Using Multidimensional Grief Theory to Explore Effects of Deployment, Reintegration, and Death on Military Youth and Families

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Abstract

To date, the U.S. military has made major strides in acknowledging and therapeutically addressing trauma and Posttraumatic Stress Disorder (PTSD) in service members and their families. However, given the nature of warfare and high rates of losses sustained by both military members (e.g., deaths of fellow unit members) and military families (e.g., loss of a young parent who served in the military), as well as the ongoing threat of loss that military families face during deployment, we propose that a similar focus on *grief* is also needed to properly understand and address many of the challenges encountered by bereaved service members, spouses, and children. In this article, we describe a newly developed theory of grief (Multidimensional Grief Theory) and apply it to the task of exploring major features of military-related experiences during the phases of *deployment*, *reintegration*, and *the aftermath of combat death*—especially as they impact children. We also describe implications for designing preventive interventions during each phase and conclude with recommended avenues for future research. Primary aims are to illustrate: (1) the indispensable role of theory in guiding efforts to describe, explain, predict, prevent, and treat maladaptive grief in military service members, children, and families; (2) the relevance of multidimensional grief theory for addressing both losses due to *physical death* as well as losses brought about by *extended physical separations* to which military children and families are exposed during and after deployment; and (3) a focus on military-related grief as a much-needed complement to an already-established focus on military-related PTSD.

Keywords

grief; theory; military; family; bereavement; child; adolescent; parent; combat

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Deployments of U.S. military men and women in connection with current armed conflicts are unparalleled in their frequency and duration (Chandra et al., 2010; United States Department of Defense, 2007), and consequently pose significant challenges for military children and families. The several million men and women who comprise the country's military today are a comparatively young group (50% are below the age of 25) (United States Department of Defense, 2008; Park, 2011), about half of whom are married. More than 70% of married service members have one or more children, resulting in at least 1.85 million children with one or both parents in the military (Chandra et al., 2008; Park, 2011). It is thus essential to view the effects of military deployments—ranging from mental health problems resulting from exposure to combat-related direct life threat, physical injuries, and the deaths of unit members; to families' attempts to reintegrate after long and frequent separations; to grief reactions of children and families following the death of a military family member—in terms of their rippling impacts on multiple systems. These systems include members of the military unit and their immediate and extended family members, as well as the broader military community and the American public (Lamorie, 2011).

Cycles of deployment and reintegration are associated with a wide array of family stressors in military families, including increased marital conflict (Ruscio et al., 2002), domestic violence (Taft et al., 2007), child abuse or neglect (Rentz et al., 2007), and parental mental health problems in both spouses (Solomon et al., 1992) and returning service members (Taft et al., 2007). Available evidence suggests that military children typically function as well as civilian children on most indices of health, well-being, and academic achievement, and may even function better than their civilian peers (for a review, see Park, 2011). However, preliminary evidence also suggests that during periods of deployment, military youth exhibit higher levels of emotional and behavioral problems than non-military youth (Chandra et al., 2010; Lester et al., 2011), Consequently, the Department of Defense has identified military families as a vulnerable group meriting special attention, both in the form of calls for rigorous empirical study, as well as preventive interventions that promote resilience, enhance family functioning, and support combat readiness in married service members and their families (e.g., *Families OverComing Under Stress* (FOCUS) Program; Saltzman et al., 2011).

With active support from the Department of Defense (DOD), the Department of Veteran Affairs (VA), and the American Psychological Association (APA), a small but growing body of literature describes the mental health needs of service members and their families (Dalack et al., 2010; Sheppard, Malatras, & Israel, 2010), including the effects of deployment on children (e.g., Gewirtz, Erbes, Polusny, Forgatch, & DeGarmo, 2011; Lincoln, Swift, & Shorteno-Fraser, 2008; Park, 2011). Most of these studies focus primarily on Posttraumatic Stress Disorder (PTSD) as a primary mental health issue in returning service members; indeed, PTSD appears to be the most common and frequently assessed mental health problem in this group. For example, Hoge et al. (2004) found that 17% of service members met post-deployment screening criteria for posttraumatic stress; a more recent study of nearly 300,000 veterans found that approximately 22% met criteria for PTSD (Seal et al., 2009). These studies also identified both direct combat exposure and being married as risk factors for developing PTSD in military service members.

These studies lay the foundation for intervention efforts that can effectively assess and treat PTSD, promote stress resistance, and enhance resilient recovery (Layne et al., 2009), particularly in returning military service members with partners and families (e.g., Gewirtz et al., 2011; Saltzman et al., 2011). However, thoughtful consideration of the essential nature of warfare reveals not only high rates of *exposure to trauma*, but also high rates of *exposure to losses* sustained by military members due to the deaths of fellow unit members, losses sustained by military families following the death of a spouse or young parent who served in the military, as well as losses experienced by military families brought about by the deprivations of extended deployments. We thus propose that a similar focus on the manifestations, course, and consequences of *grief* is also needed to properly understand and address many of the challenges that currently face bereaved service members, spouses, and children[1].

It has been recently noted that *maladaptive grief reactions of uniformed service members themselves in response to the loss of a unit member(s)* have been vastly under-recognized, both as a consequence of exposure to armed conflict, and as a focus of intervention (Lamorie, 2011). In addition, although a modest number of qualitative/case studies have begun to shed light on challenges faced by youth bereaved by the death of a military service member (e.g., Cohen & Mannarino, 2011; Cozza, Chun, & Polo, 2005; Lamorie, 2011), no published quantitative study to date has empirically examined the causal origins, manifestations, latent factor structure (including empirical tests of dimensionality), or clinical course of grief reactions in military children following parental combat death.

In this article, we begin by describing a newly developed theory of grief called *Multidimensional Grief Theory* (Layne, Saltzman, Kaplow, & Pynoos, 2013; see also Kaplow, Layne, Howell, & Pynoos, 2011; Pynoos, Layne, & Kaplow, 2012). In the three sections that follow, we apply this theory to the task of exploring major features of military-related experiences during the phases of (1) *deployment*; (2) *reintegration*; and (3) *the aftermath of military death*—especially as these experiences may impact children. Specifically, the first section examines children's anticipatory grief in the context of parental deployment; the second examines military service members' grief in the context of reintegration; and the third section examines children's grief in the context of parental combat death. At the close of each section, we describe implications for designing preventive/early interventions for that phase. Finally, we conclude with recommended avenues for future research. Our aim is to illustrate three points, including: (1) the indispensable role of guiding theory in describing, explaining, predicting, preventing, and treating maladaptive grief in service members and families; (2) the utility of multidimensional grief theory for addressing different types of loss, including those brought about by the *physical death* of loved ones, as well as losses arising from *extended physical separations or interpersonal estrangements* brought about by deployment-related experiences; and (3) the added benefit of adopting a focus on military-related *loss and grief* as a much-needed complement to the already-established focus on military-related *trauma and PTSD*.

[1]We recognize that other family members, including siblings, parents, and grandparents of military service members, also face similar grief-related challenges. Given space constraints, we focus primarily on military spouses and children in this article.

To date, the U.S. military has made major strides in acknowledging and therapeutically addressing trauma and PTSD in service members and their families. However, given that bereavement and loss are inextricable parts of military life, our central thesis is that recognizing grief as an indispensable complement to PTSD will provide both a clearer and more comprehensive understanding of the diverse challenges facing military service members and their families, and allow for the development of effective interventions and policies to support them. In particular, we propose that adopting a trauma *and* grief-informed approach will help the Department of Veterans Affairs (and more broadly, the Department of Defense) to more fully recognize and fulfill its mission and motto as originally put forth by Abraham Lincoln in his 1865 second inaugural address: "To care for *him who shall have borne the battle*, and for his *widow*, and his *orphan*" (italics added). This presidential mandate frames, with elegant simplicity, the obligation of a grateful nation to its service members and their families in terms of its *dual* duties of caring for those who suffer major trauma, as well as those who suffer grievous loss.

Toward an Understanding of Adaptive Versus Maladaptive Grief

It is disconcerting that a pointed criticism levied two full decades ago: "An adequate definition of complicated mourning has been elusive, mainly because imprecise and inconsistent terminology is used and because objective criteria to determine when mourning becomes complicated are lacking" (Rando, 1993, p. 11) is nearly as true today (particularly in the child and adolescent grief literature) as it was at the time it was written. As noted in a recent review for DSM-5 (Kaplow, Layne, Pynoos, Cohen, & Lieberman, 2012), the field of grief continues to remain in its infancy, particularly when benchmarked in terms of the modest advances it has thus far made years in differentiating—at both conceptual and empirical levels—between *adaptive* (i.e., "normal") versus *maladaptive* (i.e., "pathological") grief reactions in bereaved children and adolescents (Nader & Layne, 2009). The imminent arrival of a new bereavement-related disorder currently termed *Persistent Complex Bereavement Disorder* (American Psychiatric Association, 2012) in the Appendix of DSM-5 as an invitation for further research thus constitutes a welcome stimulus to undertake major advances in the field. Accordingly, the focus of this article on exploring the implications of a theory of grief for assessing, conceptualizing, and therapeutically addressing various phases of bereavement-related experiences in military service members and their families, may be especially timely.

