience	This [experience] changed our lives and altered the way that we are going to live permanently.
Critical Reflection	[Upon reflection] I've [takes a deep cleansing breath] come to the conclusion that he, you know, PTSD is and TBI is a disease that you can only try to treat symptoms, and that he may not be the person that I married, he may not be that person ever again and just, you know, come to accept that and kind of work through what he's going through, what he's going through. It's a different way of coping...the other things is just not take much for granted because you know, I don't know what the future holds for him but I try to be optimistic and keep an optimistic frame of mind...but I am still making most of the decisions and I may have to do that for a long time.

Rational Discourse	Learning to talk about things...because in the beginning I really didn't want to talk about most of the things that were going on with him... It's very important to have someone to talk to...I felt if I didn't talk to some and just get it off my chest, I couldn't sleep at night; I couldn't eat; I couldn't function...It really helped to just kind of have someone listen ... talk to behavior health people for myself...and I did reach out to the Army wounded warrior program as a support...someone to talk to.
Outcome of Transformative Learning Mezirow (1996, 2000); Dirkx (1998)	
Inclusion	I am better able to do my job with other spouses as a result of my experience...If someone needed help or if someone needed to be trained, they always walk them to me...
Differentiating Views, Permeable, Open to Others Integrative	I think my outlook has changed. Before he was diagnosed, I worked with veterans and soldiers who are diagnosed with PTSD, but it really wasn't my situation...I was supportive and I had a lot of spouses who came to me and talked about it...I felt really bad for them like I felt like I was relating to them but it wasn't until after he was diagnosed that I actually understood exactly what these spouses go through...I'm more supportive...and when wounded warriors called me on my blackberry, I'm still answering all the main issues [for them].
Informed Action	[Over time] people have come to value my opinion and they want to hear from me and I appreciate that...I do know that's not the standard because I have spouses who have told them they could not go into the room with their veteran or even sometimes when they were still on active duty...they were not included in the care; they were kept out of the loop...It's a perspective or a practice that I have voiced concern on and just trying to get people to change that practice by letting them know that...spouses are probably the closest caregiver that most of these guys have...if they're married you...want to be reaching out to the spouse because she's going to know what is going on.

Appendix L:

Participant Profiles

Darlene

“I am not a quitter...I’m not going to give up on myself and how I can grow...I’m not going to give up on my husband and how he can grow...I’m not going to give up on the military.”

Darlene, a relative newlywed, is 45 years old. She is married to a soldier who contracted a life threatening Debroya-Belgrade Hantavirus while deployed to Kosovo who is currently undergoing treatment for an Acquired Brain Injury (ABI) and grand mal seizures. She has been married for two years and has a one-year-old daughter.

Focused life history. Darlene’s father was in the Navy. Like most typical military families, they moved quite frequently when she was young. Her father settled the family in California for about ten years and Darlene, reflecting back on her life said, *“By the time I was 16, I moved again. Then I moved a lot... until my early 20s but spent the bulk of my adult life in North Carolina, which is home for me.”* However, she still has family ties to the west coast.

Darlene married, for the first time, in her 40s. As a result of marrying at a more mature age, she had a number of goals that changed frequently over time. The latest *“incarnation of goals”* as Darlene puts it, was to recover from a serious accident and seek out humanitarian work. Darlene said of her accident:

I had recovered from a bad automobile accident, so one of goals was to recover, and I did. I had a traumatic brain injury and some severe internal injuries.... I

recovered my health. I was able to walk again, talk again...and still working on putting the pieces of my life together so I could go back to work.

After her accident and four years of recovery, Darlene felt “*risk-free*” and returned to her corporate position but it “*just didn’t work.*” She then returned to graduate school full time for a year but decided that because of her injuries, her visual and processing deficits were too profound so she found it too difficult to continue. Her accident and subsequent recovery provided additional opportunities for her to reframe her purpose in life:

I revamped a bunch of goals and I just decided that I...had been given a second...chance and in some way I wanted to pay that forward. I ended up doing some rebuilding in Haiti after the...earthquake. I...had done some missionary training for humanitarian purposes, not necessarily as angelical purposes but for, you know, helping where help was needed...I was looking at a couple of positions in Romania, one in Mexico, and one in the uhm country of Georgia, but I met my husband. We were in Haiti together and doing the rebuilding thing and realized that we had a really good match.

Because he was in the military, if I went away for a year, he could not come and just join me so it was me that had to make the sacrifice for the goal [of being together]. So that was my first kind of alteration.

I decided to marry Dale (also a pseudonym) because he was loving, sweet and gentle, very manly, very attractive, very considerate and very responsible - just a neat individual. We have separate interests...and we have interests that we share...hiking, boating, ...the way we eat, ...our interests in other cultures so I convinced him to go to Haiti [laughs] so we could work really hard for the benefit of others and that’s the strong link to me and it was shortly thereafter that we decided to get married.

Dale had just completed seven years of Active Duty with the Army and was in the National Guard. Being in the National Guard made it easy for Darlene to marry him because “*he no longer had to live on base and I wouldn’t have to live on base...we had more freedom as a couple than we would’ve had had I needed to move to be on base with him.*” At the time, she was 43 and he was 35. “*Totally nontraditional*” is how Darlene describes their relationship. Today, she and Dale have been married for only two years

and have a one-year-old daughter, *“a total miracle...because after my accident, I was pretty sure I would never have kids of my own.”*

As an Army spouse, Darlene found the income of the National Guard a benefit as well as the fact that her husband was only away from home once a week for Guard duty. In addition, he seemed to really enjoy the Guard; she said, *“being with the guys so he comes back and he’s happy, and he feels manly and he’s done his guy thing and it’s just part of his identity since he was a soldier for seven years.”* Conversely, and Darlene admits it’s awkward, even though her father was in the Navy, she did not, as she put it *“have a natural affinity for the military.... It’s not the path I would have chosen although I respect it.... I respect my husband for what he does.... It’s not a match for me personally...so there was a discomfort for me there”* and while he was on deployment *“the hardest thing was just simply not having him there [with her]”*.

The literature describes enlisted spouses as invisible women with no voice who feel isolated from their Army communities; the Army, as an institution, labels spouses as dependent. Darlene agrees that, as an enlisted spouse, she generally felt isolated from her Army community stating that *“it’s a little bit of a false construct.”* For example, the Family Readiness Group (FRG) meetings were an hour and a half away in another state:

You have an FRG meeting once a month and if we could get to it, you know, one, it’s a new culture for me; two, it’s a long way to go; and three, I may not have anything in common with these people, who might be absolutely delightful and nice and friendly but we just don’t have either a familiarity or a sense of common background or interests.

She also felt very dependent on her husband for a number of reasons:

I did feel dependent on him because we moved into a home that was sort of falling apart, and I’m pregnant, and I doing this nursing assistant stuff and I’m taking some pre-nursing classes, and I’m really not feeling good.... I really needed him to help get things done...so we kind of split along gender lines, you know – he did...that, you know, honey-do list stuff.

Details of the experience. Darlene's husband was an E-4 when he deployed to Kosovo in mid-2012 where soldiers were working the airfields, doing riot control, and conducting border searches in support of the War. She describes below the details of his illness:

About a month and a half before he came home he contracted a virus that worked on him for about maybe 2 to 4 weeks. Probably from the artillery range or at helicopter landings, most likely, where dust containing mice feces is kicked up and breathed in. It's the Debroya-Belgrade Hantavirus, but it's a particular life-threatening strain of Hantavirus.... It is very different from what people get in the states. How you treat it is different and the drugs weren't available here. There is an incubation period for the virus, so [he was exposed to it] two weeks before he was to return home.

They air-vac'd, no actually, he went to the clinic there in Kosovo...but the Americans in Kosovo immediately transferred him to some Germans, because there was some international, there were UN troops there...So the Germans took care of him, got him on a medication that's only available in Europe that probably saved his life.

They then transferred him to Landstuhl to an American hospital and he was there for 2 1/2 weeks, which is sort of rare. Even with the guys who have like triple amputations, they try to get them over to Walter Reed right away. But because he was on an IV drip, on a drug that's only available in that form in Europe, they had to keep him there, and they had to stabilize him. He was in CCU and ICU for 2 1/2 weeks, and in and out of a coma, and it looked like he was going to have to go into dialysis. He was going into renal failure. There was a risk of a brain bleed or hemorrhaging through the body. He escaped all that. He, however, ended up with...some brain damage. So he has an Acquired Brain Injury (ABI) and also suffers from grand mal seizures.

Her husband recovered from the virus and was transferred to Walter Reed where he was improving. Shortly after his release from the hospital, he suffered several setbacks.

Darlene said:

He was completely overwhelmed when he got out of the hospital. He basically kind of had a breakdown, and had to go back in, and they called it a medically induced, uhm, episode.... One of the prescription drugs he was on for physiological reasons actually had a side effect of provoking extreme anxiety, so he was just having a really hard time.

So then he gets out again, goes back in the hospital for a week, gets some treatment, gets put on some different medications and gets back out, and then we start slowing down, understanding what it means to have an acquired brain injury which is no

different, really, in some respects, from the way some traumatic brain injuries manifest. But we were locked out of the TBI assistance program.

Because her husband's head injury was not caused by blunt force trauma to the head, according to Darlene, he was not eligible for much of the assistance available for treating patients with TBI. This has caused much anxiety and distress for Darlene.

And now I'm on the other side and I'm a caregiver and I need to know. I need to understand what's happening to my husband and I need to know how to deal with him, and I don't get that training because we can't go to the [TBI] program...and my husband doesn't get that help, so he doesn't get all that assistance that's out there and so were mumbling along with like occupational therapists, and music therapists, and speech therapists, and neurologists, and neuropsychologists and psychiatrists and they're kind of trying to piece together care for him in a different way and it looks, they've done the best they can with individuals they've had access to. Those individuals provide good care, but it's not the best care we could have received. There is a whole group out there that helps these men, their families and caregivers to know what to expect, and how to cope, and how to learn new tools. We didn't get that, and I went through a really hard period where I was just flipped out. I was angry.

I look at him. He looks back to normal and I expected him back normal, and he wasn't. So that dawning took probably a couple of months that he was not going to be who he was. And so you go through the stages of grief. Oh, some people's husbands lose a limb; some lose their personality or their ability to hold a conversation. There are lots of ways to lose your husband.

But he's an injured soldier without very visual, visible signs that really affect how a person gets around.... He kept getting lost. I had to go with him everywhere. It took me a really long time to figure out, like, 'oh, he keeps asking this question and he doesn't remember that we had this conversation yesterday or even an hour ago.' And I had to develop patience for that. At first, I was like 'what's up?' [Laughs nervously] you know because I didn't know who he was. So it was a big transition for me.

They transferred him...so we could live together, which is great. But it was tough because, you know, I had the baby and I was his non-medical attendant (NMA). I could remind him of appointments, help him get showered, figure out what to wear, where to go...The actual physical care that he received from each individual therapist I mentioned before...was good but the coordination of it and the sensitivity to his particular injury, our particular situation, and the piecemeal aspect of the...treatment as a whole, I would say, was not helpful. It actually split our family.

I asked Darlene how she was coping with this situation. She admitted that she was not doing well.

We were just going to reconnect, you know reuniting after a year's deployment, and take it slow, especially with the new baby. We didn't anticipate there being an injury thrown in and a forced move for me, where we'd be living in a place we didn't want to live, so I had dreams that were, that went unfulfilled.

I did not cope very well, I'll be perfectly honest [she puts me on speaker so she can attend to her baby].... I just woke up every day and tried to get the baby ready really early, carried her everywhere, managed his calendar, just talked to people, just tried to think proactively every day. And it would change through the day. What are priorities, you know, obviously all his medical appointments...and then my husband was having issues with his medications and his moods...basically, I was not coping that great.

Actually, its impacting my health.... I just eat on the run...I feel fluffy; I've got extra rolls and I'm like WHAT happened, you know. What happened was a whole lot of stress...and I can't get to sleep and turn my mind of, and I eat the whole box [of cookies].

It was important for Darlene to have someone to talk to. She reached out to her mother and his brother and his sister-in-law who lived in the area for emotional support. She also touched base with her good friends “*and they were just there for me. They just listened; they were great.*” Her mother came about a month into it and helped with the baby.

She [her mother] came right as I was collapsing and so she was a little bit judgmental at me because I was not this picture of the perfect, patient, compassionate, loving wife. I was really at my, I was just losing it. I was angry about everything. I couldn't handle it all, the cleaning, the baby, and my husband.

Individual members at the Family Support Center also helped Darlene cope by providing financial assistance and simple basic home items such as plates, a toaster, a coffee pot and a cutting board from the lending closet. The Yellow Ribbon Fund,[a charitable organization, provided a rental car which she said, “*changed my life. I was able to go to the store, get the food I needed to eat, and come back and cook it.*” Darlene

also received emotional support from her husband's nurse case manager. She met with several social workers but did not feel comfortable talking them. Ultimately, she said, *"I really got the most out of being honest about my husband's experience, and how it affected me with my friends."*

Darlene's biggest fears centered on the physical and mental well-being of her husband. She wondered if he will ever be a full partner again or be able to take responsibility for himself or help with the parenting responsibilities. She lamented, *"It's looking like I'm now, not only a permanent single parent but gained another child, and lost my husband."*

Once her husband was diagnosed with an acquired brain injury and it was determined that they were locked out of the treatment for traumatic brain injury, which, at Walter Reed, is the *"gold standard,"* Darlene began to exercise her agency and started advocating for TBI services:

I worked really hard on that [advocating for TBI services]...ultimately to gain some advocates from his care providers. So I did that and I tried to get him into the TBI [program]; they [the providers] saw it too. But I kept raising it; I was the squeaky wheel.... I kept saying to everybody, you know, the nurse case manager, his primary care managers, his neurologist, his psychiatrist, 'hey, there's something different. I see it all the time. He's getting lost. He doesn't know where he is. He's forgetting what I said to him the day before, two days before, an hour before.' you know, so I kept trying.

We all agreed based on his MRI ... that there was some damage to his brain lining and that obviously I was there and it was fully noted about his seizures, but it just took a while for people to kind of say 'hey, you should be in the brain retraining program and you should be getting specific help with this'. What happened is I was successful in pushing the envelope.

Her consistent and persistent advocacy paid off for her husband and he was able to receive treatments and therapies that were initially denied to him because of his status

as a soldier suffering from ABI and not TBI. According to Darlene, she was “*bound and determined to get the best help for my husband as I could.*”

Reflection. Darlene reflects on her experience all the time, every day, trying to make sense of all that happened.

I'm trying to take care of this baby and my husband's like a child. He has to be lead around by the hand. It was scary.... I concluded that I can't anticipate anything. I can't expect anything. I can't assume anything.... It had a dramatic and traumatic impact on my life and the outcome of it was [laughs nervously] actually I went through the grief stages. My husband has changed. He's different and you know one of those stages, first there's denial then there's anger.

I definitely went through the anger phase because all of a sudden I felt like [laughs] I don't exist here, my needs are not being met and I'm angry. I'm angry that this has happened. I'm angry that my summer plans...have been turned upside down. I mean my husband is not the man he was and I was expecting this great homecoming. I'm angry that I've gained a second child and I'm still a single parent, you know.... It was those kinds of phases that I had to go through.

Darlene's husband is recovering and wants to stay in the Army. His case is being reviewed by a medical board for potential discharge even though he was recently promoted to Sergeant (E-5).

When he became a Sergeant it was a really big deal and they talked at one point of Med-Boarding him because they are not sure he can fulfill the duties of a Sergeant. They can't take his rank away from him so their only option then is to Med Board him instead of....reducing him back to just a Specialist [E-4].

At this point her husband is classified as “*permanently partially disabled.*” With the changes in her husband, the reversal of roles and potential for the future, Darlene is struggling to make sense of the entire situation.

So I'm trying to make sense of all this and I don't know what it means yet [nervous laughter], what it means for the future. But all I know is that what has changed and may still change, well the writing is kind of on the wall, I'm going to have to go back to work full time in a career driven position sooner than I had anticipated. So I'm looking at being a mother, working, and I know this is not unique. Lots of women work full time, like my mother, but it wasn't what we had planned and frankly [changes her pitch] I am not the world's most organized

person, and I have my own set of challenges.... I struggle with things that most ordinary people might not so I kind of have...a hidden disability.

Actually I have to tell you, right now, more than anything, I'm just a little nervous about it. I'm a little like 'can I do this?' It's almost like 'yeah, I will do it...to the best of my ability. I'll stand by my husband. I love him but am I going to be able to do all this and not have like freak out episodes, not you know, collapse under the pressure or not get angry because my patience is worn thin. I want to be a good person in life. I want to treat the people around me well. I want to have peace inside myself and I'm just worried that, it's been tense and stressful and will I be able to find coping mechanisms to handle it all, that allows me to do everyone justice, including myself, and especially the people I love, you know?

Counseling has been a big part of Darlene's coping strategies. She and her husband go to marriage counseling which has *"helped put things in perspective like issues that are really specific to the situation and those that are not."* She continues to receive support from family and friends which helps in terms of coping and she finds time to go to a one-hour writing session once a week. *"I live for that [laughs]."*

Darlene considered her husband's illness and diagnosis of acquired brain injury a disorienting event as described in the transformative learning literature. She readily acknowledged her perspective on life has changed:

My outlook on life has changed and I'm glad this is confidential but it really makes me sick what the military does to men.... It makes me feel sick when I see so many young men dealing with such hard, hard difficulties in their lives. They had such challenges to their person that it just don't seem fair or right... War makes me sick. I hate it. I don't want to hear the news anymore and I've always been a political junkie.... I see the results of war in front of my face, every day and I feel for these guys and it makes me want to cry.

We [America] have real issues that are complicated. Let's try and solve it, so I am really disenchanted with our political system.... I used to know more about international politics and follow some of the domestic issues.... What I care about [now] is my neighbor. I care about the guy next door who lost both of his legs and an arm. I just, I don't know. It really makes me mad....

My husband was at the top of his game...all that went up in dust. I had to take over. I was knocked down emotionally; I had to readjust.... I sacrificed my classes...have not been able to regain my physical fitness and then had to assume responsibility for my husband who has...been at less than adult level and care for

the baby.... It's been disorienting and...it turned my world upside down but I'm coming through it and things are getting better now.... Yes, I am the head of household today; no, I did not see myself that way before he was injured.

We talked about the future but Darlene was not able to look that far ahead. She said:

How this affects the future is profound. What will happen in the future, I no longer know. I'm not going ahead with schooling for nursing. Uhm, I don't know what I'll do but the ownness is upon me to figure that out.

Darlene's advice for other spouses in her position was simple:

[Sigh] Find a really good friend to talk to. You need...someone that you can trust who will listen to you. And if you don't have someone like that in your life, and you're worried about talking to someone on base, and having it part of your record [as in her case], look off base.... Find a really sympathetic ombudsman...or find some caregiver support groups that are not with the therapists and not required to record notes. Just keep searching for someone to talk to. It's so helpful to finally be able to unload.

Take advantage of every resource out there that you can fit in...meet other parents if you have children...go get your nails done...go work out...or go climb a tree...whatever you like to do, go do that.

Darlene gave a hearty laugh when asked what she has to say to America about her experience. After a long, thoughtful pause she said,

Oh boy. I would say...for all those patriotic people who think about the soldiers, think about the family too. For every service that you make available to the soldier, make it equal to the family because that family is suffering as much as the soldier. That family sacrificed as much as the soldier. It should be equal. If you've got healthcare for the soldier, then you've got to get easily accessible health care for the family too.

