
Military Couples Post Deployment

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Approximately half of active-duty service members are married, and 34.5% have dependent children (Department of Defense [DoD], [2021](#)). The well-being of military families is essential for supporting military readiness, national defense, and national security. Military couples and families encounter numerous common and distinct stressors, including combat deployments, frequent relocations, work-family conflicts, and work-related injuries (O'Neal et al., 2018; Pflieger et al., [2022](#)).

The Military Family Fitness Model (MFFM; Bowles et al., [2015](#)) theorized several family-level resources that play a key role in supporting couples-family resiliency in the face of service-related stressors. The current research leverages the MFFM and Olson's ([2011](#)) Circumplex Model to examine resource categories that should prove useful for married military couples who have experienced at least one deployment. While there are individual resources and social external resources utilized by each member of a dyad, this study focuses on resources for couples and their families to mitigate stressors together. The spouses and nuclear family members may serve as significant emotional and instrumental support factors for military members. In the current model, our focus is on the couple's immediate family constellation, comprised of the spouse, child(ren), and pet(s), with a specific focus on the couple. The couple and nuclear family resources of cohesion, flexibility, communication, and family support found in the literature continue to build on findings for the MFFM (Bradley & Hojjat, [2017](#); Oshri et al., [2015](#); Sanford et al., [2017](#); Vest et al., [2017](#)). With respect to adaptive processes for military families and the post-deployment reintegration of service members, evidence suggests that flexibility and communication within the

nuclear family unit promote positive family functioning and behaviors (Oshri et al., [2015](#); Sigelman et al., [2019](#)).

The post-deployment transition back into the home and community can be challenging for service members, their spouses, and their families. The family's ability to cope successfully during deployment and post-deployment reflects the family unit's overall resilience. These adaptive coping skills have been related to a couple's well-being (e.g., Sigelman et al., [2019](#)), and the perceived quality of the dyad's relationship in various populations (e.g., Bradley & Hojjat, [2017](#); Pflieger et al., [2022](#); Sanford et al., [2017](#); Vest et al., [2017](#)). These abilities have also been associated with family satisfaction (e.g., Abreu-Afonso et al., [2022](#)).

The current study assesses how couple-family resources (i.e., cohesion, flexibility, communication, immediate family support, personal strengths, familial strengths, and familial traditions, celebrations, and routines) are related to individual well-being, relationship quality, and family satisfaction among military couples. Examining these resources may provide evidence for the opportunity to develop treatment and training for couples and may strengthen military family systems. This led to the following hypotheses:

Hypotheses

H1. Military married couples reporting higher family cohesion, communication, and flexibility will report higher individual well-being.

H2. Military married couples reporting higher family cohesion, communication, and flexibility will report a higher quality of their relationship.

H3. Military married couples reporting higher family cohesion, communication, and flexibility will report higher levels of family satisfaction.

Method

Participants

Seventy-three U.S. military members and their spouses across two installations participated in a cross-sectional, mixed measures study which included a battery of measures. Each of the military services were represented. Most couples were composed of a service member and a civilian spouse, and there were two dual military couples (both members of the couple were in the service). There were 10 male spouses that participated in the study. All service members had been deployed in a combat zone to Afghanistan and/or Iraq.

Measures

Family Resources

The Family Adaptability and Cohesion Scale (FACES-IV) was developed to evaluate family functioning from the perspectives of cohesion and flexibility (Olson, 2011). The current research employed balanced cohesion, balanced flexibility, communication, and family satisfaction subscales.

Well-Being

The Work-Life Well-Being Inventory (WLWBI) Emotional Well-Being subscale assessed well-being in individuals exposed to high-stress fields, such as the military, national security industries, law enforcement, and other high-stress civilian sector industries (Bartone & Bowles, 2020).

Relationship Quality

The Seven-Item Dyadic Adjustment Scale (DAS-7; Hunsley et al., 2001) assessed the quality of an intact couple's relationship; that is goals, relationship satisfaction, and happiness.

Quantitative Analysis

Our statistical analyses utilized a series of hierarchical regressions to examine the predictive ability of communication, flexibility, and cohesion for the outcomes of emotional well-being, quality of relationship, and family satisfaction. The predictors of communication were added in Step 1, flexibility in Step 2, and cohesion in Step 3 based on the volume of research within the extant literature to evidence the relationships proposed in the circumplex model (Olson, 2011) and the MFFM.