The limited literature examining the manifestations and course of grief reactions in youth suggests that childhood bereavement often co-occurs with other risk factors such as poverty (Kaplow, Saunders, Angold, & Costello, 2010) yet in and of itself does not generally pose serious long-term risks (i.e., distress reactions in response to bereavement do not usually reach diagnostic thresholds) (Dowdney, 2000). However, a significant minority of bereaved youth in the general population (Melhem, Porta, Shamseddeen, Payne, and Brent (2011) have provided an estimate of approximately 10%) appears to experience grief reactions that are sufficiently severe as to produce clinically significant impairment. Notwithstanding the value of these findings, the theoretical and empirical literature examining the specific constellations of child-intrinsic and socio-environmental risk and protective factors that

contribute to different trajectories of adaptive versus maladaptive grief reactions over time remains sparse (Nader & Layne, 2009).

The adult grief literature, although further along than the child grief literature, provides only modest guidance regarding how to identify factors that differentiate between adaptive versus maladaptive grief. Much of the discourse in the recent adult literature regarding the essential nature and distinguishing features of maladaptive grief has focused on the *duration* of grief reactions *per se*. In particular, pathological grief has been largely defined in *quantitative* (e.g., otherwise "normal" acute grief reactions that persist for a specified "abnormally long" period—6 or 12 months) rather than *qualitative* (e.g., dimensional or categorical) terms, and is indeed presumed to be unidimensional (Prigerson et al., 2009; Shear et al., 2011). Conversely, less attention has been given to directly evaluating potential etiologic risk, vulnerability, and protective factors for maladaptive grief, particularly the role played by the specific *circumstances of the death* (e.g., prolonged illness, suicide, homicide, combat, sudden natural death), and to exploring potential ways in which these factors may influence families' capacity to adjust to loss.

Multidimensional Grief Theory

A theory of grief with sufficient power to shed light on adaptive and maladaptive grief responses, theorized causal risk factors, causal consequences, key mediators and moderators, and developmentally-linked manifestations of grief is thus needed to guide the field. Multidimensional Grief Theory (Layne, Saltzman, Kaplow, & Pynoos, 2013; see also Kaplow et al., 2011; Pynoos et al., 2012) is based on a developmentally informed multidimensional conception of grief. Its content domains both encompass and extend beyond existing models of both normative and pathological grief (including the newly proposed DSM-5 Persistent Complex Bereavement Disorder criteria; American Psychiatric Association, 2012). These content domains include *Separation Distress*, *Existential/Identity-Related Distress*, and *Distress over the Circumstances of the Death*. The theory is based on the assumptions that both *maladjustment* and *positive adjustment* can manifest within each content domain; that different content domains may differentially relate to different *causal precursors* (e.g., etiologic risk factors, circumstances of the death, mediators), *causal consequences* (e.g., functional impairment, developmental derailment or progression), and *moderators* (e.g., developmental stage, culture); and that positive and negative adjustment processes can and frequently do co-occur within and across content domains (see Figure 1).

Multidimensional Grief Theory also postulates that, amidst ongoing (and often rapidly unfolding) developmental changes, children depend heavily on their immediate caretaking environment to help facilitate their mourning (Clark, Pynoos, & Goebel, 1994). Consequently, efforts to distinguish between features of positive adjustment versus maladjustment following bereavement in youth must address grief reactions within the broader context of both *individual* (e.g., coping strategies) and *socioenvironmental* (e.g., parent-child communication) factors that diminish or promote these outcomes. This perspective contrasts with the adult conceptualization of "complicated" or "prolonged" grief that depicts a disorder largely independent of developmental stage or the social environment.

Given the close interconnection between loss in childhood on one hand, and available resources within children's social and physical ecologies on the other, Multidimensional Grief Theory conceives of maladjustment following childhood bereavement as a problem of inadequate adaptation stemming from both child-intrinsic *and* extrinsic factors (Pynoos, Steinberg, & Wraith, 1995). Below, we briefly describe each of the content domains of Multidimensional Grief Theory (for further description and developmental manifestations see Kaplow, Layne, Pynoos et al., 2012).

Separation Distress

Normative manifestations of *separation distress* are typically characterized by missing the deceased person; heartache over his or her failure to return; and yearning or longing to be reunited with him/her. In contrast, "maladaptive" manifestations of separation distress may involve persisting suicidal ideation (motivated by a wish to be reunited in an afterlife with the person who died); identifying with unhealthy or dysfunctional elements of the deceased's life, values, habits, or behaviors as a way of feeling close to him/her; and developmental slowing or regression (motivated by desires to stay connected with the deceased by remaining rooted in the same developmental stage, life circumstances, or immature/self-defeating behavior patterns one was in while he or she was still alive). In cases of caregiver loss, children's separation distress may become even more salient if the relationship with the surviving caregiver is strained, if the surviving caregiver has difficulty talking about the deceased caregiver, or if the surviving caregiver himself/herself is experiencing intense separation distress (Sandler et al., 2003; Shapiro, Howell, & Kaplow, in press).

Existential/Identity Distress

Normative manifestations of *existential/identity distress* involve contending with typical disruptions in sense of self, routine, or life plans; and finding meaning, fulfillment, and alternative sources of gratification in one's life after an important life figure has died. This also involves learning to contend with the secondary adversities brought about or exacerbated by the death, such as taking over new roles or functions formerly provided by the deceased. In contrast, maladaptive manifestations of Existential/Identity Distress are theorized to involve a severe and sustained personal existential or identity crisis brought about by the loss. This crisis may be manifest by a perceived loss of personal identity (e.g., "I feel like a big part of me died with him/her"); nihilism (e.g., "I've lost what I cared about most, so nothing else matters"); the sense that one's "real" fate has been thwarted by remaining alive ("I should have died with my buddies, so I shouldn't still be here"); or hopelessness, despair, or resignation in anticipation of a grim future that is blighted by the physical absence of the deceased (e.g., "Without mom, I'll always be alone with no one to help me"; no longer investing in personally gratifying relationships or activities; Rando, 1993).

Whereas a diagnostic feature of PTSD is a sense of *foreshortened* future (i.e., "I feel like I won't live long"), existential/identity distress is theorized to involve the sense of a *blighted* future. That is, one may expect to continue to physically exist, but in a world that lacks personal meaning, fulfillment, and is not perceived as worth hoping or preparing for, or

worth investing in. Loss-related existential or identity crises may manifest as risk-taking behaviors, recklessness or indifference to one's safety or well-being (e.g., "I don't care whether I live or die"), survivor guilt ("I should be dead, too"), neglect of appropriate self-care, or lack of forming positive yet realistic aspirations given one's life circumstances and developmental stage (Layne et al., 2012).

Circumstance-Related Distress (i.e., "Traumatic Grief")

Normative manifestations of circumstance-related distress are theorized to involve adaptive adjustment to emotional pain evoked by the presence of troubling thoughts regarding the *circumstances* of the death. Normal or adaptive circumstance-related distress may involve experiencing a range of expectable reactions in the short-term aftermath of deaths that have occurred under highly distressing and potentially traumatogenic conditions, including conditions characterized by *violence* (e.g., gruesome, mutilating, or extremely painful deaths), *volition* (e.g., human agency with malicious intent), the *violation* of societal laws or social mores (e.g., negligence, malpractice) (Rynearson, 2001), or the progressive physical deterioration of loved ones (e.g., chronic wasting illness). These emotional reactions often include sadness, anger, disgust, or horror. However, acute or "normal" circumstance-related distress is theorized to recede over time, often accompanied by an increasing capacity to access more affectively neutral or (in the case of healthy attachments and other supportive relationships) positive and comforting memories of the deceased. Adaptive circumstance-related distress may also involve engagement in prosocial activities that can reflect the theme of vicarious wish fulfillment in relation to protecting against, repairing, or preventing variants of the cause of death, or to reducing the suffering it caused (e.g., advocacy, aspiring to be a detective, judge, attorney, doctor, social worker, or scientist who discovers a cure) (Layne et al., 2012).

