Published in final edited form as:

Mil Behav Health. 2019 ; 7(3): 245–256. doi:10.1080/21635781.2019.1580643.

Military Spouses' Self- and Partner-Directed Minimization in the Context of Deployment

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Abstract

In light of technological advances enabling military couples to communicate throughout deployment, spouses of deployed service members often make decisions about what to share with service members, and how to respond to service members' concerns. In doing so, they manage an emotional boundary between service members and their families. This study focused on two behaviors military spouses may use when managing this boundary, namely their minimization of (1) their own concerns (i.e., *self-directed minimization*) and (2) service members' concerns (i.e., *partner-directed minimization*). The purpose of the current study was to identify correlates and consequences of these behaviors. Findings from a longitudinal structural equation model utilizing three waves of data from a sample of 154 married military couples in which the husband was a male National Guard soldier indicated that spouses were more likely to minimize both their own—and service members'—concerns when they themselves reported higher levels of depressive symptomology prior to deployment. Spouses' minimization of service members' concerns during deployment, in turn, predicted higher levels of service members' depressive symptomology at reintegration, even after accounting for their initial depressive symptomology and combat exposure. Implications for intervention efforts aimed at promoting individual and couple adjustment to deployment are discussed.

As of 2015, more than 2.8 million service members deployed in support of Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF), more than half (55%) of whom were married (National Center for Veterans Analysis and Statistics, 2017). Due to technological advances, these couples communicated during deployment with ease and frequency not previously possible. While frequent communication may make it easier for military couples to maintain their emotional connection (Merolla, 2010), it also likely

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presents unique challenges, including the need to decide how open to be (Cafferky, 2014; Sahlstein, Maguire, & Timmerman, 2009).

Non-deployed military spouses (hereinafter referred to simply as spouses) grapple with uncertainty about how open they ought to be with service members, and often have to make difficult decisions about what to share with service members (Marini, MacDermid Wadsworth, Kwon, & Pagnan, 2016). In line with a family systems perspective, when spouses make these decisions, they are actually managing an emotional boundary between service members and their families (Riggs & Riggs, 2011). Some spouses allow the boundary to be permeable, continuing to involve service members in daily family life, whereas others enact a more rigid boundary, limiting service member involvement (Marini et al., 2016). Qualitative evidence suggests that one way spouses limit service member involvement is by restricting their communication during deployment (Maguire, Heinemann-LaFave, & Sahlstein, 2013; Rossetto, 2013).

A closer evaluation of this qualitative research reveals that spouses restrict their communication with deployed service members in (at least) two ways. First, spouses place limits on their own disclosures, by acting like nothing is wrong, or hiding negative events from service members (Maguire & Sahlstein Parcell, 2015; Marini et al., 2016). This behavior is often well-intentioned with the goal of protecting service members from additional stress that may distract them from their duties and jeopardize their well-being, as research has indicated that service members' concerns about family is predictive of worsened mental health during deployment (McNulty 2005). This behavior has been referred to in the literature as *protective buffering* (Joseph & Afifi, 2010; Maguire & Sahlstein Parcell, 2015). Second, spouses place limits on service members' disclosures, particularly in relation to service members' combat- or work-related experiences (Maguire & Sahlstein Parcell, 2015; Rossetto, 2013; Sahlstein et al., 2009). Spouses have reported doing so for self-protective purposes, often to prevent themselves from worrying about service members (Rossetto, 2013). However, we know little about how spouses' minimizing behaviors are related to service members'—or spouses'—psychological well-being.

The current study focused on spouses' minimization of their own concerns (i.e., *self-directed minimization*) and service members' concerns (i.e., *partner-directed minimization*) during deployment. Our first aim was to identify correlates of these behaviors, namely spouses' and service members' depressive symptomology prior to deployment, as well as service members' combat exposure during deployment. Because motives and features of communication likely bear implications for both partners' adjustment (Knobloch & Wilson, 2015), our second aim was to examine the degree to which spouses' minimizing behaviors during deployment predicted their own—and service members'—depressive symptomology after deployment.

