

Mindfulness-Based Cognitive Therapy: Enhancing Resilience and Well-being of Spouses of Soldiers

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ABSTRACT

Background: The Mindfulness-Based Cognitive Therapy (MBCT) is a reputed intervention programme which employs an active, purposive and non-judgemental awareness of experiences. The present study aims to evaluate relative efficiency of MBCT in improving resilience and well-being of Spouses of deployed military soldiers.

Methodology: A quasi-experimental design was adopted with a non-randomized single group pre-test post-test design. The sample of the study comprised of N=53 female spouses of soldiers of Indian army with age range of 28-45 years. The Experimental Group (Mage= 38.35; SD= ±4.27) received MBCT sessions for 8 weeks. The participants completed measures of Resilience, Psychological well-being, Hardiness, HEXACO personality model and Social Support.

Results: Post-test results showed that the experimental group participants scored higher in the overall resilience, certain domains of psychological well-being i.e. Personal Growth, Positive relations and Purpose in life in the post-intervention stage when compared to their baseline scores. Hardiness has significant positive relationship with resilience and purpose in life construct of well-being..

Conclusion: Spouses of soldiers who face a lot of separation from their partners amongst other military spouses be given an opportunity to use mindfulness skills in their practical life.

Keywords: Stress, Resilience, MBCT, Military Spouses and Well-being

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INTRODUCTION

Military Wives and Spouses consist of somewhat forgotten group within the context of military families' research. They face lot of stressors such as deployment of their husbands to far-off countries, separation as a result of frequent relocations and relationship strains along with single parenting difficulties. During times of deployment, military spouses experience a wide range of emotions and experiences. They have to face a wide range of physical and emotional complications along with the demands of raising children alone [1]. However, some show increased sense of self-confidence, self-discovery and marital enhancement. They further experience various forms of being silenced, lack of support from familial and social network, and feeling compelled to present only positively about themselves [2]. Military spouses often use 'Protective buffering', as a means of not disclosing information that could be perceived as 'negative' or 'distressing' for others [3]. It limits them from sharing information with the significant others. It promotes further silencing. It can lead to negative health symptoms as well as negatively affecting marital satisfaction.

Deployment and Relocation

As Spouses' adjust to the military society, they experience regular relocations, short dwell times, long distance from family and friends, absence of their partners because of training or deployment which can lead to increased levels of stress. Previous studies have shown that wives experience lower level of marital satisfaction and high rates of psychological disorders such as depression, anxiety and Post-traumatic Stress Disorder (PTSD). During deployment, spouses have to manage instability, assume androgynous roles, serve as emotional caregivers, adjust to changes in their marital relationships, manage split loyalties and experience feelings of rejection [4]. Communication between family members and service members during deployment has been found to cushion negative effects of deployment. Owing to lack of coping skills, spouses suffer from depression, anxiety, maladaptation and somatization [5].

As service personnel continue to deploy to battle zones, there is a deployment cycle which confronts the service and family members [6]. The deployment cycle consists of four phases: Pre-deployment, deployment, redeployment and reintegration [6-7]. The pre-deployment phase begins when the service member is notified of deployment and ends when the service member departs to the risky duty station. During this time, the service member and the family face exclusive challenges. Family members foresee the loss of the service member, get their affairs in order, distance themselves mentally and physically, argue frequently, adjust to longer and more irregular work hours for the service member, and may have to understand and even adjust to final training that may take the service member away for periods of time.

Parental Stress

Parenting stress increases considerably during deployments in military families and can affect how military spouses' cope with their responsibilities. Existing studies on parenting stress in military families concluded that parenting stress increased as the total length of deployment increases and was linked with less favourable perceptions of coping, sense of coherence in the family, and contentment with life, predominantly in families with young children [8]. Military families are undergoing issues around child abuse, and the rates of child maltreatment in this group have increased in recent past. The military is steeped in tradition that espouses an authoritarian culture that demands compliance and inflexibility. This is often reflected within structure of military families and their parenting viewpoint.

Military wives expressed several concerns about the children in the absence of their husbands. It was observed that parents of different age group of children faced different struggles and anxieties [9]. While the fear and anxieties expressed by the military wives are common to all mothers in general, the pressure of handling it all alone left them stressed out to a greater level. Three main types of challenges were faced by military spouses in bringing up their children as a lone parent. Firstly, the nurturance pattern referring to the enhanced dual role women had to play in the absence of the fatherly figure. Secondly, the changes in the behavioural patterns of the children they had noticed because of the changes in parenting style and thirdly the academic and scholastic performance of the child along with problems emerging in school [9].