Qualitative Analysis

A thematic analysis was conducted on the brief response questions as two independent reviewers examined participant responses and identified categories and sub-categories based on those responses. After developing specific themes individually, the reviewers compared their independent findings. When raters had inconsistent

interpretations of participant responses, they discussed the responses until they reached complete agreement on the themes.

Participants responded to two questions, in which their responses were reverse scored and categorized, and they were able to provide up to three responses to each question. First, participants were asked to "rank order what you consider the most important family traditions (e.g., holidays, music, or sports activity), celebrations (e.g., birthdays, awards), and/or family time and routines (e.g., leisure, bedtime, meals, discipline, chores) that contributed to your well-being" (1 = greatest strength). Second, participants were asked to "please rank order your family's strengths and resources (e.g., support: emotional or financial, cohesion, flexibility, communication, family celebrations/traditions/routines) that contribute most to the effectiveness or well-being of your family" (1 = greatest strength). Again, participants generated on their own up to three responses in the available space provided.

Couples were also asked to fill out a survey indicating how often they used various forms of alternative medicine in the past year. The forms of alternative medicine were ranked based on the combined number of service members and their spouses who identified they had used each respective resource in the past year. Percentages for each form of alternative medicine were calculated by dividing the total count for each individual form of alternative medicine by the total count for all forms of alternative medicine, combined.

Results

Our statistical analyses utilized a series of hierarchical regressions, testing our hypotheses to examine the predictive ability of communication, flexibility, and cohesion for the outcomes of emotional well-being, quality of relationship, and family satisfaction.

Emotional Well-being

Service Member

For service members, a hierarchical regression was run to examine the predictive ability of communication, flexibility, and cohesion ratings on emotional well-being. Model 1 (step 1) was significantly predictive, $F(1, 63) = 5.23$, $p = .026$, $R^2 = .08$, and communication was found to be a significant predictor, $b = 0.12$, $p = .026$, 95% CI [0.02 to 0.23], explaining a total of 8% of the total variance of emotional well-being. However, the addition of flexibility in Model 2 (step 2) resulted in the predictive ability of the model to drop from significant to a non-significant trend, $F(2, 62) = 3.02$, $p = .056$, $\Delta R^2 = .01$, with no significant change in the explained variance. Averaging across variables within the model, neither communication nor flexibility were found to have significant coefficients within Model 2 (See Table 1). Finally, the introduction of cohesion as a predictor in Model 3 (step 3) resulted in a non-significant model, $F(3, 61) = 2.23$, $p = .094$, $\Delta R^2 = .01$, adding no significant change to the explained variance.

As in Model 2, no variables were found to be significant predictors when averaging across the other variables within Model 3.

Spouse

For spouses, a similar hierarchical regression was conducted to regress emotional well-being on communication, flexibility, and cohesion. As found in the results for service members, Model 1 showed that communication was a significant predictor of well-being, $F(1, 63) = 4.81, p = .032, R^2 = .07$, with communication explaining about 7% of the overall variance of well-being, $b = 0.15, p = .032, 95\% \text{ CI } [0.01 \text{ to } 0.29]$. While the omnibus model for Model 2 was found to be significant, $F(2, 62) = 3.70, p = .030, \Delta R^2 = .04$, the addition of flexibility did not significantly change the explained variance for well-being. In addition, for Model 2, when taken together, neither communication nor flexibility were found to be significant predictors. This pattern followed in Model 3, as the omnibus model was significant, $F(3, 61) = 3.16, p = .031, \Delta R^2 = .03$, yet Model 3, and the addition of cohesion failed to significantly explain any additional variance. As in Model 2, when averaging across all variables, no predictors were found to be individually significant in Model 3.