Perhaps due to difficulties associated with collecting data during deployment, existing research tends to focus on couples' communication after deployment (e.g., Theiss & Knobloch, 2014), with a strong focus on service members' trauma disclosure (e.g., Campbell & Renshaw, 2012), or on retrospective accounts of communication during deployment (e.g., Ponder & Aguirre, 2012). In contrast, the current study utilizes three

waves of data from a sample of Army National Guard couples coinciding with the phases of deployment (predeployment, deployment, and reintegration) to examine correlates—and consequences—of spouses' self- and partner-directed minimization during deployment. We focus specifically on Army National Guard soldiers and their spouses because National Guard and Reserve soldiers have been shown to report substantially higher rates of interpersonal conflict and depression than their Active Duty counterparts (Milliken, Auchterlonie, & Hoge, 2007). Thus, there is a need to better understand links between specific aspects of National Guard couples' communication that map onto both partners' mental health and well-being over the course of deployment.

Self-Directed Minimization

Qualitative evidence suggests that spouses are more likely to minimize or hide their own concerns when service members are stressed. For example, a wife in Marini et al.'s (2016) study shared the following:

There was times when I'd be really depressed and really down, and I was, well I would have the intentions of telling him about it, but then when I got talking to him, he'd say well this happened and I'm upset, and I'd...I'd say, oh come on...I can do it, you can do it...then I just wouldn't tell him what I was going to tell him (p. 2814).

We therefore evaluated service members' depressive symptomology prior to deployment as a correlate of spouses' self-directed minimization during deployment. Predeployment is a transitory—and often stressful—time for couples. As they prepare for separation, spouses have reported grappling with a host of unknowns, including how they will maintain their emotional connections to service members (Sahlstein et al., 2009). Some spouses even begin withholding information from service members during predeployment to prevent service members from worrying about them (Maguire & Sahlstein Parcell, 2015). Thus, spouses may rely on service members' psychological well-being prior to deployment as an indication of how much they need to shield service members from their own concerns during deployment. As a marker of stress during deployment, service members' combat exposure may also be a significant correlate of spouses' self-directed minimization. In their study of protective buffering, Joseph and Afifi (2010) found that wives of deployed service members were more likely to minimize their own concerns when service members' safety was at risk, presumably in an effort to protect service members from experiencing additional stress.

Spouses' efforts to protect service members by minimizing their own concerns may be costly for their own psychological adjustment. Joseph and Afifi (2010) found a positive correlation between military wives' protective buffering (e.g., hiding bad news from service members) and their own mental health. This finding is consistent with studies of couples coping with health-related stressors indicating that minimizing one's own concerns predicts increases in one's own psychological distress (Manne et al., 2007; Suls, Green, Rose, Lounsbury, and Gordon, 1997). Holding back concerns from one's partner has similarly been associated with higher levels of individuals' own (but not their partner's) psychological distress (Manne et al., 2015; Zhaoyang, Martire, & Stanford, 2018). Thus, spouses'

minimization of their own concerns when communicating with deployed service members may bear intrapersonal effects on psychological adjustment.

Partner-Directed Minimization

As a means of reducing their own stress, spouses may minimize service members' concerns during deployment. Individuals' own distress can interfere with their motivation to help others (Dunkel-Schetter & Skokan, 1990). In the context of health-related stressors, research has indicated that individuals' initial psychological distress positively predicts their protective buffering behavior—including their minimization of their partner's concerns—3, 9, and 15 months later (Hinnen, Hagedoorn, Sanderman, & Ranchor, 2007). Hinnen et al. concluded that distressed individuals were perhaps more likely to minimize their partner's concerns because they were focused on managing their own (rather than their partner's) distress. We therefore evaluated spouses' own depressive symptomology prior to deployment as a correlate of their partner-directed minimization during deployment. In light of research suggesting that spouses may thwart service members' disclosure of combat-related experiences in an effort to reduce their own stress and worry (Maguire & Sahlstein Parcell, 2015; Rossetto, 2013; Sahlstein et al., 2009), we also evaluated service members' combat exposure as a correlate of spouses' partner-directed minimization during deployment.

Particularly when utilized as a means of coping with their own distress, spouses' minimization of service members' concerns may convey a lack of responsiveness and bear interpersonal costs for service members' psychological adjustment (Reis & Shaver, 1988). Spouses' minimization of service members' concerns may make it more difficult for service members to express their emotions during deployment, which may make it harder for service members to process strong emotions after deployment concludes. Although not specific to military couples, research has shown that avoidance-based responses that discourage emotional expression within close relationships more broadly are maladaptive (Burleson, 2003).