There's health care for me but has it been easy, has it been accessible? NO.... So, I just really feel like there are enough patriotic people out there who are like 'yes, those guys, man they sacrifice.' You know what, they totally did but if they're married, uhm, they've got a spouse whose life has been turned upside-down and maybe...the wife didn't risk her life but they're taking care of the person who did so they lost a part of their life too, that's really profound, and they've lost now part of their husband. Their husband belongs to them and now they don't have their husbands, like I do.

I really hope and pray that at some point in our human existence here on earth, evolutionarily, spiritually, we as a people can figure out. I'm not saying I know

how to do it, but I'm saying I'm hoping and praying that at some point in time, we as a human body can figure out how not to kill each other over resources. That we can stop maiming, hurting, harming, torturing, killing and violence against one another for whatever reason. No more acid in girls faces because they don't want to marry somebody, and no more taking guns and chemical weapons to each other because there's a conflict over resources.

I'm, I'm sick of it. I'm sick of violence, and I know it starts, this is so corny, I know in a way it starts with me. If there is violence in my response to my stress in my little world, I have got to get a handle on that, 'cause that will never help anybody evolve, on a greater, larger level, and I know it's...a cliché, but peace begins with me man, and I'm really trying that in my own way, but it is hard. I can hope and pray that...people don't have to lose limbs, they don't have to strike out against each other.... I just really hope and pray for that someday; that we get there as a human body

And though not directed at the larger American audience, I was touched by her heartfelt thanks to me: *"Thank you for doing the study...and taking on that role of representing us. I really can't thank you enough for doing this, thank you."*

Jean

“I think I’ve grown because I’ve had to. I didn’t grow because I wanted to...I’m finally getting to the point where I want to grow because I want to learn more, want to experience more”

Jean is a very gregarious, outgoing, 36-year-old, with a quick laugh who has been married for 17 years to an Active duty soldier who is medically retiring in the next several months. Jean and her husband have no children though they hope to in the future. Her wounded warrior suffers from severe depression, combat stress and combat-related feet injuries as a result of multiple deployments to Iraq beginning in 2003.

Focused life history. Jean is the oldest of three girls and spoke very highly of her sisters. She is very proud of growing up as an “*Army brat.*” Her father was an enlisted soldier in the Army for 23 years, moved every two to three years, rose to the rank of First Sergeant and was quite influential in the lives of his three daughters. Her parents are “*Puerto Rican and they’ve been together since they were 14 years old [laughs].*” Jean, as a typical child of an active duty soldier, moved from duty station to duty station with her parents. She met her future husband in high school during their sophomore year. His father was also in the Army. As Jean put it, “*you just follow the cycle,*” meaning that both of their fathers were enlisted soldiers, both stationed at Fort Leonardwood, Missouri, so the natural thing to do was for him to join the Army as an enlisted soldier and for her to marry a soldier. Some call this fate; some call it karma. Jean said “*it just is.*”

After high school, Jean’s goal “*was to become a teacher. I actually was going to go to school at Kansas State University*” before she had to move. After seventeen years

of marriage and many duty stations later, Jean was proud to say that she “*will graduate with her Bachelor’s degree this Spring.*”

Jean’s fiancée joined the Army and was sent to Fort Gordon to complete his Advanced Individual Training (AIT), where soldiers learn the skills to perform their specific Army job. While he was completing AIT, the Army notified him that he was going to be stationed in Korea so the couple made a life-altering decision: “*We were going to wait to get married until he got back [from Fort Gordon] but when we found out he was going to Korea, we said ‘Let’s get married before that happens.’ So we got married.*” They were both 19 years old at the time. Jean was optimistic and quite sure the marriage would be successful. She said:

I think I knew he was the one because he just made me genuinely happy [pauses to reflect] and I just felt very optimistic, like I could do anything. And I saw that with my mom and my dad because I always thought that my dad was always like ‘you can do it [mom’s name]’.... That’s what I really wanted...someone to be like ‘you can do it Jean.’

As an Army spouse Jean liked the many travel opportunities and camaraderie the Army provided.

I liked the opportunity to move around and learn new things.... It’s always an adventure because you get to move every 2 to 3 years. You never know what to expect.... [Also] the Army has the ‘Army family dynamic’ that I don’t really see on the outside in the civilian sector where people come together as a family even though we don’t know each other.... You just learn to adapt and get to know people better.

Conversely, the things she liked best about the Army and being an Army spouse are also the same things that she likes least about the Army and being an Army spouse.

It’s interesting because I think it’s the same thing too [that I dislike], that uncertainty, like you never know when they’re going to deploy or when they’re going to come in, ‘oh by the way, were leaving next week; we’re PCSing. I just got the orders [laughs]. It’s kind of interesting. It’s almost like a double edge sword. It’s like it’s good, but it’s also bad.

The literature describes enlisted spouses as invisible women with no voice who generally feel isolated from their Army community. Jean had mixed emotions on this topic and had to really give it a lot of thought before responding, initially disagreeing then at the end of her thinking, still ambivalent. She said,

I don't think so.... I think enlisted spouses are [pause] I don't know.... Let me think.... I don't know...maybe because I see that there's more enlisted spouses than officers' spouses so I think it's a bigger community...but then I can also, well, the more I think about it, I can kind of see that too because I think the enlisted spouses, they're typically a younger demographic so, I mean I could see where that would kind of be true [being invisible with no voice].

Though Jean has many years of experience living and working on military installations, she always had a difficult time accessing the various hospitals.

My husband always gets deployed like a week after we get there [to a new duty station] for like a year. It's kind of like, 'we're here, goodbye, figure it out' and the hospital has always been like my one thing that I had difficulty figuring out.... I always ended up calling my mom for help...she's like 'look, just get your act together...and I did. I felt like 'I can do this; I can get through this year'. Little did I know it would be again and again.

Jean has always worked outside the home and enjoyed her jobs. She worked long hours and her worked impacted the family positively.

I worked quite a bit. I had the tendency to work a little bit more than what I needed. My husband told me I'm slowly getting better at it [laughs]. I have a tendency that if I'm going to put my effort into something, I put all my effort into it.

Details of the experience. Jean's husband was a Specialist (E-4) when he sustained combat-related injuries to his feet from marching, running, and carrying heavy equipment over multiple deployments to Iraq starting with his first deployment in 2003. His injuries have worsened over the years and negatively impacted his quality of life and ability to perform his military duties since 2008 despite multiple surgeries. There is no

specific related combat incident that he or the Army can pinpoint for his injuries. Jean describes his situation thusly:

My husband... really didn't have any feet problems before he went to Iraq...but then after that, and he said it is probably due to all the, you know because they had to do a lot of marching while they were there, you know from point to point, with all the equipment, that he slowly started to have fractures within the bones in his foot, both feet.

Over time, [it has] progressively gotten worse, but that's really where it all started, was there [in Iraq]. So finally, I think it was two years ago, he had surgery on one foot and they had to take out bone and cartilage...put in a piece to replace what they took out.

A year ago, they did the other foot, similar to that. [They] ended up taking out bone and cartilage put in some type of metal plate into his foot...He's gone from being able to walk normal to you know, he walks from the living room to the kitchen, and you can tell it just causes him pain and it's like, so the ability to really do anything is just limited.

I feel bad for him because his quality of life has just gone down so much.... I see that he wants to do things, but then he can't do it, and he pushes to try and do it...he struggles. My husband has such a personality where 'I'm a soldier...in the U. S. Army...and there are certain things I should be able to do and I can't do them, and I'm frustrated that I can't do it.'

The frequency of changing duty stations was the primary reason why it took so long for him to get the kind of treatment and surgery he needed to repair his feet. With every move came the requirement for a new set of consultations, a new set of schedules for surgery but then they would move yet again, and, according to Jean,

The process started over again, with the fresh faces.... Every time you PCS, it's like everything has to start over again.... [Finally] the doctor here was really able to help him get the surgeries pushed along...and while I can see that it [the surgery] has helped a little bit, I see in the long run its going to be one of those things where he's always going to have to have surgery for it; it will...effect his walking in the future.

As a spouse of a wounded warrior, Jean felt it was important to have someone to talk to. Her relationship with her family, co-workers, and friends has helped her to cope.

I rely on my sisters [one who is also married to a wounded warrior] and my mom and dad, and co-workers. I have a friend whose husband was in the process of getting out too, so I've relied on her quite a bit. Plus I feel like my friends are kind of in the same role as I am so it's good to have a different perspective from someone else in that same role. Dealing with the physical side of his injuries is almost easier than dealing with the mental side of his injuries.

I think the mental side of it has caused so many more problems than the actual physical side of it.

I asked Jean to elaborate on her last comment.

On the first tour in Iraq, they actually...lost one of the people in their squad. I actually don't know what happened with the incident, because none of them talk about it. It's like a group of ten of them, and nobody talks about it. They might talk about it among themselves. So I know ever since that happened, you know it's just a complete shift in his mentality.... I see that he gets easily frustrated and there's times when he's just down and out, and it's like 'how do I fix it.' I can't fix it; there's nothing I can do.

They said he doesn't have PTSD. They said he's suffering from severe depression. He's on medication; they keep him on medication.... You know if something's a challenge for you, then they'll give him medication. If you can't sleep, they will give you medication. If you're depressed, let's give you medication.... So I've noticed the medication really changes how someone acts, and I see it in my husband, and I see it with numerous soldiers.

I see that he can't even walk right now...what's going to happen when he gets out?... It's just slowing going to get worse and...he's already in a state of depression...how's that going to be affected?

Though minimal and unknown to her husband, Jean has had to exercise agency and advocate for services on behalf of her husband.

I remember I actually had to email his doctor a couple of times. I could tell there was a change in his demeanor...I thought 'maybe he hasn't told the doctor' so I did let the doctor know; actually he doesn't know [laughs]. I was actually shocked; he [the doctor] called me; the first time a doctor's ever called me. I was surprised. I was like 'Wow, that's pretty big!'

Initially, the injury, the diagnosis, the surgeries, and the drugs frustrated Jean: “*At first it would frustrate me; it was out of my control but I think I've become so accustomed*

to it, it's just the norm, kind of like all one more change, we can do that... that's an easy fix." Jean managed by putting herself in "a second person type of role":

I always try to put him first, and make sure he's ok. I have a tendency to overlook my needs.... You become that caregiver person so you just have to take it on. I'm not really a lovey-dovey person.... For my husband and for my dad and his First Sergeant role is kind of like 'here's what we need to do, get it done, move on'. So with him I've had to kind of take on that, 'Okay we can do this. I'm going to hold your hand. We're going to get through this. I'm going to have patience [laughs]' but before I was kind of like 'let's do it, right now.'

I mean I even find myself taking his phone and being okay, I'm going to put this in your phone. This day you have to go do this. This day you're going to go do that. This day you're going to go do this. I'm like a personal scheduler [laughs].

He doesn't do as much as he used to. He stays home much more than before because he just can't get out, and when he does get out, you know, we see everybody and everybody's just like 'why don't you just go home', and he's like 'I don't want to go home.' But then when he is in the house, he kind of, he sees. I don't know how to explain it. It's not really that he's down, but I can tell that he wants to do it but he can't and he's disappointed.

Reflection. Jean readily admitted that she has not taken time "to really reflect on it directly." However, upon reflection, Jean feels her soldier's injuries, diagnosis of depression, and subsequent surgeries is a disorienting dilemma in her life as described in the transformative learning literature. However, she has mixed emotions on whether she still maintains the same perspective on life.

I think to a point I still see it [the world] the same, because there's still a lot of things I want to do and that I want us to do but then I also think, well no, I guess I look at it differently because I work with the Army. I work with soldiers, and I work with spouses that come in and they are deploying.... We have wounded warriors and we have the survivors, and I think it's different because I work with them on a regular basis, so I'm used to it and it kind of gives me a different perspective on it.

[This experience] forced me to state more with what I thought and believe because I've kind of become that person you know.... I'm the person who wants to get him to do it so I think seeing him change, I think if we both changed at the same time it might be too much. I kind of want to be the stable person; I want to

be that solid rock, that foundation for him...that stable person to allow him to grow.

While Jean has ambivalent feelings about whether her perspective on life has changed, she feels she has grown in a number of ways that speak to the impact this disorienting dilemma has had on her life as she assumed the role of head of household:

I think I have become more open minded [than in the past]...but I do consider myself head of household today. [Prior], I saw him as head of household...and, to be honest with you, I think he kind of, he doesn't have an issue with it but I think he, I don't know if it's the manhood thing, like 'I'm the man of the house and you're the caregiver.'

I think sometimes he kind of wants to be in that role [head of household]. It's interesting though, because it's like.... I know you want to be in that role but you really can't because you're limited and it has to get done. I actually now bring home more money than he does and he jokes about it all the time. He's like 'you're going to take care of me; ...you're going to be my sugar mama [laughs] and I'm like 'No, I'm not. You're going to get a job. I don't care if it's a desk job but you're getting a job [laugh].... You're not going to be one of those people that gets to hang out at the house all day. It's not going to be you [laughs].

I think it makes me feel like I have to get everything done at once. But now I think I've learned to rely on everybody at work if I need to get something done you know. I ask people to help which I'm not one to ask for help. I have a tendency to just do it myself so that's something that I've had to learn how to do is ask for help...It's not being weak; it's just asking for help.

I feel like I've grown. I think I've grown because I've had to. I didn't grow because I wanted to, but I think I'm finally getting to the point where I want to grow because I want to learn more, want to experience more. Like it wasn't really an option. You just do it, either you do it or it's not going to, you know get done because you see all these people like... if they do it, you know it works out and if they don't that's when you see the divorces and the separations and everything like that.

[I've learned] that expressing myself and showing gratitude are important to me. I think I did it before but...now I take time to show it and to thank people. I want to show value to what their emotions are. I think this actually came from my father and his heart attack...about ten years ago. Ten or eleven years ago, he had a heart attack and you know, he was a First Sergeant in the Army. He was very military oriented.... He was straightforward, it was like cut and dry; no emotions, suck it up and get over it...and I think I tended to be more like him. But after his heart attack he appreciated everything we did. He made sure to thank everybody, and saying I love you, thank you, give you a hug. So I think I really take that from

him...Because I kind of equate that with this life-changing moment of how do you [laughs].

I feel pretty confident that I can advocate for myself and I can advocate for my husband and I feel like I'm a really good person, and it's like it's always about figuring out how are you going to get through it, and even if you can't get through it, how are you going to get around it, under it, over it, you just have to get to the other side so [laughs] and I always turn to look at the positive, that's one thing that I've always been. I'm very optimistic, like even when it's the worst thing, I always have to look at the positive about it because there's always something positive to everything

I think honestly the only way to make sense of [this experience] is to think that it could be worse and yes, it's the optimistic side of me thinking it could be worse... You know fortunately he didn't lose a limb or you know, you know he didn't pass away with casualties, I mean I think that to me that's how I make sense of it.

As Jean looked toward the future, she expressed mixed emotions, especially with her husband due to be released from Active duty very shortly:

He's getting out [of the Army] and I think we're ready to start a whole new chapter of our lives, so I'm waiting for that, and I'm just waiting to move forward with something else. It's a double edge sword...like before...the uncertainty. I see all of these soldiers getting out and I see how difficult it is for them to get a job and I'm just like, 'oh my gosh, what if he ends up like that?'

We won't be able to experience as much as we wanted to. We won't be able, you know ... to travel and get out and do all that kind of physical stuff but I think we could still travel, not do as much.

I think it's taken a lot of work get here [appreciating everything] but I feel like, we've done it together and I feel as much a champion for him as he champions for me. So I think that makes the future even brighter. That sounds corny [laughs].

For the last several years, Jean has been working with wounded soldiers and spouses on a daily basis. In her role as advisor and advocate, she often tells clients:

I wouldn't say that it gets better but I would say it gets easier, and then with time it just becomes the normal thing, and it becomes part of your relationship [pause] because I know some people when they look at it and think it's not going to work. But I think you just have to look at it, you know it's going to work; you just have to give it time. When it comes down to it you have to be that support person [pause] because if you're not, who's going to do it in the relationship? It's for better or worse so [laughs].

As Jean turned her focus to the broader American public, she would say:

It's something you can't understand until you've been in the situation.... I think about this saying 'if the Army wanted you to have a wife or a husband they would have issued you one', and I don't know why I just thought about that, that kind of thing, they don't really. It's like when your spouse enlists in the Army, there should be some sort of fine print for the other spouse that says 'You are getting ready to change your life now completely, you need to understand this.' [laughs] Nothing like you think you are expecting is going to happen; it's going to be completely different than what you think [laughs again]. I always find it interesting because...it's not really the soldier; it's the whole family that goes through the change.

You know it's interesting when you say wounded warrior, I don't think my husband considers himself a wounded warrior... they just consider themselves to be a soldier in the Army. I consider him a wounded warrior. He doesn't consider himself a wounded warrior. I think for him it's kind of like a wounded warrior is someone you know who's been severely you know like physically injured. And I think that, I don't want to say it's the mentality but I think that's the mentality that a lot of soldiers have, like those physical injuries. And I think the focus tends to be on the physical and it really should be on the mental because I think the mental side of it has caused so many more problems than the actual physical side of it.

I don't know...I mean to me that's how I kind of look at it, as I think, I think when soldier's come back they just kind of like, they're back, everything's back to normal. But I don't really think, I don't think...that they get the information on how to get used to being back in that role of being a husband or a father or a brother. I don't think they really give them the time and the support for it. I mean you get support from your family but I don't think...the support is there, I probably shouldn't say that, but I don't think the support is really there from the Army.

A counselor is like 'oh, you're fine, here's some medication, you're good to go, I'll see you in a month', but I don't think that the network is really there, it hasn't been developed yet, but I guess you can see, look at the suicide rate. Unfortunately I think it's a problem that's here and I think we haven't even scratched, like the edge of it. I think it's only going to get worse, within the next couple years.

Julie

“I’m a nicer wife now too. I used to be really angry with my husband and then I finally got over it. So I’m not as mean, I guess.”

Julie is one of the youngest spouses in the study, very matter-of-fact, very no-nonsense with very strong opinions. She made it known to me from the beginning of our interview that she was the spouse of a National Guardsman and “*proud of it*” and was separated from her husband on her 25th birthday due to deployment, and “*hated it.*” Julie’s husband will soon be medically retired from the National Guard because of his injuries at the young age of 24. They have been married four years and have “*an energetic*” two-year-old son.

Focused life history. Julie grew up in Kansas City and attended school in a small district just outside the city, because, as she put it, “*Kansas City lost their accreditation multiple times so my mom didn’t want me to go to a school where I wasn’t going to learn anything and have it mean nothing.*” Before she was married her goals were to graduate from college, have a degree, and have a job. Toward that end, she obtained her Associate’s degree in Medical Assisting, a Diploma in Medical Office Assistance and worked outside the home for a short time before her husband’s deployment. She had planned to return to school and obtain her Bachelor’s Degree in nursing prior to her husband’s injury. She said “*I think about it [returning to school] but a lot of nursing schools now won’t accept you if you have visible tattoos.... I have visible tattoos, so I don’t know if I’ll be able to go back or if they’ll waiver me.*”

Julie met her husband after he had returned from his first deployment to Iraq and married him shortly after he returned from his second deployment to Kuwait.

He came home from the deployment [to Iraq] and we kind of ran into each other and we started talking, and then he went back because he was doing two deployments back to back...because there were no jobs at the time. So he went and went back to Kuwait and we continued our conversations online for the next six or seven months.... He came home, we got married, and then he started seeking VA treatment. So I was there after the first two deployments, but I was also there in a roundabout way during the deployment...which would be the second deployment consecutively.”