Employment and well-being

Earlier research on military families [10-12] has documented that military spouses face a drawback when looking for employment opportunities and when trying to maintain careers. Supplementary research [13-15] suggests that employment status and characteristics can have a strong impact on the overall well-being of the individual. The military can benefit from increased knowledge on how employment of spouses affects readiness and preservation of the active duty force. Spouses of active duty military members are at a disadvantage regarding educational and career opportunities when compared to civilian spouses. This is due to the lower salary they receive because of frequent relocations and the adjustments spouses make because of the military life style [11]. The lack of career that produces income is a big problem for military spouses who are later divorced as they have spent years of their lives providing for their family at the expense of building a career which would allow these women to be more likely to support themselves [16].

Coping Skills

Military spouses' adjustment to separation and reunion have important implications not only for the family's well-being and the clinicians responsible for the treatment of families under stress but also for soldier

maintenance: those who cope well with prolonged separations and reunions are more likely to support their spouses' army careers than those who cope less well.

Adaptation requires performing or obtaining coping strategies and resources to manage hassle [17]. These actions can be emotion or problem focused and can occur at individual, social or communal levels. Problem-focused coping aims to change or master the problematic situation (e.g., information seeking, problem solving) whereas Emotion-focused coping seeks to manage emotions associated with the stressor (e.g., cognitive reappraisal, minimizing the problem). Afifi and colleagues [18] created a theoretical model of coping that elucidates the differences between individual, social, and communal coping processes based on appraisals of the problem and responsibility for managing it.

Psychological well-being of military Spouses

Well-being is an important dimension of human experience, with influence upon other aspects of human life. Happy individuals, for example, are successful across multiple life domains, including marriage, friendship, income, academic and job performance, and health “not only because success makes people happy, but also because positive affect engenders success”. When people tend to be persistently happy, they have positive attitudes to life and the world, they are more responsive to reward cues in their environment and are more likely to approach, rather than avoid, rewarding conditions [19]. Personality is one of the important predictors of well-being. Weiss, Bates & Luciano [20] showed that there is also some evidence of an inherited link between personality and well-being. Among the HEXACO, Extraversion was the single strongest correlate of psychological well-being [21].

Integrated concepts of well-being are important to understand Psychological Well-Being (PWB). PWB includes six of the following positive psychological functioning:

PWB is an important component for human performance optimization. It integrates well with social and physical well-being states. For example, poor PWB may lead to lowered social and physical well-being [23]. Positive PWB helps in defence of physical health [24] and the development of PWB among health care workers and professionals can help them adapt to the demands of the medical field [25].

The shift to life at home for service members with families can also have a great impact on family relationships and on the PWB of family members. Military life has considerable impact on service members' spouses and families. The stressors may positively or negatively impact the PWB of the family member, depending on a number of variables. Separations are difficult for service members and their families, and family constancy is negatively affected by prolonged separation because of deployment [26]. For female spouses, the duration of separation is highly associated with poor psychological well-being [27]. More particularly, deployment has been related to decreases in health-promoting behaviours including exercise, social interaction, rest, safety-related behaviours [5] and greater perceived stress [28] for the non-deployed spouses.

Mindfulness interventions

As mindfulness has been included into Western medical and helping professions, the focus has transitioned from enlightenment and mental clarity to achieving self-regulation of emotions and behaviours [29]. Consequently, as it has evolved, the definition of mindfulness has become more encrusted, integrating various constructs such as cognitive and affective processing [30]. A definition that reflects this growing complexity is “moment-to-moment, non-judgmental awareness, cultivated by paying attention in a specific way, that is, in the present moment, and as non-reactively, as non-judgmentally, and as open-heartedly as possible” [31]. Shapiro and colleagues [31-32] developed a theoretical model which involves three overlapping processes: intention, attention, and attitude. Intention refers to reflection about *why* individuals practice mindfulness as a way for them to understand their motivations and aspirations. Attention is the focus on the moment-to-moment experiences while attitude refers to the style or approach individuals use (e.g., open, accepting, and/or caring) as they practice mindful meditation [31,33].