The Current Study

We hypothesized that service members' depressive symptomology prior to deployment (*H1A*) and combat exposure during deployment (*H1B*) would each be positively associated with spouses' self-directed minimization during deployment. We further expected spouses' minimization of their own concerns in an attempt to protect service members to bear intrapersonal costs for psychological adjustment. We specifically hypothesized that spouses' self-directed minimization during deployment would predict higher levels of their own depressive symptomology at reintegration, even after accounting for their depressive symptomology at predeployment (*H2*). We also hypothesized that spouses' depressive symptomology prior to deployment (*H3A*) and service members' combat exposure during deployment (*H3B*) would each be positively associated with spouses' partner-directed minimization during deployment. We further expected spouses' minimization of service members' concerns in an attempt to protect themselves to bear interpersonal costs for psychological adjustment. We specifically hypothesized that spouses' partner-directed

minimization during deployment would predict higher levels of service members' depressive symptomology at reintegration, even after accounting for their depressive symptomology at predeployment (*H4*; see Figure 1).

Method

Procedure and Participants

Data for the current study came from a longitudinal study of Indiana Army National Guard service members and their families. This larger study targeted service members who were (1) over the age of 18, (2) either married or cohabitating, and (3) notified by their chain of command of an upcoming deployment. With Institutional Review Board approval from the principal investigator's university and subsequent review by the Army Human Research Protection Office, research staff worked with military command to identify units with deployments, and to request permission to recruit families from these units. Researchers received listings of scheduled deployments for Indiana National Guard units occurring between July 2011 and February 2016 ($N = 36$ different National Guard units). With command approval from each unit, research staff sent families information about the study (a mailing that included an informational letter, brochure, and response card with a business reply envelope) and attended predeployment briefings to recruit families. Potential participants were informed of the overall objective of the study, which was to better understand National Guard families' experiences of deployment. Data collection spanned from 2010 to 2018. Data for the current study comes from three waves: (1) Predeployment, (1–16 weeks before deployment); (2) Deployment, (within first 3 months of deployment); and (3) Reintegration (within 1 month after return from deployment). Spouses were interviewed at all waves, whereas service members were interviewed at waves 1 and 3 only. Data were collected during interviews conducted at (or near) participants' homes, as well as surveys mailed to participants in advance of their interviews. Service members and spouses were each compensated \$30 for completing the predeployment interview and \$45 for completing the reintegration interview. Spouses were compensated an additional \$30 for completing the deployment interview.

At the time data were analyzed, a total of 298 couples participated in this larger study. Of these 298 couples, 193 went on to experience deployment (the remaining 105 had their anticipated deployment canceled and were therefore not included in the current study). In light of differences in both relationship quality and individual well-being among cohabitating versus married respondents (Skinner, Bahr, Crane, & Call, 2002), we limited our sample to married couples ($n = 166$ couples). We further limited our sample to heterosexual couples in which the service member identified as male ($n = 154$ couples) due to (1) the small number ($n = 12$) of married female service members in the larger study, and (2) research indicating that female service members' marriages may operate differently than their male counterparts (e.g., they are more likely to be in dual-military marriages; Southwell & MacDermid Wadsworth, 2016). Our sample was limited to heterosexual couples because, when data collection began, the "Don't ask, don't tell" (DADT) policy prohibited lesbian, gay, and bisexual service members from serving openly.

Predeployment data indicated that the majority of service members (90.9%) and spouses (92.2%) identified as White. On average, service members were 32.40 years old ($SD = 7.67$ years) and spouses were 30.93 years old ($SD = 7.39$ years). Nearly all service members (98.7%) and spouses (98.7%) had obtained a high-school diploma or the equivalent. Beyond this, 37.5% of service members had received some college credit, and 31.0% had received a bachelor's degree or higher. Similarly, 31.8% of spouses had received some college credit and 31.8% had received a bachelor's degree or higher. Additionally, 15 of the 154 spouses in our sample indicated that they themselves had previous experience serving in the military. Half of service members (52.6%) and spouses (50%) reported a combined annual gross income between \$30,000 and \$75,999. Most service members (75.7%) had an enlisted rank. At predeployment, service members had already spent an average of 10.27 ($SD = 6.66$) years in military service. About a third (35.8%) of service members had never previously deployed, whereas a quarter (26.4%) had previously deployed one time and 37.7% had previously deployed two or more times. On average, couples had been together for 8.66 years ($SD = 5.90$) and had 2 children ($SD = 1.28$).

