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Shaping hope in everyday life: Experiences of veteran spouses with post-deployment mental health issues

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Abstract

While spouses of military veterans have not been directly exposed to threats during deployment, they often experience a substantial post-deployment-related health burden while living with and caring for a partner with deployment-related mental health issues. Drawing from in-depth interviews, this study examined how female spouses of military veterans deal with the psychosocial effects of deployment. We show how these women cope. They keep their family lives going by maintaining hope for the future. We argue that hope is a dynamic practice between reality and possibility, and different forms of hope co-exist. These range from temporary formulations of present-centered hope, and permanent hopes directed towards the future. We illustrate how spouses challenge discourses around curative futures and adjust their hopes to maintain a more satisfactory everyday life and a positive horizon towards the future.

KEYWORDS
hope, post-deployment, PTSD, spouses, veterans

> *I try to expand the activities outside the house. Slowly. I do not want to give up. I need to go out of the house frequently, to meet other people. Although he [partner] generally refuses to come with me, when he does, he becomes utterly tense, grumpy, or hyperalert. I do not want to give up. I need to believe it [change] is possible. That our, and his, world will open up again, bit by bit. So we can do things together, like before. (Vivian, 54)*

Vivian (pseudonym) is determined to expand their world beyond the domain of their house, even though her partner has severe mental health issues resulting in social isolation and little interaction with the outside world. For Vivian, the outside world means recharging her energy. It enables her to talk to friends without her partner's mental health issues being the center of her universe. It also reminds her of a time that has passed, a time when her partner enjoyed being outside the house. Nowadays, on the rare occasions when he accompanies her outside, she is on constant guard, scrutinizing his minute physical and facial expressions.

It has become second nature for her to tune in on her partner's mood, assessing any increase in tension or stress, but also hoping to detect a glimpse of the man he was before his military deployments.

Vivian's partner served in two military deployments in the 1990s. He was exposed to threats and violence during combat deployment and is diagnosed with post-traumatic stress disorder (PTSD) two decades after his return. This debilitating disorder is characterized by nightmares, intrusive memories, emotional detachment, avoidant behaviors, diminished interest, anger or irritability, (di)stress, and somatic and psychological complaints (American Psychiatric Association, 2013).Since her partner's return, Vivian has expressed experiencing a substantial health burden.

Vivian's situation is not unusual when it comes to sharing the health burden of deployment-related mental health issues. In the Netherlands, over a quarter (28%) of spouses reported adverse mental, relational, and other health-related challenges as a result of their veteran's military deployment (Duel et al., 2018). Almost one in five couples experienced a substantially deteriorated relationship after deployment (Andres et al., 2015). Spouses often experience emotional strain while living with and caring for a veteran with deployment-related pathology (Dekel & Monson, 2010; Yambo & Johnson, 2016). Spouses may also struggle to balance their day-to-day life as a consequence of their veteran's mental health issues, adopting a caregiving role (Uphold et al., 2014; Yambo, 2016). These issues have been linked to a decline in the health of spouses and their children (Dekel & Monson, 2010). Yet, how spouses deal with the impact of deployment-related mental health issues is rarely subject to inquiry (Uphold et al., 2014).

Dealing with deployment-related mental health issues can be distressing, but spouses, like Vivian, can also strive toward improving the quality of their lives and relationships. Vivian hopes for a better future. Believing that change is possible and things can get better strengthens her when dealing with the impact of spousal posttraumatic stress in their daily lives. In coping with traumatic experiences, hopefulness can act as a protective factor and a restorative motivator, as it fuels actions to achieve a better quality of life (Hernandez & Overholser, 2020; Hobfoll et al., 2007). Hope enables individuals to persevere and motivates them to maintain relationships (Eaves et al., 2016; Mattingly, 2010).

The present qualitative study aims to understand how spouses in the Netherlands deal with everyday challenges in the aftermath of military deployment. We illustrate how they actively reformulate their hopes and strive for a more positive future and a satisfactory life in the present. In doing so, we demonstrate how different varieties of hope come into being and co-exist.

This article will develop an understanding of how hope can be maintained and transformed on both a personal level and within a relationship. It contributes to a growing body of literature that may enhance the methods for promoting military spousal well-being. A topic that received insufficient scientific attention (Gustavsen, 2017). Before delving into the results, we describe the military context in the Netherlands, offer a brief conceptualization of hope, and outline the study methodology.

THE MILITARY CONTEXT IN THE NETHERLANDS

Since World War II, the Dutch military has participated in peacekeeping and peace enforcement missions abroad, often in collaboration with other countries that are part of the United Nations (Moelker et al., 2015). Combat experiences are limited to a small minority of the Dutch population, with roughly 113.000 veterans in a country of 17.5 million inhabitants (Ministry of Defense, 2022). The suspension of mandatory military conscription in 1994 changed the position of military personnel in society (Vermetten & Ambaum, 2019). Military service became detached from civil society and joining the defense force became a personal choice (Gustavsen, 2017). These days, citizens of the Netherlands consider their country as pacifistic rather than a country that produces warriors (Klep, 2019).

The transformation into a professional army also meant career soldiers were more likely to marry and have children during service (Moelker et al., 2015). Families are immediately involved and seen as a source of strength and support during most phases of military deployment (Manser & Ogilvie, 2022). Deployment can, however, put a serious strain on military families that have to deal with feelings of fear and uncertainty regarding the health and well-being of their family members (Dekel & McDermid Wadsworth, 2015).