In contrast, maladaptive circumstance-related distress is characterized by the significant *encroachment* of severe persisting distress reactions to *the way* the person died on adaptive grieving, to the extent that the bereaved individual experiences severe emotional and/or behavioral distress and functional impairment in developmentally salient life domains (Layne et al., 2012; Pynoos, 1992). Examples include excessive behavioral or cognitive avoidance; persisting feelings of rage, guilt, shame, or psychic numbing; and preoccupation with retaliatory fantasies and desires for revenge. It may also involve engaging in risky vengeful behavior intended to circumvent or undermine the roles of institutions (e.g., law enforcement, courts, penal system) established by society to uphold, enforce, and repair the social contract. It is important to note that although it is broader and more diverse in its theorized manifestations, maladaptive *circumstance-related distress* is theorized to contain and subsume *classic PTSD symptoms encroaching upon adaptive grieving tasks*—a construct formulated during the past 12 years by Cohen, Mannarino, and their colleagues (2002; 2006; 2011) and titled "childhood traumatic grief".

Underscoring the dynamic interplay between trauma and grief, Pynoos (1992) proposes that circumstance-related distress may be especially prominent in individuals who are both exposed to direct life threat themselves, and who witness the traumatic death of a close person, given that they must contend with both sets of trauma *and* grief reactions. These

dual reactions include traumatic stress reactions to the circumstances of the death and to their own potential life threat or injury, as well as grief reactions to the loss, including acute grief reactions while the event continues to unfold immediately after the death (e.g., an IED attack in which service members are simultaneously exposed to direct life threat or serious injury while witnessing the violent death of a buddy). Nevertheless, there is growing evidence that even "anticipated" deaths (e.g., losses caused by cancer) can produce circumstance-related distress in youth, especially to those exposed to potentially traumatic images such as witnessing the progressive physical deterioration and incapacitation of a loved one, invasive and/or painful medical procedures, or intense suffering (Kaplow et al., 2011; 2012; Saldinger, Cain, & Porterfield, 1993).

Different family members may experience distinct grief reactions, such that individuals within the same family may each exhibit markedly different configurations or "profiles" of grief reactions across different content domains. These discordances in grief reactions can interfere with family members' capacity to communicate and empathize with one another's experiences and to support one another during stressful times. Saltzman et al. (2011) describe the use of family narrative construction to help family members understand each others' unique reactions to the death with the aim of facilitating adaptive grieving, improving communication, and strengthening family cohesion.

Trauma and Loss Reminders

Applying a developmental psychopathology framework to understanding childhood traumatic stress, Pynoos, Steinberg, & Wraith (1995) propose that relations between traumatic experiences and psychological adjustment may be influenced by a range of proximal and distal mediating and moderating variables, including reminders of the event, secondary stressors, family adjustment, and coping. They propose that both *trauma reminders* (i.e., cues that evoke memories or responses associated with traumatic experiences) and *loss reminders* (i.e., cues that evoke memories of the lost person, or that focus attention on the ongoing or future absence of that person) are among the most proximal and recurrent stressors that traumatized children and families are likely to experience (Layne et al., 2006). Pynoos et al. (1995) theorize that exposure to trauma and loss reminders occurs via two primary channels: *external cues* (things that are seen, heard, smelled, touched, or tasted in the external environment) and *internal cues* (cognitions, images, emotions, or physiological/kinesthetic sensations). Children's frequency of exposure to external and internal trauma and loss reminders, the intensity of distress reactions evoked by reminders, and the availability and use of adaptive versus maladaptive coping strategies to contend with distressing reminders, may mediate and/or moderate the links between trauma and loss exposure, and subsequent functioning (Pynoos et al., 1995; see also Benson et al., 2011). Children's frequency or degree of exposure to some trauma and loss reminders may largely be out of their control, instead reflecting the influences of the immediate caregiving environment (e.g., they are not of driving age and the surviving caregiver avoids taking them to family reunions). Preliminary evidence suggests that loss and trauma reminders are empirically distinct phenomena that (a) constitute different pathways of influence, (b) differentially relate to different consequences, and (c) call for different intervention foci and practice elements. Whereas *loss reminders* may be especially potent

mediators of the effects of losses that evoke persisting severe separation distress, *trauma reminders* appear to be potent mediators of the effects of exposure to traumatogenic features of some deaths that evoke circumstance-related distress (Layne, Olsen, Kaplow, Shapiro, & Pynoos, 2011).

We further theorize that each of the domains of grief outlined above (Separation Distress, Existential Distress, and Circumstance-Related Distress) may not only be evoked *by* exposure to trauma and loss reminders, but also exacerbated (i.e., transform from presumably "*normal/adaptive*" grief shortly after the death to severe persisting "*maladaptive*" grief during the months following the death) by maladaptive coping strategies in relation *to* those reminders. Theorized maladaptive coping strategies include (but are not limited to) *excessive psychological or behavioral avoidance of loss and trauma reminders* (Kaplow, Layne, Pynoos et al., 2012) and *emotional suppression* (Kaplow, Gipson, Horwitz, Burch, & King, in press). Below, we use Multidimensional Grief Theory as a guiding lens to explore various ways in which these three primary content domains of grief may emerge, persist, worsen, or recede in children and caregivers under various military-related circumstances including deployment, reintegration, and in the aftermath of a military death.

Before proceeding, we wish to clarify that given space constraints, we have chosen to selectively focus herein on ways in which military-related deaths may affect *bereaved military families* (spouses and children of deceased military service members), as well as *service members themselves* who are bereaved due to the losses of their comrades and who, in their roles as parents and spouses, may transmit the effects of military deaths to their spouses and children. We fully acknowledge the needs of other high-risk bereaved populations who are often profoundly impacted by military-related deaths. These include *bereaved siblings* of deceased military service members, for which there is a growing literature derived from civilian populations (e.g., Herberman-Mash, Fullerton, & Ursano, 2013), as well as *bereaved parents and grandparents* of deceased military members. We also note an important inter-generational asymmetry: The intense grief and suffering of *parents who lose an adult child in combat* may greatly exceed the intensity of grief reactions commonly experienced by *adult children who lose a parent due to illness or old age*. Of particular concern, parents and grandparents of deceased service members often serve as crucial sources of social support for their surviving sons or daughters (or sons- or daughters-in-law) as well as their grandchildren who have lost a military spouse or parent, and may indeed take upon themselves some of their deceased child's parenting or spousal duties in a compensatory role. Although few research studies have examined the specific ways in which parental/grandparental bereavement and grief following military deaths may compromise their capacity to carry out these supportive functions, bereaved parents/ grandparents nevertheless merit special attention, both as valuable resources for mounting supportive interventions, as well as a high-risk group *per se*.

Further, although we focus herein largely on deaths caused by enemy forces, we nevertheless acknowledge the potential roles played by a broad range of circumstantial factors in contributing to circumstance-related grief reactions. These circumstantial factors include suicide in the field or upon return, accidents, faulty or inadequate equipment,

missing in action status, classified cause of death, cause of death under investigation, unknown mission status (of special relevance to Special Ops forces), torture or intense suffering prior to death, mutilating or gruesome death, desecration of the body, loss of the body, inadvertent "friendly fire", and rumors or evidence of fratricide. Other circumstance-related factors include the reverberating effects of prior deaths on a military unit or military base community, the complexities of death at a distance, and vague, shifting, evasive, or contradictory accounts of what occurred (which can lead to a relentless pursuit of facts by family members; e.g., Bryan, 1976; Tillman, 2010).

Having acknowledged these many potential mitigating factors, we now proceed to apply Multidimensional Grief Theory to exploring the effects of deployment, reintegration, and military death on military children and families.

Children's Anticipatory Grief in the Context of Military Deployment

Deployment is linked to psychological and behavioral problems in military youth (Lester et al., 2011). In particular, length of deployment has emerged as an important predictor of problematic outcomes in military children (Chandra et al., 2010); however, the specific risk and protective mechanisms that moderate or mediate this relation (see Saltzman et al., 2011, for a conceptual framework) have not been explicitly tested. The nascent state of the child and adolescent grief field, particularly given the absence of studies of bereaved military youth, points to the potential utility of drawing from other related grief subfields. In particular, using the *anticipatory grief* literature as a framework of comparison, we propose that the knowledge base concerning how children experience and respond to *anticipated deaths due to illness* may serve as a useful analogous model for understanding *some* (but certainly not all) children's experiences in the context of *deployment*. Although rarely acknowledged in the current literature, Lindemann's (1944) seminal paper concerning the manifestations and management of acute grief was the first to propose that family members may experience *intense and wide-ranging anticipatory grief reactions* in response to the departure of a family member into the military.