I knew he was injured. So I knew he was going to come home [from Afghanistan] injured, and that didn't faze me at all. I was there when he was going to VA appointments. I was there when he needed to seek treatment. I came in, basically, I guess right at that point where he knew he needed help.

Though Julie's experience as an Army spouse was short-lived, there were a number of things she liked and disliked about being an Army spouse. On the positive side, Julie found that even though they were National Guard, she and her husband had the ability to interact with a lot of other soldiers and their families despite the fact they did not live on an installation. *“There was one spouse in my husband's unit that we would go to her house a lot until they moved, which was really sad because she was my best friend.”* In addition, according to Julie, *“We were allowed to go on base if we wanted to get food...seek medical treatment if we needed to, but chose to stay away from the bases because they were too far away.”* The closest base was at least one hour away.

What Julie liked least about being an Army spouse was, as mentioned earlier *“not being on base”* plus the lack of stability and constant movement required for her husband to maintain civilian employment. She explained:

Active duty is [original emphasis], I'm learning, extremely hard. The constant changing of friends is difficult. It still happens with the National Guard.... And I didn't like the fact that we would have to move all of the time, because National Guard only got paid once a month, the two weeks out of the year drill, so it was really hard for us to adjust to that because it was a paycheck once a month...and then having to keep a regular job. So we were constantly moving and that's what I liked least about it.

After AIT [annual initial training] he went straight to deployment [to Iraq]...so he did two back to back deployments, because there were no jobs at the time.... This was 2007 and 2009. When he came home [from the second deployment to Kuwait] he was trying to explain to people that he was National Guard...he's been deployed for 22 months. Nobody really wanted to hire him because he was gone for so long. It really wasn't until 2010 and 2011 [after his third deployment to Afghanistan]...when we really started seeing programs come about for National Guard where they're like 'you have to hold the position for them'.

Prior to her husband's third deployment in which he deployed to Afghanistan, Julie worked outside the home. She worked flexible hours, many times not getting off from work until 11:00 pm or midnight. By the time she got home from work, her husband would be asleep. This became a stressor for Julie. After she got pregnant and her husband was scheduled to deploy, Julie quit her job because, as she said, she was *"actually treated really badly...so I just up and quit my job. They didn't know I was a wife of a deploying soldier until the day I quit."* When I asked her if she felt dependent on her soldier, as spouses are often labeled by the Army, she said *"No. Everything was backward. I took care of all the bills. I took care of everything, and I still do that now for the most part."*

Details of the experience. According to Julie, her husband suffered multiple injuries on his deployments to Iraq and Kuwait before his final deployment to Afghanistan. In Iraq he was subjected to multiple mortar attacks, and, in one attack, *"he fell down a flight of stairs in full gear weighing approximately 200 plus pounds."* In both Iraq and Kuwait, he experienced multiple instances of jumping off of vehicles because of mortar attacks and IEDs (improvised explosive devices – homemade bombs) in which he damaged both of his knees and which impacted his mental state as well:

When he came home [from the back to back deployments] he had mild PTSD, hearing loss because of the mortars and the shells and stuff like that. They also said that he needed surgery on his left leg. They did surgery on his left leg. Uhm, the VA screwed that up. They operated on the – they operated on the right leg with the wrong MRI, so they ended up doing an exploratory surgery on the wrong

leg...The PTSD got really worse after...he found out that they operated on the right leg but the wrong MRI.

So when they did the [surgery on the] left leg, they didn't find anything wrong. Obviously it didn't match the MRI and so they just closed him up and said, 'Okay, you're going to do physical therapy and you'll be all right,' and then he went to behavioral health a lot...seeking help from the VA for PTSD and tinnitus.... [After some level of treatment], he got cleared and went to Afghanistan.

We focused more on the last deployment to Afghanistan in 2011. At the time of the Afghanistan deployment, her husband was an E-4. Coincidentally, he got injured on her birthday which caused her to be angry for several years.

In Afghanistan he was in a rollover...and he grabbed a hold of a private to save the private's life or to save him from getting injured. I can't remember exactly the whole story because I hear it differently. Every time he says it, there's something a little bit different about it. Then the gun fell on his leg. He was a SAW [Squad Automatic Weapon] gunner. So I think that was like a five-pound gun that fell on his leg, which was already kind of injured from Iraq and Kuwait.

He had a concussion, a TBI. He has no recollection of calling me on my birthday because the injury happened either the day before my birthday...or the day after my birthday, but he has no – they're not 100 percent sure and I can't find any of the exact paperwork with the exact date.... The concussion and TBI and the knee injury totally wiped out the rest of the deployment. He was a driver after that.

Then there was an incident in Afghanistan...where I wish that they would change the rules. I can't really discuss the whole thing. All I can say is that a detainee got loose. I don't know if that's the right word. He escaped or got loose and climbed up his [her husband] guard tower and was trying to kill him [her husband] with a knife, and he can't engage because he wasn't being fired upon or stabbed, so he just had to let the detainee climb up there. And luckily uhm an Afghan soldier, who was good, took care of the situation.... I know that if it wasn't for the Afghan soldier that shot the detainee, I know that I would be a gold star wife right now.

When he returned from Afghanistan the Army operated on his right leg. Julie did not join him immediately because she had just had the baby and needed parental support.

I wasn't here for the first six months. I was living with my parents because I needed help because I can't take care of a child by myself 'cause it was just really hard for me. But from what he's told me, he got really great care here, once we got the issue with his primary care physician fixed. She just had no interest in seeing patients and helping them at all until we got it fixed.

He would go talk to her about something and she would just blow it off, or she would misdiagnose – well, she wouldn't misdiagnose it but she wouldn't necessarily diagnose it right, or she would half diagnose it or she would just send him to somebody else. So he saw a lot of people - orthopedics, gastroenterologists, that sort of thing, before they finally got down to the root of the problem.

The orthopedic surgeon was great up until right after he had surgery. They told him that they weren't going to do the second surgery and that he was going to retire and just try to live his life as best as he could. They refused to do the second surgery.... He can't walk up and down stairs, so I have to carry our child up three flights of stairs right now. We're going to have the VA re-evaluate it though. That's what he told me. He was like, 'I'm going to have the VA re-evaluate my leg, since the doctor's not going to do another surgery' because the first surgery didn't help at all.

I asked her to explain “got it fixed” so that I could better understand her role in his recovery process. She explained that she and her husband had an opportunity to have a conversation about his doctor with a senior ranking enlisted soldier. According to Julie,

It seemed like a week after we had this conversation...everything was great.... I don't know if he had anything to do with it or not, but like the next week when my husband went to see her, he felt like he could talk to her; he felt like he was getting stuff done. He felt like she was listening.

Interested to see if Julie advocated for her husband for services at any other times, she replied

I really didn't help him with that aspect. If he had a problem, I told him to go find somebody, find whomever he needed to deal with it, and then I would make sure he'd actually go to that person. This is when I basically learned about everything, like going to the squad leader first and then his platoon leader and then the company commander and then if that don't work go to your ombudsman, that sort of thing. And...now that I know all of this and my husband is already through his final stage, I have other soldiers coming to me asking how he did it and what process he went through. If they have a problem, I can basically tell them whom they need to talk to, which is really weird.

I'm not saying that I know it all, because obviously I don't, because I've given them advice and they've gone completely opposite directions, which is okay because they just wanted an opinion. But I feel pretty confident that knowing what my husband went through and who he talked to, that they can do the same thing and get results.

As much as Julie appears well versed in the process to obtain assistance for other soldiers, she does not cope well with her own personal situation.

I don't really think I cope. I think I just avoid it.... Every time he tries to talk to me about something that's happened, I pretty much shut down and say, 'I don't want to talk about it right now.' Or, I don't - it's not that I don't have time to listen to what he has to say, but when he has PTSD really bad, he gets angry. He takes it out on me. I just shut down and tell him I don't want to listen to it. So, I've kind of been the trigger, in a way, because I don't want to listen to what he has to say because it's usually negative and it's towards me, even if it's not directed towards me. And so I don't really cope, I just avoid.

During her experience, Julie recognized that the need to dialogue with others even if she cannot communicate with her husband about the situation. She copes by seeking counsel from a social worker, the chaplain and in various other ways:

We both have talked to the chaplain. We both have sought marriage counseling too, to try and help and because that was part of the problem. His PTSD would get to the point where I was like 'I don't want to do this anymore' so we sought pretty much everything that we could.... I'm independent. He's independent.... There for a while we couldn't stand each other but that was the PTSD...so after a while of being separated we decided that we didn't want to be separated. We decided that we needed to be a family.

I go to women's group [weekly] at our apartment complex...where you talk about your spouse, so it's kind of nice [laughs]. There's another couple. He's a Reservist so it's kind of nice to not have to speak to active duty all of the time because active duty is different from National Guard.... I also go on trips with the Support Center...to get away from everything.

We talked about the potential to share her feelings and have conversations and dialogue with friends or families. She was clear that she has only one friend who now lives in California, and, though she talks to a lot of soldiers and their spouses, she only considers them acquaintances.

Back home for me is 830 something miles away and home for him is 800 or 700 and something miles away, so we really don't have any friends back there, unless its acquaintances through Facebook.

I really don't talk to my parents.... I can't have a conversation with my mom because she doesn't understand but I can have a conversation with, you know, my best friend because she was there. My mom guilt trips me every time I talk to her into moving back home, and the same with his parents. They try to guilt trip us into moving closer or moving within a drive's distance, but neither one of us really want to move back [home] because there's nothing there...

And I really don't want to be within driving distance of my parents or his parents, to be honest with you. I like my personal space and my freedom here, because nobody will fly to come and see me, so it's okay. As far as other family, I don't consider family to be just blood relatives. There is a military family here, uhm, with some of the acquaintance friends that we have made here, so they count. I think [of them] as family, in my opinion, because some of them live right down the street from us. So if I need something...I would go to them before I'd go to my own parents.

Julie is also self-sufficient when it comes to learning: *"If I don't know something or how to get it done, I'm usually gonna ask somebody."* Julie also said, *"If all else fails, I Google it, or Bing it, or Yahoo it, or ask Jeeves [she chuckles]."* She said, *"You know, I spent a lot of time asking people on like 'what do I do here,' and if they don't know, I'll look it up online cause odds are it's probably leaked online somewhere."*

The reality of having her husband home full time has caused a shift in their family dynamics and recognition of their differences. For example, her husband has the opportunity to spend more time with their child: *"Now there's co-parenting instead of single parenting; that's definitely different."* However, they grew up differently, she a bit more indulged by her parents than he and they are working to find a balance. *"Our styles of parenting are two different things and it's hard to find a balance.... I spoil my child; he grew up with nothing and feels [our son] ain't getting nothing...so we're clashing on it. Bad."*

Julie did not see herself as her husband's care provider but they fight over the role of head of household. Julie said,

We constantly fight over it [head of household]. He was deployed so obviously, naturally that made me head of household. So when he came back it was a struggle to – I still do it all. I still pay the bills. I still do everything. All he does is make the paycheck and so we fight over it constantly as to who is in charge. So [her emphasis] I guess you can say, right now, it's 50/50 because neither one of us are willing to give it up.

Julie's husband is in the process of being medically separated from the National Guard as a result of his Medical Board and the family will stay in Texas. Her biggest concern is finances:

If it's getting close to the end of the month and I know exactly how much I have to spend, that kind of makes me angry because I don't want to know the amount...because at the end of the month of July we no longer have a paycheck until the VA pay check kicks in.... He's 80% disabled right now but he's still working 'cause we still have seen – we won't see a VA check for, I think, six months because they're behind so much. So he has to work.

His injury has required other adjustments in their normal family life.

There's some other stuff we cannot do.... We really don't go shopping at the mall a lot...since he can't walk long distances.... If he saw anybody that looked like anybody overseas he would freak out or get really hostile.... Uhm, I pretty much do all the shopping on my own. Certain smells and scents kind of get to him. We can't be in large crowded areas so we avoid dinner time...or go early afternoon with all the older senior citizens...which is okay by me because it's quiet, but I just feel like out of place.

Reflection. Julie considers her husband's injuries and diagnosis of PTSD and TBI a disorienting event as described in the transformative literature. She said her perspective on life “has definitely changed.” She admitted that she gets “easily annoyed” at the fact that, even though her husband has combat -related injuries and has to wear heavy duty braces on both knees but because he wears pants, the braces cannot be seen. As a result, Julie felt that many people discount him as a wounded warrior and they are often discriminated against. She said,

People are treating us like liars because they expect to see, you know, combat-related amputees...or Purple Hearts.... We've been trying to apply to a lot of

programs for mortgages, for homes, and everybody's Purple Heart preferred. 'My husband's not in the Purple Heart, but he's been through three deployments and been injured in all three of them, why doesn't that count?'

Julie is committed to her role as volunteer in helping soldiers and families as was evidenced when we talked about her future. While she has she was interested in going back to work, she now has parameters. She said, *"I can only work four days a week.... So it's really hard to find a job.... On Wednesdays, I volunteer here [the Soldier Support Center] and I'm not giving that up just because of a job."* Julie had never volunteered before. As a result of her experience and her new perspective on life, volunteering has become an essential part of what she does every week to help soldiers and their spouses relieve stress, and, based on her comments, this is really her way of coping with her new situation. Volunteering has helped Julie to want to be a better person. *"I wouldn't volunteer 'cause I'm not a people person at all. I get agitated very easily with people...and can come off as very rude. I try not to be...but volunteering, it's helped me not to be as rude."* This experience has also helped Julie grow as a spouse. *"I'm a nicer wife now too. I used to be really angry with my husband and then I finally got over it. So I'm not as mean, I guess."*

In reflecting on her experience and trying to understand all that has happened, Julie noted that *"there really is no making sense to it. I just go with it day by day."* Also, in looking back, Julie wished her husband had pursued becoming an Active Duty soldier so that she could have had that experience.

I mean I really liked it, from the short time that he was on active duty [in recovery] but I wasn't experiencing it as an active duty wife. I was experiencing it as an active duty wounded warrior wife, so...I don't know what it's like to do everything on post...Maybe he wouldn't have necessarily deployed to Afghanistan when he did...If he'd gone Active Duty, we could have PCSd overseas...and get to see the world and take our son and go see, you know, Europe...But it is what it is

and I'm okay with that now...and he's the one that got to go overseas and see everything, so.

I know that deep down that, even though he's glad that he's getting out, I know that he wishes he wasn't because the first time that his brigade deploys...or gets called up for duty, that it is going to be really hard, because he's going to want to go.

If Julie had an opportunity to speak to other spouses in her position she would say:

I would tell them to – if they don't want to walk around crying all the time to not let some things affect them the way that they probably are. [pauses] Basically just to – like I do, just let it go. Cause if you don't let it go, it's – you're just gonna get into a fight.

Or you're going to cry a lot and be hurt a lot. And if you just don't let it affect you the way that they're probably – the spouse is, or the soldier is probably wanting it to affect you, then you won't be as unhappy.

And to America, Julie said,

I don't know because there are so many things that I would say. First off, I would start off by telling America that military life is different from civilian life and that unless they truly have lived the life, they cannot say that they understand.

*However, military marriages are no different from civilian marriages. Everybody fights, everybody has problems, but when you add an injury, or an incident, or something significant to change your life, it becomes – it becomes more – magnified.... Unless they've lived through what we're going through **now** [her emphasis], they don't understand.... You can't sleep at night because your spouse is deployed. Or they're injured and you don't know it and they come back and your life is completely changed.*

And I would tell America that PTSD isn't fake because I've heard that a lot.... It's a real disease. Well, unless you've been injured in any way, shape or form, car accident or whatever, you don't know.... Just because your spouse or significant other goes on a business trip does not make it the same as a deployment. I wish people would understand that everybody that is injured is a wounded warrior and it doesn't just pertain to Purple Heart or to amputees. Cause that's what everybody's focusing on right now. And I wish people would understand that PTSD is a real disease.... I think that's it.

Melissa

“I know I was like completely like hard ass like you look back now and I’m like...it’s like the people in my life versus before it was like the accomplishments of our life.”

Melissa is 33 years old and has been married for seven years to an Active duty soldier, now medically retired for injuries sustained while deployed to Iraq. He suffers from a combat-related neck injury, post-traumatic stress disorder and suicidal ideas as a result of supporting the War. Melissa and her husband have no children, though they hope to in the future.

Focused life history. Melissa describes herself as “*Army brat.*” Her father was an enlisted soldier in the Army rising to the rank of First Sergeant and was quite influential in her life. She proudly states that her parents are “*Puerto Rican and they’ve been together since they were 14 years old [laughs].*” She is the middle of three girls and very close to her sisters. Until high school, Melissa moved from duty station to duty station with her parents. Prior to getting married, she had only one goal:

The only goal I really set for myself ever was to go for my doctorate. I mean other than that, because of our military background, I kind of, was just more like, okay, this is the direction that I’m going, let’s make the most of each step.

Toward that end, Melissa has a Bachelor’s degree and has earned two Master’s degrees; a MPA in Government Management and an MSM in Organizational Leadership and Change. She has not yet started her doctoral work, though she plans to in the near future.

Melissa met her husband after she graduated from college and moved to Fort Lewis, Washington. She was working for the Army, Air Force Exchange System. Melissa

said *“He and his roommate always bothered me because I was the manager of electronics and they wanted a discount.... We all went to the gym together.... Eventually I found him attractive and I actually asked him out, he didn’t ask me [laughs].”* After high school Melissa said had no intentions of marrying a soldier because her dad, as a First Sergeant, *“would actually take us to like basic training events and let us watch shakedown, and how they ate and I’m like ‘oh my God, I’m never joining the Army’ [laughs]; I’m never marrying a soldier.”* But something felt right with this young man and she knew he was the one. Melissa said, *“you know there hasn’t been a day that he hasn’t made me smile. I felt like he was the one, you know, except that I had to deal with the fact that he was in the Army.”* However, since her parents made it work, she was convinced she could make it work.

As an Army spouse, Melissa liked the benefits the Army had to offer. *“I liked having the medical, dental, shopping at the commissary. I mean it gets expensive off post, you know.”* What she did not like was his unpredictable work schedule. *“His schedule is never his schedule [laughs] you know. He’s supposed to be off at five but he was never off at five.”*

The literature describes enlisted spouses as invisible women with no voice who generally feel isolated from their Army community. Melissa, though she was familiar with the Army life style and installation services, agreed that, prior to her husband’s injury, she felt invisible and out of touch with her husband’s unit.

I remember this one deployment, like I attended something and I didn’t feel like a part of it at all...They would have a [deployment] briefing but it was just... like they were going through the motions and not really telling you anything...it kind of wasted my time.

Melissa grew up on many different installations as a child of a soldier and having worked on different installations she was able to maneuver the Army system to accomplish anything she needed to get accomplished. As such, she did not feel dependent on her husband to get things done.

As an AAFES Manager, Melissa enjoyed her job. She worked long hours and her worked impacted the family positively and negatively.

I worked 60 to 70 hours weeks.... We got to the point where he was starting to introduce me as his narcoleptic wife...because I would fall asleep anywhere [laughs].... It kept me busy, it gave me money, and it...helped us to do the things that we wanted to do but at the same time it was...like I was always tired.

Details of the experience. Melissa's husband was deployed to Iraq twice. In 2004, at the rank of Specialist (E-4) he sustained his first set of injuries. He was injured again in a subsequent deployment to Iraq in 2006. He had been promoted to Corporal at that time – same rank as an E4 but with more responsibility and slightly more pay.