Measures

Depressive symptomology was measured with the Center for Epidemiologic Studies Depression Scale short form (CESD-10; Andresen, Malmgren, Carter, & Patrick, 1994). Because our study was longitudinal, and we utilized a latent variable modeling approach, we had to establish measurement invariance in depressive symptomology over time (Little, Preacher, Selig, & Card, 2007). Factor analyses indicated that the following three CESD items fit well at predeployment and reintegration, and for service members and spouses: (1) "I had trouble keeping my mind on what I was doing", (2) "I felt depressed", and (3) "I was bothered by things that usually don't bother me." The latent variables ranged from 1 to 4 and were coded such that higher numbers represented higher levels of depressive symptomology. Service members had an average depressive symptomology of 1.45 ($SD = .48$) and 1.46 ($SD = .55$) at predeployment and reintegration, respectively. Spouses had an average depressive symptomology of 1.85 ($SD = .67$) and 1.72 ($SD = .61$) at predeployment and reintegration, respectively. To establish measurement invariance, we first estimated a model that included depressive symptomology at predeployment and reintegration (separately for service members and spouses). We then estimated a series of nested confirmatory factor analysis (CFA) models with increasing invariance constraints applied in accordance with Widaman, Ferrer, and Conger's (2010) guidelines. Findings indicated that service members' depressive symptomology met full weak [$\chi^2(2) = 1.23, p = .542$] and strong [$\chi^2(4) = 1.72, p = .787$] invariance. Spouses' depressive symptomology similarly met full weak [$\chi^2(2) = .24, p = .888$] and strong [$\chi^2(4) = .48, p = .975$] invariance.

Spouses' minimizing behaviors were also measured by latent variables, using items developed by Buunk, Berkhuysen, Sanderman, Nieuwland, and Ranchor (1996) to measure protective buffering. We adapted these items to focus on how spouses communicated with service members about deployment. In line with our conceptual model, we estimated a two-factor confirmatory model that distinguished between self- and partner-directed minimization. Self-directed minimization measured the degree to which spouses (1) hid their own worries about service members and (2) acted like nothing was the matter. Conversely,

partner-directed minimization measured the degree to which spouses (1) prevented service members' from thinking about it [deployment], (2) acted as if they didn't notice service members' worries, and (3) waved service members' worries aside. This two-factor model yielded excellent global model fit [$\chi^2(38) = 42.20, p = .294$; CFI = .98; RMSEA = .03, 95% CI .00 – .06] and all factor loadings were statistically significant ($p < .05$).

We took several steps to determine that self- and partner-directed minimization were unique constructs. First, although self- and partner-directed minimization were significantly correlated ($r = .53, p < .001$), a chi-square nested model test indicated that constraining their correlation to equal 1 significantly worsened global model fit [$\chi^2(1) = 8.39, p = .004$]. We also estimated a model that loaded all items onto a single factor. In this model, the RMSEA was unacceptably high, indicating poor global model fit [$\chi^2(5) = 10.22, p = .070$; CFI = .95; RMSEA = .09, 95% CI .00 – .17], and the only items that yielded high factor loadings ($< .40$) were those that tapped into self-directed minimization. Thus, when modeled as a single construct, the variable primarily measured only self- and not partner-directed minimization. Therefore, on both theoretical and empirical grounds, we utilized the two-factor model. Both variables ranged from 1 to 5; higher numbers represented higher levels of spouses' self- ($M = 3.42, SD = 1.00$) and partner- ($M = 2.22, SD = .72$) directed minimization during deployment.

Service members' combat exposure was measured via a subset of seven combat-related experiences from the 2008 Department of Defense Survey of Health-Related Behaviors (HRB) Among Active Duty Military Personnel (Bray et al., 2009) that represented typical warfare experiences (Vogt, Proctor, King, King, & Vasterling, 2008). At their reintegration interview, service members retrospectively reported the number of times they experienced each combat experience (e.g., received incoming fire, saw dead bodies or human remains) during their most recent deployment on a scale ranging from 1 (*never*) to 5 (*51+ times*). Items were combined to create a mean scale so long as there were valid data for 4 of the 7 items ($M = 1.58, SD = .57$). We created a mean scale rather than a sum scale from these items (as is customary) because there were missing data at the item level (due to service members endorsing the *prefer not to answer* and *do not know* response options).

