

# Informal caregiving and intimate relationships: the experiences of spouses of UK military personnel

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## ABSTRACT

**Aim** Currently, there is no research available on the experiences of spouses providing informal care to wounded, injured or sick (WIS) UK military personnel. The aim of this study was to fill this gap by investigating the relationship experiences of non-military partners caring for WIS UK military personnel.

**Methods** Spouses of WIS military personnel (n=25) completed telephone interviews with the research team. The data were transcribed and analysed using thematic analysis. The transcripts were cross-coded and checked for inter-rater reliability.

**Results** Six major themes were identified: (1) communication between couples, (2) adverse family environment, (3) reintegration, (4) intimacy, (5) financial uncertainty and (6) transition from partner to caregiver.

**Conclusions** Partners caring for injured/ill military personnel appear to be at risk of experiencing personal distress caused by impaired relationship functioning, which may lead to diminished physical and mental well-being. Partners of WIS military personnel experience significant levels of distress and burden associated with caregiving in the form of arguments with the military partner, problems in reintegration and a lack of physical and emotional intimacy.

## INTRODUCTION

Military personnel who acquire serious physical and mental injuries during the course of their service often require lifelong care.<sup>1</sup> The consequences of injuries are pertinent for military personnel, and for their families who frequently provide informal care during the recuperation process.<sup>1 2</sup> The healthy partner often assumes the role of primary caregiver and takes on greater responsibility for household tasks, and for maintaining personal and social relationships, and social networks as seen in a study of wounded, injured or sick (WIS) US military personnel.<sup>3</sup> For WIS personnel, maintaining social support networks and positive relationships, especially with their spouses, and coping with stress in a constructive way is crucial in the recovery process.<sup>4</sup>

Intimate relationships can be negatively affected by trauma symptoms, such as sleep problems, dissociation and severe sexual problems, which when present are associated with lower relationship satisfaction.<sup>5</sup> Spouses whose partners experience deteriorating health are less satisfied with their relationships and are more likely to consider divorce or separation.<sup>6</sup> In the USA, spouses not caring for military partners have reported greater relationship satisfaction than spouses who are military caregivers and civilian caregivers. Of particular

## Key messages

- ▶ For the majority of the sample, the strain of caring for a military partner with an injury/illness was experienced negatively in relationships.
- ▶ Some participants felt that their relationships were stronger as a result of caring for their military spouses and working together.
- ▶ Participants experienced financial uncertainty due to a lack of clarity surrounding the wounded, injured or sick person's recovery and career.

note is that caring for more recently injured personnel appears to be the most challenging. Relationship satisfaction was lowest in those partners who were caring for military personnel injured in the post-9/11 operations of Iraq and Afghanistan compared with pre-9/11 or civilian caregivers.<sup>7</sup>

Adapting to the injuries and caregiving responsibilities can be challenging for couples. Civilian research has shown that relationship quality is a reliable predictor of divorce or separation among romantic partners.<sup>8</sup> In a study of US military veterans, participants with post-traumatic stress disorder (PTSD) reported higher levels of hostility and physical aggression towards their partners and poor marital adjustment.<sup>9</sup> The aim of this study was to investigate the experiences of spouses providing informal care to WIS UK military personnel.

## METHOD

The study included family members nominated by WIS military personnel who were over 18 years of age. A sample of 500 WIS personnel, who had been off sick for over 56 days, were identified and contacted via military personnel.

The sample was stratified by regular and reserve personnel and by operational and non-operational injury/illness. The UK military comprises of three branches: Army, Royal Air Force (RAF) and the Royal Navy which includes the Royal Marines. A deliberate attempt was made to contact all Naval Service and RAF personnel currently on Wounded Injured Sick Management Information System (WISMIS) to increase the likelihood of achieving a sample representative of all services, as these services were under-represented in WISMIS which is the Army's database management system logging all WIS soldiers in order to monitor their rehabilitation progress. WIS personnel received study packs

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containing a letter giving a broad overview of the research and were asked to pass the enclosed invitation packs to a family member of their choice. Family members who wished to take part were asked to complete a consent form and a brief questionnaire with demographic and contact details. Upon receipt of completed questionnaires/consent forms, the study team made direct contact with the family member to arrange a time to conduct a semistructured interview over the telephone. Of the 500 WIS personnel sampled, 55 family members returned the completed or partially completed questionnaire and/or consent form. All partners (n=25) were included in the secondary analysis.