Although there are numerous mindfulness studies on Veterans [34-35] and on civilian families [36-37], there are fewer studies on how effective mindfulness practices are in military families. Although military and civilian families encounter similar stressors and have similar desires for the health and well-being of their

families, Service members and their significant others raise their families in unique contexts (e.g., deployments, multiple relocations) that can impact how their families function.

Rationale of the study

Military spouses' undergo a lot of stress due to which their psychological functioning and well-being gets affected to a significant extent wherein some of them end up having psychosomatic illnesses and other psychological disturbances such as anxiety, depression, excessive substance use and PTSD. Marital satisfaction lowers and even the reunion of the partner also takes a lot of time to heal the dissatisfaction already caused. However, the extent to which these issues are addressed by the health care professionals and the military system is questionable. Hence this study makes a preliminary effort in understanding the level of resilience, hardiness and social support possessed by the military spouses to maintain their psychological well-being. The effect of mindfulness-based intervention on resilience and well-being is also assessed for the first time in this population.

Research hypotheses

In view of the previously discussed aim and objectives, following hypotheses are formed.

H₁ There will be a significant improvement in resilience and well-being post intervention in experimental group as compared to pre intervention

H₂ There will be a significant linear relationship between personality, psychological well-being, resilience and hardiness in the pre-intervention stage.

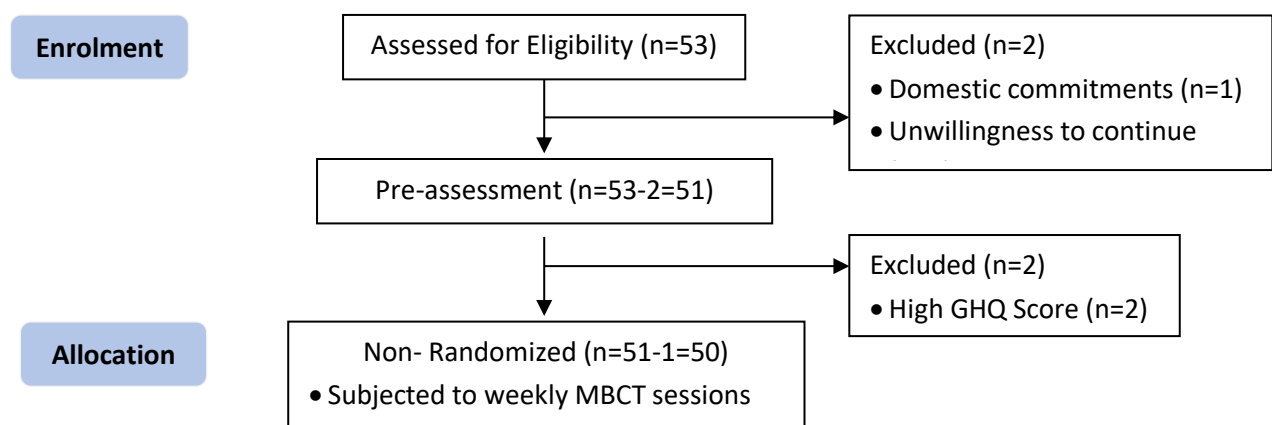
METHODOLOGY

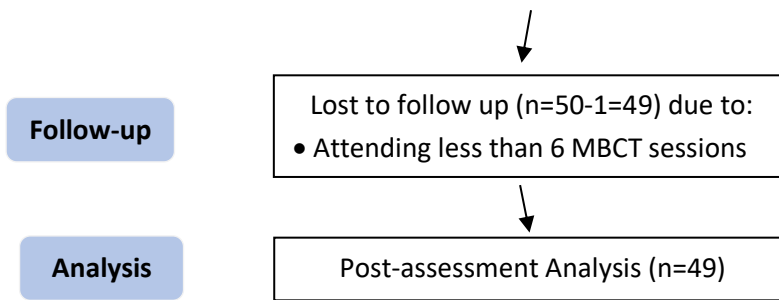
Research design

For the present study, due to contextual non-feasibility of randomization, a quasi-experimental design was adopted. The researchers used a non-randomized single group pre-test post-test design where after pre-test, the experimental group received treatment measure, followed by post-test. Multiple variables were used in the study. The independent variable in the study was Mindfulness-based Cognitive Therapy (MBCT) whereas the dependent variables were resilience and psychological well-being. In addition, three mediating or moderator variables have also been used for assessment of findings i.e. Determinants of personality (HEXACO), Hardiness and Multi-dimensional social support. The moderator variables were used for onetime assessment i.e. before the experiment.

