

Posttraumatic Stress Disorder and Posttraumatic Growth Among the Indian Army Spouses

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ABSTRACT

Army spouses are the silent ranks who are the backbone of the family. The objective was to find the relationship between the post-traumatic stress disorder and posttraumatic growth among the army spouses all over India. The survey included a consent form, demographical questionnaire and two standardized measures. The study comprised 63 Indian Army spouses from pan India. Pearson product moment correlation was administered to assess the relationship between the two facets of exposure to trauma. A correlation coefficient of 0.28 was found between symptoms of post-traumatic stress disorder and post-traumatic growth among Army spouses. This correlation was significant at a 0.05 level. This demonstrates a weak positive correlation. The current study helps to fill a gap in Indian literature in relation to Army spouses and the complex nature and implications of their lifestyles on their mental health. The study also covers qualitative discussions and future directions in this area of study.

Keywords: *Indian Army Spouses, Posttraumatic Stress disorder, Posttraumatic Growth*

The mental health of Indian army spouses has been overlooked for decades by the organization. In the past few years, interest has grown in exploring and researching the mental well-being of military spouses. Army spouses are the silent ranks who are the backbone of the family. Army spouses provide the family with stability and support. Besides maintaining balanced psychosocial health within their families, army wives also undertake the responsibility for their own unit's psychosocial wellbeing.

Researchers have investigated how various stressors, such as deployments, relocations, unemployment, financial stress, responsibility for children's education, lack of stable social support, and physical health issues, affect military spouses.

Stressors for army wives

Deployment, refers to the movement of military troops to a place for military actions like war or even a peaceful mission (Hajra Fareed, 2019). Deployments can be stressful because of the commotion surrounding departure. It creates additional household duties, dysfunctional relationships, a loss of emotional support, financial constraints, and the

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Posttraumatic Stress Disorder and Posttraumatic Growth Among the Indian Army Spouses

disruption of routines. The perceptual fear and concern about the well-being of their deployed husbands can create immense stress for the spouse. Significant emotional issues also arise during deployment, such as anxiety, relationship issues and depression (Misra, 2022). Literature reflects that the psychological well-being of spouses is affected when their husbands are deployed (PANDE, 2017).

Timely relocations to another duty station can create a longer period of unemployment for the wives. Employment provides five latent benefits: being time structure, collective purpose, social contact, status, and enforced activity (Jahoda, 1982). However, when one is deprived of this, it can cause an immense amount of distress and financial strain. It was established that unemployed spouses have reported lower physical health, psychological health, non-satisfactory social relationships, and poorer environment than their counterparts (Trewick, 2014).

Military spouses are often faced with marital discord, dissatisfaction, and divorce rates that far outweigh those found in the civilian population. In their 2005 study, McClelland and Sutton explored the relationship satisfaction of 46 military and civilian men using the Kansas Marital Satisfaction Scale (KMSS) and the ENRICH Marital Satisfaction Scale (EMS). Results showed military men experienced significantly less satisfaction than civilian men (K.C. McLeland, 2005). This exploratory data suggests pre-deployment and post-deployment situations expose service members and their families to unique stressors, and may be associated with decreased marital satisfaction months prior to the deployment, during the deployment, and after reintegration (K.C. McLeland, 2005).

It is important to recognize the hardships and tribulations that the army spouses go through once they become a part of the military organization. This may comprise perceptual fear and worry about their husbands, a sense of isolation and ambiguity, combined with poor income, lack of facilities, responsibility of their children in terms of their education. Factors like scheduled relocation and long deployment period can cause instability regarding developing a long-term relationship, fewer opportunities for employment and most times they are under employed (Trewick, 2014). These can cause psychological distress to the spouses, which ultimately converts into stress responses such as anger, frustration, irritability, sleeplessness, and anxiety. These mental states subsequently transform into physical symptoms such as high blood pressure, hypertension and even worse forms of somatization such as cardiovascular diseases, diabetes and atherosclerosis etc (PANDE, 2017). The physical symptoms may further fuel the tension and deteriorate their mental health.