Semistructured interviews were conducted by three researchers who were all experienced in carrying out qualitative interviews. Participants were assured of the voluntary nature of their participation and confidentiality of their responses, and they were asked to reconfirm consent prior to commencing the interview. Interviews followed a topic guide and covered three major themes: support services the participants may have received, including questions about their experience of using the different services, satisfaction and gaps where there might not have been a service to meet their needs; the support needs they felt they had previously, and what they may need in the future; and how the participant's life and relationships may have been affected by their family member's injury or illness. Interviews lasted between 40 and 80 min, were digitally recorded and were transcribed verbatim.

### Analysis

The interview data were analysed using thematic analysis.<sup>10</sup> After reading the transcripts and making notes of emerging themes, all subsequent analyses were conducted by hand. Each transcript was subjected to a line-by-line analysis leading to the development of initial codes. This process was repeated until initial codes were developed, resulting in subthemes. Spider diagrams of master themes and subthemes were produced, and the remaining transcripts analysed in line with this initial coding framework. Subsequent meetings between the research team took place to discuss the coding and developing subthemes and any new codes. In these meetings, spider diagrams of the master themes and subthemes were updated, and the process continued until all transcripts had been analysed and the subthemes for each master theme had been identified.

To crosscheck the reliability of the analysis, an experienced qualitative researcher read and coded three randomly selected transcripts and provided feedback on the subthemes. Given the high degree of cross-coder reliability, no adjustments to the thematic framework were made. Throughout the article, participants and WIS personnel are identified using pseudonyms to maintain confidentiality and anonymity.

### RESULTS

Data provided by 25 partners of military personnel were analysed. The mean age of the partners was 35 years (SD 8.02), with 16 of the partners having children under the age of 18 years and 10 (40%) of the partners were related to regular Army and Royal Marines personnel who had sustained injuries during operations. Overall, 92% of the sample reported that their military partner had been injured or taken ill over 12 months ago, 4% were injured <6 months ago and 4% were injured between 6 and 12 months ago (Table 1). Participants reported accessing or being aware of various third sector support services which offer support in the form of respite care, stress management and psychoeducation programmes, outdoor activities and peer support. However, several shortcomings in

accessing these services have been identified in terms of promoting awareness, enabling access, the level of use of the services provided, gaps in service provision and limited robust evaluations.<sup>11</sup>

Six themes were identified: (1) communication between couples, (2) adverse family environment, (3) reintegration, (4) intimacy, (5) financial uncertainty and (6) transition from partner to caregiver.

### Communication between couples

Many participants reported challenges in communication between their military partner and themselves. They discussed the consequences of the military partner not sharing details about their recovery process and rehabilitation activities they were undergoing with them, while others discussed about their own inability to address sensitive issues about the injury/illness with their military partners.

According to some participants, at times, dealing with their injury/illness caused the military partners to feel angry and frustrated. However, the military partners were not able to communicate their frustrations to the participants effectively which led to discord at home and strained relationships. On the other hand, some participants found it difficult to broach the topic of the military experiences that led to their partner's injuries. In CK8's case, she believed that this caused her husband to think that she was not supporting him in his recovery. This lack of communication between the couple left serious concerns unexpressed. CK8 was concerned that her husband might commit suicide, but felt unable to talk to him about this.

... when he feels angry now I know he feels angry towards me, not nastily, but there's a certain resentment that I didn't ... I couldn't ... I didn't listen to him. You know I wasn't there to listen to him and such like. CK8

Participants described how they felt ill-equipped to perform their role as caregivers when their military partners did not discuss what they experienced at the time of the injury or subsequently during their rehabilitation. Not knowing what stage of rehabilitation their injured partner had reached and how their capabilities had progressed meant that participants were unable to support them to the best of their ability.

Participants reported that when they were involved in the recovery and rehabilitation, either by the military partner or by other military personnel in charge of the injured/ill person's rehabilitation, the effect on the couple's communication was positive. This gave partners the opportunity to discuss the injury/illness with a professional allowing them to demonstrate that they were aware of what the military partner was going through, even when they did not talk about it.