Additional covariates included lag between measurement occasions (measured in months) and service members' paygrade at predeployment. Lag between measurement occasions was included as a covariate because it has the potential to alter the magnitude of associations between variables (Selig, Preacher, & Little, 2012). On average, 5.50 months ($SD = 1.39$) elapsed between the predeployment and deployment interviews and 8.42 months ($SD = 2.18$) elapsed between the deployment and reintegration interviews. Service members' paygrade was included as a covariate because it was correlated with a variety of demographic variables in our analytical sample, including predeployment indicators of both service members' and spouses' (1) highest level of education ($r = .73, p < .001$ and $r = .43, p < .001$, respectively); (2) annual household income ($r = .57, p < .001$ and $r = .58, p < .001$, respectively); and (3) age ($r = .37, p < .001$ and $r = .36, p < .001$, respectively). We therefore used service members' paygrade as a proxy for such demographic variables (MacLean & Edwards, 2010). Notably, service members' paygrade was also significantly correlated with years of service ($r = .48, p < .001$).

Data Analysis

Data were analyzed using structural equation modeling (SEM) conducted in Stata (version 14.1). We utilized full information maximum likelihood (FIML) to handle missing data due to attrition—154 couples participated at predeployment but, by reintegration, there were 102 actively participating spouses and 103 actively participating service members. Independent samples *t*-tests indicated that participants who dropped out did not significantly differ from those who stayed in the study in terms of key (e.g., depressive symptomology), demographic (e.g., annual income), military (e.g., number of previous deployments), or relationship (e.g., relationship length) variables.

We first estimated a measurement model that included all of the latent variables in order to ensure good global model fit prior to testing structural relationships. We then estimated the structural model, which included the hypothesized pathways illustrated in Figure 1 in addition to pathways among covariates and the endogenous variables (i.e., self- and partner-directed minimization, and both partners' depressive symptomology at reintegration). All endogenous variables were regressed on the covariates (number of months between waves of measurement and service members' paygrade) and all exogenous variables were allowed to covary.

Our structural model included several additional pathways. First, we estimated autoregressive paths between individuals' own depressive symptomology at predeployment and reintegration in order to account for stability in depressive symptomology over time. Second, we estimated paths between service members' combat exposure and both partners' depressive symptomology at reintegration to covary for effects of service members' combat exposure on post-deployment psychological functioning. Finally, we estimated the path between spouses' own depressive symptomology at predeployment and their self-directed minimization during deployment because spouses who reported more depressive symptomology prior to deployment may have had more concerns to minimize during deployment. Following this same rationale, we estimated the path between service members' depressive symptomology at predeployment and spouses' partner-directed minimization during deployment because spouses may have had more of service members' concerns to minimize if service members reported higher levels of depressive symptomology.

Results

Our measurement model yielded excellent global model fit [$\chi^2(110) = 124.64, p = .161$; CFI = .96; RMSEA = .03, 95% CI .00 – .05], thus indicating we were able to test structural relationships among the variables. Our structural model also had excellent global model fit [$\chi^2(162) = 190.04, p = .065$; CFI = .93; RMSEA = .03, 95% CI .00 – .05]; findings are reported in Table 1 and Figure 2. Contrary to Hypothesis 1A, service members' depressive symptomology at predeployment was unrelated to spouses' self-directed minimization during deployment. However, spouses were more likely to minimize their own concerns during deployment if they themselves reported higher levels of depressive symptomology at predeployment. Hypothesis 1B was supported in that service members' combat exposure was positively associated with spouses' self-directed minimization during deployment. Our

model accounted for 34% of the variance in spouses' self-directed minimization during deployment.

Hypothesis 2 was not supported; spouses' self-directed minimization during deployment was not associated with their own depressive symptomology at reintegration. The only significant predictor of spouses' depressive symptomology at reintegration was their own depressive symptomology at predeployment. Our model accounted for 17% of the variance in spouses' depressive symptomology at reintegration.

Hypothesis 3A was supported in that spouses' depressive symptomology at predeployment was positively associated with their partner-directed minimization during deployment. Contrary to Hypothesis 3B, service members' combat exposure was not. Spouses were less likely to minimize service members' concerns the longer service members had been deployed (as more time elapsed between the predeployment and deployment waves, partner-directed minimization decreased). Our model accounted for 54% of the variance in spouses' partner-directed minimization. Finally, Hypothesis 4 was supported in that, even after controlling for service members' combat exposure and depressive symptomology at predeployment, spouses' minimization of service members' concerns during deployment was positively associated with service members' depressive symptomology at reintegration. Our model accounted for 36% of the variance in service members' depressive symptomology at reintegration.