Post-Traumatic Stress Disorder and Army Spouses

The spouse of an active-duty service member is not only exposed to trauma that is direct and independent of their husband's military service but might also be exposed indirectly by their husband's occupation. These two forms of exposure can cause patterns of symptomatology associated with post-traumatic stress disorder and Secondary stress disorder. Post-traumatic stress disorder (PTSD) is a psychological and physiological response to a traumatic event (Bates, 2012) It has been studied for centuries under various terminology including shell shock, soldier's heart, combat fatigue, or war neurosis. PTSD was first described in the DSM-I in the 1950s under the term "Gross stress reaction". Post-traumatic stress disorder (PTSD) first appeared in the Diagnostic and Statistical Manual of Mental Disorders (DSM-III) in 1980, which was published by the American Psychiatric Association. Criterion A also known as "The Stressor Criterion" is considered to be the "Gate-keeper" of PTSD. Criteria A is to do with exposure to the stressor which can experienced in many ways. One form of

Posttraumatic Stress Disorder and Posttraumatic Growth Among the Indian Army Spouses

criteria regarding exposure to trauma includes; indirect exposure to aversive details of the trauma, usually in the course of professional duties and learning of direct exposure to trauma of a close family member or a close friend. This form of exposure explains the phenomenon called Secondary stress disorder. Dr. Charles Figley defined it “as a class of natural and consequential behaviours and emotions resulting from knowing about a traumatising event experienced by a significant other or a client and the stress resulting from helping or wanting to help a traumatized or suffering person” (Figley, 1995). In order to measure secondary traumatization in military spouses, researchers have assessed PTSD scales of wives whose husbands had high scores for PTSD, which suggests secondary traumatisation is widespread among military spouses. Symptoms of both can be distressing and can significantly affect people's daily lives if they are not diagnosed.

Post-traumatic Growth and Army Spouses

There is the possibility that military spouses possess unique capabilities and capacities that may result in growth after trauma, or post-traumatic growth in an individual. The theory of post traumatic growth was coined by psychologists Richard Tedeschi, PhD and Lawrence Calhoun, PhD. It was defined as a positive psychological change experienced as a result of the struggle with highly challenging life circumstances (Tedeschi R. &, 2004). A number of factors enhance the possibility of growth, such as sharing negative emotions, cognitive processing or rumination, positive coping strategies (e.g., positive reappraisal), personality traits (e.g., agreeableness), experiencing multiple sources of trauma, and events centrality, resilience and growth actions. Other factors were mediators of PTG rather than direct influencers. e.g., seeking social support, coping, social support, optimism, etc. (Charlotte Henson, 2021). According to a study, using problem-focused strategies and a sense of control were significantly associated with decreased depression symptoms among military wives (Erin E. Dimiceli1, 2010). Studies have indicated that army wives have favourable social support, which can have a positive impact on their life satisfaction (Sharma, 2021) (E. Asbury, 2012). Spouses have traditionally consulted senior army wives regarding problems that they are undergoing such as relocations, deployments, personal issues, children, health and finances. A study concluded that military spouses’ more financial stress and less financial stability reduced their psychological well-being and life satisfaction” (Pullman 3. W., 2019).

It is important to assist the military personnel and their spouse through their distress in a professional way so that they do not have to go through these extreme situations. In a study, the following barriers were reported for military wives with regard to their mental-health. The most common barriers were inability to attend daytime appointments (38%), difficulty finding a counsellor who understood military spouse needs (35%), inability to find a counsellor the participant could trust (29%), concerns about confidentiality (29%) and lack of information about where to get services (25%) (Colleen Lewy, 2014). The organisation needs to arrange a formally appointed psychologist or a trauma therapist who will be trained and will be able to assist the personnel and their spouses in a more productive way.

Research questions

The study is quantitative in nature and was conducted with the following objective: -

- This paper aims to find the prevalence of symptomatology patterns of post-traumatic stress disorder and post traumatic growth amongst the military wives.
- The intention of this research is also to highlight the importance of the needs and assistance that the military spouses require for their own well-being. We ought to

Posttraumatic Stress Disorder and Posttraumatic Growth Among the Indian Army Spouses

remember that the healthy well-being of the spouses will ensure the well-being of the soldier.

Hypothesis

There will be no significant relationship between the symptoms of post-traumatic stress disorder and post-traumatic growth among the Army spouses.

METHODOLOGY

In this chapter, the researcher describes the methodology and procedure adopted for the data collection. This includes a selection of samples, variable criterion measures, reliability of the tests used, research design, the procedure of the administration of tests and statistical techniques employed for analyzing the data. Standard and detail procedure for the present study has been presented in the study.