According to Melissa, her husband sustained a combat-related neck injury in one of the deployments from the constant bombardment by mortar fire and multiple convoy missions. It has been difficult for him and the Army to pinpoint the exact cause of his neck injury and PTSD primarily because it took the Army a long time after deployment to properly diagnose and treat him “*with other than drug therapy.*” Melissa describes his situation this way:

He has both...a neck injury and then PTSD. The neck injury, the Army defined it as combat related. They believe it has to do with one of the multiple convoy missions that he went on...and the impact they had on his body. And then the PTSD is from, he doesn't talk to me about it, but it has to do with a gate incident, a roof incident, and a convoy incident throughout the deployment [in 2004].

His PTSD was diagnosed in 2007. According to Melissa,

It actually took him a long time [to get a diagnosis of PTSD] because after the first deployment [2004] they had actually diagnosed him with an adjustment

disorder.... It wasn't actually until...we got to Carson that they actually were starting to see what the problem was and then diagnosed him here in 2007 for PTSD, and then actually got his neck diagnosed as well. It was a mess. They just gave him Percocet all the time and muscle relaxers and he had really bad withdrawals once they found out what was going on with him.

Melissa was relieved once he was diagnosed with PTSD. It was what she hoped would happen. *"I kind of expected it.... It was more like the Army is getting it wrong, you know. You're not...getting the proper treatment because they're not getting it right."* His medical issues became apparent during their change of station move from Fort Lewis, Washington to Fort Carson, Colorado. Melissa said:

It was...[after] we had gotten to Fort Carson and we had done the trip from Fort Lewis. It was a two-day drive. He was out of his pain meds so we had to go to the emergency room to get him something.... It was at the emergency room that they were like 'whoa, why are we prescribing you this' and immediately scheduled for a consult and subsequent surgery. He worked for the unit he was assigned to for a few months. Rather than keep him there [in the unit], he went into neck surgery about four months later and they assigned him automatically to the WTU [warrior transition unit] to...heal...

[He was in the] WTU for two years...They were really helpful, super helpful.... They encouraged spouses to attend [appointments] and I attended every single appointment that he had. My work was really open to it because I worked for a unit as well...and when I was hired I let them know my husband was in the WTU, in the process of Med-Board, and I'd like to go to all the appointments.... They understood and they said yes.... So I pretty much attended everything.

After the surgery, Melissa's husband was making progress in his recover and he wanted to stay in the Army. Unfortunately, a change in squad leaders and a *"critically embarrassing incident"* while he was in formation, combined with the negative experiences of his previous duty station solidified his decision to try and get out of the Army. Melissa admitted that she was anxious about his decision to get out of the Army but that it was his decision to make.

I was just nervous because of ...the many unknowns. In the Med-Board, they don't tell you anything.... You don't have a countdown. You don't know how long you

have left in the Army. You don't know if he's going to get discharged or ...retirement and I was just, I was nuts...like I stopped cutting my hair just so we could save money [laughs] ...but then at the same time, I was like 'he made the decision; I'm going to support him.'

Melissa's family, her father and sisters, were instrumental in helping her cope.

Her father who had retired from the Army, check in on her and give her “a reality check” as to whether her worries were warranted based on his experience. Melissa also talked to her sisters, one of whom is also married to a wounded warrior. To cope with the stress, Melissa worked out but she found she needed other strategies:

I found out...I needed another outlet...for me it's like learning about it...learning about what's going on with him. That helped...me calm down a little.... His therapist invited me a few time to therapy sessions and the counselor recommended books...that were really good. I also just talked with other spouses at the Warrior Transition Unit...Learning from other people's experiences [helped].

It also helped Melissa to cope when her husband applied for and was qualified for Social Security disability: “It was really helpful, especially for my sanity because I was like ‘Oh my God, how are we going to pay the mortgage you know, like my job alone can only pay two car payments.’” Dialogue with her mother helped her cope as well: “My mother helped a lot too. She has a very positive attitude...and I see myself now doing it with my husband sometimes where...there are certain things you just have no control over but you do have control over your emotions.” Melissa also relied on her friends for conversations and learning:

My friends, they're probably...the biggest ones [to help me cope]. When I just wanted to scream and say those things you're not supposed to say to a loved one, you can say it to a friend, and they just totally understand what you're saying [laughs]...

Melissa had to exercise her voice and advocate for services on her husband's behalf several times:

I have had to file a few complaints because...they weren't properly filling out stuff. They weren't documenting stuff. Like one of his meds he had an allergic reaction to and it was pretty much I became his caregiver. Even now...his psychiatrists, the one that prescribes the meds, any time they change something, if I'm not there, they will actually send a note home with him just to tell me why they are changing it.... I've heard so many horror stories where someone just gets kind of left...or their paperwork is bypassed so they're just kind of hanging out and don't have any information. But I, I was on it.

I felt [they listened to me] just because I wasn't...complaining about every little thing...I was someone that works with them so I understood what they were saying but at the same time, if something didn't sound right, I would question it...I'm confident...and I don't go in blind. 'The scenario is like this'...I research it. I write my questions down...and I'm ready with my interpretation...and ask... 'Is it wrong; is it correct?' I think in retrospect, if I would have complained about every little thing, I probably wouldn't have gotten anywhere.

Since his diagnosis with PTSD, a number of things have changed in Melissa's life. With his PTSD and anxiety she was concerned with how they were going to survive. She was also concerned with the reversal of roles with her husband:

[I worried] how am I going to make sure that we still make it? ... I'm not the provider because I don't bring in the big bucks but like how are we going to provide and make it work. I've pretty much taken over everything....His only job is like doggy detail [laughs]. We used to split the chores in half and like literally [now] I control everything.... I pay the mortgage. I pay the bills.... I say 'here's your money for what you want to buy'.

And...[learning]...how do I deal with him because he has his ups and downs. He was anxious; he was depressed. I know I can do it but sometimes like I'll question myself...I had to teach myself how to talk to him because the way I was talking before didn't work anymore. Because you know, 'divorce is not an option' [laughs].... We always laugh because I always tell him he didn't provide me a disclaimer before we got married so 'divorce is not an option.'

I worry about him and just the way he thinks. That was a big stressor because I remember he did have his moments where he was suicidal...and I probably didn't handle it right at all.... He was like 'I always think my life, your life would be better without me' and I...I yelled at him. I was like 'that's the stupidest thing I've ever heard and...I went on a rant about how...that's so not true.

Melissa considered herself head of household and empowered that she had learned how to do most of the chores around the house to include manual labor such as “fixing doors and all that stuff.” She shared:

It took a while for all of this to settle in and I think, we weren't down or anything but I would say we had a rough rhythm for a while, until it really took my initiative to realize that I needed to change my role. And it became evident to me that I tried to be, not like a wife, but more like a caregiver.... I was angry; I was frustrated.... I was doing everything in the house...and little things were slipping...it became more and more evident that everything was just mine.

However, she was worried that she felt she had to control almost every aspect of their life while recognizing that she cannot control every aspect of their life:

If I plan the day out, it's not bad. I can handle it you know. Everything needs to be done in order and all that. I know how he has to handle things, so like if we go places I have to prepare ahead of time but if anything is spontaneous, it's a nightmare.... I have to control everything even though it's like his control issue. [For example] if I know, I can kind of prepare him to take his meds when he's going to be in a large crowd.

Sometimes he'll want to be spontaneous too and I'll roll with it because 'I'm like, yes, we're getting somewhere' ...I try to sometimes push him out of his comfort zone because that's what the therapists wants him to do.

I have to assess him, how he is feeling.... He's kind of isolated himself.... To make him feel more comfortable I'll take myself out of my comfort zone.... I'll go to rap concerts [with him]...though I'd prefer to be in bed by 9pm. I'll go out of my way to help him make friendships now but before he didn't need me at all. He's really anxious now...sleeps on average three to five hours a night because he doesn't want to become dependent on his meds.

Her husband is working outside the home but Melissa recalls an incident this past summer when she had to leave him home to attend to family business after the death of her father.

I didn't realize like how much I did for him until ...I...went on emergency leave for two weeks...to be with my Mom after my father passed. I was talking to him and he hadn't showered in four days, and he had taken his meds in like five days and he was constantly working from home... We're fortunate he's got a job where he can actually telework].

Melissa has learned that communication with her husband is critical. Rather than not talk about a situation, as was the case when he first returned from deployment, they both realized that if they do not communicate they are not progressing as a couple.

Reflection. Melissa viewed his injury and diagnosis of PTSD as a disorienting dilemma as described in the transformative learning literature. She also believed that her perspective, the way she sees the world has changed:

I think I'd probably say maybe [my perspective] changed for the better. Beforehand...I would probably say I was...like the role reversal, I was more the hermit before him, and I really wanted to be at home. My awesome night would be basically staying at home, watching a movie, uhm and I really didn't share a lot of like personal things with people...even my work. They wouldn't know anything personally about me.

[After he was diagnosed], I started opening up more with them...and I started to feel more comfortable.... I would just keep my mouth shut, I wouldn't share anything. But now I find myself, because of the people I've met...like the doctors, the nurses, other spouses, I feel more comfortable opening up. I guess, I softened, I don't know [laughs].

Melissa felt this entire experience has caused her to change in a positive way.

Having friendships [is really important].... We were so independent I didn't think I needed friends to help me with anything. But I realize...having those relationships in place is not only super important but it's...healthy...I feel better. My husband would tell you I was heartless before. Like I never used to cry before...now I'm like...something on TV, laughing and it's so sweet, I'll start crying because it's so sweet.

I asked Melissa if she liked the person she has become. After a brief introspective pause, she answered, “*Yeah. I think so, yeah,*” admitting also that her priorities have changed:

I think [I've grown as a person and wife]. I think the person I was before, I really wasn't living and really enjoying the little things in life. I mean, when I was a manager and the breadwinner at the time and we got all the things that we wanted...and really didn't think...about the little things.... Now it's like, I think twice about buying something expensive and think about what else could we do... together...like go on a date or something like that or go out with our friends.

When given a few moments to reflect back on her experience, Melissa said:

I don't think I really did [reflect] until I realized how much I did for him when I went home for two weeks and he pretty much just fell apart. This is not something that we planned. If we can make it through this, we can really make it through anything because we just, pretty much, it was just a complete role reversal that occurred...more like a permanent role reversal you could say. And if we can still come out laughing about it, you know, we can make it through anything.

I've only kind of been 'a where the wind takes me kind of person' so it's like, you know, this is the path that I'm taking and I just worked with it. I mean, I know it sucks. You know if it sucks, I'm not going to go down that path (laughs). But, you know, if you can't find the positive there's no need for it at all, whatsoever.

I haven't really [been able to put my hands around this]...It's just supposed to be the thing, you know...How do I make sense of it? I don't. I mean, I don't.... It's cheesy but I know a lot of our situation, like I've always reflected to my parents' relationship. I know when my parents had their rough patches and how they handled it and you know, I never really make sense of it because we're married...and marriage you have to work through things and you have to go through things together.

After another moment of reflection, Melissa shared that she and her husband have a good relationship today.

*He's my best friend. We still laugh every day. We still say 'I love you' every day, even if we're mad.... He's the first person I want to tell anytime something happens, you know, I just want to call him right away and I think the same with him. I would hope it's the same with him. It feels like I'm usually the first person he calls when something good happens. I **know** [emphasis by Melissa] I'm the first person he calls when something bad happens [laughs].... I think we're probably even closer now.*

As Melissa looked toward the future, she readily acknowledged that her future goals had not changed much but are inextricably linked to his well-being:

I remember it was one of our decisions when he got hurt to put [having children] on hold because we needed to figure out what's going on with him and bringing children into the house is just not the right thing to do. But now, I see a family...even if it's not having our own kids...even if it's like adopting because after dealing with what was going on with him, you know everybody needs a little love I guess [laughs].

I still want to get my doctorate...It's probably the only goal I've ever actually set in my entire life. This is what I want to strive for...and I think...really just being

able to look at the end of each day and say 'this was a good day' and to have more good days than bad days, and...getting him to a point where I would love to get him off his meds...I worry about his kidneys, his liver, all that stuff and just his tolerance...because I know that he could be on them so long that the tolerance increases. There are so many horror stories of the soldiers at the WTU, like the soldier that overdosed on his painkillers because...they weren't working and he just took so many that he ended up overdosing. I'd like to get that out of the equation.... I would feel better. I don't know how he would feel [laughs]. I would hope if he didn't need them he would feel good.

I want us to grow old together and he doesn't, you know, have his thoughts of suicide....That was the most terrifying experience for me....and then just continue to like smile every day and hold each other's hand and you know still have the flame going...and have him eat all of my leftovers [laughs]...and I want to be a big baller GS and move up the federal service chain....The government's given me so much, the Army has given me so much....I feel I'm doing my best when I'm helping the organization to help me and others.

If Melissa could speak to other women in her position she would say:

Really, don't be afraid to educate yourself and don't be afraid to [pause]....I don't know if it's like take charge of [his] medical care but more like go along for the ride...Go to the appointments. Don't feel like it's something you should stay away from. Don't be afraid to ask questions...because our soldiers are going through so many things, they may not know what to ask...or they may not feel comfortable asking.

Melissa laughed at the thought of talking about her experience as a spouse of a wounded warrior to America. After a long pause, she says, “*As cheesy as it sounds, [America] don't give up on them...like all of the veterans you know and soldiers you know that are suffering from something.... They need help, and a lot of times, unfortunately they don't know they need help.*”

Pam

“I am stronger than I ever thought I could and I want to help others that are going through the same thing.”

Pam is 44 years old, married to a medically retired National Guard soldier and is a full time care provider who no longer works outside the home. She and her husband have been married 10 years, have two children and, according to Pam, *“did everything bass ackwards.”* Pam’s husband was injured in 2004 in a roadside blast in Kuwait. He has been diagnosed with severe PTSD and TBI and suffers from headaches, paranoia, and severe knee damage.

Focused life history. Pam grew up in Tacoma, Washington and attended high school there. Her first jobs were there in Tacoma and she met her husband there. Pam wasn’t sure what she wanted to do before she got married. She said apologetically, *“I know this sounds so pathetic but I didn’t know what I wanted to do.... Part of me just wanted to be a wife and mom; another part of me wanted something more, but I didn’t know what more was.”*

Pam laughed a hearty laugh when she told me how she met and eventually married her husband:

I worked in a bowling alley and he hung out there, and we met when we were 18 years old.... We didn’t really like each other that much. I’m serious...it was probably, oh my gosh, almost 10 years later until we started to be friends.

He was home on leave and he was getting ready to... go up to Alaska for part of his leave.... He was also a commercial fisherman.... We’d both been married...and you know those both turned out horrible, and we ran into each other and just sat down one night and we started talking, and we probably talked for like four or five hours and, uhm then we went out one night and heck...we’ve been inseparable ever since.

We did everything, as I would say for my kids...bass ackwards. We had a son in 1998 before we got married...and in 1999 he decided that he wanted to go back into the National Guard. He had already had some active duty time. He wanted to see about just finishing it out in...the National Guard...because we had a child and benefits with the child is important.

So we, he joined the Guard...in the summer of 1999 and our son was just a year old... We had our daughter in 2001.... We got married in 2003...in part because he was deploying and that way, if anything, God forbid, should happen, the kids and I would be taken care of.... He stayed in until 2006.

That's what I tell the kids. I don't tell them that my way was right or that the traditional way is right. I just tell them, your dad and I, this is the way we did things...and I'm not going to be judged by some people [laughs].

Pam and her husband were 34 years old at the time of his deployment and he was a Specialist (E-4) in the National Guard. Her children were two and five years old at the time. Prior to his deployment, Pam considered their unit "a family":

Everybody lived in different places because we were Guard...like living in the Keys and commuting to Miami.... But when we went on Guard weekends, the guys were there and...one of the guys that my husband was close to, his wife and I would take the kids...and just wander around and BS. When there were family weekends, it was nice...there was a sense of 'we all belonged.'

The one thing Pam liked least about being an Army spouse was, as she said "I just cannot stand it with veteran spouses either, is that they think they can wear their husbands' rank." She recalled being snubbed by one senior non-commissioned officer's (NCO) wife as well as by a Captain's wife. She felt, as described in the literature, that junior enlisted spouses were generally separated from the Army more senior spouses. She said,

To some degree there was that [a general feeling of separation] because there always seemed to be this hierarchy of enlisted, and then you had your NCOs, and then you had your officers. So yeah, there was kind of that separation...kind of like the Berlin wall and you weren't supposed to cross that line.... It's not that they're all like that but there was definitely, you know, the great divide at times.

Prior to the deployment in which he was injured, Pam worked outside the home.

He worked part time and I worked full time so we had a huge reversal with deployment because then I was not working and he was working and gone. It was just that I could make more money because of my previous experience and my background...in the town we lived in than he could make at that point in time. So it made more sense for me to work and him to work part time....

Dad is who they listen to... 'cause the kids weren't used to listening to mom. Dad was the caregiver.... Even when he would call from 8000 miles away...they'd listen to him and they wouldn't listen to me five feet in front of them [laughs].... It was just so frustrating at times [laughs] but you know, it is what it is.

Pam was confident in her role as an Army spouse and never felt dependent on her husband to get things accomplished as long as she had the proper power of attorney and required paperwork: *"I went and did everything I had to do and then...I let him know, 'Ok, this is what I've done'...and he was like 'Ok' [laughs]. He wasn't sure what I needed to do...he just got used to me...being bossy."*

Details of the experience. Pam's husband was injured while he was deployed to Arifjan, Kuwait, in 2004. Just prior to deployment he sustained his first set of injuries.

According to Pam,

The first injury actually took place prior to him leaving the country.... They were doing a night training exercise and he managed to somehow get into a pothole or something and he turned his whole knee, and almost dislocated it, and had it in a brace and they managed to sneak him out of country [laughs] and there's a long story there but he wasn't doing too bad because while they were in Arifjan they were doing like guard patrols and stuff.

The second injury.... So in Arifjan while on guard duty, they were adjusting the camouflage and everything, and there was gunfire right outside the gate, and of course they did what they're supposed to do but in the process of doing that my husband slammed his knee into a jersey barrier and managed to completely destroy his knee.

And then...he came home for R&R like really fast, to the point where I said you know, you haven't been gone long enough for me to miss you yet and when he went back he was moved to a different unit, to a different guard unit from a different state and did convoys back and forth to hot zones and in the process of doing convoys, they were subjected to roadside blasts and his Humvee rolled a few times, and then of course you're trying to scramble out of vehicles with a bad

knee then you know, hence destroying any other chance of salvaging what was left of the cartilage.

I'm very fortunate that in these IED situations he was in, he was never shot.... What he got hit with was all in flak jackets and stuff. You know, the shrapnel that came flying...you know he was very fortunate. I don't know how and I swear...he had some angel looking out for him the whole time. I don't even know what else to call it because it was just incredible that he, in fact everyone in his Humvee they were injured, but they were not life threatening injuries.

Pam recalls an incident in Kuwait in which her husband apparently collapsed. The doctor said he had a heart attack, which was not the case:

I got a phone call at 3'oclock in the morning from a friend whose husband had just called her and told her that my husband was dead.... [He had collapsed and] they had sent him to Landstuhl [Army Hospital in Germany] because they were convinced it was a heart attack and it turns out that it was a PTSD panic attack or episode from an incident that had happened previously. But, that was [just] the beginning of our PTSD experience.

He doesn't know what triggered it. He doesn't know if it was gunfire going off, but something, and he doesn't ...remember anything until he talked to me.... So we've never been able to pinpoint what caused that attack. And he's so resistant of course to therapy because you know, 'I'm a guy, I don't need therapy' [laughs].