Quality of Relationship

Service Member

A similar hierarchical regression was conducted to regress spouses' reports of couple satisfaction with communication, flexibility, and cohesion. Differing from service members however, Model 1 was significantly predictive, $F(1, 71) = 18.44, p < .001, R^2 = .21$, as communication was significantly predictive of quality of relationship ratings, $b = .30, p < .001, 95\% \text{ CI } [0.16 \text{ to } 0.45]$, explaining about 21% of the total variance. With the addition of flexibility in Model 2, the model retained its significant predictive ability for the omnibus regression, $F(2, 70) = 9.17, p < .001, \Delta R^2 = .00$, but had no significant effect on the explained variance of relationship quality. Within Model 2, averaging across flexibility, communication remained a significant predictor of relationship quality, $b = .29, p = .002, 95\% \text{ CI } [0.11 \text{ to } 0.46]$, but when communication was taken into account, flexibility was not individually predictive (see [Table 2](#)). Model 3 displayed a similar pattern to Model 2, as the addition of cohesion did not impact the overall significant predictive ability of the model, and it failed to add any significant change in explained variance $F(3, 69) = 9.17, p < .001, \Delta R^2 = .00$. As in Model 2, when averaging across flexibility and cohesion in Model 3, communication remained a significant predictor of quality of relationship, $b = .28, p = .003, 95\% \text{ CI } [0.10 \text{ to } 0.47]$.

For spouses' couple satisfaction, a similar hierarchical regression was conducted to regress emotional well-being on communication, flexibility, and cohesion. Differing from service members however, Model 1's simple linear analysis regressing couple satisfaction on communication was found to have a non-significant trend, $F(1, 71) =$

$3.39, p = .070, R^2 = .05$, with communication alone accounting for 5% of the overall explained variance, $b = .16, p = .070, 95\% \text{ CI } [-0.01 \text{ to } 0.33]$. However, with the addition of flexibility in Model 2, the overall model significantly predicted relationship quality, $F(2, 70) = 4.19, p = .020, \Delta R^2 = .07$, increasing the explained variance by 7%. When taking into account flexibility, communication was not significant, $b = .05, p = .586, 95\% \text{ CI } [-0.14 \text{ to } 0.24]$, but flexibility was found to be a significant predictor above and beyond communication, $b = .31, p = .033, 95\% \text{ CI } [0.03 \text{ to } 0.60]$. Model 3 introduced cohesion ratings into the overall model. Moreover, the overall model for Model 3 fell onto the cut-point of significance, $F(3, 69) = 2.75, p = .050, \Delta R^2 = .00$, but it did not add any significant explained variance. When looking at the individual coefficients within Model 3, averaging across all other variables, no predictors were found to be significant, but flexibility was found to have a non-significant trend; $b = .30, p = .067, 95\% \text{ CI } [-0.02 \text{ to } 0.63]$. The stratified analyses ([Table 2](#)) show that the predictiveness of communication and flexibility ratings change due to the population in which they are collected.

Family Satisfaction

Service Members

A hierarchical regression was run to examine the predictive ability of communication, flexibility, and cohesion ratings on service member ratings of family satisfaction. Model 1 was significantly predictive, $F(1, 74) = 155.72, p < .001, R^2 = .68$, finding communication to be a strong, significant predictor of family satisfaction ratings, $b = 1.01, p < .001, 95\% \text{ CI } [0.92 \text{ to } 1.27]$, explaining over two thirds of the total variance in satisfaction ratings. For Model 2, the addition of flexibility ratings to the predictive model retained the omnibus significance, $F(2, 73) = 101.24, p < .001, \Delta R^2 = .16$, and significantly increased the explained variance by 16% allowing the total model to explain about 74% of the total variance. When controlling for flexibility, communication remained a significant predictor, $b = .86, p < .001, 95\% \text{ CI } [0.66 \text{ to } 1.06]$. Additionally, when controlling for communication, flexibility was also significantly predictive of family satisfaction, $b = .67, p < .001, 95\% \text{ CI } [0.34 \text{ to } 1.01]$. Finally, the addition of cohesion in Model 3 had no effect on the predictive ability of the model, as the omnibus model remained significant, $F(3, 72) = 66.82, p < .001, \Delta R^2 = .00$, but did not add any additional explained variance to the model. Looking at the variables individually, both communication and flexibility were found to be significant predictors above and beyond all other variables in Model 3, but cohesion was found to be non-significant ([Table 3](#)).