Participants

The sample of the study comprised of N=53 female spouses of soldiers of Indian army. The age range of participants was 28-45 years with $M_{age} = 38.35$ and $SD = \pm 4.27$. Using non-randomized single group pre-test post-test design, after pre-test, the intervention was administered to the participants before assessing post-test measures. A CONSORT diagram is given in figure 1 to elaborate participant flow.





GHQ= General Health Questionnaire; all the participants who above 4 on GHQ were excluded from the study; with respect to the population, a non-equivalent control group was not viable.

Fig 1: The Above Diagram Represents Flow Of Participants In The Study

Measures

- **Demographic questionnaire:** Researcher prepared demographic questionnaire was used to collect personal and socio-demographic details of the participants
- **Connor-Davidson Resilience Scale (CD-RISC):** is a widely used tool to measure resilience. It contains 25 items which are rated on a five point Likert scale and ranging from 0 (Not true at all) to 4 (True nearly all the time). Possible scores thus range from 0 to 100. Connor and Davidson [38] found that these items correspond to five factors. They are competence, perceived benefits of stress, positive attitude to change and secure relationships, perceived control and Spirituality. The scale has good reliability and validity scores. Cronbach's α for the full scale is 0.89 for the whole group and item-total correlations ranged from 0.30 to 0.70.
- **Ryff's Psychological well-being:** Developed by Ryff & Keyes [22] consists of 54 items, measuring six dimensions of psychological well-being i.e. self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life and personal growth. Each dimensional scale consists of 9 items. Out of 54 items, 26 items were positively worded and 28 items were negatively worded. Items are scored on a 6-point rating scale ranging from strongly agreed to strongly disagree. It has an excellent internal consistency ($\alpha = 0.92$) [39].
- **HEXACO-PI: developed by Ashton and Lee [40]:** Comprised of 60 items measuring six dimensions of personality honesty-humility, emotionality, extraversion, agreeableness, conscientiousness and openness to experience. In the 60 items form, each personality facet is measured with 4 personality items on a 5-point Likert scale. The Cronbach's alpha reliability estimates of the 60 item form of HEXACO-PI-(R) obtained in a study are $\alpha_H=0.84$; $\alpha_E=0.83$; $\alpha_X=0.82$; $\alpha_A=0.82$; $\alpha_C=0.78$; $\alpha_O=0.84$ [41].
- **Multi-dimensional Scale of Perceived Social Support (MSPSS):** Developed as a brief self-report measure of subjectively assessed social support in which 12-item ratings were made on a 7-point Likert type scale ranging from strongly disagree (1) to very strongly agree (7). The 12-item MSPSS was designed to measure the perceived adequacy of support from the following three sources: family, friends and significant others [42]. The coefficient alphas for the subscales and scale as a whole ranged from 0.85 to 0.91 indicating good internal reliability [43]
- **A short Hardiness scale: developed by Paul T. Bartone [44]:** is a short 15-item scale for measuring Personality Hardiness. This 15-item scale includes positively as well as negatively keyed items covering the three conceptually important Hardiness facets of commitment, control and challenge. It shows excellent psychometric properties including Cronbach's alpha co-efficient ranging from 0.70 to 0.77 for the facets, to 0.83 for overall scale. Also, as hardiness theory would predict, Army Special Forces candidates who score high on this measure are more likely to succeed in a rigorous and highly stressful selection course.

Intervention Program

The MBCT intervention program consisted of 8 sessions weekly in total with each session focussing on different rationale and outline. It is explained here as follows:

Session 1: Awareness and Automatic pilot: Mindfulness starts when we recognize the tendency to be on automatic pilot, Commitment to learn how to step out of it and become aware of each moment, Practice it purposefully moving attention around the body shows how difficult/easy this can be.