Posthoc Chi-Square Nested Model Testing

We conducted a series of nested chi-square model tests to unpack findings from our structural model. First, because service members' combat exposure was significantly associated with spouses' self- but not partner-directed minimization, we constrained these two paths (i.e., the path between service members' combat exposure and spouses' self-directed minimization and between service members' combat exposure and spouses' partner-directed minimization) as equal and evaluated whether doing so significantly worsened global model fit. This added constraint worsened fit at the level of a trend [$\chi^2(2) = 3.49, p = .062$], thus indicating that combat exposure was a modestly stronger correlate of self-directed minimization. Because spouses' depressive symptomology at predeployment was positively associated with both their self- and partner-directed minimization during deployment, we constrained these paths as equal and evaluated change in global model fit. This added constraint did not significantly worsen fit [$\chi^2(2) = 2.63, p = .105$]; these paths were equal in magnitude. Spouses' depressive symptomology at predeployment was an equally strong correlate of their self- and partner-directed minimization.

Finally, we tested the specific indirect effect from spouses' depressive symptomology on service members' depressive symptomology through spouses' partner-directed minimization. We tested this specific indirect effect with the *Joint Significance Method* (MacKinnon, Lockwood, Hoffman, West, & Sheets, 2002). We constrained the two direct effects involved in the specific indirect effect to each equal 0 and estimated a chi-square nested model test. The chi-square nested model test was statistically significant [$\chi^2(2) = 13.86, p = .001$], which indicated that adding these constraints was a poor fit to the data. Thus, the specific indirect effect was significant. Spouses' depressive symptomology at

predeployment indirectly predicted higher levels of service members' depressive symptomology at reintegration through spouses' partner-directed minimization during deployment (see Figure 2).

Discussion

When managing an emotional boundary between deployed service members and their families, some spouses restrict communication by minimizing their own—or service members'—concerns during deployment. Findings from the current study shed light on when spouses are more likely to engage in these behaviors, as well as their consequences for psychological adjustment once service members return from deployment.

Self-Directed Minimization

Consistent with H1B, spouses were more likely to minimize their own concerns when service members were exposed to higher levels of combat during deployment. This finding illustrates the protective undertone of spouses' self-directed minimization. They are more likely to minimize their own concerns when service members' safety is at risk (Joseph & Afifi, 2010), or when service members are going through stressful experiences (Marini et al., 2016), likely in an effort to protect service members from experiencing additional stress. Contrary to H1A, service members' depressive symptomology prior to deployment did not predict spouses' self-directed minimization during deployment. Together, this set of findings points to service members' concurrent stress (perhaps as a result of combat exposure) during deployment as a more proximal correlate of spouses' self-directed minimization during deployment.

Although spouses who reported higher levels of depressive symptomology leading up to deployment were more likely to engage in self-directed minimization during deployment (perhaps because they had more concerns to minimize), this behavior was not associated with their own psychological functioning after deployment (H2 was not supported). In fact, our structural model explained only 17% of the variance in spouses' depressive symptomology at reintegration (which was largely attributable to stability in depressive symptomology). Research with military spouses who experienced deployment has indicated that social support from other family members—rather than service members—is protective for their psychological well-being (Skomorovsky, 2014). Future research therefore ought to examine whether spouses have other confidants (e.g., family, friends) to whom they can disclose their stress and concerns. It may be that spouses' use of self-directed minimization when communicating with service members is detrimental to their psychological functioning only if they lack other supportive outlets.

Partner-Directed Minimization

Consistent with H3A, spouses who reported more depressive symptomology at predeployment were more likely to minimize service members' concerns during deployment. This finding coincides with existing research indicating that depressed individuals are generally more withdrawn (Conger, Ge, & Lorenz, 1994) and more likely to engage in negative support behaviors than their non-depressed counterparts (Bodenmann,

Charvoz, Widmer, & Bradbury, 2004). This finding also reinforces Hinnen et al.'s (2007) conclusion that distressed individuals may be more focused on managing their own—rather than their partner's—emotions, and thus be more likely to minimize their partner's concerns. Contrary to H3B, service members' combat exposure was not associated with spouses' partner-directed minimization. Rather than service members' combat exposure per se, future research ought to specifically examine service members' disclosure of combat-related experiences as a correlate of the degree to which spouses minimize service members' concerns.