He tried really hard for the longest time to lie to himself and me that everything was okay. 'I don't have any residual. I don't have any problems. There's no PTSD, you know, that's for wimps' was one of the ones I'd hear. Uhm, 'that's for weaker men' and let's see, gosh there were...several fun little lines like that over the course of six years before I got him to go to the VA. 'There's other people that need it more than I do. I don't need to go to the VA because you know, I have all my limbs. So I'm missing a few brain cells, that's not that big of a deal' and I mean, I could completely understand what he was thinking.

But he also now understands how important it has been to our family for him to actually get some help. It was just not an easy six years, and it finally took me telling him if you don't go to the VA and try to get some help, you are going to lose your wife and children.

Pam had an interesting way of coping with the deployment:

While he was deployed, I begged my doctor to put me on something that could help me cope. And the doctor put me on some Zoloft, and I cleaned. My kids, they got dirty and their clothes were washed before they even hit the floor, they were in the washer. That summer he was gone, I had all my nieces and nephews that were

able to be away from their parents, spend the entire summer at my house. We called it Aunt Pam's Camp [laugh]. They all had chores. If they argued and misbehaved they didn't get a gold star for the day. If they got a gold star for the week, they got a prize [laughs].

Uhm, I did everything in my power to keep busy. I put my...three-year-old...in Head Start even though we were over income... That it was the biggest benefit for my daughter...and she thrived. That's probably why she's so social now [laughs]. But it was the only way I was going to get any kind of peace.

I coped by studying genealogy. Let's see, I made jewelry and cleaned the house of course. I had friends, I mean I finally made some friends in the community we lived in, so that was good and I did have my mom stay with me the whole year [he was deployed].

When her husband returned, Pam did not know anything about post-traumatic stress disorder. She turned to her computer to learn and find others who could provide support.

I've got awesome research skills so I had questions and stuff and I researched it. I've been here two years.... I would say for at least six months I stalked the Family of a Vet blogs and web pages. I'd read things and I be like, 'oh, this makes so much sense. Oh my gosh, somebody else is living this same hell that I'm living' and I mean I learned everything I could.

There was this one blog post.... I finally said to my husband, you need to read this and you need to know you're not the only one in this world that's big and tough and is going through this torture.... It did help him to understand and you know, that's where we got to the point where 'Listen, if we want to stay together as a family, we've got to do something more than what we're doing now. I cannot be your sole source of everything. You've got to go to the VA' and we had a friend, he was also a disabled Vet, and he helped my husband realize that there are worse things than to be classified as a disabled vet. I mean it took a lot for him to actually realize that it was not a bad stigma.

Pam also recognized that it was important for her to have someone to talk to who understood what she is going through so she joined the local church for solace and support. *"I started going to church and the church helped me a lot...it gave me a peace of mind that I really needed.... My siblings don't get it. My mom...she gets it but she doesn't fully understand it."* Unfortunately, outside of church and her mother, she does not have

a network of friends in her life so she has turned to strangers via the Internet who are having similar experiences. She said:

It's really important [to have someone to talk to] and I think it helps me to cope with it. Uhm, one of the things that I've learned recently...through [her on line support group] is that how sharing my experiences with another young wife, I have given them the hope that they are not all alone in this struggle.

They're not the only ones going through this type of withdrawal from their husbands, and that some of the withdrawal is normal, as they come to terms and grips with their own, uhm, you know where they are, where they need to get to and so that's kind of the way I've been looking at it is that by being able to share these things with others, I can help someone else go through this, and maybe their life won't be as lonely as mine was in the beginning... and now I've been a volunteer with them for almost two years.

Pam's said her husband's PTSD changed her life and how they live their lives as a couple and as a family. She has assumed responsibility of head of household and full-time care provider and she is overwhelmed. Being head of household and singularly responsible for everything is not the life Pam expected when she first got married. She lamented:

I guess...in my Pollyanna state, I didn't think anything was going to be different. I never perceived that we would have the roles that we currently have.... I figured he would...continue to be dad, the husband, the man...in the sense of how we perceive men as the breadwinners.... So I never in a million years believed that we would have that complete reversal where I had to be solely in charge.

We used to pay the bills together but because my husband has been declared incompetent by the VA, I am fully in charge of the money that comes into our household and I pay all the bills and I reconcile everything...and see how many pennies are left over. I plan the shopping trips...to Costco once a month.... He doesn't cook as much anymore because he forgets some of the simpler processes of cooking but when he does remember them, and he does want to cook, he is all about it [laughs].

And I am overwhelmed. I've been trying.... I mean we've been doing this for so long it's not a huge issue for us now but it is overwhelming at times because there is nothing I would like more than to just take it off my plate, quietly shove it over on his plate and walk away, you know, for an hour or so.... But realistically I

know that I can't do that...He doesn't think about things the same way...there are times when it feels like the mother of a 44 year old man.

I never considered myself head of household prior to the hellacious onset of PTSD a few years ago. I still tried to defer to him.... I was brought up Catholic: men are in charge and ...I tried to still give him that...but Mom can veto things [laughs].

However, their normal, everyday lives have changed completely as a result of his PTSD.

In our neighborhood...you don't see us. You know that we're there but you really don't see us because we don't interact with our neighbors. He doesn't feel comfortable going outside very often. He doesn't like strangers.... He's out in our backyard because it's secluded, it's okay. But in the front yard people can see him...it's part of his paranoia so it's just easier if nobody can see him or he secludes himself up in the bedroom sometimes I mean for days. He says he just need some quiet time.

This is one of the loneliest lives I've ever led but, when I can get him to come out of...the room a little bit, it's great. I mean, there are days when I see glimpses of everything that we used to do, how we used to be inseparable and relax and just have fun together. He has been trying harder recently to you know make a point of at least watching a movie a week with me...and have some glimpse of normalcy.

In the beginning...he was angry...he doesn't like it and I told him...there would be something wrong with him if he did like it...and I cried a lot because it was sad but we've learned to overcome and adapt [laughs].

I'm concerned about everything...money, his health, my health or you know how do we deal with the kids with this? What am I going to do when it comes down to you? He doesn't drive anymore so he can't go anywhere unless I take him and so I have to be the one to drive our teenager...do I have the patience to do that?

Over the years Pam continued to push her husband to get treatment but to no avail. Almost destitute and afraid for her family's wellbeing, and against his will, Pam moved to action and took matters into her own hands and called the Veteran's Administration for help.

Don't get me wrong...I have had it worse. We have almost separated a couple times but we never have and two years ago, by the skin of our teeth...we got into this house through the homeless program at the VA. I couldn't find a job.... He

had lost his job and we couldn't afford to pay our rent anymore...and he hadn't applied for any benefits yet because of course 'I didn't need them; I have all my limbs.'

I called...VA and told them...that we were about to be evicted...they helped us find a house, paid all of our deposits, our rent...utilities... until his VA came through... We were on the program for 10 months then we were completely off...as of May 2012.

Pam admitted that she and her husband are 'fixers' and "want to fix other people."

[His desire to fix others] is encouraging and so when I come across a situation and if I don't know enough about something, I'll say 'hey, I need your take on something'. So I kind of have been pulling him into that volunteer spectrum a little bit as well the kind of hey, I need your opinion on this situation that this other family's going through and you know I can do that in a way without breaking any confidentiality, and he doesn't know who I'm talking about.... It makes him think.

She confided that frequently the situations are very similar to situations he or the family is experiencing. By thinking through others' challenges, he is, according to her, subconsciously able to understand how he can better handle similar situations in their lives.

As his primary care provider, Pam has learned to exercise her agency and advocate for her husband. She said,

I've had to learn to be an advocate for my husband because nobody else is going to believe me [laughs] and I do my research. At a caregiver conference at our VA ...a gentleman from speech pathology...talked about how speech...helps deal with cognitive memory issues. I went to my husband's primary care physician and said 'I would like to get a referral to speech.'

He said 'Well, he doesn't need it. He can talk just fine' and I'm like 'That's not why I want to go to speech' and the nurse was like 'Well, speech pathology doesn't do anything with memory.' And I'm like, 'Yes it does and I know what I'm talking about so please give me a referral'" and so I had to fight, fight, fight and we finally got the referral...and the speech pathologist has some tools that she wants to try and see if she can help him trigger some memories and be able to remember some things on his own.

Pam has learned over time how to manage the hierarchical VA system to obtain the results and outcomes she is trying to achieve:

I try to bounce ideas and thoughts off of other people so I don't just jump to conclusions. And when I go in with him to the VA, I...usually have something I printed out. I've written down some of my husband's responses when we talked about it and some of the symptoms and things that we have gone through, and my own observations. I trying to get them using, you know, like I tried to teach the kids with coming to a scientific conclusion.

I try to go in there, you know, not with my guns blazing but with my knowledge and say, 'Okay, this is where we're at.' Typically they listen when I talk because I kind of put it out there where I don't want to give them much of a choice to brush me off.

To that end, Pam has not always been successful. She was currently advocating for a diagnosis of Traumatic Brain Disorder because, as she put it, “*his personality is much different than it was prior to his deployment, his inability to remember, and the constant headaches he has endured since he returned eight years ago.*” Unfortunately, according to Pam, “*they blame everything on something else so I know we probably will never get his diagnosis for a TBI, which is fine. It's not the diagnosis that matters, its being able to be treated for the symptoms*” and, ultimately, relief from his unremitting headaches.

Reflection. More than eight years has passed since her husband was injured in Kuwait. This has given Pam much time to reflect on all that has happened and the loss of their normal lives. In looking back on her experience, Pam said,

I have reflected on this many different times. Uhm, when he decided he was self-medicating and drinking, is this what I want? Is this what I am willing to live with? And at that point, I was willing to give him a little bit of leeway but then I told him this has to stop and you know even he had said to me, he goes 'I've got to stop this; this is just not fair' and when he comes to me and tells me that it's not fair, then I know that okay, whew...you know I'm not going to push too, too hard...but...there's been a few times in the last couple years, and I'm just like

okay, this is our marriage, we vowed forever, in sickness and in health, and I can do this. It's not going to be easy, but I can do this.

I've reflected several times and there have been times when I just thought, man, I would just love to have a normal life, and then I'm like... What does a normal life look like? You know working 40 to 50 hours a week, outside the home and then be home long enough to have dinner, kiss your kids and go to bed? I don't know.... I think I have it pretty damn good.

I will say that I am stronger than I ever thought I could be and I want to help others that are going through the same thing...it's vital...I don't know what I would do if I didn't have all of my friends [on line]...my family of veterans honestly, because nobody else is going to understand the same way they will.

I believe I've grown as a person.... I have a little bit more self confidence in what my abilities and limitations are, and it's easier for me to say 'Ok, I've reached my breaking point. Instead of just letting it tear me down, I can actually say, 'Ok, I need to stop' where I never used to do that. To me that was a sign of personal weakness and I didn't want to be weak.... But now, I need a mental health break...leave me alone for ten minutes [laughs].

Pam considered her husband's injuries and diagnosis of PTSD a disorienting dilemma as described in the transformative learning literature. She acknowledged that her perspective on life has changed:

I think I'm more cynical now...and just as sarcastic but I use it more.... It's like a coping mechanism...and there are days that it's the only way to handle things. I don't have the same perception of the military life as I did previously...People think that veterans are raking in all these bucks.... I'd love to have somebody else take over my budget [laughs]. Also, previously my husband and I had considered starting a business for us, to secure our future and to help give the kids some security in the future where now one of the things we would like to do is to be able to establish something that would help other veterans. So, instead of securing our future...making money for ourselves, we want to help others be able to get some security.

There's nothing glamorous and exciting about PTSD and TBI.... Uhm, when you're arguing with your veteran because he can't remember if he took his pills or not or like yesterday when he took his nighttime pills in the morning...and then you know he was so drowsy and groggy and everything, or if he decides he doesn't want to go to the VA. There's nothing glamorous about that...and the care [laughs heartily]. It's one of the saddest places I have ever been in my life.... I'd rather go to a funeral.... I would never want anyone to think that this is a glamorous life.

It was difficult to get Pam to focus on her future without first focusing on his future. She worried that, with all of his issues, she will not be able to recognize if his mental illness is deteriorating. She lamented:

We are 44 years old and how will I know, because of some of his memory lapses and things that he currently has, how will I ever know if he's developing dementia or Alzheimer's? What is the future going to look like, and will I recognize it? That scares the crap out of me.

I'm working on my Bachelor's degree and I'm going to get my Master's in business and then my goal is to be able to use that to help other veteran nonprofit organizations be successful.

Since Pam could make sense of this situation, she preferred not to “*dwell on the past because it doesn't do us any good.*” Currently, she volunteers for an online organization that provides resources and information to veterans and their spouses. To other spouses in her situation, Pam said,

Don't give up on him but I would not also, in the same breath, I mean if they were in a situation where their spouse was abusive, uhm, that would not be the advice then, you know because of course that's an entirely different situation.

But, for like just not knowing how to cope or how to deal or how do I get him to do this or you know he doesn't seem to have any motivation or drive, and you know how do I fix that. Well you don't fix it, you work with it. You try to help him find something, whether it's a video game that he can play with the kids or something, don't give up just because he's not what you wanted him to be

And to America Pam would like to end the stigma of PTSD and tell America:

That PTSD is very much real, it is not going away. It affects not just the veteran but the entire family. My, my kids, when we go to Costco, all four of us, my kids are so hyper over to what is going on around their dad. They're just like this little bubble that works around him, to keep people from getting too close. So, I know that there are those that say that PTSD is not contagious. The whole family can't get it, but when you see things like that happening, you see the effect of PTSD on an entire family.

Sandra

My life made a 180 degree turn...I am a caregiver first, second mother, and then wife... It's stressful. The caregiver really overpowers the wife thing

Sandra is 36 years old and married to a medically retired Active Duty soldier. They have been married for 15 years and have one son aged 13, “a typical 8th grader,” according to Sandra. She works as a full time stay-at-home care provider for her husband who has been diagnosed with severe post-traumatic stress disorder, traumatic brain injury, and suffers from a seizure disorder and Parkinson-like tremors that are continuous throughout the day as a result of injuries sustained while deployed to Iraq in 2005.

Focused life history. Sandra was born and raised in Bavaria, in Germany, and lives with her husband in Louisiana. She went to school in Schweinfurt, Germany and upon graduation joined the German Army. She was one of three women in the German Army at the time and proudly served as a Medic in a tanker battalion. Prior to marriage, her goals were to serve her country: “I liked my job. I had fun doing it, I just wanted to stay in and get married to a German soldier [laughs].”

On active duty she met her husband, an active duty soldier in the U. S. Army. Sandra met him while participating in a German-American partnership competition. She had several American friends assigned to his Army unit. They introduced them and they started dating. It was easy for Sandra to marry a soldier, even an American soldier.

Well, I was a soldier myself so, it wasn't that complicated [laughs]. I knew what I was doing job wise, but the only thing that kind of threw me off was two different militaries.... But love decided it for us so we just went with it.... We filed the ten thousand papers to even be allowed to be married for security reasons of course.... We wanted to get married [in the U.S.] on vacation...during Christmas...but then they changed the rules...and we couldn't because we missed some paperwork and then came back home. We just turned around and went to Denmark instead.

This was January 1998 and he was an E-4 at the time; she was 21, he was 22. Sandra got out of the German Army at the end of 1999 when she found out she was pregnant with their son. This allowed her to focus her attention on being an American Army spouse. As an Army spouse, prior to deployment, Sandra liked most the Army communities in Germany.

The Army community... everybody understands the situation you're in like if the deployment comes around; other people understand how it is. If field time comes around, especially in Germany, it's a very close community in Germany. The soldiers and the wives and their friends, they all stuck together all the time, which I think it's not that common stateside.

[Also while in Germany] *I liked that I had [access to] some intel when something was wrong from the German Army. And every time I would ask specific questions, he'd get in trouble [laughs].*

Sandra felt the American Army did not share information with the spouses and deliberately kept the spouses uninformed about what was really going on. She felt fortunate that she

Got so much information from her German unit...and when the [American Army] spouses were called in for meetings, I would ask more specific questions than the other wives and he would get in trouble [laughs]. They thought he was telling me certain things but honestly it was just common procedure questions NATO/UN⁵¹ has to abide by on missions.

Another aspect of the American Army that Sandra did not like was the Army installations they moved to when they left Germany. From Sandra's perspective,

The community was different. The unit was different. It was not that tight and [he] was gone to the field a lot and then preparing for Iraq. So I was stuck with everything by myself and with a toddler. That's another aspect of being a spouse that I didn't like...the frequent separations, being left by yourself, having to do everything on your own.

As an enlisted spouse, particularly in the stateside Army community, Sandra felt isolated from the rest of the Army community and she felt as though she had no voice.

⁵¹ NATO/UN: North Atlantic Treaty Organization/United Nations

She felt the other American spouses did not reach out as they would have in Germany. For example, when her husband was deployed, she had a car wreck and described the situation thusly:

A delivery truck rear-ended me on a red light.... I injured my back and I could hardly move for over two weeks and my son had whiplash. He was in the car with me and he was little, he was four, almost five. I called the Rear D⁵². They knew what happened and I couldn't do anything. We owned a house, I couldn't go shopping, I couldn't drive. And nobody came to help me with anything. The FRG wasn't there for me. It was just so different from the experience in Germany that even the FRG wouldn't help. I felt helpless, yes, helpless.

It's a different standard for Officers' spouses most of the time. And that is often found over here [in the US] than it was in Germany too because we had all the Officers with us all the time.

Once they left Germany, Sandra also felt very dependent on her husband to get things done. She said *"I couldn't get anything done by myself. You always needed the spouse.... The system is different than in Germany. I took care of everything in Germany, and he took care of everything in America, so yeah [I felt dependent on him]."* She also said, *"The power of attorney is not really helpful anyway"* thus making it more difficult to get things done. She lamented: *"I'm used to taking care of myself."*

Sandra worked outside the home at the installation day care. Her work impacted the family both positively and negatively. She said,

It helped money wise but on the other hand it made it complicated because when [he] was gone, I couldn't have [my son] in the same day care center. Sometimes I had to be there at five in the morning and finding a day care that would take the child at that time...it was complicated.

Details of the experience. Sandra's husband was an E6 when he deployed to Iraq in 2005. She described how he was injured:

⁵² Rear Detachment (Rear D): The rear detachment commander (RDC) and rear detachment personnel have responsibilities for all of the personnel and equipment remaining at Home Station during a unit's deployment, significant family readiness responsibilities and provides Family Readiness Group (FRG) leaders with a point of entry into official Army financial, legal, and other personnel services systems.

He went through nine IED explosions....I know that he had at least two direct impacts on his tank. He went through two whole tanks while he was there, and at the time he was the tank commander.... He was unconscious and the medics told him to take some Ibuprofen or Tylenol or Motrin or whatever they had and to stay awake at night...and don't go to sleep...and he had to go back on a mission the next day.

He suffered another direct hit that left him unconscious a few months later.

Ultimately, he ended up with hearing problems, ringing in his ears, and headaches for the remainder of his deployment. Interestingly, when he returned, he had no documented medical injuries in his official deployment file. Sandra said,

There's no medical files of any of his deployments. All of the deployments are out of his active duty medical records. Yes, there is nothing...no Bosnia...no Kosovo... no Macedonia, no Iraq records. So all that time he was deployed, he was never sick...according to the military.... There's no record of any of his deployments he's been on. Convenient, huh? For some reason they went 'poof' when we got out, I guess. So this makes our timeframe complicated.

It was a crazy time, it really was. I mean he was not himself.... He was really skittish around people. He was really on the edge all the time and that is so not his personality...He would scream for no reason, and go off on the most little things. It was so out of character and I told him there's something wrong, he needs help. He needs to talk to somebody. If he doesn't want to talk to me, he needs to go to the Chaplain. He needs to seek treatment.

Like many other soldiers experiencing PTSD like symptoms in the early years of the War, he denied he needed help until a critical incident occurred one night.