Sample

Target population for this research was army spouses from Pan-India. Army wives are a sensitive population. Consequently, recruiting them for this study was a challenge and needed to be handled sensitively. A total of 63 army spouses of both serving (63.5%) and ex-serviceman personnel (36.5%) were selected to participate in this study. Since the inclusion criteria were clearly defined, there was difficulty finding cases and people were hesitant to participate. The snowball sampling method was beneficial for finding data. The age of these women ranged from 25 to 65 years. The mean age of the respondents was 47 years ($SD = 7$). Another inclusion criterion was that they were required to be married to an army personnel for at least 5 years.

As seen in Table 1, the sample comprised all female army spouses. Most of the respondents in the study are middle adults aged between 40 to 55 years, while young adults were aged between 25 to 39 years and are in this survey. All respondents reported to be married as this was one of the inclusion criterions. Most of the respondents were post graduate (76.2%), whereas the rest reported undergraduate (20.6%) and few respondents reported PhD (3.2%) as their educational level. When asked about their employment status, most of the respondent reported 'yes' (55.6%), whereas the rest (44.4%) reported "No". largely (81%) of the respondents reported being married to an army personnel for over 15 years whereas (14.3%) reported to be married for between 10 to 15 years, rest (3.2%) were married for 5 to 10 years and (1.6%) reported to be married for at least 5 years.

Table 1: Demographic characteristics of the respondents

Variable		f	%
Gender	Female	63	100
Age	Young Adults	9	
	Middle aged Adults	54	
Marital Status	Married	63	
	Widower	0	
	Divorced	0	
Education	Undergraduate	13	20.6
	Post graduate	48	76.2
	Phd.	2	3.2
Employment status	Yes	35	55.6
	No	28	44.4
Years of marriage	5	1	1.6
	5-10	2	3.2
	10-15	9	14.3
	More than 15	51	81

Table 2 Information about their husbands

Variables		f	%
Years of service.	Less than 5	1	1.6
	5-10	2	3.2
	10-15	4	6.3
	More than 15	56	88.9

Notes *f* = frequency

From Table 2, within the sample of 63 respondents, the majority (88.9%) reported that their husbands served for over 15 years, while (6.3%) reported service between 10 and 15 years and (3.2%) reported five to ten years of service, while (1.6%) reported less than five years of service.

Tools used

The respondents were given the survey using, google forms in English. The online survey created, included a consent form, demographical questionnaire and two standardized measures - Post-Traumatic Growth Inventory (PTGI) and PTSD Scale-Self Report for DSM-5 PSS-SR5 or PSSI-5.

Consent form

The consent form was developed by the researcher for this study. Respondents can only continue only when they give their consent. Using the consent forms, the subjects were informed about the purpose of the research, confidentiality, and anonymity clause. Contact of the student researcher was also provided in case of inquiries or emergency.

Demographic Questionnaire

The demographic questionnaire was developed by the researcher according to the purpose of this study. It collected data on the respondents age, contact information, state, education qualification, marital status, working status, years of marriage, their husbands' line of work, if their husbands are still serving or not, and their husband's years of service. Additional qualitative questions were used.

Post-Traumatic growth Inventory

Tedeschi and Calhoun (1996) developed the Post-Traumatic Growth Inventory (PTGI) to assess post-trauma growth and self-improvement a person undergoes. A 21-item scale built on the five-factor model of Tedeschi (Calhoun R. G., 1996). This inventory assesses five dimensions of growth-Personal Strength, New Possibilities, Improved Relationships, Spiritual Growth and Appreciation for Life (Tedeschi R. G., 1996). The internal consistency of the 21-item PTGI was found to be $\alpha = .90$ and item-total correlations ranged from .59 to .82 (Calhoun R. G., 1996). Having high internal consistency also implied a strong validity of the questionnaire (Calhoun R. G., 1996)

PTSD Scale-Self Report for DSM-5 PSS-SR5/ PSSI-5

The PSS-I-5 is a 24-item semi-structured interview that assesses PTSD symptoms in the past month and makes a diagnostic determination based upon *DSM-5* criteria. The PSS-I-5 begins with a Criterion A trauma screen and identification of an index trauma if multiple events are reported. Questions assess for frequency and intensity of 20 *DSM-5* PTSD symptoms. An additional four items ask about distress and interference caused by PTSD symptoms as well as onset and duration of symptoms (Edna B Foa, 2016). The statements included in the inventory are related to the following dimensions: Re-experiencing,

Posttraumatic Stress Disorder and Posttraumatic Growth Among the Indian Army Spouses

avoidance, changes in cognition and mood, Increased arousal and reactivity, Distress and interference, and Symptom onset and duration (Edna B Foa, 2016). The PSSI-5 demonstrated good internal consistency ($\alpha = .89$) and test-retest reliability ($r = .87$), as well as excellent inter-rater reliability for the total severity score (intraclass correlation = .98) and inter-rater agreement for PTSD diagnosis ($\kappa = .84$) (Edna B Foa, 2016). The PSSI-5 also demonstrated convergent validity with 3 measures of PTSD and discriminant validity with the Beck Depression Inventory-II and the State-Trait Anxiety Inventory-Trait scale (Edna B Foa, 2016).