In support of H4, spouses' partner-directed minimization during deployment predicted higher levels of service members' depressive symptomology at reintegration, even after accounting for stability in service members' depressive symptomology and their combat exposure. Existing research similarly indicates that dismissive behaviors that minimize the significance of close others' problems are viewed as insensitive, and are thereby positively associated with individual distress (Burleson, 2003). Spouses' partner-directed minimization may have also imposed social constraints on service members' disclosures, leading them to "feel unsupported, misunderstood, or otherwise alienated" (Lepore & Revenson, 2007, p. 315). Numerous studies conducted within samples of couples coping with a variety of health-related stressors have indicated that patients' psychological well-being is compromised when their disclosures are restricted. For instance, findings from a study of couples coping with a lupus flare-up indicated that husbands' depressive symptomology was positively associated with their wives' restriction of their disclosures, which included wives' attempts to change the topic away from their husbands' concerns (Fekete, Stephens, Mickelson, & Druley, 2007). Fekete et al. also found that when wives utilized more restrictive communication behaviors, husbands reported that their wives were less emotionally responsive, which in turn elevated husbands' distress. If deployed service members internalized spouses' partner-directed minimization as a lack of responsiveness, they may have been less likely to disclose their concerns in future interactions (Lepore & Revenson, 2007). This possibility is perhaps particularly detrimental for men as they may be more reliant on their spouse as a "primary outlet for disclosing their concerns" (p. 323).

Finally, our posthoc analyses indicated that spouses' depressive symptomology at predeployment was indirectly associated with service members' depressive symptomology at reintegration through spouses' partner-directed minimization during deployment. This specific indirect effect highlights a potentially fruitful path for intervention. By promoting the deployment readiness of spouses, we may mitigate their use of specific communication behaviors during deployment that then yield negative implications for service members' post-deployment mental health.

The current study also points to the value of encouraging military couples to discuss how they will manage emotional boundaries before service members leave for deployment. What are each partner's expectations for how permeable this boundary will be? For example, what are each partner's expectations about the degree to which their relationship is an outlet within which to express strong emotions? Are there certain emotions or topics they will avoid sharing? Existing qualitative research suggests that some military couples discuss the degree to which they plan to withhold emotionally challenging information prior to

deployment, thereby making decisions about which information will be shared with service members (e.g., major positive and negative family events) (Sayers, Barg, Mavandadi, Hess, & Crauciuc, 2018). However, findings from the current study suggest that couples ought to also discuss spouses' emotional preparedness to respond to service members' concerns during deployment. Such proactive conversations may be particularly advantageous for National Guard couples in light of existing research indicating that they report instances of miscommunication during deployment, such as misinterpreting the depth of emotional disclosures and missing emotional cues that likely have significant implications for mental health and well-being well after deployment concludes (Hinojosa, Hinojosa, & Högnäs, 2012). Importantly, distressed couples may find it challenging to navigate these conversations. However, given that couples who are more distressed are more likely to seek out professional help to discuss how their marriage will be impacted by deployment (Troxel, Trail, Jaycox, & Chandra, 2016), distressed couples may benefit from navigating such conversations with professional help.

Limitations and Future Research Directions

The current study is limited in several ways. First, couples in our sample reported high levels of relationship happiness [on a scale of 1 (*very unhappy*) to 10 (*extremely happy*), the mean relationship happiness reported by service members and spouses in our sample was 8.15 ($SD = 1.39$) and 8.27 ($SD = 1.46$), respectively]. Further, mean-levels of depressive symptomology were low on average for service members and spouses, as was service members' self-reported level of combat exposure. The emotional climate of communication during deployment may be meaningfully different for seriously distressed individuals and unhappy couples, or in the context of higher levels of combat exposure. Thus there is a need to examine what self- and partner-directed minimization looks like within more distressed couples, and particularly those who are coping with trauma associated with service members' combat exposure. Second, because female service members were excluded, gender and role in the relationship were confounded. It therefore remains unknown whether female service members' depressive symptomology at reintegration would have been similarly associated with the degree to which their husbands minimized their concerns during deployment. In addition to being limited to married couples in which the service member was male, our sample comprised of heterosexual couples who were predominantly White. Given increasing diversity of the military, future research ought to re-examine these associations within samples that oversampled for female service members, racial/ethnic minorities, and same-sex couples to determine if our findings are generalizable to more diverse samples.