For spouses' family satisfaction, a hierarchical regression was conducted to regress family satisfaction on communication, flexibility, and cohesion. Showing a similar pattern to the analyses for the service members, Model 1 was significantly predictive for family satisfaction ratings, $F(1, 65) = 83.22, p < .001, R^2 = .56$, with communication alone accounting for over half of the overall explained variance, $b = .84, p < .001, 95\% \text{ CI } [0.66 \text{ to } 1.02]$. For Model 2, the addition of flexibility ratings to

the model showed that the overall model was significantly predictive, $F(2, 64) = 48.37, p < .001, \Delta R^2 = .04$, increasing the explained variance by 4%. When taking into account flexibility, communication remained a significant predictor, $b = .70, p < .001, 95\% \text{ CI } [.49 \text{ to } .91]$. Additionally, when taking into account communication, flexibility was a significant predictor, $b = .43, p = .013, 95\% \text{ CI } [0.09 \text{ to } 0.76]$. Model 3 introduced cohesion ratings into the overall model. As for the spouses, the overall model for Model 3 retained its significant predictive ability, $F(3, 63) = 32.17, p < .001, \Delta R^2 = .00$, but did not add any significant explained variance. When looking at the individual coefficients within Model 3, averaging across all other variables, only communication was a significant individual predictor, $b = .63, p < .001, 95\% \text{ CI } [0.35 \text{ to } .91]$. However, flexibility showed a non-significant trend, $b = .36, p = .060, 95\% \text{ CI } [-.35 \text{ to } .75]$.

Qualitative Findings

Participants responded to two questions where they generated their top three responses to each question. The first question asked about family traditions, celebrations, and routines. Meals, holidays, leisure time and activities, family time, sports/physical activities, faith/church, vacations and trips, and birthdays were the eight highest categories couples reported that contribute to their own well-being. The second question asked about familial strengths and resources contributing to the family's effectiveness and well-being. The top five family strengths and resources reported by these dyads that contribute to the well-being and effectiveness of one's family are qualities/attributes, support, family time and activities, financial resources, and faith/religious practices. Within these categories, communication, cohesion, flexibility, emotional support, and financial resources were the highest sub-categories reported by participants.

Alternative-Complementary Medicine Practices

The two most common forms of alternative medicine reported by participants were the use of prayer and vitamins/supplements. Massage therapy, special diets, deep breathing exercises, and yoga/meditation were also popular forms of alternative medicine among these participants (Table 4).

Discussion

The demands placed upon military personnel and their families during deployment are considerable, and identifying resources to support military family readiness is imperative. Communication, flexibility, cohesion, and other practices are resources serving as protective factors for individual well-being, relationship quality, and family satisfaction.

In our first hypothesis, communication was unrelated to emotional wellbeing when accounting for flexibility and cohesion. This finding is contrary to the past research (Oshri et al., 2015; Sanford et al., 2017; Sigelman, 2019;

Vest et al., 2017). One potential explanation for this contradictory finding is that additional resources may be drawn upon for well-being during post-deployment, such as family and work, as the continued reintegration occurs. The period immediately following deployment may be a time of individual positive emotional or hedonic well-being, but after this time, life demands may take over, along with more reflection. This period of time may offer more eudaimonic well-being, as couples and individuals look at the meaning and purpose of life, post-deployment, with the recent possibility of permanent separation through death or other losses due to war, and/or the way ahead in life. Also, there may be some indication that communication during deployment is a more impactful predictor of relationship quality, as opposed to post-deployment communication, which may partially explain the non-significance of communication in our findings (Richardson et al., 2020). The qualitative data found meals, holidays, leisure time and activities, family time, sports/physical activities, faith/church, vacations and trips, and birthdays are strengths-based practices and were a form of resources that these couples found for their individual well-being that was not found in the other resources tested in our hypothesis. These event resources may be identified as forms of both hedonic and eudaimonic well-being.