Procedure

Google Forms was used to create, distribute, and collect research data from the desired sample of the population. It enabled the researcher to collect samples from a pan-India. This survey was only accessible to those who only have internet access on their cellular devices. The data collected using google form was then exported for statistical analysis.

Using the consent form respondents were fully informed about the purpose of the research and were in no way coerced. The respondents were also made aware that they were in no way obligated to participate in the study by completing the questionnaire, they could change their minds at any point during the survey. Anonymity and confidentiality of the respondents was maintained, the names of the participants were only used for the purpose of discrimination and identification of the forms.

Survey Distribution

The questionnaire was circulated by means of different social media platforms – Instagram and WhatsApp. The google form links was sent to friends, family, acquaintances. The respondents were required to agree to the consent form. If they accepted, only then the questions would be visible.

The survey shared to the respondents had to be completed in English and included 5 sections:
Research details

- Consent form
- Demographic Information
- Trauma screening and PTSD Scale-Self Report for DSM-5
- Post-Traumatic Growth Inventory (PTGI)

Statistical Analysis

The data collected using the google form was exported into MS Excel for further statistical analysis. Data were analysed using Pearson's Correlation Coefficient (r). It was used to investigate the relationship between: Post traumatic growth and post-traumatic stress disorder in army spouses.

Qualitative questions, '*Did your spouse discuss a disturbing incident he may have been exposed to at his work?*', '*How has it impacted your relationship with your spouse?*', '*How do you feel when your spouse describes a distressing incident he may have witnessed?*', '*Have you noticed any behavioral changes in your spouse since he has been exposed to the disturbing event?*', and '*What were the behavioral changes in your spouse that you noticed since he has been exposed to the disturbing event?*' were asked in the demographic questionnaire. Predominant themes and general understanding gathered by the responses by spouses will be described by the researcher.

RESULTS

The present study was intended to examine the relationship between the symptoms of post-traumatic stress disorder and post traumatic growth amongst army spouses. Data collected through the above-mentioned scales were analyzed in terms of coefficient of correlation.

Table 3 Correlation: Relationship between the symptoms of post-traumatic stress disorder and posttraumatic growth among the army spouses.

Techniques used	Variables	PTG	PTSD	Level of significance
Pearson’s product-moment correlation	PTG	1		Significant at .05 level
	PTSD	0.289	1	

Hypothesis: There will be no significant relationship between the symptoms of post-traumatic stress disorder and posttraumatic growth among the military spouses.

Results show a significant positive relationship between the symptoms of posttraumatic stress disorder and posttraumatic growth amongst the army spouses. A score of 0.289 was obtained using the person correlation, the score was significant at 0.05 level.

Qualitative responses

As part of the demographic information section, spouses were asked to answer a series of close and open-ended questions. They were prepared by the researcher specifically for this research.

‘Did your spouse discuss a disturbing incident he may have been exposed to at his work?’
 Most spouses responded with 'Yes' (54%), while (27%) 'No', and the rest (19%) answered 'May be'.

‘How has it impacted your relationship with your spouse?’
 Most spouses believe that their relationship was not affected by their husbands disclosing a disturbing event they encountered. Spouses reported feeling more connected because they could now understand their spouse's profession, which strengthened their relationship. A spouse, shared, *“It further strengthened our relationship. I understood what they have to undergo”*. Similar belief was observed *“Made me understand him better and brought me closer to him emotionally”*, *“It further strengthened our relationship. I understood what they have to undergo”*, and *“Made me proud of him and made me respect him and his profession even more”*. Because of their husbands sharing with their spouses a disturbing event they witnessed, some wives expressed concern for their husbands' well-being, *“remain worried about his health”*, *“felt a little insecure about my future”*.

‘How do you feel when your spouse describes a distressing incident he may have witnessed?’
 Spouses stated that listening to their husband's accounts strengthened them and made them more resilient to life's stress factors, *“It moves me and makes me more philosophical about life and matters at hand”*, *“It provides me strength to be stronger in difficult situation”*. Participants collectively reported feelings of *empathy, concern, stress, disturbance, insecurity, helplessness, anxiety, depression, terror, and restlessness*. A spouse accepted it as being part of army life, saying *“Part of Army life”*.