Children's reactions to parental deployment are likely to vary greatly as a function of a matrix of child-intrinsic and child-intrinsic factors. These include the child's developmental level, awareness of risks that the deployed parent is likely to face, other family members' responses to the deployment (including family-level coping processes and adaptation), and the degree to which the family is embedded in military culture. Drawing upon the anticipatory grief literature, we propose that an *anticipated death in a family* may mirror the experience of *military deployment* in at least four important ways. Specifically, deployments and anticipated deaths are (1) both foreseeable to some extent, and (2) often involve recurrent and/or lengthy separations, either through multiple deployments, or, in the case of anticipated deaths, hospital visits—both of which conditions may produce *separation distress*. (3) Further, military families—especially children—may experience deployments and anticipated deaths as uncontrollable, destabilizing, disorganizing, and potentially life-changing, which may evoke *existential distress*. And (4) deployments and anticipated deaths both involve the chronic threat of lethal danger and impending death—situations that confront children with the unsettling and potentially agonizing question, "*Is this the last time*

I'll see him/her?" and the ambiguity of not knowing if, when, or how the death might occur. These conditions may evoke *circumstance-related distress*. Behavioral or emotional problems in military youth similar to youth anticipating the death of a loved one (Saldinger, Cain, & Porterfield, 2003) may also arise from *secondary adversities*, including the primary caregiver's new role as a single parent (and often the sole disciplinarian), isolation from social support network members, financial problems, stretched resources, changes in daily routines, or additional responsibilities placed on children inside or outside the home (Park, 2011; Pincus, House, Christensen, & Adler, 2001).

Separation Distress in the Context of Deployment

Separation distress in the context of deployment may manifest in different ways, depending on the developmental phase of the child. For example, young children may have difficulty comprehending the meaning of the length of the deployment and may become distressed intermittently based on their own misconceptions (e.g., a toddler may wait by the door for "Daddy to come home for dinner" despite the family's efforts to explain that he will not return home for another six months). Children's intense yearning and longing for the deployed parent may occur intermittently, interspersed with seemingly normal mood (Dyregov, 1990). Children's separation distress may be most evident in their play and separation-reunion behaviors with their primary caregiver (Kaplow et al., 2012). School-aged children and adolescents may express their longing for the deployed parent by frequently returning to the last place where they saw the parent, wearing his/her clothes, and expressing a desire to hold on to some of the deployed parent's belongings. In contrast, maladaptive separation distress may be characterized by developmental delays or regressions that keep children "stuck" in the developmental phase they were in when the parent left (e.g., immature, "acting out", or regressive behavior), often as a result of intense anger at the deployed parent (i.e., "Why did you have to leave me?") or as a means of providing a gratifying sense of continued connection to the deployed parent. As an example of the latter, children or adolescents may exhibit behavioral problems during deployment in a wishful attempt to re-engage the missing parent or force them to return home early (i.e., "If I fail math or get into big trouble at school, maybe Dad will *have* to come home to fix things"; "I know it used to drive Mom crazy when I stayed out past curfew – maybe if I do it enough, she'll come back early to straighten me out") (Layne et al., 2012).

Existential/Identity Distress in the Context of Deployment

Just as children facing an anticipated death may experience disruptions in their sense of self, daily routine, or life plans, children experiencing parental deployment may do the same. For example, youth may be reluctant to take on new roles and responsibilities in the home (e.g., heavier household chores, care for younger siblings, taking on a job to supplement family income) and experience them as unduly stressful, if doing so would require them to assume "adult" roles or identities for which they feel unprepared, or that would necessitate the sacrifice of valued developmental opportunities (e.g., "I can't just be a kid anymore"; "I have to babysit all the time and don't get to hang with my friends"). Deployments are also often unpredictable in terms of a clearly demarcated return date (Cozza, 2011). Disappointing news of a deployed parent's delay in returning home may make children feel frustrated, hopeless, or helpless about when they will see the deployed parent again. This

hopelessness, resignation, and/or a sense of a more blighted future without the parent's physical presence may manifest in greater risk-taking behaviors, particularly in adolescence, such as riding a bike without a helmet, reckless driving, experimenting with drugs, or provoking risky altercations (e.g., "Who cares? Life sucks when Mom's not here"). Children who live off-base (i.e., reserve units) may feel very different from their peers and experience a greater sense of loneliness or social isolation when facing parental deployment (Chandra et al., 2008).

Circumstance-Related Distress in the Context of Deployment

Several clinical-descriptive studies call attention to the potentially traumatogenic features embedded in the circumstances surrounding anticipated deaths (e.g., protracted exposure to disturbing medical procedures, witnessing family members' anguish, anticipating impending loss) (McClatchey & Vonk, 2005; Saldinger et al., 2003). These studies suggest that distressing features of *anticipated deaths* may be of equivalent or even greater potency in inducing severe distress compared to the features surrounding *sudden unexpected deaths* (Kaplow et al., 2012). Indeed, it is possible that the often lengthy nature of anticipated deaths may create *more* opportunities for children to be exposed to potentially disturbing and/or traumatogenic elements (whether real or imaginary) compared to sudden deaths (e.g., heart attacks). Similarly, children exposed to repeated and lengthy deployments of a military parent and accompanying reports of war casualties may experience recurrent, intrusive images of the threatening circumstances to which their deployed parent is exposed that could lead to the parent's death or to serious harm resulting in intense suffering, disfigurement, or debilitating injury. Notably, interviews with military children reveal a disproportionately greater fear of lethal risks to which their deployed parent is exposed compared to the relatively small number of deployed service members who are actually killed (Cozza et al., 2005).

Children who experience anticipated deaths are often preoccupied with concerns over whether the death will be painful or scary for the dying parent. Similarly, qualitative interviews with military families suggest that children of deployed military parents are often preoccupied with the same types of worries and concerns, especially after being exposed to distressing media images of warfare (Bereavement Risk and Resilience Index Content Expert Panel, personal communication, March 13, 2012). Finally, under circumstances of an anticipated death, the primary caregiver is often hesitant to provide information regarding the ill parent's prognosis, making it difficult for the child to understand the seriousness of the illness and its realistic implications for the family. Similarly, when a deployed parent is injured, it is not uncommon that initial information provided to the family is incomplete or inaccurate (Cozza et al., 2005), leading to heightened anxiety in children and family members who feel "left in the dark" about the parent's condition. These ambiguous circumstances can be deeply distressing to family members, especially to children, who have a more limited cognitive capacity to make sense of the parent's deployment, continued absence, likelihood of death or disability, and the potential ramifications of each scenario (see Saltzman et al., this issue).

Similar to youth facing the anticipated death of an ill parent (Saldinger et al., 2003), military children and families may cope with the deployment, or the fearful prospect of being seriously harmed or killed during deployment, by emotionally distancing themselves from the deployed family member. This self-protective withdrawal may lead to estrangements between service members and their family members. The resulting perceived loss of social support may, in turn, contribute to service member's mental health problems during deployment and upon returning home (Nock et al., 2013). Lindemann (1944) perceptively described this phenomenon in military family members who seemed to so "effectively grieve" the *anticipated* loss of the deployed military family member that it impeded the family's capacity to reunite and reintegrate with the service member after he returned home.

Implications for Preventing Loss-Related Distress During Parental Deployment

A variety of therapeutic tools are available to help military children and families cope with deployment-related distress. For example, *separation distress* may be lessened by helping military children to find ways of remaining connected to the deployed parent (e.g., creating photo albums, watching videos, Skyping, emailing, sending letters, etc.). Further, *existential distress* may be alleviated by helping children to make positive meaning of the parent's deployment and highlighting the positive aspects of their new responsibilities (e.g., "Mommy is helping our country so we can all be safe, and she is so proud of you for helping our family while she is away"). Unfortunately, many well-intentioned military spouses tend to avoid directly addressing concerns about the deployed parent's safety and health with their children for fear that they may unintentionally "plant seeds of worry" in their children's minds that create more anxiety. This strategy is often counterproductive, in that it communicates that "it's not OK" to talk about one's worries and concerns—an implicit message that may foster greater anxiety, rumination, and a sense of isolation. Often, children's fantasies regarding the parent's risk of death are disproportionately much greater than the level of risk (Cozza et al., 2005). Consequently, anxious military children may benefit from parental reassurance and factual information regarding the small likelihood of death or serious injury to the deployed parent, including as compared to other more "common" yet risky professions (e.g., firefighters). Communicating candidly about risks to the deployed parent may be particularly difficult for spouses who, in grappling with their own distress about their partner's safety and well-being, struggle to find the words needed to frame the risks in realistically reassuring terms. Interventions that help parents to understand their children's perspectives, to communicate effectively, and to express their feelings may thus be particularly beneficial in alleviating *circumstance-related distress*. For example, the FOCUS (*Families OverComing Under Stress*) Program (Lester, et al., 2012) uses a structured narrative approach to enhance understanding, bridge interpersonal estrangements, improve communication, and build cohesion and support among family members facing deployment-related stressors (see Saltzman et al., this issue).