I was aware that he avoided the kitchen and that there was a reason why I did all the kitchen, despite all the bravado and the woman's place is in the kitchen I know really that he avoided the kitchen because he doesn't want to cut the meat. And it was good for me to be able to illustrate that to (injured partner) that I knew that. And it kind of went under ... like it had previously gone unsaid. HA2

### Adverse family environment

Partners of those with operational injuries and non-operational injuries reported that the family environment, as a result of the military partner's injuries/illness, was sometimes volatile. Some partners reported constant arguments with the injured partner. They attributed the discord in their intimate relationship to the stressful atmosphere created by the extended period of struggle,

**Table 1** Biographical sketch of partners and WIS personnel (n=25)

Participant pseudonym	Relationship to the WIS person	Partner age in years	WIS age in years	WIS sex	WIS personnel service/rank etc.	WIS injury—brief description*†
HA2	Spouse	27	27	Male	Reserve; Royal Marines; non-commissioned officer (NCO)	Operational injury/illness; PTSD
CK8	Spouse	49	49	Male	Regular; RAF; Officer	Operational injury/illness; severe, complex PTSD
AA9	Spouse	29	44	Male	Regular; RAF; Officer	Non-operational injury/illness; terminal brain tumour
SL13	Partner	26	38	Male	Regular; RAF; NCO	Operational injury/illness; PTSD
CP21	Spouse	34	40	Male	Regular; Army; other ranks	Non-operational injury/illness; back injury, complex regional pain syndrome and depression
TS33	Spouse	42	29	Male	Regular; Army; other ranks	Operational injury/illness; double leg amputation and major injuries to left hand
CN36	Spouse	25	30	Male	Regular; Army; NCO	Operational injury/illness; chronic osteoarthritis in knee
SC37	Partner	42	43	Female	Regular; Army; NCO	Non-operational injury/illness; anxiety and depression
KF45	Spouse	33	36	Male	Regular; Army; other ranks	Operational injury/illness; extensive injury
KD49	Spouse	30	28	Male	Regular; Army; other ranks	Non-operational injury/illness; knee/leg injury
GL6	Spouse	28	29	Male	Regular; Royal Marines; NCO	Operational injury/illness; PTSD
SG1	Spouse	48	49	Male	Regular; Navy; other ranks	Non-operational injury/illness; bowel cancer
TS10	Spouse	47	46	Male	Reserve; Royal Marines; NCO	Operational injury/illness; chronic fatigue from back injury and deafness in one ear
AS11	Spouse	33	31	Male	Regular; RAF; NCO	Operational injury/illness; double amputation
PA14	Spouse	49	48	Male	Regular; Royal Marines; Officer	Uncertain; multiple joint injuries and temporary amnesia
DH15	Spouse	30	29	Male	Regular; Army; NCO	Uncertain; depression and anxiety
LA19	Spouse	27	41	Male	Regular; Army; NCO	Operational injury/illness; PTSD
AG25	Spouse	25	24	Male	Regular; RAF; NCO	Operational injury/illness; paraplegia, spinal cord injury
LH26	Spouse	41	40	Male	Regular; RAF; NCO	Operational injury/illness; lower left leg amputation
LJ29	Spouse	45	45	Male	Reserve; Army; NCO	Operational injury/illness; traumatic spondylolisthesis, nerve root damage
TE31	Spouse	40	39	Male	Regular; Royal Marines; other ranks	Uncertain; back injury, resulting in leg to be paralysed, bilateral hip replacement and PTSD
CS32	Spouse	33	34	Male	Regular; Army; NCO	Operational injury/illness; high-velocity gunshot wound to the abdomen
DN35	Husband	35	36	Female	Regular; Army; NCO	Non-operational injury/illness; lower back injury
KA42	Spouse	32	41	Male	Regular; Army; NCO	Non-operational injury/illness; injury to right leg/knee, multiple operations and knee replacement
SN43	Partner	31	29	Male	Regular; Army; other ranks	Operational injury/illness; PTSD

\*Operational injuries/illnesses: sustained or acquired during military deployment.

†Non-operational injuries/illnesses: military service related, but not sustained during deployment. PTSD, post-traumatic stress disorder; RAF, Royal Air Force; WIS, wounded, injured or sick.

for both the participant and the military partner, mostly due to a lack of or delayed help-seeking on the part of the military partner.