For hypothesis two, this was partially supported for relationship quality. Communication for service members was the only contributor to the significant model, as it retained its significance in the hierarchical process when adding both flexibility and cohesion (Bradley & Hojjat, 2017; Pflieger et al., 2022). As for spouses, there may be other persons they have become accustomed to communicating their needs for emotional and functional support being met during deployment. Spouses may have a broader or stronger network beyond the service member to bolster their well-being. There was some support for past research that had found both flexibility and cohesion contributing to relationship quality, in our findings, flexibility had a non-significant trend for spouses (Bradley & Hojjat, 2017; Sanford et al., 2017; Vest et al., 2017). Relationship quality may also be enhanced by mutual resource strengthening activities that couples can participate in together or support each other with, as described by members in the dyads. These alternative and complementary practices included prayer, vitamins/supplements, massage therapy, special diets, deep breathing exercises and/or yoga/meditation.

For hypothesis three, there was a significant finding for family satisfaction for both service members and spouses with communication (Abreu-Afonso et al., 2022). While flexibility significantly predicted family satisfaction for the service member, it also showed a non-significant trend for flexibility for spouses (Bradley & Hojjat, 2017). In looking at the qualitative data, when members of a couple consider what are important family strengths and resources for the family's well-being, communication and flexibility are resources they identified, once again. They also identified cohesion, emotional support, and financial resources as the highest sub-categories within their resources.

These results are limited by the number of couples sampled, and the use of a cross-sectional convenience sample, and may be limited to generalizations for military populations. Strengths of this study include comparing couple-family resources of family functioning with respect to individual well-being, relationship quality, and family satisfaction outcomes. Utilizing a mixed-measures approach enabled us to look with more depth into military couple-family strengths/resources. Furthermore, previous research has not statistically tested the identification of spouses as the primary support person, where this study contributes a significant finding for this sample. Future research should employ a longitudinal design that can examine these relationships across the pre/post deployment phases and offer a larger sample size of married, and non-married relationships to include same-sex partners.

Overall, these results highlight couple resources, event resources, practice resources, and other resources which may promote individual well-being, relationship quality, and family satisfaction and/or well-being for military couples. Some areas mentioned were resources such as communication and flexibility, event strengthening resources, such as meals and holidays, and resource strengthening activities like prayer, and vitamin/supplements, as well as other areas. These resources can be encouraged or taught through coaching, treatment, and training for both military and civilian couples.

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Table 1

Hierarchical Regression for Emotional Well-Being Regressed on Communication, Flexibility, and Cohesion

	<i>B</i>	<i>SE</i>	<i>95% CI Lower</i>	<i>95% CI Higher</i>	<i>p</i>	<i>Model ΔR²</i>	<i>p(ΔR²)</i>
<u>Service Members</u>							
Model 1					.026*	.08	.026*
<i>Intercept</i>	.02	.30	-0.58	0.63	.939		
Communication	.12	.05	0.02	0.23	.026*		
Model 2					.056†	.01	.368
<i>Intercept</i>	.05	.31	-0.56	0.66	.865		
Communication	.09	.07	-0.05	0.22	.208		
Flexibility	.11	.12	-0.13	0.53	.368		
Model 3					.094†	.01	.412
<i>Intercept</i>	.03	.31	-0.58	0.65	.919		
Communication	.07	.07	-0.08	0.21	.365		
Flexibility	.03	.16	-0.29	0.34	.861		
Cohesion	.10	.12	-0.14	0.34	.412		
<u>Spouses</u>							
Model 1					.032*	.07	.032*
<i>Intercept</i>	.04	.44	-0.85	0.92	.935		
Communication	.15	.07	0.01	0.29	.032*		
Model 2					.030*	.04	.121
<i>Intercept</i>	.00	.44	-0.88	0.88	.995		
Communication	.09	.08	-0.07	0.24	.289		
Flexibility	.20	.13	-0.06	0.46	.121		
Model 3					.031*	.03	.165
<i>Intercept</i>	-.08	.44	-0.96	0.80	.860		
Communication	-.02	.11	-0.23	0.20	.860		
Flexibility	.11	.15	-0.18	0.40	.455		
Cohesion	.29	.21	-0.13	0.71	.165		

Note. *df* for Model 1 (1,63), Model 2 (2,62), Model 3 (3,61), ** $p < .001$, * $p < .05$, † $p < .10$.