Military Service Members' Grief in the Context of Reintegration

Research with combat veterans and their families documents a strong link between PTSD symptoms in returning military service members and subsequent family relationship problems during the reintegration phase (for reviews see Galovski & Lyons, 2004; Monson,

Taft, & Fredman, 2009). These studies show that service members with PTSD report more numerous and severe relationship problems and poorer family adjustment compared to service members exposed to military-related trauma who do not also have PTSD. Other studies have identified decreased levels of self-disclosure and emotional expression in those with PTSD (Carroll, Rueger, Foy, & Donahoe, 1985; Koenen, Stellman, Sommer, & Steelman, 2008), especially *avoidance/numbing symptoms* (Solomon, Dekel, & Mikulincer, 2008), as factors contributing to relationship dissatisfaction and impaired intimacy. Avoidance and numbing symptom severity is also negatively associated with veterans' parenting satisfaction (Berz, Taft, Watkins, & Monson, 2008). However, no military studies to date have explicitly examined or differentiated between the influences of *loss reminders* versus *trauma reminders* (see Layne et al., 2006, for a conceptual framework) in returning service members. Thus, it is unclear whether relationship impairments may be linked to reactions to loss reminders, reactions to trauma reminders, or to both types of reminders.

Although the vast majority of studies conducted with returning service members have focused on PTSD as a primary outcome, very few studies to date conducted with these populations have evaluated any form of grief reactions (Lamorie, 2011). One study of Vietnam combat veterans found that the intensity of unresolved grief symptoms (defined as non-acceptance of the death, missing the deceased, feeling that the death was unfair, preoccupation with thoughts or images of the deceased, difficulty trusting others, etc.) experienced *thirty years* post-combat was similar to levels reported in community samples of grieving spouses and parents at *six months* post-loss (Pivar, 2004). The fact that grief has been overlooked as a construct worthy of systematic assessment in returning military service members is especially concerning given that maladaptive grief, while often comorbid with PTSD in bereaved adults, has shown evidence of incremental validity beyond the predictive effects of PTSD in relation to indicators of morbidity and functional impairment (e.g., Bonnano et al., 2007). Avoidance/numbing symptoms, in particular, have been identified as common detrimental outcomes in bereaved adults suffering from maladaptive grief (Shear et al., 2007). Thus, it is unclear whether the avoidance and lack of emotional expression seen in returning military members constitute manifestations of trauma symptoms, maladaptive grief reactions, or both. Conducting an accurate differential diagnosis concerning the causal origins and nature of avoidance reactions often seen in returning military service members is an essential therapeutic objective, given that trauma reminders and loss reminders appear to differentially operate via different causal pathways and thus call for different preventive and intervention strategies (e.g., trauma- vs. grief-focused work; Layne et al., 2006; 2012). Similarly, returning service-members' reactions to trauma reminders versus loss reminders may have different consequences for children and other family members living in the home (see section below). Focusing exclusively or even primarily on PTSD in returning service members may thus miss important concepts that are vitally needed to explain how and why some bereaved individuals or units struggle to adjust, exhibit serious behavioral or psychological problems (e.g., insubordinate acts that place unit members at risk for dishonorable discharge; criminal behavior; see Edge, Buchanan, & Edge, 2010), and decrease in combat readiness.

Separation Distress in the Context of Reintegration

Loss reminders are theorized to trigger separation distress by directing attention either to the ongoing absence of the deceased person, or to life changes resulting from the loss (Layne et al., 2006). For returning military men and women who have lost comrades in combat, salient *external* loss reminders may include seeing photos of the deceased person; encountering the deceased person's name or belongings; seeing people who look or act like the deceased (e.g., someone wearing army fatigues), the American flag, or hearing "Taps". Other people, including friends, buddies, or family members (e.g., returning service members' own children), may serve as loss reminders. For example, in *The Long Walk* (2012), Brian Castner, the commander of a bomb disposal unit, described becoming tearful in the locker room while helping his son put on his goalie equipment for a hockey game, because it reminded him of suiting up one of his former soldiers in bomb disposal gear before he was killed. Similarly, returning service members from the same platoon may serve as potent loss reminders to the families of platoon members who have been killed, and returning platoon members may serve as loss reminders to each other, in that simply being together brings to mind unit members who are now gone.

The ensuing separation distress over those who died may dampen service members' desires to interact with members of their unit in ways that lead to avoidance and interpersonal estrangements, reduce social support and unit cohesion, and diminish the size and strength of social support networks. Such avoidant coping is not new; for example, Reynolds (1957) describes efforts by World War I pilots to avoid the pain brought by the ever-mounting losses of close comrades by socially withdrawing from replacement squadron members--an anticipatory grief coping strategy that likely reduced unit cohesion as well as opportunities for novice pilots to receive life-saving flying tips from veterans. This observation is consistent with findings suggesting that soldiers often withdraw and become "loners" following their return home and may have difficulty forming new relationships (Pivar, 2004).

Boss (1999, 2006) offers a useful definition— *ambiguous loss—*that may help to describe this phenomenon. Specifically, ambiguous loss is defined as either *physical absence with psychological presence* or alternatively, *psychological absence with physical presence*. The latter form, whereby a family member is "there physically but not mentally", has been commonly described among families in which a deployed military service member returns home with mental health problems resulting from military-related trauma and loss (Monson et al., 2009). Maladaptive separation distress may thus impact not only service members who strive to avoid loss reminders in the form of other unit members, but by extension, unit members' families, who suffer from ambiguous loss arising from the reduced psychological presence of the returned military member and from reduced interpersonal contact and supportive transactions with other unit families.

Loss reminders can also consist of *internal cues*, including cognitions, emotions, or physiological sensations that call attention to the deceased's continuing absence (Layne et al., 2006). For example, feelings of sadness over even commonplace events in returning soldiers' lives may evoke powerful memories and emotions relating to unit members' deaths

in ways that lead to awkward emotional outpourings (e.g., weeping while suiting up a son for a hockey game), social withdrawal, emotional "shutdowns", avoidance of sad situations (e.g., farewells, sad movies, funerals), and difficulty communicating with or offering comfort to other family members who are expressing sadness (e.g., helping a child to bury and mourn for a pet that has died). Children are susceptible to interpreting this avoidance or distancing as a form of rejection, often believing that they may have "done something bad" to deserve their parent's withdrawal of attention, communication, or affection. Children may also incorrectly interpret the parent's sadness and withdrawal as evidence that they have hurt their parents' feelings and may consequently experience guilt and shame.

Existential Distress in the Context of Reintegration

Existential distress, consisting of a personal existential crisis precipitated or exacerbated by the loss of a central life figure as characterized by nihilism, hopelessness, despair for the future, or pessimistic resignation, may be evoked by trauma or loss reminders. Existential distress may be manifest as guilt-ridden thoughts ("It was my fate or my duty to die with my comrades, so now that I'm still alive I don't know what to do with my life"). For example, in a rare qualitative account of grief reactions in returning soldiers, Shatan (1973, p. 642) describes the guilt that one soldier experienced after watching his "best buddy" die a painful death over a period of four days, stating, "*The shame of being alive when his comrade had died had frozen him into silence and fixed his eyes forever on the past.*" Service members who perceive their lives as having been irrevocably changed and worsened by irreparable physical or mental impairments may be especially vulnerable to experiencing existential crises. For example, returning military members who experience the conjoint losses of an actual comrade, together with their own functionality through physical injury (e.g., loss of a limb, traumatic brain injury, etc.), may be forced to encounter loss reminders in the form of their own physical scars and disabilities on a daily basis, creating even greater existential distress, and a potentially greater risk for suicide.

Other family members, including children, can provoke feelings of existential distress in bereaved returning service members. For example, many military service members within the same unit have young children (Chandra et al., 2008). When a service member experiences the death of another unit member and returns home to his own family, witnessing his children achieve developmental milestones (e.g., taking their first steps, starting kindergarten, graduations, prom)—normally a source of pride and joy—may serve as reminders of all the things his deceased buddies will never have the opportunity to experience as parents. These moments may induce both separation distress (e.g., missing one's buddy and wishing he/she were here to take part in this) as well as existential distress (e.g., ruminating that life is unfair, feeling guilty for surviving, nihilism at the apparent arbitrariness of who lives or who dies). These reactions can distance returning service members from their families through psychological or behavioral avoidance (e.g., reluctance to join in celebrating a child's birthday or graduation ceremony), irritability, adopting a cynical outlook on the military or on life, social withdrawal, or substance abuse.