Its ... it's ... there are times where you just ... you just have enough. Sometimes where you just think 'Why am I putting up with this?' CP21

Participants felt that the lack of help-seeking by their military partners was due to the stigma associated with mental health problems and that coming forward might make them appear weak or could impact their military careers. Some participants described how their military partners used alcohol to self-medicate in order to cope with mental health problems (depression and PTSD). This, according to the participants, created an air of conflict and arguments at home.

At times, participants felt unable to cope with the caregiving demands placed on them and, compounded by a lack of support from the military partner, and a lack of support from external

sources, considered separation (or did separate) from the military partner.

actually [he] and I ... (umm) did separate for a month, month and a half ... (umm) as things just escalated on my behalf ... (umm) you know I really started to resent [injured partner] and the situation that we were in. I found everything really irritating and just couldn't sort of sympathise with him ... SL13

However, some couples were able to overcome the challenges presented by the military persons' injuries/illness by working together. They viewed the injuries/illnesses as obstacles to defeat together, and the partners reported feeling stronger because of this. Couples also had the confidence to undertake major projects together and did not view the injury/illness as a deterrent.

We (umm) bought and renovated a house that took us like eighteen months to do. We had [child] (umm) then I got (umm) decided to get married so planned a wedding and got married in December (umm) and then baby number two... KD49

## Reintegration

Participants found it a challenge to reintegrate the military partner into the family following their injury/illness. The constant presence of the injured/ill person at home, while they were in recovery, was an issue for some participants who felt that their military partner was constantly in the way which caused difficulties in establishing a routine. Participants suggested that it was easier to get chores done without the military partner being involved.

when he's come back in a place that ... you know in a not a very good state of mind, I've sort of not really included him in the day to day and the family and the house and everything. I've tried to sort of protect him from it, but actually what I've done is I've made it quite tricky for him to know where he does belong. CK8

For one participant, her husband's injuries left him unable to contribute to the decision-making process in the family. As such, she found herself making important decisions, about the family, alone and likened the strain of the experience to that of losing a partner.

having to make decisions on my own all the time. Yeah, that's quite a bit change because we'd normally do that together. And (umm) yeah, it's just so different ... it just doesn't ... it gets a bit wearing after a while, you know, that you've lost your partner. PA14

Like PA14, this sense of loss was talked about by other participants who reported experiencing some challenges in adjusting to the military partner's injuries/illness and finding a balance with competing demands at home, regardless of whether the military person had suffered the injury/illness during operations or while on training. However, many were able to, with the passage of time, overcome these challenges without any long-term negative effect on their intimate relationship with their military partners.

...We have ... we've been through a couple of rough patches, but mainly both of us learning that things are different (umm) and that we've both got to make allowances for each other, based on what we're both going through. (umm) But you know we ... we're ... we're kind of (umm) we tend to laugh our way through things you know. (umm) And we're ... you know we're fine. AG25

## Intimacy

This theme represents the experiences of change in intimacy in the participants' relationship with the military person and are presented in two subthemes: physical intimacy and emotional intimacy.

Physical intimacy—in this subtheme, participants discussed their experiences of a lack in physical intimacy because of the injuries/illness sustained by the military partner and due to the burden of caregiving placed on the partners. Participants whose military partners had sustained a combat-related physical injury, a non-operational injury or had been diagnosed with a mental health problem reported a lack of physical intimacy subsequent to the injury/illness.

... like he can go into times where you know he doesn't want to have a cuddle or anything. So that's ... that's always been difficult. GL6

Well we've got no sex life. Not really. (umm). ...the fact that we're supposed to be trying for a child this year and now we can't so ... (sigh). CN36

This in all cases was attributed directly to the injury/illness of the military partner, which affected the ability of the military partner and that of the participant to be sexually intimate due to stress or lack of sleep related to caregiving.

... because he was up in the night and he'd been pacing around and ... in pain and ... and (umm) then obviously we didn't have much of a relationship you know. Our physical relationship and everything was just like groundhog day. KA42

Though most participants who discussed the lack of physical intimacy during their interview reported negative outcomes, one spouse talked about the injuries her military partner sustained as a learning experience for both of them which allowed them to plan and move forward together by getting married and trying to have children through in vitro fertilisation (IVF).