Session 2: Living in Our Heads: Further focus on the body begins to show more clearly the chatter of the mind, This chatter tends to control our reactions to everyday events, Situation + interpretation = Emotion, Categories of experience vs. a description of the bare sensations

Session 3: Gathering the Scattered Mind: With greater awareness of how the mind can often be busy and scattered, Taking awareness intentionally to the breath offers the possibility of being more focussed and gathered, Mindful movement: Stretching/ Walking

Session 4: Recognising the Territory of Aversion: The mind is most scattered when it tries to cling to some things and avoid/escape others, Mindfulness offers a way of staying present by giving another place from which to view things, To help take a wider perspective and relate differently to experience and Getting to know the territory of depression

Session 5: Allowing/Letting Be: Relating differently involves bringing to experience a sense of allowing it to be without judging or trying to make it different and such an attitude of acceptance is a major part of taking care of oneself and seeing more clearly that, if anything needs to change

Session 6: Thoughts are not Facts: Negative moods and thoughts that accompany them to restrict our ability to relate differently to experience, It is liberating to realize that our thoughts are merely thoughts, Recognizing the same pattern of recurring thoughts can help you dis-identify from your thoughts without resorting to disputation.

Session-7: How can I best take care of Myself? : There are specific things that can be done when depression threatens, Take a breathing space first and then decide what action if any to take, Each person has their own unique warning signs of relapse, Participants in the group can help each other in making plans for how best to respond to the signs.

Session-8: Maintaining and extending new Learning: Maintaining balance in life is helped by regular mindfulness practice and Good intentions can be strengthened through links to a positive reason for taking care of oneself.

Procedure

The participants in the study were voluntary and the written informed consent was taken. After allocating the participants into experimental group, the participants were collectively briefed about the nature of the intervention program which is about to follow. Doubts were cleared, if any. After this, the intervention module was delivered by an experienced Psychologist session by session. The participants co-operated well adhering to the instructions and participated actively in all the exercises. Home-based exercises were also given to the participants to practise at home and feedback was obtained in subsequent sessions.

Statistical analyses

For the purpose of analysis of the data, it has been accumulated and arranged in a data sheet. SPSS v.22.0 has been used for the purpose of analysis. The inferential and descriptive statistics have been applied first on the data and normalcy of distribution of the data being established by measures of kurtosis and skewness. To test the hypotheses set in the study, with regard to improvement in scores on variables from baseline assessment, measure of Wilcoxon Signed rank test was applied to the experimental group. Pearson product moment correlation was used to test the association between the dependent variable and the mediating variables such as HEXACO, hardiness and Social Support.

RESULTS

From the table-1, it is evident that the majority of the participants belong to the age group of 34-39 years and 40-45 years respectively. This age group of women is more vulnerable to undergo 'empty nest syndrome'

along with other difficulties of being military spouses. When it comes to education level 32% of participants have studied up to high school and 34% have studied up to under graduation level. As far as number of children is concerned, most of the families have one male one female with 35.8% (n=19) and two males with 34% (n=18).

Table.1. Shows the socio-demographic details of spouses of soldiers

Socio-demographic characteristics	Experimental group (n=53)	
	Frequency	%
Age		
1) 28-33 years	08	15.1
2) 34-39 years	23	43.4
3) 40-45 years	22	41.5
Age (Mean, SD)	38.35 (4.27)	
Education level		
1) Up to High School	17	32.1
2) Higher secondary	13	24.5
3) Under graduation	18	34.0
4) Post graduation	05	09.4
No. of Children		
1) One Male	07	13.2
2) One Female	04	07.5
3) One Male One Female	19	35.8
4) One Male Two Females	05	09.4
5) Two Males	18	34.0
Years of Marriage		
1) 0-10 years	14	26.4
2) 11-20 years	28	52.9
3) 21-30 years	11	20.8
Years of Marriage (Mean, SD)	16.13 (5.77)	
Rank of Husband		
1) JCO	27	51.0
2) NCO	26	49.0

When it comes to the years of marriage, more than half of the participants are married between 11-20 years (n=28, 52.9%). The rank of husband of the participants are equally distributed among JCO and NCO with n=27 and n=26 respectively.

The table no 2 shows the mean value along with standard deviations and the distribution of scores of all measured variables during pre-intervention stages. Considering the rule of thumb for skewness (-1 to +1) and Kurtosis (-2 to +2) all the distributions met the criteria of normality. From the table no.3, the derived mean value and standard deviation of the participants during post intervention stage could be obtained.