When faced with the violent death of their comrades in battle, soldiers have been known to "go berserk" or "kill crazy" in which they risk their lives with little thought to the risks or

likely consequences (Pivar & Field, 2004). Although "berserk" reactions have most often been attributed to rage at the enemy or to reactions to traumatic helplessness, these episodes may also arise from a combination of existential distress and circumstance-related distress. Specifically, a soldier may feel as though his own life is less valuable and worth preserving after a close buddy has died, and instead engage in high-risk behaviors motivated by a sense of nihilism and blighted future outlook ("I don't care if I live or die in a world like this"; "nothing matters anymore"). Loss-induced existential crises may be exacerbated by the presence of retaliatory fantasies and desires for revenge. For example, in the PBS Frontline special *The Wounded Platoon* (Edge, Buchanan, & Edge, 2010), a platoon member describes the experience of being sent out on armed patrol only hours after witnessing the violent death of their beloved sergeant whom they had frantically attempted to resuscitate: "*I remember, like, the next day after we lost him, we had to go right back out. You know, you still have to do your job, even if your buddy dies. I was wishing that somebody would get out of line. I was, like, 'I will just destroy everything'.... We were trigger-happy. Like, we'd open up on anything.*" Upon returning home, existential/identity grief may manifest itself in the form of lack of self-care; reckless, insubordinate, or criminal behavior; substance abuse; aimlessness; futurelessness; apathy; pessimism; cynicism; engaging in risky behavior without regard for one's personal safety; and suicidal ideation or behavior.

Circumstance-Related Distress in the Context of Reintegration

Trauma reminders, defined as cues that resemble aspects of the circumstances surrounding a traumatic death, are theorized to act as mediators capable of evoking circumstance-related distress. For returning military men and women, trauma reminders may include the sight of blood, helicopters or jets flying overhead, the sight or smell of smoke, hearing screams or shouting, or seeing crowds of people. Certain trauma reminders may be particularly problematic for parents of young children. For example, a bereaved military service member who failed to save the life of his friend in combat may be reminded of his friend's dying screams by the screams of his child awakening at night in ways that reduce his ability to emotionally "tune in" to and comfort his child. Circumstance-related distress also encompasses feelings of helplessness, guilt, remorse, or rage over not being able to save the person at the time of his/her death, or seething anger about the horrific or unfair circumstances under which the person died (e.g., "He deserved better than to die like that"; "someone's gotta pay for this"). At the maladaptive end of the content domain, *loss reminders* may elicit memories of the traumatic circumstances under which the person died and thereby evoke circumstance-related distress. Specifically, individuals who witness gruesome, violent, or very disturbing deaths may find it very difficult to positively reminisce about the person who died without experiencing intrusive disturbing images of the circumstances of the death (Pynoos, 1992; see also Cohen et al., 2006). A distinguishing feature of maladaptive circumstance-related distress is that exposure to loss reminders such as the person's name, photograph, belongings, or empty locker—which might normally evoke "normal" separation distress (e.g., missing the person) and over time, fond reminiscing (remembering the good times)—instead evokes intrusive distressing recollections of the violent or tragic circumstances of his death or marked avoidance in an effort to avoid intrusive memories of the death (Layne et al., 2013; see also Kaplow et al., 2011; Pynoos, 1992; Pynoos et al., 2012).

The importance of these issues is underscored by the identification of suicide among military service members as a serious public health issue in light of evidence that the current suicide rate in the U.S. Army has surpassed that of the general population for the first time in decades (Nock et al., 2013). Our central thesis—that grief merits serious attention in military populations alongside PTSD, yet has largely been absent from the empirical military literature--is underscored by a recent review of the military literature on suicide. This comprehensive review identified *bereavement* and *loss experiences* as "risk factors" for suicide in military members, yet did not mention the term "grief "or point to the potential role that grief reactions *per se* may play as a mediator of these pernicious links (Nock et al., 2013). Indeed, we hypothesize that symptoms associated with *each* content domain of multidimensional grief theory, including missing the deceased, guilt or remorse over the death itself, social estrangement and withdrawal, avoidance or emotional suppression relating to the loss, nihilism or hopelessness over the loss and the future, and rage over the manner of death may potentially contribute to suicide risk. Further study is needed concerning the extent to which grief reactions incrementally increase suicide risk in service members beyond other disorders (e.g., PTSD, depression), and the specific pathways and mechanisms through which they operate.

Implications for Intervention During Reintegration

Effective intervention efforts begin with the accurate assessment of relevant constructs (Haynes, Smith, & Hunseley, 2011). However, almost no studies of returning military service members have to date evaluated maladaptive grief. To our knowledge, only one assessment tool, currently under development, encompasses the various theorized domains of grief outlined here. The Multidimensional Grief Reactions Scale (MGRS; Layne, Kaplow, & Pynoos, 2011) is a theoretically-derived psychological test based on a multidimensional conception of grief that taps into content domains corresponding to the newly proposed DSM-5 Persistent Complex Bereavement Disorder criteria, which includes Separation Distress, Psychological and Behavioral Avoidance, Existential/Identity Distress, and Distress over the Circumstances of the Death (the latter content domain including, but not limited to, *traumatic grief*). Consistent with multidimensional grief theory, the items generated from the different MGRS content domains reflect the assumption that both maladjustment and positive adjustment can be manifest within each grief domain, and that positive and negative adjustment processes may ebb and flow and are not mutually exclusive. Pilot testing of the MGRS is currently underway with bereaved military youth and civilian samples of bereaved children and adults. Preliminary analyses support the factorial validity of the theoretical content domains (Kaplow, Layne, Howell, Lerner, Merlanti, & Pynoos, 2012; Layne, Kaplow, & Pynoos, 2011). Consistent with the assumption that grief consists of multiple dimensions that differentially relate to different causal risk factors, the MGRS is being co-developed with the Bereavement Risk and Resilience Index (Layne & Kaplow, 2012), a measure of a broad set of risk and protective factors derived from the empirical grief literature.

Consistent with the identification by Nock et al. (2013) of PTSD as a therapeutically "modifiable" mediator of the link between trauma exposure and subsequent suicide risk, Multidimensional Grief Theory proposes that maladaptive grief reactions may similarly

constitute a modifiable mediator of links between bereavement and selected adverse outcomes (potentially including suicide risk), given growing evidence from a variety of therapeutic approaches that grief and/or its adverse consequences can be effectively prevented or treated (e.g., Layne et al., 2008; Sandler et al., 2003; Shear et al., 2011). Intervention components that assist returning military service members by helping them to recognize not only their own personal trauma reminders, but also loss reminders, may be particularly beneficial. For example, military wives' perceptions and attributions about their husbands' combat experiences predict post-deployment relationship difficulties (Renshaw, Rodrigues, & Jones, 2008). Thus, interventions that provide psychoeducation regarding the nature of military service members' loss experiences while in combat, subsequent manifestations of maladaptive grief, and expectable impacts and demands placed on the family, may help to enhance marital relationships, family cohesion, and parent-child relationships. Cognitive-behavioral conjoint therapy (CBCT) for PTSD (Monson & Fredman, 2012), an evidence-based treatment designed to ameliorate symptoms of PTSD and enhance relationship functioning by providing psychoeducation about the dynamic interplay of PTSD and relationship issues, may be a useful model in this regard.

Children's Grief in the Context of Parental Combat Death

As of December 2012, 5,188 service members have been killed in action in connection with Operation Enduring Freedom or Operation Iraqi Freedom (United States Department of Defense, 2012). Although children who experience military-related parental death share important similarities with other parentally bereaved children, certain features of military loss set bereaved military children apart as a unique group with potentially distinct constellations of risk and protective factors and associated grief reactions (see Cozza et al., herein). Below, we theorize about the presence of specific reactions within each of the three grief content domains in the context of parental combat death.

Separation Distress in the Context of Combat Death

In many cases, military service members are deployed for a long period prior to their death (Cozza, 2011). Consequently, military children faced with the combat-related death of a parent may have already endured significant separation distress reactions during deployment (described previously), including yearning and longing for the parent to return. Thus, extended separations in which the parent is physically alive yet physically absent for an extended period can make it difficult for children to accept the reality and permanence of the death, especially in cases of ambiguous loss (Boss, 1999) where evidence confirming the reality of the death is absent (e.g., the parent's remains are not recovered, or a closed-casket funeral prevents one from viewing the remains). Comprehending the nature and permanence of the death can be particularly difficult for younger children, who may continue to expect that the parent will return some time in the future (Lieberman, Compton, Van Horn, & Ghosh Ippen, 2003).

Younger children may manifest separation distress in the form of heightened worry about the surviving caregiver's welfare, safety, or health (Dyregov, 1990). Older children and adolescents (who are generally better able to comprehend the permanence of the death) may develop more severe separation distress in the form of intense pining and yearning to be

reunited with the deceased. This intense pining and yearning is a potential risk factor for experiencing reunification fantasies about being with the deceased person again in an afterlife, manifesting in the form of wishing one was dead, suicidal thoughts, or suicidal behavior.