And we're ... you know we're fine. We got married in September (umm) and we're currently thinking about having another child through (umm) through IVF. AG25

Overall, the experiences of spouses of military personnel with operational injuries were similar to those of spouses of military personnel with non-operational injuries. Generally, participants did not report any improvement in their physical relationships during the course of the military partner's recovery. Only one participant reported that their partner had received treatment for sexual dysfunction, which had been unsuccessful.

Emotional intimacy—In this subtheme, participant experiences of a lack in emotional intimacy are presented as they discussed the challenges of living with an injured/ill military partner who they felt was no longer like the person they married. The consequences of injuries/illness were also experienced as a lack of or change in emotional intimacy between couples. Participants often reported that the military partner had changed in character following their injury/illness which resulted in less affection in their relationships and more arguments.

he went away and seven months later he came back completely, completely different. He completely shut us out ... it has made it different. It has ... I ... you know everyone says it doesn't because obviously it was almost I felt as though I was trying to love a different person. GL6

For LA19, the nature of her marital relationship with the military partner had changed completely such that, following his injury, she felt they no longer had an intimate relationship but had become 'just friends'.

While the process of living with and caring for an injured/ill military partner had negative consequences for the emotional intimacy in their relationships, there were those for whom things improved over time due to external help such as couple's therapy.

But emotionally and that we're ... we're ... we're more together so I mean you know I understand things more of what he's going through and why he can't do things and ... that. CN36

For others, despite the challenges they faced as a couple, their intimate relationship remained strong and positive.

This is our life, we've just got to accept it and get on and nothing's changed, the way me and (injured partner) think about each other and ... you know we still make people feel sick so they're 'Oh you're still so soppy!' AS11

### Financial uncertainty

Participants described the strain of the financial uncertainty they faced as a result of the military person's injuries and the need to increase their working hours to mediate this uncertainty. The strain of working was often compounded by the pressures of caregiving for the military partner and the increasing household responsibilities for the participants when the military person was not able or willing to help out.

Working six days in a week even including Saturday. So obviously he can't do anything anymore so and I worry about him. I worry about the kids, I worry about what (err) is going to happen in the future. LJ29

Participants described the challenges of looking for employment opportunities they faced as a highly mobile population for having moved around a lot before the military person's injuries/illness. These challenges were magnified in the circumstances of partners of injured/ill military personnel for whom full-time employment was necessary but difficult to find.

... in actual fact, part-time I've been because ... typical military wife thing. As you move around you sort of lose your career really. So I'm now just trying to sort of pick that up and I've just, as from June I'll be starting back full-time now which will be helpful obviously because he won't be!. AA9

In cases where participants had not been in employment, prior to the military partner's injury, the strain of balancing the search for work and other competing demands on their time was particularly pronounced.

[talking about Personnel Recovery Officers], "... they're all say [ing] "Oh no" you know" [injured partner] won't be able to work anymore" so we'll put you into retraining... [but] You know I couldn't go to work fulltime because he [injured partner] couldn't do it because there's days where he couldn't get even the children to school ... TE31

For some participants, however, the military partner's injury/illness brought financial security as the insurance policies and the Armed Forces Compensation Scheme paid out to the military person.

we're really well ... you know in a good position (umm) financially (umm) because (umm) [WIS person] had insurance (umm) and then the Armed Forces Compensation Scheme as well. LH26

### Transition from partner to caregiver

Becoming a caregiver to the injured person was a difficult transition for both the participants and the military personnel. Participants reported that negotiating this change in their relationship was not without its problems.

...that made him really low because he didn't want me to be his carer and you know he felt ... you know with all the feelings that he was feeling (umm) and stuff, so .... And it does impact on your relationship. LH26

Participants found that the process of caring for their military partners was all consuming. They often struggled to provide support to their military partners as the physical and psychological demands of being a caregiver overwhelmed them.