From table no 4, it is evident that Hardiness is positively correlated with Autonomy and Positive relations ($r=.394$; $r=.434$, $**p<0.01$ level) dimensions of Psychological well-being. It implies that to be independent and make own decisions in life and at the same time to maintain good social relationship with others, Hardiness plays a key role. Hardiness and Resilience are two similar constructs which is evident from their significant positive correlations ($r=.387$, $**p<0.01$ level). On the other hand, Hardiness was negatively correlated with Environmental mastery domain ($r=-.308$; $*p<0.05$ level) which implies that with the increase of stress-handling ability, the effectiveness of taking control of the situation around the individual decreases

which appears to be contradictory to believe. Similarly, Resilience was negatively correlated with Purpose in life domain ($r=-.347$; $*p<0.05$ level).

Table 2: Shows the descriptive statistics of samples during pre-intervention stage

	N	Mean	SD	Skewness		Kurtosis	
	Statistic	Statistic	Statistic	Statistic	Std. Error	Statistic	Std. Error
Autonomy	53	35.584	4.078	-.473	.327	-.578	.644
Environmental Mastery	53	31.924	4.594	.043	.327	-.375	.644
Personal Growth	53	34.735	3.574	-.151	.327	-.818	.644
Positive Relations	53	33.075	3.662	-.053	.327	-1.476	.644
Purpose in Life	53	35.434	2.838	-.135	.327	-1.137	.644
Self Acceptance	53	36.094	4.587	-1.952	.327	3.245	.644
Resilience	53	56.490	8.736	.217	.327	-.153	.644
Hardiness	53	27.792	3.152	-.379	.327	-.542	.644
Significant others	53	22.490	2.899	-.024	.327	-.872	.644
Friends	53	22.245	3.037	-.316	.327	-.118	.644
Family	53	21.717	3.248	-.275	.327	.185	.644
Honesty-Humility	53	36.037	4.527	-.354	.327	.471	.644
Emotionality	53	29.962	4.883	.272	.327	-.688	.644
Extraversion	53	35.471	4.213	.142	.327	-.362	.644
Agreeableness	53	33.603	3.953	.289	.327	-.181	.644
Conscientiousness	53	32.264	4.942	-.351	.327	.255	.644
Openness to Experience	53	31.169	3.566	-.147	.327	-.768	.644

Table 3: Descriptive statistics of samples during post-intervention stage

	N	Mean	Std. Deviation	Skewness		Kurtosis	
	Statistic	Statistic	Statistic	Statistic	Std. Error	Statistic	Std. Error
Autonomy	49	31.204	2.309	-.429	.340	1.174	.668
Environ. Mastery	49	30.959	2.380	.244	.340	.815	.668
Personal Growth	49	35.571	3.651	-.112	.340	-.368	.668
Positive Relations	49	39.428	2.821	.064	.340	-.406	.668
Purpose in Life	49	41.959	2.753	.924	.340	.761	.668
Self-Acceptance	49	35.632	4.724	-1.525	.340	1.954	.668
Resilience	49	63.387	5.714	-.199	.340	-.876	.668

Table.4. Correlation between Psychological well-being, Resilience and Hardiness

r.No	Variables	1	2	3	4	5	6	7
1	Autonomy							
2	Environ. Mastery	-.487**						
3	Personal Growth	-.261	.630**					
4	Positive Relations	.292*	.096	.135				
5	Purpose in Life	.087	-.227	-.341*	-.375**			
6	Self-Acceptance	-.432**	.578**	.092	.486**	-.104		
7	Resilience	-.158	-.194	.047	-.071	-.347*	-.254	
8	Hardiness	.394**	-.308*	-.075	.434**	-.243	-.061	.387**

Table 5: Correlation between Psychological well-being, Resilience and Social Support

S.No	Variables	1	2	3	4	5	6	7	8	9
1	Autonomy									
2	Environ. Mastery	-.487**								
3	Personal Growth	-.261	.630**							
4	Positive Relations	.292*	.096	.135						
5	Purpose in Life	.087	-.227	-.341*	-.375**					
6	Self-Acceptance	-.432**	.578**	.092	.486**	-.104				
7	Resilience	-.158	-.194	.047	-.071	-.347*	-.254			
8	Significant others	.063	-.003	-.032	.025	-.167	-.008	.114		
9	Friends	.221	-.136	.018	.180	-.086	-.087	.071	.314*	
10	Family	-.061	-.126	.104	-.171	.041	-.354**	.189	-.181	.070

From table no. 5, it is evident that dimensions of perceived social support are not significantly correlated with well-being as well as Resilience, except for family dimension which is negatively correlated with self-acceptance domain ($r = -.354$; $p < 0.01$ level) which implies that when the support from the family is higher, the willingness to accept one's own failures is lesser and needs constant reassurances from family members.