Existential Distress in the Context of Combat Death

Following the death of a parent, children and adolescents often show disruptions in identity, sense of self, and the capacity to find meaning and purpose in one's life (Bowlby, 1999; Kaplow et al., 2012). For youth who have experienced parental combat death, existential distress may take the form of jealousy or resentment towards other military youth whose parents have safely returned (i.e., "Why did my Dad get killed in combat and not yours?"). For many children who spend much of their lives on a military base embedded within the military community, parental combat death results in the departure of bereaved children and families from that close-knit community (e.g., being required to move off base within a year of the service member's death). These transitions may lead to greater destabilization and disruptions in bereaved youths' daily routines, activities, social networks, and self-identity. Existential distress may also manifest as shame or embarrassment surrounding the loss (i.e., feeling "weird", "different" than, or alienated from other youth because you don't have a father or mother anymore). This social estrangement may be more pronounced among youth who do not live on a military base and have less access to other bereaved youth and families who can serve as comforting targets for social referencing.

Existential distress is also theorized to arise from major disruptions in future life plans. For example, many children of military service members grow up believing that they, too, will eventually join the military and serve their country. However, when faced with parental combat death, some youth may experience a change of heart and embark on a period of intense questioning concerning whether this is the path they truly wish to take. In contrast, other youth facing an existential crisis may feel strongly motivated to enlist in the military in the hopes of carrying on the parent's legacy or avenging his or her death. Secondary adversities stemming from the death may also increase existential distress in youth, especially if they force the youth to reevaluate their aspirations for the future, and create the impression that these changes will lead to irrevocably lost developmental opportunities (e.g., "I won't be able to afford college now that I have to support my family"; "We can't keep the family farm now that Dad has died"; Kaplow et al., 2012).

Circumstance-Related Distress in the Context of Combat Death

Although few studies have directly examined links between the *stated cause* of death and post-death psychological functioning in bereaved children or adults, a greater number of clinical-descriptive and empirical studies call attention to ways in which *traumatogenic factors embedded in the circumstances of the death* can interfere with bereaved youths' ability to grieve in adaptive ways and lead to clinically significant distress. In a pioneering paper, Pynoos (1992) described how children who witness or imagine a gruesome death can suffer from recurrent intrusive images that interfere with positive reminiscing about the deceased. These observations have been further developed by subsequent authors (e.g., Cohen et al., 2002; Layne et al., 2008; Mannarino & Cohen, 2011; McClatchey & Vonk,

2005). The resulting body of work suggests that distress over the circumstances of the death can contribute to persisting grief-related disturbances in children bereaved by the loss of a caregiver (Furman, 1974).

Circumstance-related distress may be particularly salient in youth bereaved by parental combat death due to both the violent nature of the circumstances surrounding the death and the potential for exposure to distressing details and media images that serve to reinforce children's disturbing fantasies about the way in which the parent died (Cozza, 2011). Our interviews with bereaved military families indicate that youth are often preoccupied with questions and concerns about whether the parent's death was painful or scary to undergo. In young children, circumstance-related distress may manifest as reenacting the death through play or repetitive drawings of the imagined death scene. Play may also include repetitive prevention or protection fantasies in which they imagine what they or others could have done to prevent the death (Eth & Pynoos, 1985; Kaplow, Layne, Pynoos et al., 2012).

Youth who were already grappling with feelings of anger or resentment toward the military parent for being absent during deployment may develop feelings of intense guilt following parental combat death stemming from the attribution that they contributed to the death (e.g., "If I hadn't told him I hated him for leaving us, he would have tried harder to stay alive and would have made it home"). Older children or adolescents who lose a parent in combat may experience intense anger or rage at whomever they perceive to be responsible for the death. Although these intense negative emotions may often be directed at the enemy, they may also be directed at the military itself (e.g., "Why wasn't he given better protective gear?") or the deceased parents themselves (e.g., "Why did you put your own country before our family?"). Given the patriotic support and praise for heroism that often accompany combat death, youth may feel uncomfortable with verbalizing such thoughts or feelings, creating a risk for greater avoidance, emotional suppression, and the prolongation of circumstance-related distress. On the other hand, many children of military families feel a strong sense of meaning and purpose associated with parental combat death and benefit from military support post-death, including notification and burial rituals, financial/resource support, continued access to health care, and helping communities, each of which may serve as protective factors in the aftermath of loss (Cozza, 2011).

Implications for Promoting Adaptive Grief and Preventing Maladaptive Grief Following Combat Death

In keeping with its tenet that different dimensions of grief often require different therapeutic objectives, targets, and practice elements, Multidimensional Grief Theory proposes an array of domain-specific therapeutic elements for grieving children and families following combat-related death. For example, the theory proposes that *separation distress* following parental combat death may be addressed through participation in comforting mourning rituals (Layne et al., 2012), finding ways to feel connected by sharing positive memories or using mementos to reminisce (e.g., creating photo albums or scrap books), identifying with the deceased person's positive traits or behaviors (e.g., cherishing awards, medals, or accolades that the parent may have earned while in service), and reflecting on and finding ways to promote their legacy (e.g., supporting causes they championed while they were

alive). In addition, therapeutic practice elements for addressing *existential distress* include making meaning of the death, engaging in gratifying interpersonal relationships that help to re-establish one's own identity without the physical presence of the deceased parent, identifying and employing internal strengths or positive attributes that have been strengthened as a result of the death, and finding ways to adjust to a world in which the deceased is no longer physically present (Layne et al., 2013). Further, addressing *circumstance-related distress* can involve learning more (developmentally appropriate) details concerning the event over time, forming a constructive social response to the circumstances (e.g., volunteer work or providing peer support to those who experienced similar losses) and in cases of violent or gruesome deaths, reconstructing more pleasant and comforting images of the deceased parent while they were alive and healthy (Layne et al., 2001, 2008, 2013).

Only recently have features such as existential/identity-related distress (Layne et al., 2008, 2013), circumstance-related distress (Layne et al., 2013), or "childhood traumatic grief" (e.g., Cohen, Mannarino, & Staron, 2006; Salloum & Overstreet, 2008) been systematically addressed in manualized treatments for grieving children and adolescents. To date, one such treatment includes specific components designed to therapeutically address each of the three primary theorized domains of grief discussed here. Trauma and Grief Component Therapy for Adolescents (TGCT; Layne et al., 2008; 2013) is an evidence-based, assessment-driven, group-based treatment specifically designed to address all three domains of grief. TGCT is a flexible intervention, specific components of which are prescribed in accordance with assessment results. For example, a key focus of intervention with bereaved youth who experience the loss of a loved one under traumatic circumstances involves the re-building of a non-traumatic image of the deceased person with which children can remember and reminisce in comforting ways (Layne et al., 2008; Saltzman, Layne, Steinberg, & Pynoos, 2006). Versions of TGCT have been implemented and evaluated with adolescents in various field settings including post-earthquake Armenia (Saltzman et al., 2006), inner-city youth exposed to community violence (Saltzman, Pynoos, Layne, Steinberg, & Aisenberg, 2001), post-war Bosnia (Layne et al., 2001), and in New York City following the September 11th terrorist attacks (Hoagwood et al., 2007), showing evidence of significant improvement on PTSD, depressive symptoms and maladaptive grief across all studies. TGCT is currently being adapted for bereaved military youth and families.

The importance of the immediate caregiving environments of children and adolescents must not be overlooked when designing and implementing interventions for bereaved military youth. Indeed, surviving caregivers may either facilitate or inhibit children's ability to engage in adaptive grief processes (Clark, Pynoos, & Goebel, 1994; Kaplow, Layne, Pynoos et al., 2012). High functioning and warmth of the surviving caregiver; effective parent-child communication; and stable, positive family routines appear to buffer the adverse effects of parental death on children's adjustment (e.g., Lin, Sandler, Ayers, Wolchik, & Luecken, 2004; Sandler et al., 2003; Shapiro et al., in press). Further, mothers who demonstrate a blunted emotional response to the loss as manifest by unusually few depressive symptoms appear to be *less* effective in employing these positive parenting strategies compared to mothers with more "normative" grief reactions (Shapiro et al., in press). These findings

again underscore the problematic role that emotional suppression and/or avoidance may play in bereaved military families. Given the stigma associated with mental health problems and treatment seeking in the military community (Dalack et al., 2010; Park, 2011), parents of military families may be at higher risk for adopting coping strategies that involve emotional suppression and avoidance, and by extension, at higher risk for inadequate caregiver facilitation of bereaved children's grief reactions.