Well, there's nothing wrong with him right...and then one night, we slept in the same bed back then, he had a nightmare, and he choked me while he was asleep. I could tell he was over me, and he was choking me and I woke up like that. It was scary and he, I could see in his eyes that he wasn't there. He didn't know what he was doing. And so I fought against it and got him off of me and he woke up and he just broke down because he thought 'Oh my God, what did I just do?'

And so he got help and then there was another time. They were preparing again for the next deployment, and they simulated an IED on the range. And he broke down. He broke down in front of his command and he was an E-6 promotable at the time. So that was really out of character for him.

So he went to counseling and they diagnosed him with the PTSD. He went through counseling and treatment and because they were already preparing for

the next deployment, they decided to hold him back as a Rear D. So, he did all the Rear D while they were deployed again. And then after they came back from...deployment, they finally put him into the Wounded Warrior Transition Unit.

Sandra knew he had PTSD before he was diagnosed. It did not keep her from feeling remorseful for him once he was officially diagnosed because, as she said,

He really liked his job and he loved what he was doing. That was all he knew, that's his life.... You were married to a soldier, you know what I mean. He loves being on a tank. He loves his soldiers. He was devastated when they decided to Med-Board him. I felt sorry for him, I really did. That's a big change if this is your dream and you can't fulfill your dream, it sucks.

Her husband was on the early years of the military fully understanding PTSD and TBI. Sandra, as trained Army medic, used her medical background to fully understand the impact of PTSD and used her voice to advocate for him. Unfortunately, she was met with much resistance from his unit and from his medical care providers. She said,

I told the medical team back then there was something else wrong, it's not just PTSD. There's something not right. And again, they kind of shrugged me off and when I finally took over his all his medical files, after we got out, way after we got, and I'm looking through his medical files...before he was Med-Boarded, a doctor suggested he had a brain injury and they need testing done.

Back then he just had this typical Army, Marine whatever stigma everybody had – You're weak if you have PTSD. There's something not right with you. It shouldn't be like that, and that's what he dealt with when he went through the Med-Board. He thought he was just crazy and everybody thinks he was crazy or making it up. But if he would have had a physical injury for the Med-Board, I think it would have helped him a lot more to understand there is something wrong and that it's not his fault.

I wasn't included [in his medical treatments] and I saw other things that were TBI related and they just didn't want to do anything. I would just keep pressing them. 'Look, I see these things and they are not normal. That's not PTSD; that's not mental health. You need to get the right things done' and they wouldn't listen.... He even said they can talk to me...and they were still refusing to...and it made me really mad, it really did.

They really over medicated him. They bombarded him with psych meds and oh my God, at one time he was on 6 different psych meds and they all kind of interacted with each other, and nobody listens to the spouses. This is the only thing that really made me mad. We'd go up there and he'd try to talk to the

psychiatrist, or the counselors, or the doctors and say 'Hey listen, this is not working. You need to do something' or 'If you don't change it, I don't know what's going to happen.'

They won't listen to you. They really won't listen to you and it's, it's stupid because they just see them for what, 30 minutes, maybe an hour, depending on the session they're in. They don't want any feedback from the family and I think it's really important that they include the family in it because we live with them 24/7, and we see what's going on.

When he got out, he went totally off the deep end. He quit his medicine and everything else and so he ended up suicidal and he admitted himself...He was having seizures at night and I didn't notice it earlier because we didn't share a bed. [The doctor] dismissed it. He's has problems with headaches; they dismissed that so he never really got any treatment... and then one day we were really broke. Oh my God, were we broke because he was just rated at 50%.

I didn't know how to pay the bills any more.... I went to VA and I said 'look, he's got a brain injury. I need to file a claim for it. I don't know how. I need some help' and they told me 'Don't even try for it. The systems are the same for PTSD. They're not going to give you more percentage.' ...That's the answer I got.

At the point of desperation, Sandra moved past the medical providers resistance to including her in his care and pushed the Veteran's Administration to reevaluate him. She also reached out to obtain help in filing the correct paperwork on his behalf. Her persistence eventually paid off and saved her family from becoming destitute. She shared her struggle with me:

You get incomplete information everywhere and you're stuck in the cycle and if you don't find it by yourself, you're going to be homeless living on the street and God knows what.... So one day I kind of broke down and I called the Jennings VA and I talked to a social worker and I said 'Look, I need help. I can't make it no more. I don't know what to do. We don't get answers. He doesn't get the treatment he needs'. So I made an appointment with her and I went over there and we all talked and she set us up with the OIF⁵³ clinic again. Then I found Family of a Vet⁵⁴ and they said asked 'Do you have an...OIF Case Manager? Do you have an FRC? Do you know, like all this' and I said 'What are you talking about?' I had no idea [laughs]...but they got me all hooked up.

⁵³ OIF (Operation Iraqi Freedom): The Iraq War was an armed conflict in Iraq that started with a U.S.-led invasion of Iraq starting on 20 March 2003; the U.S. completed its withdrawal of military personnel in December 2011.

⁵⁴ Family of a Vet: A volunteer-managed website that provides information and services to Veterans or someone who loves a Veteran who is suffering from PTSD and TBI to help them cope with life after combat.

And I got into the caregiver program which helped a lot until we filed the right claims. And my claim...that was 2009... It just went through two weeks ago [2013]. So now...he's 100%; he's rated now 100% for mental....His ratings say PTSD with TBI residue, with non-epileptic seizures, all in one rating....I just got the CRSC⁵⁵ back too. That's 100% now too.

Interesting, but I'm not surprised. I see it every day; so many veterans and families that lose their houses, and lose everything and don't have anywhere to turn...It's sad and you put the financial struggles on top of what they're dealing with physically and emotionally... it's drowning. I'm not surprised about the suicide rate, I'm really not.

Sandra coped by simply putting “one foot in front of the other.” She realized how important it was for her to have someone to talk to about her experience. She reached out to her friend in Georgia and used her as an emotional resource. Though she was not a military spouse, according to Sandra, “She understood. She saw all the changes with his medications later on. She helped me through it.” Sandra also relied very heavily on her father in Germany. She spoke with him often on the phone. According to Sandra, “You just need an outlet or you're going to go crazy. You need someone to confirm for you that you're not making this up, and you're not seeing things that are not there.” And although his family lives within an hour's drive of them, they have no contact with any of them except the occasional call from his parents. They blame her for keeping him away from his family while he was stationed in Germany. They also blame her for the changes he has experienced as a result of the PTSD and TBI. To cope, Sandra also reached out to strangers via an online organization to provide support, assistance, and advice.

[Through her online work], I have learned to depend on strangers. Strangers are more important to me right now than people who should be important. I mean I'm not talking about my husband or my son. I'm talking about other family members and friends who I counted on to be there and are not there anymore. You learn to lean on them to understand and to get advice...if something doesn't work. It's funny...because we know how everybody reacts. We know that something is going

⁵⁵ CRSC (Combat-Related Special Compensation): Provides military retirees a tax-free monthly compensation that is intended to replace some or all of the retired pay that is withheld due to receipt of VA compensation

on so it's a good support system, because whenever you're really down, somebody will call you and say "Hey, what's going on, let's talk about it."

Today Sandra readily admitted that her life has changed and her role in the family is much different than anticipated when she was first married:

You know, it's a loss. It's like losing your husband.... The man I've got now is not the man I married....I still love him; it's just different, for different reasons now but it's not the same.

My life made a 180 degree turn.... I am a caregiver first, second mother, and then wife... It's stressful. The caregiver really overpowers the wife thing because we don't have that one-on-one too much anymore.... It kind of puts you on the back burner. We don't go on dates. He can't drive so he cannot go shopping, get me flowers or a card like it used to be.

When I first got married, oh Lord...we travelled a lot. We can't do that too much anymore...Our world [now] has pretty much shrunk to our property...The caregiver really overpowers the wife thing because we don't have that one-on-one much anymore...dealing with the sexual things...it all changes; it's not like it used to be.

When my husband got home, my son went through counseling. He just had a very tough time adjusting...As a mother you can tell him and explain it to him over and over, and it takes somebody else doing it. The counseling has been helpful but he's still different from other kids and his perspective is that they don't understand and he [her son] acts different. He, like me, watch for triggers...that could set my husband off, or what makes him worse and that makes [my son] sometimes look a little awkward. It's like a secondary PTSD type thing but it's really not recognized.

And [7 years later] I'm still fighting for the right treatment and the right answers for his health so we can get to a better point in our lives...and still have enough attention for my child.

While this experience has changed her life, it has improved her relationship with her husband. She said,

This is strange but it brought us closer.... Usually you hear from others that it doesn't and it separates them, but I think we are like way over that point now. We were in a bad spot. We really were as a couple but ever since then, I think it got us closer together. I don't know one person that was not in that bad spot because it's a lot of [sigh] it's a lot of change. It's not what you had before so it makes it easy to just walk separate ways.

At a point...if you tough it out and get it...all together and you work on it, I mean I think we are better. I mean we still have our disagreements, and he's got his moments, oh my God, does he have them...But I think he opens up more now...and he talks a lot more. I know what concerns him. I know what his fears are.

As a full-time care provider, Sandra no longer works outside the home and today considers herself head of household.

Because we always worked, so everything, household chores and whatever, that was always both of our thing. [Now] my responsibilities are more. I mean even if he brings the majority of the money home, with all the VA pay, and social security and all that other stuff, but when it comes to typical manly things, yeah, that's me. What should be the man's job, that's me.

So I do everything. I really do everything from cutting the grass, the cleaning, washing, cooking, doing shopping, uhm [long sigh] all the paperwork, fighting with insurances...fixing the car, changing the oil.... I mean you name it, I do it. I'm a good handyman too [laughs]. I painted my two-story house by myself, how about that?... I do everything for [my husband] and [my son] thinks I need to do it for him too. 'No', I tell him, 'this is not normal. Don't expect your wife or girlfriend to ever do all this shit.'

Reflection. Sandra considered this entire incident a disorienting dilemma as described in the transformative learning literature. She no longer sees the world the same way; her perspective on life has changed:

Oh God.... I think this is a dilemma because we wouldn't be where we are right now. We would still be on active duty and now, no more.... Yes, [my perspective] changed. It did change.... I used to believe in the good in everybody and I'm seeing some really evil stuff lately since we deal with this injury. I'm disappointed in how people perceive my family or my husband, because he looks normal from the outside, kind of, on a good day. And he doesn't have all these injuries like missing limbs.

[It's] like the commercial all the time – No One Left Behind. Yeah, and Army For One. Yeah, you're the one, yeah right. You're the one person fighting your way through, try to, yeah, I don't know, it's just awkward. So yeah I've seen a lot of mean things and I think it's just to NOT pay them right; NOT giving them what they need financially to keep going...After years and years of service it just doesn't make any sense.

Sandra said this experience has taught her two very important lessons – agency and structure:

[One] I will call anybody and everybody until I get the answer I need. I used to not do that. I don't care anymore...Any problem I'm having, I'm on it and that was not something that I was used to doing...stateside.

I got really OCD over this whole thing.... I used to be really spontaneous about everything. Now everything needs to be planned and structured and organized. I can't leave him alone. I never know when he will have seizures...We can't plan anything really. We don't know what the day brings. We cannot make normal plans. We cannot say 'okay, we're going to a birthday party' because I never know if I'm going to make it there...as a family. I mean, we've got to be there as a family most of the time but even with the child, to drop him off I can never really plan anything...even doctor's appointments.

VA doctors stress him out anyway...so his anxiety goes up, which could mean a non-epileptic seizure before we even get in the car [anguished laughter].... So if ... he has a seizure, or he has two seizures before we even leave, I'll cancel that appointment because I cannot drive him around like that...and then you wait another three or four months to get your next appointment.

Sandra used her life's experience, learning points, and lessons learned and give back to other spouses of wounded warriors as a volunteer.

[As a volunteer] it is important for me to help others understand our situation, where we're coming from to help others learn how to cope with this. I love it...and I'm pretty sure that's why I do the work.... I don't want others to end up in the same situations we were in and if its intervened right away, they don't even have to get to that point if it's done right. I don't want to see anybody homeless, living on the street, not knowing how to feed the family, or living in the car.

Reflecting is a key element of transformative learning. As she reflected over this experience, Sandra concluded,

Everybody has a number and it really doesn't matter. Everybody is replaceable and no matter how much effort and how much heart and how good you are in your job, it really doesn't make a difference after you're not functioning right. They really don't care anymore. After they are injured, and... not fit to serve any more and do their job, they're...forgotten and left behind.

I knew when he went to war what could happen. You know worst case scenario he's not coming back so we prepared for it.... But...even with all my training, all my medical background, I was not prepared for how life or how long of a period this could be. I knew what PTSD was and I knew what brain injury was, and I knew what it could do but what they tell you and teach you is that you will get better. I don't see that happening.

If this had not happened, we would be somewhere else in life; we wouldn't be where we are right now. We would still be on active duty...he would have more rank...and be in the cycle, the brotherhood.

Oh yeah, and I don't think the government knew what kind of impact those kind of injuries would have on the soldiers. There will just be deployments and brain injuries and IED impacts with the brain injuries of course and then the PTSD. I don't think they really had an idea what monster they were releasing on their system.

As Sandra looked toward the future, in addition to looking forward “growing really old together,” one of her first goals was to, as she exclaimed passionately:

Get out of Louisiana, find a place with a good health care system and just try to get him to a better place, health wise with the right help, the right doctors, the right therapy... so maybe he can get a hobby he would like ...find a purpose...which would leave me with more time to myself.

Sandra also looked forward to continuing her volunteer work with other veterans and their families to help them better understand the resources and services that are available to them so “they don't end up in some situations we were in.” As she speaks to other spouses in her situation as a volunteer, she tells them to:

Hang in there and be patient. Find someone to talk to or find a support group. Try to get information from others in your situation because we've all been there, done that and tried several things and some of them worked, and some of them didn't, but there's no one way to fix anything. What works for all just isn't, especially in the mental health department.

And to America, Sandra said,

Make the right decisions in Congress and voting and reaching out to veterans and their families. Just the smallest things like ...'Do you need some help...cutting the grass?' because... we as a family, we would never ask for help. Just little things is doing a lot for us...really.

A lot of those veterans, when they're so depressed...and I know that I'm talking to the choir here but, uhm, a lot of them have problems with illegal drugs, or legal drugs...a lot of alcohol issues and a lot of drug overdoses on prescription drugs and dependency...and I think they [America] needs to see the whole picture and not just them as a drug addict. They need to know that it all goes hand in hand. The PTSD and depression leads to alcoholism or whatever and...the suicidal part...I think it's just all goes together. The PTSD goes up if they're in pain, then pain management, get all those drugs and financially they're not covered and

they don't know another way out.... I think it's really important [for America to know].

Sheri

“I think I’ve become a lot more global, paying attention to what’s going wrong in the world, gotten into a lot more of the political side of things and what’s important...”

Sheri is 42 years old and married to medically retired Active Duty soldier. They have been married for five years and, as a blended family, have nine children – four each from previous marriages and one son of their own who is five years old. Sheri’s husband suffers from serious post-traumatic stress disorder (PTSD), traumatic brain injury (TBI), and suicidal ideations as a result of his deployment to Kosovo in 2005. Sheri works full time outside the home and is also a “*care provider*” for her husband.

Focused life history. Sheri lives in “*a really small place*” about 45 minutes from the shore near Atlantic City. According to Sheri, “*I grew up here, and I’ve pretty much been here my whole life. I went to...Berkley College of Business up in North Jersey for about 2 years... came back here, and have been here pretty much ever since.*” Initially Sheri was focused on “*getting into designing clothes, fashion designs and stuff like that...with intentions to open a store at some point.*” After she completed classes, and, although she enjoyed the marketing aspect, she found herself no longer interested in opening a business in the design industry. Today, she works outside the home and is “*trying to find time to get back to school*” to finish her degree.

Sheri left a previously abusive marriage to keep her three daughters from further witnessing the abuse. She met her husband at work in 2007 and they started dating. She was aware he had some ‘*emotional issues*’ and he had ‘*served in the military*’ but she admits fervently that she was ‘*not quite sure*’ what those issues were:

We actually met at work.... We worked together for about a month, well a month, month and a half I guess and he leftfor I don't know...a couple of months and then he came back, and then when he came back we started dating.

[Once] he came back...he would do the same thing. He would get a job and then he would quit and he'd get another job and he worked there for a month or two and then he'd quit, and then he'd go to another job and I never understood why. He couldn't figure out why he was going from job to job to job and this went on for probably six months and then he couldn't find another job after that, you know. Just like I said, we live in a very small area...there was nobody that was going to hire him.

So, he couldn't find a job and he started getting really, really depressed. I went out to see him one night and I mean he was completely trashed. I mean there were alcohol bottles everywhere. I mean he was staggering and he was crying and I mean it was a really bad situation...He started talking about things that happened and that how they [the Army] basically trained you to kill and then they...don't tell you...about the aftereffects, how it's going to affect you after you've done that. And then...it happens and then they just throw you away. You're no good for them anymore

I didn't know when I met him. I had never met anyone that had PTSD, so I didn't know what it was when I met him, or when we were dating but the whole time, he kept a lot of that hidden. I knew he was in...the Army. He was very proud to be in the Army and the only thing that he would tell me at that point was that he had been medically discharged from the Army. I didn't know why. I didn't know what had happened, and even now he really doesn't discuss a lot. So I didn't really know.... So I met like the normal side, I guess if you want to call it that, and then it was after that, that I found out that he had PTSD and everything that came with it.

In actuality, he had been diagnosed with a very low level of PTSD which contributed to his inability to maintain long-term employment. Sheri learned later that *“he was something like 10% or something; that's what they had given him. So he was still fighting with that, with his issues...and not really knowing it was as bad as it was...still trying to work.”*

Despite his mental health challenges, he and Sheri were married in 2008. The reality is that Sheri did not know what PTSD was or the potential effects of PTSD would eventually have on their newly married life. She was 37 years old with four daughters; he

was 32 years old with four children, two sons and two daughters, when they married. At the time of the interview, they had been married five years. *“He’s a great person. He’s great with the kids. My kids love him...and never had any doubt that he wasn’t going to be there for them.”*

After they were married, he persuaded Sheri to have another child. As an Active Duty soldier, he had been away from his children the majority of the time and he wanted a *“second opportunity”* to be a father and *“to get it right.”* As a result of his continuous requests, Sheri got pregnant not realizing that, while deployed, an incident in which a local child died was one of the triggers for his mental instability.

For many soldiers with PTSD, it can be difficult to pinpoint the exact time or precise incident that triggers the deterioration of their mental well-being. Sheri’s husband was no exception. According to Sheri, there was no one incident that impacted her husband; multiple combat-related incidents over time caused the TBI but most of his mental deterioration center on an incident that happened when he was deployed to Kosovo that she did not learn about until they had been married for some time.

Details of the experience. From 2004 to 2005, Sheri’s husband was a 27 year old Private First Class (PFC/E-3) deployed to Kosovo. He was on patrol walking the town streets. She describes this event as one that caused or triggered his PTSD:

The one thing that he said in therapy is there was a lady that had a kid that was two or three years old. This is in Kosovo, and she ran up to him. The baby wasn’t breathing and whatever language she speaks, I guess he couldn’t understand her, and he couldn’t understand what was wrong with the baby, and he couldn’t save the baby and the baby died and that baby just happened to be the same age as his son that was here.... He has nightmares about it constantly.