Table.6. Comparison between Pre Test and post-test intervention

Variable	Time	N	Mean	S.D	Mean Ranks		Sum of the Ranks		Z	Statistic
					Positive	Negative	Positive	Negative		
Resilience	Pre-int.	53	56.49	8.73	24.73	5.25	1014.00	21.00	-5.60	0.000***
	Post-int.	49	63.38	5.71						
Autonomy	Pre-int.	53	35.51	4.07	13.83	25.21	41.50	1134.50	-5.62	0.000***
	Post-int.	49	31.20	2.30						
Env. Mastery	Pre-int.	53	31.95	4.59	21.50	21.50	344.0	559.0	-1.34	0.178
	Post-int.	49	30.92	2.38						
Personal Growth	Pre-int.	53	34.73	3.57	21.73	16.54	565.00	215.00	-2.46	0.014*
	Post-int.	49	35.57	3.65						
Positive Relations	Pre-int.	53	33.07	3.66	25.00	.00	1225.00	.00	-6.10	0.000***
	Post-int.	49	39.42	2.82						
Purpose in Life	Pre-int.	53	35.43	2.83	24.00	.00	1228.00	.00	-5.97	0.000***
	Post-int.	49	41.95	2.75						
Self-Acceptance	Pre-int.	53	36.09	4.58	18.58	21.21	334.50	445.50	-.783	0.434
	Post-int.	49	35.63	4.72						

* $p < .05$ level, *** $p < .001$ level

DISCUSSION

The main aim of the study was to find out whether the mindfulness based intervention program for spouses from the military background is effective in enhancing their resilience and psychological well-being. Also the study looked upon how the personality factors, hardiness and perceived social support mediated the effects of the mindfulness intervention. The experimental group were presented with mindfulness based intervention program for 8 weeks. The aim was to find what kind of impact this program had on the group. Our findings mainly suggest that the mindfulness-based cognitive intervention significantly improves resilience. Resilience is an important factor in managing the stress among military spouses. The awareness and attention aspects of mindfulness seem to be helping in the process of adjusting oneself to the hardship, suffering and/or other significant sources of stress. Resilience involves "bouncing back" from the difficult

experiences; it can also involve reflective personal growth. In this study, the experimental group participants scored higher in the overall resilience when compared to their baseline data from the pre-intervention stage. Kees and Rosenbulm [45] conducted a research and given strong data showing high rates of deployment-related psychological health problems in spouses and children, and the near dearth of evidence-based psychological programs for military families in the society, interventions are urgently required to help and strengthen spouses as they adjust to deployment transitions and military life struggles. The study was conducted in two phases. Phase 1 pilot study evaluated the feasibility and acceptability of a resiliency intervention for military spouses in civilian communities and produced initial efficacy data regarding impacts on psychological health and adjustment. The six core modules were extracted from McCubbin Resiliency model which is alike to mindfulness interventions i.e. (a) Grounding (self-care), (b) Build Community, (c) Manage Stress, (d) Allow Emotions, (e) Rethink Thinking, and (f) Cultivate Optimism.

Through two group cohorts, 14 women completed the intervention, with 10 women providing pre- and post-group assessment data. Results support possibility of the intervention and high rates of program contentment. Participants reported learning new strategies and feeling more knowledgeable in their ability to use effective coping skills for managing deployment and military-related stressors. Participation in HFS was also linked with reduction in levels of anxiety and perceived stress, and improvements in life satisfaction and life engagement. HFS is a trust-worthy community-based intervention for military spouses designed to enhance resiliency, reduce negative psychological health symptoms, and develop coping.

The current study also showed that the mindfulness intervention had larger impact on enhancing the Psychological well-being of the military spouses. The domains of Personal Growth, Positive relations and Purpose in life had shown significantly higher scores in experimental group when compared to baseline scores during post-intervention stage. However, the domains of Autonomy, Environmental mastery and Self-acceptance did not show any significant improvement during Post-intervention stages. The three components of mindfulness practice i.e. Intention, attention and attitude paves the way for a positive attitude towards the self-including good and bad qualities, having a warm, satisfying and trusting relationship with others, developing goals in life and sense of directedness. Hence the hypothesis (H_1) is proved and accepted in the present study.