Conclusions and Recommendations for Further Research

Although challenges faced by military children and families can have a negative impact on health and well-being (Chandra et al., 2008), the current literature points to the encouraging conclusion that military children are generally resilient (Park, 2011; Saltzman, 2011; Wiens and Boss, 2006). The military also provides an array of ritualized mourning ceremonies, programs, and bereavement camps (e.g., Tragedy Assistance Program for Survivors; TAPS) that may give bereaved service members and families a sense of comfort and support, especially in times of acute distress. Nevertheless, the current military climate—including a war of unprecedented length that has necessitated many deployments, extensions to existing deployments, and extensive reliance on reserve forces— is imposing severe adversities on many military families. Despite the large number of military youth who are currently exposed to deployment, reintegration, and the combat-related deaths of their military parents, there continues to be a dearth of empirical studies involving military children and families (Park, 2011). In addition, existing studies are often hampered by small and non-representative samples, and are cross-sectional or descriptive in nature. Further research that incorporates measures of theorized causal risk factors, risk markers, and causal consequences of different grief domains in military service members, their spouses, and their children, are thus greatly needed (Kaplow et al., 2012; Nader & Layne, 2009). In the first study of its kind, the National Military Family Bereavement Study, conducted by the Uniformed Services University of the Health Sciences (USUHS), currently examines the impact of a U.S. service member death on surviving adult and child family members. Study participants (3,000 adults and children) complete initial questionnaires and participate in face-to-face interviews about their experiences before and after the death, as well as at one and two years post initial data collection. This information will allow investigators to elucidate the challenges that military families face as well as the unique strengths they possess, thus creating a better understanding of military surviving families' needs.

The general absence of attention to grief in the empirical military literature, particularly in reference to returning military members themselves, poses a subtle but significant risk for inaccurate and misleading conclusions at both methodological and theoretical levels. As an example, excluding influential variables from structural equation models can lead to "missing variable" misspecified models whose parameters become biased and misleading (i.e., path coefficients are inaccurately large, small, reversed in sign, etc.) while *included* variables are recruited by model fit algorithms, as "*proxies*", to do the explanatory work of *excluded* variables (e.g., Antonakis, Bendahan, Jacquart, & Lalive, 2010). Similarly, the *exclusion of grief* and *loss reminders* from the theoretical landscape of military service members' experiences raises the possibility that *included* variables, such as *PTSD* and *trauma reminders*, may become confounded and confused with *grief* and *loss reminders* and

essentially serve as their proxies. A potential consequence of this exclusion of grief and related variables (e.g., loss reminders) may be a theoretical and empirical military literature that lacks the information necessary to accurately explain the phenomena it seeks to predict, identify, and therapeutically address. Other potential consequences include inaccurate risk screening instruments, conceptual frameworks, and treatment approaches that (inappropriately) prescribe treatment elements that are effective for treating "proxy" disorders (e.g., prolonged exposure as used for PTSD) for service members who may suffer primarily from the excluded "ghost" disorder with which it has been confounded (e.g., grief), leading to less favorable treatment outcomes. Studying grief reactions *per se* in returning service members may shed light on a psychological construct that has to date been given little direct attention, but which may be critical to understanding what bereaved service members and their families experience, how losses contribute to persisting distress and reduced combat readiness, and how to strengthen the resilience of military families at risk for combat-related loss.

Efforts to help bereaved military families can also benefit from assessment tools designed to measure a broad range of grief reactions—including adaptive as well as different dimensions of maladaptive grief—in returning military service members, children, and families bereaved by combat-related deaths. Such tools will help to elucidate ways in which circumstances of the death (e.g., combat-related versus suicide), trauma and loss reminders, secondary adversities (e.g., moving off the military base, financial distress), and other military-related risk and protective factors (e.g., coping strategies, social support, stigma associated with mental health treatment) combine to influence the nature and course of grief reactions over time (Layne et al., 2006; 2009;). These findings will support the development of flexibly tailored treatments for service members and their families by matching specific intervention objectives and practice elements to specific intervention targets (see Layne et al., 2013).

Last, it is critical to emphasize not simply the difficulties faced by military children and families, but their strengths, assets, and capacity for resilient adjustment in the face of severe adversity (Saltzman et al., 2012). We recommend that research studies and intervention efforts undertake a comprehensive problem-focused *and* strength-based approach (Park, 2011). Such evidence-based interventions are already being implemented with families facing military deployment (e.g., FOCUS; Lester et al., 2012). In keeping with Lincoln's presidential charge-a compassionate mandate as relevant today as when it was first uttered some 150 years ago--we hope that major advances in providing *trauma*-informed interventions for service members who have "borne the battle" will soon be paired with *grief*-informed interventions that address the specific needs and strengths of the "widows", "orphans", and bereaved comrades who mourn those who have fallen.

Acknowledgments

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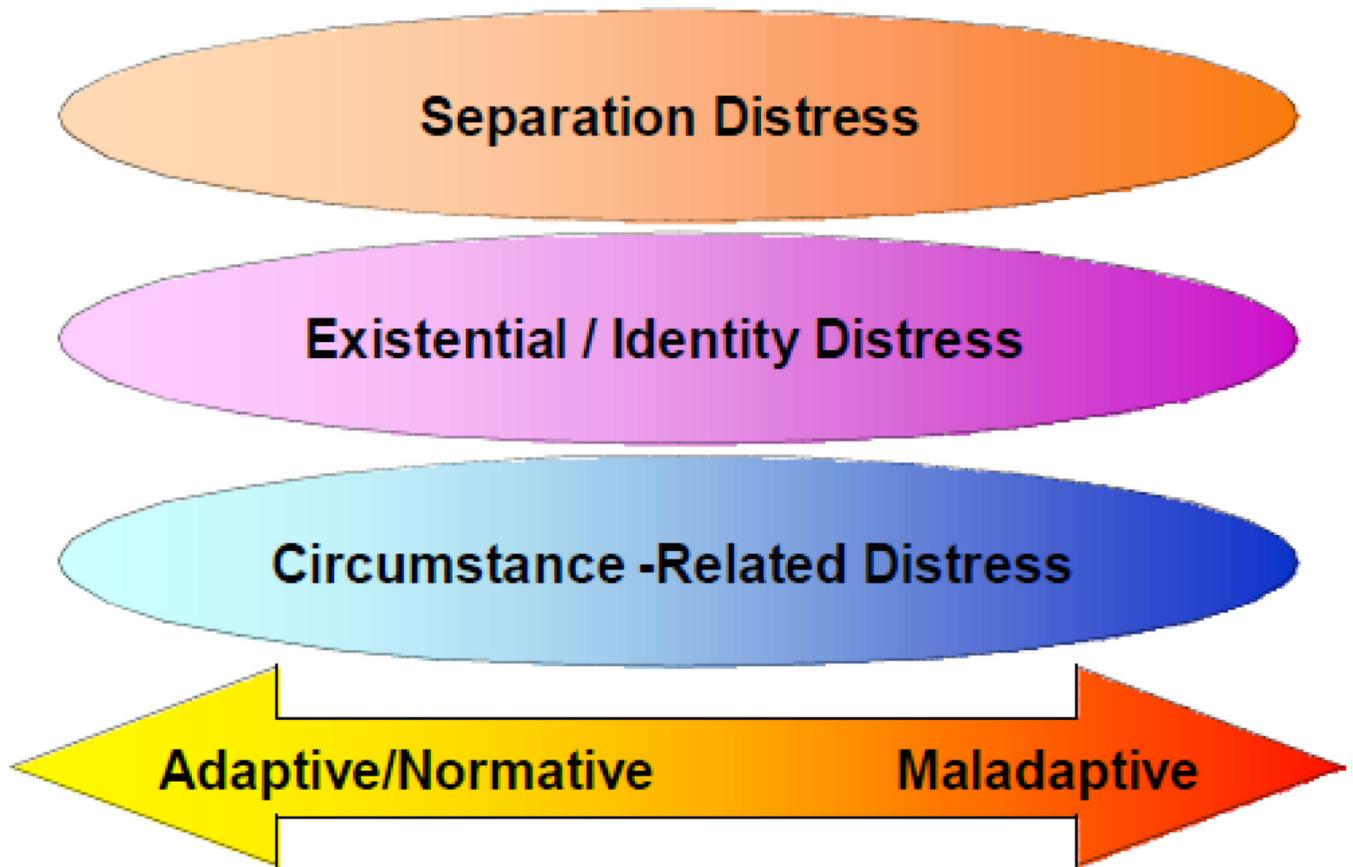combat. Vol. 3. Westport, CT: Praeger Security International; 2006. p. 13-38.

Figure 1.
Three Primary Conceptual Dimensions Underlying Multidimensional Grief Theory