He mentioned that the kids that are there [in Kosovo] that you can’t trust them. They throw things at you and...when they are patrolling, kids would run up to him and throw bottles of urine on them or something like that, or you didn’t know if

the kid had a bomb on them or you know, just a lot of things with kids, which is one of the reasons why I, like I said, if I had know that he had PTSD, I never would have, the baby wouldn't have happened. I never would have done that to him.

But a lot of it, I think that, I think that one of the biggest things that he told me is the issue of the baby dying. He couldn't save the baby and I mean he cries about it all the time saying he should have been able to save that baby. You know, he was trained, he was CPR-trained, and he should have been able to save it, and he just couldn't do it and he struggles with that a lot.

In retrospect Sheri shared this about having another child:

I had four girls from a previous relationship, and when I met him, I mean my girls were older so I had no intentions on having another [child].... One's in high school and on her way out and then, he also had four...kids from other relationships, another marriage and I had no intentions of having kids. It wasn't something that I wanted but with him being in the Army, he didn't get a chance to raise his kids and his ex-wife at the time, yeah you know, and being away so much, it just was an issue, a big issue for him.

I had no intentions and had I known he had PTSD, I definitely would not have had another child because it's hard for him. It's very hard for him, uhm but he kept saying you know I want another baby and you know we need to have one. So, but like I said it wasn't something I had planned. It wasn't something I wanted. It just, you know, it was something that he kind of wanted to do, so we ended-up having one...Now I had the four girls and then we have this one, the littlest one is five. He's a boy, and then he's got two girls and two boys from another relationship and then we have our son so together we have nine.

Two years after they were married, her husband had, as Sheri describes, “a complete meltdown at work.” This was the beginning of Sheri understanding the full extent of his mental health challenges and advocating for services for her husband. She said,

I had to go and get him and take him home. I think it was the day after he had gone to see his doctor to get him signed out of work.... His doctor just given him a hard time.... He's like 'You're 30...I can't sign you out of work; you're going to be miserable for the rest of your life if I do this.' ...I tried to explain to him...about the working a month here, month there, month here thing and...it's not working. There's something wrong and this guy was against everything we brought up to him completely.... He was basically telling him he was making it up. It's all in your head, it's not legitimate, and it was a really bad situation.

We had to leave because he was going to hurt this doctor and I knew it, and the doctor knew it [laughs].... That's when I called my uncle who told me about the inpatient rehab in PA. I got him there and they took great care of him and got all the paperwork and everything that he needed...for his complete disability, complete and total disability and un-employability and all that stuff. That's when I found out about this 'baby thing.'... There was a whole lot he wouldn't tell me anything about it. So she filled me in on some things and she would tell me that he had a severe case of PTSD...that he was probably never going to be able to work again and she wanted to know if I would be okay with that. And I was like 'Yeah, we need to get him the help that he needs. If he can't work, he can't work'. I was working so that was fine...

She went on to tell me about the type of care that he was going to have...He was going to need to be monitored for the rest of his life and ...he was probably going to need to be on medicine for the rest of his life...Was I going to be okay coping with that and...are you going to be okay with kids in the house, with him and the kids in the house...are you going to worry about anything?... I needed to make some choices at that point.

Once he was diagnosed with severe PTSD, Sheri admits that she was still trying to understand what PTSD was, what it would mean to the family, and what her role in the family would be:

So it was okay at first [that he had PTSD] because I didn't understand what it was for a long time. There was something he was dealing with. I didn't see it. It was very well hidden for a long time and then, once I realized, you know I would see him just start crying sometimes or...just get like the glazed out, faraway distant look in his eyes...like...he's in another world somewhere.... I just didn't know.

[After the diagnosis], he actually went to an inpatient therapy program for a while, for about three months, and that seemed to help him a lot, and then he came back and right after that he tried to kill himself. So, [lets out a long breath] that was a big issue. I mean we dealt with that and then it was okay for a while. He was on his medication for a while and we were good and then I guess it was the following year maybe, he tried to kill himself again a second time.

I don't think I really understood until he had his first suicide attempt, and I mean it was very close to him not making it and once that happened, I mean, we had the baby. He was maybe two months old at the time. I had to think about him growing up without a father.

At this point in her marriage, Sheri realized her role in the family would permanently be much different than she had planned. In addition, her husband did not

have the best relationship with his four children which further strained her marriage. According to Sheri, his ex-wife “*was feeding them a bunch of stuff that he only cares about my kids.*” This friction simply added to his fragile mental state. Her most pressing thought at the time of his first suicide attempt was that his children would always blame her if something happened to their father and they would not want to have any relationship with their little brother. She said,

As far as my role changing, I think it changed because of that, just me concerned about him, me waking up and him not being there one day because...if his suicide attempts actually worked...how I was going to explain that to the kids, his and mine.

Sheri did not spend time as an Army spouse so conversation focused on her perception of the Army in general. Sheri admitted there is something about the Army that makes her nervous.

It [the Army] kind of scares me a little bit. I mean I hear kids, not mine, because...we've told them since day one that they can't go in the Army because of things that happen to female soldiers but, you know, she [her daughter] has friends, older friends, one of them is 20 and when you hear that some of the kids are talking about going in the Army, it worries me because he [her husband] has a very severe case of PTSD and that's one thing that concerns me.

It bothers me with the suicide rate for the soldiers that come back and then the ones that come back that have PTSD and before they're diagnosed and the things they have to deal with, and after they are diagnosed, the things that they have to deal with, and then not only that just things that happen to the ones that are there. I mean...a friend of my daughter just enlisted and she just got through basic training and it just concerns me, things that might happen [to her] and you know she may not come back and if she comes back, how is she going to be when she comes back? I will support her 100% and everyone that's there [deployed to Afghanistan or Iraq]...all of our soldiers.... I wish they didn't have to be there but you know I support the Army. I support all of the military, it just, you know, it bothers me.

And though Sheri did not experience the Army as an active duty spouse, today as the spouse of a wounded warrior, she feels disconnected from the Army community and isolated within the world of wounded warriors. “*He's just isolated in general.... There is*

one person that he found that he was in Kosovo or Afghanistan with...that he keeps in contact with but other than that, he doesn't talk to anybody from his military days." As a result of his isolation, Sheri is also isolated from the Army and has not reached out to many other spouses who may be experiencing a similar situation. Fortunately, she has found an online volunteer organization that works with soldiers and veterans suffering from PTSD as well as with the spouses and family members for emotional support.

Despite the emotional challenges of caring for a wounded warrior, Sheri continued to work outside the home. Her married life, however, is much different than she had planned it would be not understanding the full impact of PTSD and how it would affect every aspect of her life:

He has an unemployability status so he hasn't been working now in about three...or four years and it's hard for him.... He doesn't like to hear that there's not a lot he can do. Most days he's pretty depressed, he's isolated...he really doesn't go anywhere, stays in the house for the most part unless we go somewhere together.

I work right now full time...I had to work because...he had only 10% disability so think he was getting \$400 a month...It took a long time [for VA to increase his disability rating] and then after that I think is when they, I think he's finally now, he's like 80 or 90%. We had to fight for everything to get that rating.

Between our four kids, there was no way that we were going to make it so I couldn't stay home with him. There were days that I would leave to go to work and I would look at him and I could tell that he was not...in the right frame of mind...he was depressed...he just wasn't where he should be left alone. I had to go to work and I'm worried about him there alone and if everything's ok which is why I talked to him constantly throughout the day, which was interfering with my work.

I have been very fortunate with my job. If I need to I can work from home. They are fully aware of...what's going on with him and they know if I have to come home, I'm coming home. If I need to change my hours, they're fine with that. If I need to work shorter hours or a half a day here or work for an hour and come home and do it, that's perfectly fine. They've been very supportive and normally he's not here alone. Normally one of the girls is here, and if he's here alone he's

not here for very long...a half hour or something.... I just don't feel comfortable [leaving him alone].

The stress of working full time and providing close to full time care has put a tremendous strain on Sheri and on their relationship.

It just put a lot more pressure on me...and then with the baby, he was six weeks early...and that put a lot of pressure on him. It was very touch and go...we weren't sure if everything was going to be okay. Then, when it came time to bring him home from the hospital we had to...do CPR training for babies, before we could take the baby home. And it was a doll baby that we had to practice on, and if we didn't do it right they wouldn't let us take the baby home but he wouldn't do it because of what happened in Kosovo. I didn't know why; I didn't understand why he flipped out on the doctor.... We got through all of that, we brought the baby home and...he was very distant from the baby. He didn't want to be near the baby. He didn't want to touch him. I mean he was just very protective of him when he was around but he didn't want to be the one that was anywhere near him.

[Now] I come home and there are days that he's just...sitting in a chair, and he doesn't do this all the time, but like, he's sitting in a chair and he's watching TV. That's what he does for the most part of the night, and you know, that's okay...My house is a mess...stuff's here and...there and it's aggravating.

We spend a lot of time not talking.... We're basically roommates. We just pass each other...and TV and that's pretty much it. We don't really...have a lot of time together. Like I said, when he's happy, when he's okay, when he's having a good day and I come home and he's laughing and he's joking you know, sometimes dinner's cooked and then we have a good time. But it doesn't happen a lot.... Those are the days you kind of have to hang onto; you don't get many of those.

And then when he's really, really depressed, which is lately for some reason, there's something that's bothering him right now and I don't know what it is but he's been extremely irritable and depressed and I mean the least little thing right now will set him off and I don't know why and that's hard to deal with. And then there's times when he'll go a week and not talk to me, not look at me, I mean just act like I'm not here, and that's probably the worst...that's the worst thing to deal with because I don't know why.... He'll be fine with everybody else. He'll talk to the kids but for some reason me, not one word...I'd rather just stay at work 24 hours a day, because at least people talk to me there [laughs].

I just worry about I guess like him having a total breakdown, a total meltdown, and not knowing what to do about it. I don't think I worry about him hurting anyone else. I don't think he would do that or I should say any of us [family members]. He's got a serious anger problem.... It worries me when we go out and there's a lot of people...and someone bumps into him or sometimes it worries me how he's going to react to certain things...and the fact that he doesn't

sleep...eventually he's just going to crash...or he's going to explode and I'm not going to be able to stop it.

Sheri recognized that discussing her situation with others who understand could help but that had not been her experience. She said, *"It would be nice but I don't know that it's important [to have someone to talk to] because I haven't really had anyone to talk to since Nadine left and that's been a couple of years."* Sheri used some of the mental health services provided by this VA facility but the distance and the long drive became too much so her husband now uses a local VA for services and Sheri has not found a counselor that she feels comfortable talking to. She said,

I think it's important for everybody to have someone that understands but unfortunately I really don't because there is no one...in this area that I know. For me, I don't really have a lot [of connections]. I have the group on Facebook that I joined and get a lot of information on different things there and get a lot of support from the people there in that group and its probably the single best thing I've ever seen or I've ever been involved in because you get people from all over and you know, different perspectives, and the one thing that it seems that I found out is that everybody deals with the same thing so its [laughs] good for me knowing it's not just me, and when certain things happen and I don't understand why, there are a lot of other people that are dealing with the same thing.... I like that group a lot...there's different opportunities where you can volunteer to do things to help other people and that's a big thing for me now, that's one of the things I like a lot.

There is a caregiver's support group that the local VA sponsors but the times of day for the call-in sessions have not been convenient for Sheri. In addition, as a working care giver, she said *"I would never have two hours to myself where I can call in and just sit on the phone; I would never be able to do it."* Sheri is fortunate that she lives near home and receives a lot of emotional support from her family: *"My family all live within five minutes of me...and I'm guaranteed to talk to...or see at least one of them every day [laughs]...That's probably the biggest support that I have. Other than that I have pretty much nothing."* And while Sheri is supported by her family, it has been limited in regards

to the PTSD. Sheri said her family “*knows he has PTSD but they don’t know what it is. They don’t understand it. They don’t know how bad he has it.... They’ve been here and seen that he’s not his normal self but...don’t really understand what’s going on.*”

Learning was a big part of Sheri’s coping strategy. After his first suicide attempt she said,

All in all we were just under a lot of pressure. There’s a lot more stress. It was overwhelming. One thing that helped me was when he went to inpatient therapy the first time. They had a family day thing and I went. Just me. I went by myself because I wasn’t sure what it was and if I should bring the kids or not. They did a really good job explaining what PTSD was, how it would affect him, and how it would affect me, and how it was going to affect the kids and the biggest thing I think I learned out of that...was the way he was...acting had nothing to do with me and it’s not my fault he has PTSD.

I was just walking into it and I did everything that I thought I had done right and it seemed it was all wrong.... Going through therapy that day helped me to understand that there are other people out there and everybody’s facing the same thing. And it wasn’t just me and once I got that through...my head, things became a lot easier for me. And I started to understand a little bit more but it took me going there to hear...the doctor say that, for me to understand it a little bit more...

Reflection. Upon reflecting on her experience, Sheri recalled her earlier abusive relationship and the need to walk away so that her daughters did not have to witness more abuse. She is hopeful this will not be the case this time. She laments:

I just had my son and I didn’t want him to grow up watching and seeing different things.... My biggest issue for me was just are the kids going to be okay dealing with it. Me, it was okay. I was okay with dealing with it because I knew he was not going to hurt me and that he wasn’t going to hurt the kids.... So I made the decision...we’re in this and I’m not going to leave. It’s going to be okay and we’re going to make it work. And I felt that if we could get through that, then we were going to be okay. So I made a decision to stay.

He keeps saying that he’s either going to die or I’m going to end up divorcing him. I said ‘No, that’s not going to happen; were going to work through whatever comes our way and we’ll figure it out.... As long as you are willing to keep fighting then I’m not going anywhere, and you’re going to get through this.’ We’ll make it as long as he doesn’t give up.

Sheri considers the diagnosis of PTSD and the war-related circumstances that triggered his mental instability a disorienting dilemma as described in the transformative learning literature. She no longer has the same perspective on life as before:

I think that it [perspective] has changed as far as me wanting to help, even more than I ever have before. You know I think that I tried to look for things to get involved with in the VA...helping veterans because I think, again it breaks my heart, I think like watching him and I basically having to fight for benefits that he has now and for him to have to go...through what happened to him and then having to fight, basically for what he's getting right now.

I know there's a lot of veterans that this happens to and there's a lot of people that don't know about it. We found out about certain things like this caregiver program...because of his suicide attempt. If he hadn't done that, I'd never know anything about it. And I'd never even heard of it. So, you know I tried to spend a lot of time now just letting people know that there are programs out there and to kinda get involved with stuff like that as much as I can.

I've become a lot more, not just a lot more global, you know paying attention to what's going wrong in the world, gotten into a lot more of the political side of things and what's important.

In looking toward the future, Sheri admitted that she wanted to change her educational focus so that she could work with veterans.

At some point I would love to be able to get back in school. I really, really, really, want to do some type of counseling for veterans, especially with everything that's going on and it looks like we might be going into another war. There are a lot of people coming back that are damaged and I really want to be able to help some of these people, especially the younger ones because it seems like they're the ones that are committing suicide right now because they don't know how to handle it.

Sheri, like many of the other spouses, was challenged to make sense of her experience:

I don't completely make sense of it. I mean, I think that I've accepted it, and I know that makes sense. I don't make sense of it. I make sense of it for what it is.... None of it makes sense to me.... I can't understand it. I don't understand it so I haven't quite made sense of any of it. I've accepted it [laughs].

If she could speak to other women in her position, she would say,

[Pause] I think for me...is just to give them space you know because eventually I mean... whatever he's going through, he's going to, it will be okay and like I said

the biggest helpful thing for me was knowing that it wasn't just me, it wasn't just me. I think people need to understand that, because a lot of people.... I know there's a lot of them and that...they're thinking that it's something that they did or something that they've said, and that's not the case.

And to America Sheri says:

I just think that America needs to be educated...there are still a lot of people that don't know what PTSD is, and I would probably be one of them if I wasn't for this situation.... I think, you know, I think a lot of people think if you're not physically wounded, then you're not wounded.

Like I said one of his battles is that he sits home all day and he doesn't work and people look at him, and he has no physical issues, it's all mental you know, it's all PTSD and people don't understand why he doesn't go to work and that bothers him a lot, and people say 'well all you do is sit around all day and watch TV and your wife goes to work' and that hurts and I think people need to understand that it's not [just] a physical thing [being a wounded warrior].

Steff

“Everything changed. I don’t even recognize the person I was ten years ago; I don’t know that girl. It’s like somebody I used to read about...in a book and it’s a character from another story and another time. ”

Steff is a 42-year-old spouse of a medically retired Active Duty soldier. She is a full-time care provider who no longer works outside the home. She and her husband have only been married for four years and together have seven children from previous marriages; she with three children and he with four. She laughed when she shared with me that they have two 21 year olds *“that are not twins but barely a week apart.”* Although Steff was not married to her husband at the time of his last deployment in 2003/2004, she was married to him when he was diagnosed with severe Post Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI). He also suffers from severe knee and back damage and suicidal ideations. Steff told me right away that *“it’s nice that somebody even wants to listen to”* her experience as the spouse of a wounded warrior.

Focused life history. Steff grew up on Robbins Air Force Base in the middle of Georgia. She said she was a *“surprise”* to her parents, *“born at the end of my dad’s Air Force career. He called me his retirement bonus [laughs] since Robbins AFB was his last duty station.”*

Steff’s primary goal when she was a teenager was to follow in her father’s footsteps and *“go to the Air Force Academy.”* She said, *“I applied...then ripped my knee into a thousand pieces in a car accident, and I was not fit for duty so that changed that.”* For a while, Steff found herself without direction or purpose: *“I didn’t really have a goal for a while. My dad was really sick and dying and the Air Force Academy got taken away*

so [at 18 years old] *I married my first husband far too young, far too soon, far too young.*” The marriage ended in divorce.

Steff met her current husband through a mutual friend after he had returned from deployment in 2008. They were both 38 years old and their children at the time were 20, 18, two were 17 and 16 and two were two years old at time.

It was just one of those random things, where you ran into somebody like, okay, this is my friend and we started talking that night and talked until he had to go to PT [physical training] the next morning. He was it, with all his problems, all his injuries.

We were divorced.... I had finally gone to school...gotten my degree in social work...and you could just look at this guy and know that there's a lot of stuff going on that nobody had ever given a name for, and despite all of that stuff, he was the one. There was no question...no drama, no debate, he was it. Somehow it just clicked, right there.

At the time he was still on Active Duty. Steff was enrolled in a Master's program in Social Work and working with the homeless redemption program. She said,

I sincerely wanted to finish that degree. It took a long time to get...into grad school, with kids and being a single parent and it was really, really, really important.

We met in September so I was...early into a semester and I pushed through that one and as time went on and the more time we spent together, he really needed help. I mean just knowing that they started medicating him for different things, it increased greatly. So I thought 'Okay, I'll take a semester and we'll get this sorted out and be okay'. But that was December 2008 and I have not been able to finish a semester of school since then.

There's too many parts...during the Med Boards...it's impossible. You know, at one point he had 60 appointments in one month...sometimes three or four a day. He needed somebody to go with him because he wouldn't remember what they said or he wouldn't remember where he was supposed to go, he wouldn't tell them everything he needs to tell them about whatever they're seeing him for, and he can't drive himself....Even online classes was just too much.

At the time of the interview, Steff and her husband were 42 and the children's ages were 24, 22, 21, 20, and 6. She describes them thusly, “*They are all mingled in. The*

oldest is his, the next one is mine, then the two 21 year olds, one is mine and one is his, and the six-year-old twins are his.”

We talked about how the literature described enlisted spouses as generally feeling isolated from their Army community, often without a voice. Surprisingly, Steff agreed based on her experience:

I think the reasons for it though is, right after we...got together, and even before we got married I started advocating for him to be transferred to a Warrior Transition Battalion (WTB)⁵⁶. And that it took a while, very resistant command initially, but I eventually got him there and that is even more isolating. You would think that a lot of the wives of people in our small command, they're all there because their husbands are injured, you'd think that they might be a little more cohesive, but that was not the case at all.