Mindfulness is a quality of consciousness believed to promote well-being. Brown & Ryan's [46] research provides a hypothetical and empirical examination of the role of mindfulness in psychological well-being. Studies show that the Mindfulness is an exclusive quality of consciousness that is associated to a variety of well-being constructs, that discriminates mindfulness practitioners from others, and that is associated with enhanced self-awareness. An experience-sampling study shows that both dispositional and state mindfulness predict self-regulated behaviour and positive emotional states. Mindfulness is defined as a non-judgemental awareness and accepting of present-moment experience. With intentional attendance to one's ongoing stream of thoughts, sensations and emotions as they arise, it allows the individual to react with less impulsivity and flexibility. However, empirical findings of mindfulness to date have largely been confined to outcome studies using clinical populations. In recent years, there has been a surge of interest in the psychological construct of mindfulness as a predictor of positive mental health. Despite much awareness and implication of mindfulness practice, little research exists in related predictors of psychological well-being including sociability and self-control and their relationship with mindfulness.

In this study, the HEXACO model of personality, Hardiness and Multi-dimensional Social Support were also measured in the pre-intervention stage for experimental group. They were mainly measured to understand the mediating roles played by these factors on determining the resilience and psychological well-being of the children in the study. There seemed to be very minimal interaction and correlation between the dimensions of HEXACO, Hardiness and Social Support with resilience and well-being. Hardiness had significant relationship with resilience and two other dimensions of well-being. This signifies that both the HEXACO and social support had a minimalistic role in enhancing the resilience and Psychological well-being. It also means that these variables have less impact on the observed relationship between the independent variable and a dependent variable i.e. mindfulness, resilience and Psychological well-being.

On a similar note, the links between HEXACO and Psychological well-being were studied over 3 different studies. The HEXACO did not have the advantage over the Big Five in predicting the subjective well-being (SWB). From the HEXACO, Extraversion was the single strongest correlate of well-being whereas Honesty-

Humility was unrelated to SWB but it was related to higher levels of Psychological well-being with the Honesty sub-factor driving the relationship [21]. A meta-analysis explored the association between social support and well-being in children and adolescents. Two hundred and forty six studies were examined and the results indicated a positive but small association between social support and well-being. Additionally, moderator analyses highlighted that social support was strongly associated to self-concept and perceived support was more strongly associated with well-being, support from teachers and school employees was more strongly associated with well-being and the association between social support and well-being increased with age factor [47].

CONCLUSION

The main finding of the study is that mindfulness-based cognitive therapy significantly improves resilience among spouses. In this study, the experimental group participants scored higher in the overall resilience in the post-intervention stage when compared to their baseline scores. The study also showed that the mindfulness intervention had partial impact on enhancing the Psychological well-being of the spouses. The domains of Personal Growth, Positive relations and Purpose in life had shown significantly higher scores in post-intervention when compared to baseline data. Maintaining good relationship with their partners and others and deriving a sense of meaning out of life seems to increase with learning of mindfulness skills.

A construct which is closely related to Resilience i.e. Hardiness has significant positive relationship with resilience and purpose in life construct of well-being. On the other hand, HEXACO model of personality is not significantly associated with any of the Psychological well-being domains except for openness to experience with purpose in life. Hence openness acted as a moderator in enhancing the purpose in life dimension of well-being.

The problems faced by military spouses are multi-fold including deployment, relocation, parenting difficulties, marital satisfaction, employment and financial status etc,. They face immense level of stress because of the same and need support from professionals which they generally lack. Either there is a barrier to seeking help or sometimes, the help is not available for them to utilize upon. On the basis of above findings, it is recommended that spouses of infantry soldiers who face a lot of separation from their partners amongst other military spouses be given an opportunity to use mindfulness skills in their practical life. This would help them face hardships in a better manner such as absence of their spouses due to deployment, financial crisis, single parenting etc.

Limitations

The present study was aimed at establishing the efficacy of mindfulness intervention among military spouses. It is only limited to studying resilience and psychological well-being as an outcome measure. Furthermore, additional variables such as life satisfaction, marital satisfaction, happiness etc., could have enriched the study. The study does not have any control group which could have widened the understanding of the effectiveness of mindfulness interventions in comparison with another form of intervention. The mediating variables such as HEXACO and social support did not have significant impact on the outcome of the intervention. A larger sample size would have widened the scope of generalisability of the results.

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