‘Have you noticed any behavioural changes in your spouse since he has been exposed to the disturbing event?’

Posttraumatic Stress Disorder and Posttraumatic Growth Among the Indian Army Spouses

Most of the spouses responded with 'No' (46%) while (30.2%), 'Maybe', and the rest (23.8%) answered 'Yes'.

'What were the behavioural changes in your spouse that you noticed since he has been exposed to the disturbing event?'

Most of the wives reported that their husbands' behaviour had not changed. When wives reported behavioural changes in their husbands, both positive and negative behaviour changes were noted. Spouses stated their husbands become compassionate, empathetic, and practical after the event, *"He is more thoughtful", "More compassionate yet practical"*. Whereas multiple spouses reported their husbands became irritable, short-tempered, and frustrated *"Irritant and sometimes sad, but it's temporary. He is a strong man but not very vocal. Still, I'm able to guess and comfort him. He is a cool-headed man", "Irritation becoming quiet over long periods", "He has become bit short-tempered", "Got disturb and uneasy"*. Wives observed their husbands becoming reserved with others *"Irritation becoming quiet over long periods", "He stopped interacting with people", "Became quieter for almost 4 months", "Prefers keeping himself busy", "Become more introvert"*. Among the participants, one reported that her husband became short-tempered and resorted to drinking *"Anger bouts, heavy drinking"*.

DISCUSSION

Significant relationship was found between the symptoms of post-traumatic stress disorder and post-traumatic growth among the Army spouses.

The result shows that correlation between the symptoms of post-traumatic stress disorder and post-traumatic growth among the Army spouses is $r=0.28$ and significant at 0.05 level. It indicates that there is significant weak positive correlation which indicates an existence of an interrelation between the two facets as well as existence of both in the population independently. The results of the study are in line with research conducted by Jane Shakespeare Finch and Janine Lurie-Beck In the year 2014 (JanineLurie-Beck, 2014), concluded that there exist a strong curvilinear relationship between the facets of trauma and positive and negative post-trauma outcomes can co-occur (JanineLurie-Beck, 2014). The results found in this study coincides with the findings from a study conducted by Tanja Zoellner, Andreas Maercker in 2006 which concluded a weak correlations between PTG and PTSD measures ranging from $r= -.2$ to $r= .2$ among a variety of cohorts (Tanja Zoellner, 2006). Study investigated by Yuchang-Jin, Jiuping Xu and Dongyue Liu in 2014, established the existence of a positive association between PTG and PTSD which was determined using bivariate correlation analysis. The findings support the results of this study.

A possible explanation for results to be significant weak positive correlation could be that the impact of multiple factors which were not included such as amount of social support, amount and duration of trauma, intensity of trauma, professional assistance in the past to deal with trauma, and time since trauma etc. All these factors have substantial amount of impact on both of the facets. It is important to note that additional factors such employment, positive coping strategies, resilience and personality can aid in the development of growth.

CONCLUSION

In this study, we sought to highlight the importance of examining how military life can negatively impact a spouse's mental health. A number of the factors mentioned in this study, such as deployment, frequent relocations, financial stress and strain, family needs, social support, employment and location of the postings may cause the spouses to undergo immense stress and when their spouses are not there to support them, the stress can be

Posttraumatic Stress Disorder and Posttraumatic Growth Among the Indian Army Spouses

exacerbated. It is a greater need to assist the military personnel and their spouse through their distress in a professional way so that they do not have to go through these extreme situations. There is limited research on psychological health issues related to spouses of Indian Army personnel.

1. The objective of this research was to explore the relationship between the two facets of trauma: post-traumatic stress disorder and post-traumatic growth among the Indian Army spouses.
2. The sample used in this research comprised 63 Indian army spouses in the age range of 25 to 65 years. All participants were married to an Army officer for at least 5 years.
3. Using statistical analysis, the study found a significant positive weak correlation between post-traumatic stress disorder and post-traumatic growth among Army spouses.
4. Using the additional open-ended and closed-ended questions, A few themes were noted, including the necessity of sharing negative experiences and emotions with spouses and the drastic changes in behaviour experienced by spouses after a traumatizing event
5. This study contributes to the debate regarding the relationship that exist between the two facets of exposure to trauma through the observation and results derived by the end of the research.