It is affecting me a lot because like you can imagine how heavy he is so (laugh) and I'm a very slim person so (laugh) it's quite really hard. So we've brought the kids into it as well because sometimes they have to help out as well if I can't actually do it on my own. LJ29

### DISCUSSION

For the majority of the sample, the strain of caring for a military partner with an injury/illness had a negative effect on their relationships. Although some participants reported that their relationships had become stronger, most reported deteriorating communication between couples, an adverse family environment, reintegration difficulties, lack of physical and emotional intimacy, financial uncertainty and challenges related to transitioning from partner to caregiver. Overall, the experiences of the partners of military personnel with operational and non-operational injuries were similar.

The findings from this study shed light on how caring for an injured military spouse affects the relationships of the participants in terms of family communication, family environment, involving the WIS person in the family and intimacy. Participants also discussed challenges of financial uncertainty due to a lack of clarity surrounding the WIS person's recovery and career, and the transition from being a spouse/partner to becoming a carer.

#### Effect of injuries/illness on intimate relationship

Participants commonly felt that their relationship with the military person had deteriorated following the injury/illness. Participants in this study reported poor communication between them and their military partners which lead to arguments and poor relationship satisfaction. Injured service personnel may not want to disclose their experiences to their partners because they may not want to burden their loved ones with the information or because they feel that their partner may not understand or be able to empathise with the circumstances that lead to the injury/illness, unlike their military colleagues who may have been through similar experiences<sup>12</sup> and might be able to relate to them better. The term 'protective buffering'<sup>13</sup> is used to describe the avoidance of open communication between the partners and the injured/ill military personnel, whereby the military partner is trying to prevent distress in their partner by not talking about particularly painful experiences surrounding their injury/illness. This may be because the military person is unsure about how their partner will react to the disclosure, particularly if they are afraid of a negative reaction. Similarly, the partner may not want to initiate conversations about the injury/illness or indeed the rehabilitation in order to protect the injured/ill military partner from having to relive traumatic memories. This situation places injured/ill military personnel at risk of becoming isolated from their partners, who are quite likely a major source of support in their rehabilitation, resulting in impaired communication, poor relationship functioning and reduced social support from their partners.<sup>3</sup>

The participants in our study reported an increase in arguments in their relationships following the injury/illness, so much so that many contemplated separation. This finding is consistent with numerous studies which have demonstrated an association between PTSD in military personnel and higher levels of psychological aggression, hostility and physical aggression towards their partners and poor marital adjustment,<sup>9</sup> which in turn have been associated with family violence and caregiver burden in military families.<sup>14 15</sup> The adverse family environment, in the case of the participants in this study, was compounded by a lack of open communication between the couples, resulting in neither understanding the needs of the other.

Assisting with the reintegration of the WIS partner back into family life was another challenge faced by the participants in this study. The challenge of reintegration is not unique to

partners of injured/ill military personnel. The process is generally fraught with challenges with secure and insecure individuals demonstrating ambivalence, anger and emotional disengagement towards the military person.<sup>16</sup> However, in the case of injured or ill personnel, successful reintegration into the family is crucial to their recovery, so that they have the support of their spouses.

### Intimacy

Participants reported decreased physical and emotional intimacy with their military partners due to the injuries/illness and due to their own increased responsibilities in the household and additional caregiving responsibilities. According to medical records, 25% of the Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) male and female veterans report experiencing sexual dysfunction.<sup>17</sup> The lack of a fulfilling sex life has been linked to relationship distress in civilian couples.<sup>18</sup> Though data from military populations with severe physical injuries are lacking, findings from the civilian population show that social isolation and decreased sexual activity are common among amputees, divorce rates are high among those suffering from burn injuries and negative communication patterns are prevalent in those with spinal cord injuries.<sup>19–21</sup>

Findings show that mental health problems, such as PTSD, depression and anxiety, are associated with sexual dysfunction in OIF and OEF veterans<sup>22</sup> and issues in establishing emotional intimacy. In particular, the avoidance symptoms of PTSD interfere with sexual and emotional intimacy and contribute to relationship distress.<sup>22–23</sup> Research shows that injured/ill military personnel can find it difficult to re-establish intimacy with their partners. However, those who engage in open communication, and family activities, and who engage in sexual and non-sexual expressions of intimacy have better relationships over time.<sup>24</sup> In our study, spouses discussed that they did not engage in open communication with their military spouses as a result of what they perceived to be a change in the WIS person's personality or a lack of ability to discuss the experiences of the WIS person on both their parts. This, according to the spouses, affected both the spouse and the military person's ability to be emotionally and physically intimate. Though not universally the case, the majority of spouses perceived their relationships to have deteriorated due to caring for and living with a WIS person.