Table 2*Hierarchical Regression for Quality of Relationship Regressed on Communication, Flexibility, and Cohesion*

	<i>B</i>	<i>SE</i>	<i>95% CI Lower</i>	<i>95% CI Higher</i>	<i>P</i>	<i>Model ΔR²</i>	<i>p(ΔR²)</i>
<u>Service Members</u>							
Model 1					<.001**	.21	<.001**
<i>Intercept</i>	-.00	.39	-0.78	0.78	.998		
Communication	.30	.07	0.16	0.44	<.001**		
Model 2					<.001**	.00	.718
<i>Intercept</i>	.00	.40	-0.79	0.79	.999		
Communication	.29	.09	0.11	0.46	.002*		
Flexibility	.06	.15	-0.25	0.36	.718		
Model 3					.001*	.00	.936
<i>Intercept</i>	.00	.40	-0.79	0.79	.999		
Communication	.28	.09	0.10	0.47	.003*		
Flexibility	.05	.46	-0.27	0.37	.750		
Cohesion	.01	.10	-0.19	0.21	.936		
<u>Spouses</u>							
Model 1					.070†	.05	.070†
<i>Intercept</i>	-.22	.51	-1.24	0.80	.670		
Communication	.16	.09	-0.01	0.33	.070†		
Model 2					0.20*	.07	.033*
<i>Intercept</i>	-.29	.50	-1.29	0.70	.561		
Communication	.05	.10	-0.14	0.24	.586		
Flexibility	.31	.14	0.03	0.60	.003*		
Model 3					.050†	.00	.896
<i>Intercept</i>	-.30	.50	-1.31	0.71	.557		
Communication	.04	.13	-0.21	0.30	.747		
Flexibility	.30	.16	-0.02	0.63	.067†		
Cohesion	.03	.24	-0.44	0.50	.896		

Note. *df* for Model 1 (1,63), Model 2 (2,62), Model 3 (3,61), ** $p < .001$, * $p < .05$, † $p < .10$.

Table 3*Hierarchical Regression for Family Satisfaction Regressed on Communication, Flexibility, and Cohesion*

	<i>B</i>	<i>SE</i>	<i>95% CI Lower</i>	<i>95% CI Higher</i>	<i>P</i>	<i>Model ΔR²</i>	<i>p (ΔR)²</i>
<u>Service Members</u>							
Model 1					<.001**	.68**	<.001**
<i>Intercept</i>	.00	.48	-0.96	0.96	1.00		
Communication	1.01	.09	0.92	1.27	<.001**		
Model 2					<.001**	.06	<.001**
<i>Intercept</i>	.00	.44	-0.88	0.88	1.00		
Communication	.86	.10	0.66	1.06	<.001**		
Flexibility	.67	.17	0.34	1.01	<.001**		
Model 3					<.001**	.00	.658
<i>Intercept</i>	.00	.44	-0.88	0.88	1.00		
Communication	.85	.11	0.64	1.06	<.001**		
Flexibility	.65	.18	0.29	1.01	<.001**		
Cohesion	.05	.11	-0.17	0.27	.658		
<u>Spouses</u>							
Model 1					<.001**	.56	<.001**
<i>Intercept</i>	.00	.60	-1.19	1.19	1.00		
Communication	.84	.09	0.66	1.02	<.001**		
Model 2					<.001**	.04	.013*
<i>Intercept</i>	-.12	.57	-1.27	1.02	.833		
Communication	.70	.10	0.49	0.91	<.001**		
Flexibility	.43	.17	0.09	0.76	.013*		
Model 3					<.001**	.00	.469
<i>Intercept</i>	-.17	.58	-1.32	0.99	.773		
Communication	.63	.14	0.35	0.91	<.001**		
Flexibility	.36	.19	-0.02	0.74	.060†		
Cohesion	.20	.28	-0.35	0.75	.469		

Note. *df* for Model 1 (1,63), Model 2 (2,62), Model 3 (3,61), ** $p < .001$, * $p < .05$, † $p < .10$.

Table 4*Alternative-Complementary Medicine Practices Reported by Participants*

Types of Alternative-Complementary Medicine	Frequency Count	Percentage of total
Prayer	110	21.44%
Vitamins/Supplements	104	20.27%
Massage Therapy	53	10.33%
Special Diets	45	8.77%
Deep Breathing Exercises	41	7.99%
Yoga/Meditation	41	7.99%

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