Future Scope

- Further studies should consider a sample that includes spouses of all Army, Navy, and Airforce personnel.
- Researchers should focus on attaining a greater number of participants to get a better qualitative and quantitative response.
- Additional factors should be taken into consideration: the amount of social support, amount and duration of trauma, intensity of trauma, professional assistance in the past to deal with trauma and time since trauma, coping strategies adopted etc.
- Research needs to be conducted on the impact of secondary trauma on military spouses.
- Collecting data from the participants in person would eliminate any technical challenges.

REFERENCES

- Bates, M. W. (2012). Posttraumatic Growth and Recovery from Post Traumatic Stress Disorder. *Essential Notes in Psychiatry*, 143-185. doi:10.5772/38296
- Charlotte Henson, D. T. (2021). What promotes post traumatic growth? A systematic review. *European Journal of Trauma & Dissociation*, 5(4). doi:doi.org/10.1016/j.ejtd.2020.100195
- Colleen Lewy, P. C. (2014). Brief Report: Barriers to mental health treatment for military wives. *Psychiatr Serv.*, 1170–1173. doi:10.1176/appi.ps.201300325
- E. Asbury, D. M. (2012). Military Deployment and the Spouse Left Behind. *The Family Journal*, 45-50. doi:10.1177/1066480711429433
- Erin E. Dimiceli, M. A. (2010). Stressful Experiences, Coping Strategies, and Predictors of Health-related Outcomes among Wives of Deployed Military Servicemen. *Armed Forces & Society*, 351 –373. doi: 10.1177/0095327X08324765

Posttraumatic Stress Disorder and Posttraumatic Growth Among the Indian Army Spouses

- Figley, C. R. (1995). *Compassion fatigue: Toward a new understanding of the costs of caring*. In B. H. Stamm (Ed.), *Secondary traumatic stress: Self-care issues for clinicians, researchers, and educators*.
- Hajra Fareed, S. N. (2019). The Effect of Deployment Separation on Stress, Psychological Well-Being and Resilience Among Army Officers'wives. *Journal of Research & Reviews in Social Sciences Pakistan*, 2, 303-312. Retrieved from <http://journal.kinnaird.edu.pk/wp-content/uploads/2020/01/5-The-Effect-Of-Deployment-Separation-on-Stress-Psychological-Well-Being-and-Resilience-Among-Army-Officers%E2%80%99WIVES-1.pdf>
- Jahoda, M. (1982). *Employment and Unemployment: A Social-Psychological Analysis*.
- Jennifer K. Rea, A. O. ((2015)). The Role of Online Communication in the Lives of Military Spouses. *Contemporary Family Therapy*, 329–339. doi:doi.org/10.1007/s10591-015-9346-6
- K.C. McLeland, G. W. (2005). Military service, marital status, and men's relationship satisfaction. *Individual Differences Research*. Retrieved from https://www.researchgate.net/publication/283599450_Military_service_marital_status_and_men's_relationship_satisfaction
- Misra, D. P. (2022). Exploring The Emotional Experiences of Indian Military Wives During Multiple and Prolonged Deployment/ Field Area Posting Induced Separation. *The International Journal of Indian Psychology*, 10(1). doi:DOI: 10.25215/1001.005
- PANDE, P. B. (2017). Psychological well-being of the spouses of deployed and non-deployed commissioned officers of Indian Armed Forces: A comparative study. *Asian Journal of Home Science*, 12(1), 127-130. doi:DOI: 10.15740/HAS/AJHS/12.1/127-130.
- Pullman, 3. W. (2019). Financial stress, financial stability, and military spousal well-being. *Journal of Military, Veteran and Family Health*, 5(1), 82-91. doi:<https://doi.org/10.3138/jmvfh.5.s1.2018-0025>
- Sharma, K. (2021). A study on military wives psychological well being, life satisfaction & social support. *The International Journal of Indian Psychology*, 9(1). doi:DOI: 10.25215/0901.133
- Tedeschi, R. &. (2004). Posttraumatic growth: conceptual foundations and empirical evidence. *Psychol Inq*, 15, 1-18. doi:10.1207/s15327965pli1501_01
- Treweek, N. M. (2014). Unemployment in military spouses: An examination of the latent and manifest benefits, quality of life, and psychological wellbeing. *Australian Journal of Career Development*. doi:<https://doi.org/10.1177/1038416213520306>

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Conflict of Interest

The author(s) declared no conflict of interest.

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