### Financial uncertainty

Most partners in this study reported increased financial responsibilities due to the WIS partner being unable to work. Military caregivers, compared with the general population, tend to be younger, have greater caregiver burden, stress and financial strain, and are usually in the caregiving role for longer than non-military caregivers.<sup>7</sup> In the USA, 47% of caregivers caring for OIF and OEF veterans reported that they had to make adjustments to their employment in order to care for their military partners. Fewer caregivers of Vietnam era veterans (23%) and non-military caregivers (27%) reported having to make adjustments to their employment as a result of caregiving.<sup>7</sup> Caregivers who reduce their working hours in order to look after their partners experience financial costs through lost income and wages. For others, the challenge of finding work that can compensate for the military partner's lost income can in itself be difficult. Military families often face frequent relocations or long periods of separation from each other due to deployments, which may make it difficult for a spouse to develop his or her own career.<sup>25</sup>

### Role as caregiver

The transition from being a partner to being a caregiver was difficult for the participants in this study who struggled to cope with their new responsibilities of looking after the military partner and their identity as a caregiver rather than a partner. According to the participants, the military partner also at times struggled to accept the participants as caregivers.

To our knowledge, there is no research available which investigates the process by which partners of military personnel come to accept their role as caregivers. Data from civilian research show that spouses often experience a great degree of reluctance in becoming caregivers to their partners who have been recently discharged from intensive care units<sup>26</sup> or if they perceived the role to be burdensome and unsatisfying.<sup>27</sup>

### Strengths and limitations

This is the only study to have examined the effect of military injuries/illnesses on intimate relationships in the UK Armed Forces. The main limitation of this study is that the results are based on secondary analysis of interviews. Although the interviews included questions regarding the effect of the WIS person's injury/illness on their relationship, this was not the main focus of the study. Additionally, no information is available about the relationships of the participants before the military partner sustained the injury/illness for comparison. The recruitment process of going through the non-medical military personnel to contact the WIS personnel was a likely contributor to the low response rate (7.4%). Several efforts were made to improve response. First, after each batch had been distributed to all identified non-medical military personnel, the study team contacted them all to inform them of the study and forewarn them of the delivery of the information packs. Second, approximately 5 weeks after each batch had been sent, the study team went back to the Army Recovery Capability Headquarters in Andover to send reminder letters to all WIS personnel; the letters reminded the WIS personnel about the study information pack they had received and reiterated that these should be passed on to a chosen family member.

### Implications

There is a need to support family members in providing care to WIS personnel and to ensure that they are involved to some extent in the formal recovery process. The uncertainty surrounding medical discharge dates and compensation could be alleviated by involving family members in the transition process, allowing them to plan the financial future of their family. There is an evident detrimental effect on the quality of intimate relationships in this population; while the findings are not dissimilar to those from civilian populations, some unique features of military service, such as deployment-related separation, reintegration and frequent relocations, make it less likely that military caregivers will be picked up by support providers.

### CONCLUSION

Our findings suggest that partners of WIS military personnel experience significant levels of distress and burden associated with caregiving, indicating a continuing need for focused support for WIS personnel and their families. Partners caring for injured/ill military personnel appear to be at risk of experiencing personal distress caused by impaired relationship functioning which may lead to diminished physical and mental well-being. These findings are in line with previous military and civilian research which demonstrates the detrimental impact of

caregiving on a spouse. It is important to promote open communication between couples dealing with military injuries/illness for greater relationship satisfaction, leading to better support and care for the WIS military person. The majority of participants in our study reported that their military partner had been injured more than a year prior to interview. This suggests that the problems faced by the couples are enduring despite the length of time since injury/illness and medical discharge.

**Contributors** GKT and AV carried out data collection. GKT carried out data analysis. AV cross-coded transcripts. SO and NTF advised on analysis plan and writing up. NG advised on writing up the paper for publication.

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**Patient consent** Obtained.

**Ethics approval** MODREC 502MOD13.

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## **Informal caregiving and intimate relationships: the experiences of spouses of UK military personnel**

Gursimran Thandi, S Oram, A Verey, N Greenberg and N T Fear

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