It just seemed like...there was just no sense of community, and no sense of wanting to help each other or share something like the resources that are out there, give a WTB brief to the family about resources - financial, other things, especially since a lot of times soldiers who are WTB at a post where they weren't assigned to, have to go somewhere else and then the spouse follows, sometimes, but not always...

It's like here, these guys are isolated from their normal command, their normal unit where they have their buddies, and their friends and their support system that they built, and there's just...no sense of community. Any time there was an opportunity for some kind of resource to be shared, whether it was financial help or uhm, a medical thing, something that maybe there's only so many slots for soldiers to try and get into a different program somewhere... not only wouldn't they share it, they would hoard it. And it was just really disturbing. It was really isolating.

And while they do a lot of programs for soldiers...they're not so good at retaining families...and making things fit with all the other moving pieces of his life.

As an Air Force spouse, Steff did not feel dependent on her first husband, an Air Force pilot who deployed to the first Gulf War and was gone for several months at a time. She said, “*You learn the proper power of attorney and you know, to have confidence, know its okay to ask questions, you can get whatever you need done.*” She readily

⁵⁶ Warrior Transition Battalion at major military treatment facilities around the world provides Soldiers with personalized care as they recover and rehabilitate.

admitted that she has an aggressive personality so that may have had a lot to do with her ability to get things done. Steff would find the Army hierarchical structure a very different challenge.

Details of the experience. Steff's husband was an Active Duty Staff Sergeant (E6) when he deployed to Iraq in 2003. He was 32 years old at the time. While it has been difficult to pinpoint the specific date of his injury, during his deployment he was, according to Steff,

Subjected to a number of mortar attacks, one big one was an IED that his Humvee ran over. I think he was involved in some RPG attacks too...based on hearing him talk through some of the things that happened during his deployment. I think the TBI started in December 2003 that was like major head injury and then successive blasts just made it worse.

But at that time, you know, they didn't even have that mandatory, 24 hours off duty like they have now. They had nothing. And he was telling me after that blast he was deaf for several days. His squad was literally communicating with him with notes and hand signals. At one point there was clear fluid draining out of his ear but he was told to 'soldier on.' So he did.

The first part, and the hardest part I think for him was just to accept the limitations, trying to get him to understand that he's not 25 years old anymore, and he's not bulletproof. He's not you know he's not the man of steel, not in that respect. You know he's [sigh] that acceptance was there but it was obviously still an ongoing battle to some degree.

Steff had no voice with the unit or the chain of command. They would not listen to her; she was virtually invisible. Steff quickly learned the Army system and to exercise her voice in order to advocate for the services and treatment she thought he needed from the very beginning of their relationship.

I've never been around the Army until I met him and then I heard of the Warrior Transition Battalion.... Once it was obvious he couldn't function in his unit, he was not able to be an Infantryman anymore, period...uhm, being on the range was physically painful. It would trigger all of the PTSD.... He just couldn't do it. I started researching...and when I found out that this [WTB] existed and there was one on post, that's when I started pushing.

I found out what you have to do to get referred and then started to get that done. We started out like we're supposed to, with the chain of command, following it step-by-step and his unit, at the time, was very difficult to say the least... The company commander was one of those guys.... I'm Mr. Infantry...that never had a combat deployment so he couldn't relate and flat out told me he didn't believe in PTSD. 'Okay, well, you don't have to believe in it for it to exist. Your lack of disbelief doesn't nullify it, what are you doing about it?'

With [my husband] standing right there with me, obviously granting his permission for me to be there, unable to really advocate for himself, the unit would still ignore what I was saying and 'No, you, I know that you're his commander but do you live with him? Have you seen him have a night terror? Have you chased him down when he's lost his marbles momentarily and he thinks he's in Iraq, and he's trying to kill bad guys and there's nobody there? Like you don't see this. Just, NO! You have to listen.' And that was the frustration of not being able to get things done. Just having an attitude from some people, not all, some people were great and well, you are his wife.

It's just, what you're doing and what you're saying - we don't even care about you. He can't say it, you'll have somebody come out and say, but we don't want to listen to it, so we don't care about you. That's the message from the Army, loud and clear!

And he [the commander] continued to refuse anything, and the problem got worse and worse. He started having episodes and they tried to use nontraditional punishment instead of sending him for referrals, or sending him to mental health. Uhm, the Chaplain's office, in the chain of command...was very helpful. They offered us the immediate counsel...that the rest of the chain of command didn't really have a say over.

Talking to the Chaplain helped, but it was insufficient. As her husband's condition continued to deteriorate, Steff realized she would have to bypass the uncooperative chain of command and request help from outside the unit. She said,

As things got worse, and worse, and worse...and he really needed to be out of the Army and they wouldn't do it, we had his psychologist do the matrix for his WTB transfer and he scored 2 1/2 times the minimum score to go...He wrote a letter and he said he recommended immediate transfer - soldier's mental health is at risk, he has suicidal ideations and that didn't fly. So at that point, I started the Congressional inquiries.

Initially it didn't help because they would call the company or battalion commander. 'Hey, what's going on' and the battalion commander said 'Oh, I have a soldier that's a pain in the butt' and they accepted that...So once I learned how that worked then I got mad [laughs] and sent a Congressional inquiry form

with a letter to every single member of the House and Senate Armed Services Committee.... I think the letter probably made people's eyes bleed! [laughs]

And my point was just like, 'he did four years as a Marine and at that time he was on, you know 18 years into the Army, and he's given his whole life, his health, everything he had, and he will not be dismissed like this. He did everything that you asked of him, everything, every challenge that you put in front of him, he met. Again, he met, and then he exceeded, and then when he got injured, and things fell off, you didn't notice; you didn't care; you didn't intervene, you let the decline happen, and now you want to punish him for it? I don't think so.'

In addition to filing the Congressional investigation, Steff had to learn about the Army and the system she was trying to navigate:

I read Army regulations until I could throw up. When they tried to send him to a reduction board, they tried to give him an Article 15⁵⁷. Yeah, he refused it, because it was just bogus. I said 'Okay, let's do a real court martial instead and bring it. Let's bring all of this behavior in the light of day, in front of an impartial panel, and let's see what happens.' So, that scared them, and they didn't do the court-martial. They said we're going to do a reduction board, even though there's a regulation...that specifically prohibits the use of a reduction board in lieu of a court-martial.

But they did it anyway. The battalion commander reduced him in rank three times in like 18 months, which made the financial issues a thousand times worse [At the time he was paying alimony and child support and Steff had quit her job to become his full-time care provider]. Ahh. About the time we got to the end of it, the Congressional inquiries resulted in us getting a meeting with the Post Commander.

We got a face-to-face with him and I had literally a little book cart like lawyers take to court with my documentation [laughs]. Here's his Army records before injury. Here's what happened. Here's how he's declined post-injury. Nobody picked up on this. Nobody knows any of this, but then the minute he really started hitting bottom...you want to punish him. All we've asked, all this time is to go to WTB and the Med-Board, and let the findings of the Med-Board stand for itself.

And the Post Commander took everything, read it, considered it, had everything for about a week and we got called back and said that he was reinstating all rank back to the original dates of rank, restoring back pay....The reductions would not...show-up on his record anymore, and ordered an immediate transition to the WTB. I mean like, we got that word around ten o'clock in the morning and by

⁵⁷ Article 15 of the Uniform Code of Military Justice UCMJ) is non-judicial punishment or 'NJP' that permits commanders to administratively discipline troops without a court-martial.

three o'clock he was getting in the WTB waiting to in-process. Amazing what happens when you get someone with some stars involved [laugh].

And that was the end of the communication with the command [laughs] and from there it went into Congressional status... It took 18 months from start to finish, but in the end, he had everything that he had lost restored to him. The only thing I couldn't get back was the initial stress, the loss of sleep, and you know, he lost his love for the Army. By the time he got out, and the Med-Board was done, he was so ready to go.

Becoming his full-time care giver required Steff to not only challenge the Army system and exercise her agency and voice by advocating for the services and treatment her husband had earned as a wounded warrior, it also challenged her to reconcile the scope of her new role in the family. Steff said,

I've been single for a very long time so I kind of looked at us, when were first getting together and first solidifying our relationship, that I wanted it to be equal. And...by the end of about seven months or so...it was apparent that wasn't going to be the case, that he just couldn't [pause]...and you just, you don't want to take over somebody's life...Some things he could help with...but I would have to come in behind him and double check and triple check everything...so it's less stress for him and its faster if I do it.... We had a long talk about it...and he's fine with that.

In the beginning...I had no concept...it would be full time and that he would continue to be [sigh], I guess you think when somebody is injured...you know what, there are injuries and you're 'Okay, we can do this'. But with TBI, things change so much over time. I didn't really anticipate that at first but in the last five years his ability to function has declined a lot, the cognitive stuff and with PTSD flare-ups, sometimes you're good, and sometimes you're really, really bad.

You now have a pill for this, have a pill for that, you know here's another pill, take these pain meds, take this, take that. Oh, you can't pay attention, have some Adderall. You still can't pay attention have some more Adderall. At one point, he was up to 20 some prescriptions and it was just outrageous. And they sent him to a neurologist and they did brain studies and they did all of the diagnostic things they could do but in the end their answer has always been take a pill.

Uhm, at first, I went along with their little program because I thought I had to and then the more I thought about it, the more I thought 'NO, this is, NO this is not okay. He is not a number, he's a person. Doping him into oblivion is not the answer. You're just going to hand him pills for the next 50 years and let him go? NO!'

At this point in his care, Steff realized she needed to assume more responsibility for the management of his treatment. Learning how became a necessity:

The Army treated him pretty badly in the process of me trying to get him into the WTB, which really didn't help the PTSD and, for about two years, his mental health failed pretty badly.

I started challenging and questioning and insisting on outside referrals and we managed, yeah his number of medications was incredible. But I also started looking for other answers. Just because his doctor said this, it's not the be all to end all. So we did testing other places, uhm, it's not always easy. TRICARE⁵⁸ doesn't want to play that game sometime.

Still to this day, I don't leave him alone...at all. His medication is in a locked box that he does not have access to. He doesn't have keys for, nothing. He gets his medications given to him at the appropriate time. Uhm, We haven't encountered being a part, other than when he was in the hospital so, I don't even know what I would do if for some reason we had to be apart for a day or two. I would probably have to have one of the kids become the medication keeper, because he's tried to kill himself several times...6 times since we've been together and several...more kind of hidden attempts before.

Everything is defined by him...You can't...pre-plan a vacation...you can't book travel arrangements, you can't do anything really. You're paralyzed by it because you don't know what any given day is going to bring. Is his pain level going to be too bad? Is his mental state going to be too bad? Is his anger going to be too bad?... It's frustrating because it's not something I can control.

And if he says 'Look, I feel like shit today' and he'll do that say 'I just feel like shit today, I'm mad at the world. It's not you, but I'm mad.' And I say 'Okay, I can't make you not mad' but I can figure out what not to do...and I am the person closes to him, so I catch the most of it and I'm also a safe target. He knows if he blows up in my face, I'm not going anywhere.

As time passed and his conditioned worsened, Steff recognized the need to protect her own mental health and well-being. It was important for her to have someone to talk to, to learn from and to share with. Her emotions finally drove her to take action on her own behalf. She said,

I got mad, and really depressed and really combative probably [laughs] for a long time. And then once you kind of realize you're getting toxic for yourself, uhm I went and got my own counselor. I still go with him to his weekly counseling and

⁵⁸ TRICARE: A health benefit program for all seven uniformed services.

weekly psychiatry appointments, but I got my own counselors so I can say anything I want to, you know, without the fear of him taking it wrong.

I [searched the Internet] for hours on end. I would just be on the computer, and you find out the thousand things that doctors have never told you but then you read it and its like okay, that makes perfect sense or wow, he has this symptom, why haven't they ever tested him for this, and then you go ask for it and it's like [pause] right, you know, I didn't go to med school, why am I the one finding this out?

And though Steff felt it was important to have someone to talk to, her network was very limited.

For a long, long time, there really weren't any others...not while he was in the Army...there was nothing else. The time before he retired...it was really just me and him against the world kind of thing.

My...family is very distant at best.... My mother liked him but she didn't approve of the situation just because he had so many problems. She thought, 'why in the middle of your graduate degree, your kids are in high school, why are you gonna do this?' ...Her fall back was always, 'I don't understand, your father went to Vietnam more than once and he was fine' ...so we just don't talk about that at all.

Steff also lost most of her friends when she became involved with her husband.

She said, “*when we met, most of my friends that I hung out with were also single moms. And when I got into the relationship, I couldn't go out anymore...He became my full-time job so we just...drifted apart.*” Her sanctuary and source of support has become an online community of volunteers who she considers family: “*If I didn't have them to talk to...I would still be in a really, really bad headspace.... Knowing that there's somebody that will not only listen to you but lives it, and... knows what you're talking about... means everything.*” Steff and her husband also go to weekly counseling together to help them cope and have been with the same counselor since 2008. She lamented, “*You just have to have a sounding board.... I don't know what I'll do when he retires.*”

Reflection. Steff reflects on her experience constantly and shared some of her conclusions:

When we met, he was already in a financial bind, because of the alimony and the child support, and then when I had to stop working, now I still had bills of my own too. So it was a choice. I feel like if I...had stayed in school and stayed at work, he probably would've killed himself, sometime before 2009 so when you put it that way, I'd rather be broke with him than be financially okay and have something horrible happen.

I was always stopping and having to think and guess and it was really exhausting, and there would be times I would think, should we even do this, are we fighting the losing battle, can we win? So a lot of the reflection and the time spent was trying to say, push forward really, it's too important not to keep fighting. And that's about all - you're so far into this, you can't even think.

He should be at the prime of his life...and doing what he wants to do, be able to go fishing if he wants to or you know; [instead], he can't get in the car and drive to the store. It's really, really sad if you let yourself dwell on that it gets really depressing.

I went from being a single parent with an orderly life and an orderly household, financially well off...in school, having a job...to chaos...and I don't have any of that now...and I don't do chaos well. We literally live at the mercy of the VA because if they botch up a paycheck, we're screwed. Everything changed. I don't even recognize the person I was ten years ago, I don't know that girl. It's like somebody I used to, you know, read about...in a book and it's a character from another story and another time. I don't even, don't even know her.

I miss her...but I don't regret it. It's a harder life than I thought it would be, but it's worth it.

Like most of the spouses in the study, Steff cannot make sense of her experience. She said:

I don't always make sense of it [laughs]. I know that there's no making sense of it... I mean I do get stuck every now and then on the 'why'... of all of it. Why did this have to happen? Why is this so hard? And there's no answer to that, it's just because it is, and you just fight through it

Sometimes, yeah sometimes I do have to think about it. I think the conclusions are that you really can get through anything, things I wouldn't have thought I was capable of before.

Steff found it difficult for her to think of her future without first thinking of his.

I'm concerned about the future really. Most of the guys that have similar injuries are starting to exhibit signs of Parkinson's disease and the outlook isn't really great for brain injuries over time. I've read studies that say it can lead to a higher chance of dementia later in life and shoot, he's 42 and he's got three surgeries pending and he's dependent on morphine right now, so what is future hope?

And it doesn't look like it's going to get better. It looks like all we can do is put Band-Aids on things but not really fix anything...He'll never be 100%; he'll never be cured of this and be pain free but I want him to be as good as he can for as long as he can be that way someday he will get to the point where he stops trying to kill himself...and not feeling like he should be dead.

I would like to get back to finish school at some point. I would like us to get to a more stable place with his medical care and I'd like to be better off financially.

Steff considered her husband's injuries and diagnosis of PTSD and TBI a disorienting event as described in the transformative learning literature. She readily acknowledged that her perspective on life has changed:

This changed us both. It literally changed everything...my whole focus because of what happened to him and because of what he needs. My whole world turned upside-down. ...there's not one single aspect that I can think of that's not affected by it, every single day.

[My perspective changed] a lot. I guess I had always been a very lucky person in a lot of things and I had a good, stable home when I was a kid.... I had friends and a job and a house and you know, you do what you are supposed to do, you work hard, you raise your kids right, everything.... I was a little bit too much Pollyanna I think and my husband did everything right and we've had to fight for every single thing for him, to be treated fairly, just to get the benefits he's supposed to have, not anything extra, just what he's supposed to have and so, you know, I don't like to see the world as being so easy anymore.

I don't really believe in the inherent goodness of people anymore. There are very good people but not everybody. Not everybody has your best interest at heart, not everybody cares. Even people that are supposed to care, don't.

I never really saw myself as a caregiver kind of person. I mean you, you think of like that, you know they have a lot of patience and would be willing to give up a whole lot and I didn't really see myself like that until it happened, and then it's sort of just an unconscious thing. You just don't even think about it, it's like so what, I have to do this, so what [pause].

Again this might sound a little Pollyanna, but sometimes I think that meeting him dealing with all of his problems, has refocused me to where I really am supposed to be...I already have the social work program going on.... My focus was a different area and it's still a valid area of need...no doubt homelessness is a huge issue. And I think now, for someone that just watched the news at the beginning of Iraq and Afghanistan, you stay informed with those current events, you know there's needs. You know there's problems, there's veterans issues, there's always been veteran's issues...since Vietnam...but now...my focus has shifted and...this is much more important.

What I do now is much more fulfilling than a paid job ever was and I think I have more empathy for people now, not just for him, but across the board...and I have more patience... Maybe this was meant to be and maybe this is where I'm supposed to be and I had to live it to be able to effect any real change.

I am a lot more cautious about who comes into our life because if you're not going to be here for a good reason, if you're not part of the solution, you're part of the problem...and if you're part of the problem, we don't need more problems.

To other women in her position, Steff said,

First thing, don't give up. It will, it looks horrible so much of the time and it looks hopeless, but it's not. Make sure you surround yourself with people that are supportive. Don't be afraid to ask for what you need. So many, especially the younger girls, are so intimidated by the doctors or the psychiatrists, you live with your husband, you know what he needs, you may not be able to put it in medical terms but you know what he needs.

So don't be afraid to be an advocate because if you don't nobody else will, not in the same way. You run across providers that actually care but they can't advocate in a way that a spouse can. And when there's good days, even if they are few and far between, you hang onto those and appreciate them and hold them close, because that's what makes you able to get through the bad days.

And, to America Steff said,

Oh [sigh] pay attention to your elected officials and what they're doing. Call them out on, you know, when you see that there's big gaps, that people aren't being treated properly. You know [our soldiers] that go and give-up their whole lives, and their health and their youth, everything, so you can keep living the way you're living, you have a responsibility to them and you know, maybe you don't know them, you can't go help them hands on, but when you see that the people you put in office aren't doing right by them, you have an obligation to say something, to change that.

And don't be afraid of, with PTSD especially, there's so much stigma. Not everybody that has that is some psychotic maniac, not everybody, and especially the people in the news that have committed some terrible crimes, and they're like 'Oh he's a veteran, a combat vet.' Just being a combat vet doesn't make you a bad person, doesn't mean that you're going to flip out and shoot-up a shopping mall one day or whatever. It just means that you have a different reality, a different life than other people do. So don't pay attention to the stigma.

There are a lot more of us than people realize, and that just because the guy walking down the street looks okay, he's not missing limbs or you know, covered in burns or scars, doesn't mean that he's healthy and there's just a lot more people that are affected by this than anybody realizes and just, if you run across that, be kind about it. We've got enough struggles without bickering and without nastiness and without trouble.