The measures utilized in the current study were also limited in that they did not directly capture the motivations behind spouses' self- and partner-directed minimization. Although in light of existing research, we posited that spouses' self-directed minimization was motivated by their intent to protect service members, whereas their partner-directed minimization was motivated by their intent to protect themselves, future research ought to explicitly measure their motivations. It is likely important to also consider service members' perceptions of spouses' motivations. For example, research has indicated that cancer patients are less satisfied in their relationships when their spouses avoid talking about their cancer,

especially when patients think their spouses are doing so in an effort to protect themselves (rather than patients; Donovan-Kicken & Caughlin, 2010). By considering these complex dyadic properties, future research will be well-positioned to identify the conditions under which minimizing behaviors are protective, destructive, or inconsequential. Finally, the current study was limited in that it was not fully dyadic. Service members' minimizing behaviors were not measured due to constraints involved with collecting data from service members while they were deployed. Spouses' minimizing behaviors may have been enacted in response to how service members responded to their concerns. Future research would therefore benefit from considering both partners' minimizing behaviors, perhaps by focusing solely on reintegration when balanced data can be obtained.

Conclusion

In light of technological advances enabling military couples to communicate regularly throughout deployment, spouses are often make difficult decisions about what to share with service members, and how to respond to service members' concerns. In doing so, they are managing an emotional boundary between service members and their families. Findings from the current study indicate that spouses who reported more depressive symptomology prior to deployment were more likely to manage a restrictive boundary, minimizing both their own—and service members'—concerns during deployment. Restrictive communication—particularly in relation to service members' concerns—in turn predicted higher levels of service members' post-deployment depressive symptomology. We may offset negative implications of restrictive communication during deployment on service members' psychological adjustment by promoting spouses' well-being prior to deployment.

Funding Acknowledgements:

Preparation of this manuscript was supported by Award W81XWH-14-1-0325 (S. MacDermid Wadsworth) from the Office of the Assistant Secretary of Defense for Health Affairs and Award AG049676 (D. Almeida) from the National Institute on Aging.

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Figure 1.
Conceptual Model

Figure 2. Structural Model

Note. Figure only illustrates hypothesized pathways and correlations between endogenous variables, all coefficients from the structural model are included in Table 1; ^t $p < .10$; * $p < .05$; ** $p < .01$.

Table 1

Structural Model (N = 154 Couples)

Standardized Estimates	Coefficient (SE)	95% CI
<i>DV = Spouse Self-Directed Minimization During Deployment</i>		
Service Member Paygrade at Predeployment	.06 (.10)	-.14 – .25
Months Elapsed Between Predeployment and Deployment	-.05 (.11)	-.27 – .16
Months Elapsed Between Deployment and Reintegration	-.06 (.11)	-.28 – .16
Spouse Depressive Symptomology at Predeployment	.53 *** (.11)	.32 – .74
Service Member Depressive Symptomology at Predeployment	-.13 (.13)	-.40 – .13
Service Member Combat Exposure During Deployment	.20 * (.10)	.01 – .39
<i>DV = Spouse Partner-Directed Minimization During Deployment</i>		
Service Member Paygrade at Predeployment	.06 (.15)	-.23 – .36
Months Elapsed Between Predeployment and Deployment	-.55 ** (.17)	-.89 – -.21
Months Elapsed Between Deployment and Reintegration	-.05 (.17)	-.38 – .27
Spouse Depressive Symptomology at Predeployment	.49 ** (.15)	.19 – .79
Service Member Depressive Symptomology at Predeployment	.31 (.19)	-.06 – .68
Service Member Combat Exposure During Deployment	-.04 (.15)	-.33 – .26
<i>DV = Spouse Depressive Symptomology at Reintegration</i>		
Service Member Paygrade at Predeployment	-.05 (.12)	-.28 – .17
Months Elapsed Between Deployment and Reintegration	.01 (.09)	-.16 – .18
Service Member Combat Exposure During Deployment	-.07 (.11)	-.29 – .15
Spouse Depressive Symptomology at Predeployment	.44 * (.21)	.04 – .85
Spouse Self-Directed Minimization at Deployment	-.16 (.19)	-.53 – .21
<i>DV = Service Member Depressive Symptomology at Reintegration</i>		
Service Member Paygrade at Predeployment	.04 (.11)	-.17 – .26
Months Elapsed Between Deployment and Reintegration	-.07 (.09)	-.24 – .10
Service Member Combat Exposure During Deployment	.32 ** (.10)	.13 – .53
Service Member Depressive Symptomology at Predeployment	.39 * (.16)	.09 – .70
Spouse Partner-Directed Minimization at Deployment	.26 * (.11)	.03 – .48

Note. DV = Dependent Variable;

* $p < .05$;

** $p < .01$;

*** $p < .001$.