Veterans are expected to reintegrate and participate in civil society after military service. Once a year, there are national and local veteran days to show recognition and appreciation for veterans and their service. Furthermore, there are (national) initiatives and organizations that promote the well-being of veterans, such as the Dutch Veterans Institute and a National Veteran Healthcare System targeting deployment-related psychosocial issues. Yet, here is little everyday societal acknowledgment of military service.

CONCEPTUALIZING HOPE

To understand how spouses of veterans maintain hope in their everyday lives and their outlook towards the future, we build on a conceptualization of hope as a temporal and emotional dynamic that can provide meaning, yet that is also ambiguous, normative, and uncertain.

Research on chronic illness and family caregiving shows that hope is a vital psychosocial resource to help individuals cope with chronic illness (Cook & Cuervo, 2019; Duggleby et al., 2010). Mattingly (2010) conducted ethnographic research in an urban hospital among African American families with children facing serious chronic medical conditions. She explored how and why hope is constructed as an everyday reality in challenging circumstances. Her findings revealed that hope involves the practice of creating meaningful lives amidst suffering, even in the absence of a guaranteed happy ending (2010).

As such, hope is a dynamic process influenced by subjective probabilities of a desired outcome and optimism (Jansen, 2021; Mattingly, 2010; Stockdale, 2021) and by various factors such as life events, personal meaning-making, emotions, time, and available personal, social, and cultural resources (Bland & Darlington, 2002; Crapanzano, 2003). It involves and enables the use of imagination to construct a vision of the future (Antelius, 2007; Calhoun, 2018; Hobfoll et al., 2007; Stockdale, 2019), where it entails both the desire for a specific outcome and the belief that it is achievable (Stockdale, 2021). Moreover, as a complex temporal concept, it can be future-oriented, but also present-centered (Cook & Cuervo, 2019; Jansen, 2021; Stockdale, 2021) and evoke connections to the past (Calhoun, 2018).

Besides these temporal orientations, hope can also be considered an attitude towards existence (Crapanzano, 2003; Zigon, 2009) and a daily practice, which involves actively motivating present actions with the aim of achieving desired future outcomes, driven by agency, meaning-making, and self-efficacy (Corbett et al., 2007; Mattingly, 2010).

However, anthropologists and cultural studies scholars have shown that hope is also an ambiguous concept, encompassing positive elements as well as fear, doubt, or resignation (Crapanzano, 2003). Stockdale (2019) argues that hope can also coexist with perceived threats. Fearful hopes refer to the mixed anticipation of negative experiences and a downplay of any adverse consequences. Cook & Cuervo (2019) suggest that hope can both generate and hinder agency, as excessive focus on future outcomes may impede present well-being. Berlant (2011) even challenges the notion of optimism and the imagination of hope, questioning what happens when desired outcomes fail to meet expectations.

Uncertainty often accompanies hope (Duggleby et al., 2010), the future is inherently uncertain, and our desires and perspectives may change (Lemos Dekker, 2021). In the context of illness, it is often unclear how the illness will progress and whether desired changes will be experienced. Hope can be lost and transformed into hopelessness or despair when envisioned futures are shattered. To sustain hope in seemingly hopeless or desperate situations, individuals must navigate the tension between perceived reality and possibility, determining what they can hope for in terms of themselves and their loved ones (Del Vecchio Good et al., 1990).

Moreover, contributions to shaping a better future are not solely individual endeavors. They are collectively produced and culturally interpreted (Del Vecchio Good et al., 1990; Eaves et al., 2016). With regard to deployment-related mental health issues, Western therapeutic approaches and military medical discourse offer a range of treatments that enhance hope for a cure (Antelius, 2007; Wool, 2020). Even in the absence of an immediate cure, the future remains uncertain, holding the potential for recovery or healing. However, cultural ideals of unattainable desires for a "good life" can create false expectations and

TABLE 1 Overview of participants

			Together before deployment?	Together for
Francis	Early 60s	Partner	Yes	> 40 years
Emma	Late 30s	Ex-partner	Yes	> 10 years
Vivian	Early 60s	Partner	Yes	> 30 years
Paula	Early 40s	Partner	yes	>10 years
Marjolein	Late 60s	Partner	no	>20 years
Kim	Early 30s	Partner	yes	>20 years
Bea	Early 30s	Partner	yes	>15 years
Joan	Early 40s	Partner	yes	>20 years
Brigitte	Late 30s	Partner	no	>20 years
Julia	Early 40s	Partner	no	>35 years
Patricia	Early 40s	Partner	yes	>30 years
Elvira	Early 50s	Partner	no	>25 years
Olga	Early 50s	Partner	yes	>20 years

devalue individuals, leading to a state of cruel optimism (Berlant, 2011). Our exploration sheds light on how spouses navigate future expectations and societal discourses by maintaining hope.

METHODOLOGY

The current qualitative phenomenological study is based on 13 semi-structured interviews with 12 female spouses and one divorced spouse of veterans with deployment-related mental health issues. Seven spouses were in the relationship before their partner embarked on military deployment. Their ages ranged from the early 30s to mid-60s (see Table 1). Nine spouses were in a relationship with a veteran diagnosed with deployment-related PTSD. Their stories span years and decades of cohabiting with their veteran spouse.

Ethical approval was granted by the Leiden University Medical Centre (LUMC) (Case number: NL68896.058.19). Participants were recruited from a prior study (Duel et al., 2018), and via snowballing. Spouses in the prior study who were willing to take part in future research were informed by email about the current study and invited to consider participation. If interested, they could email the primary researcher of the present study (N.G.). They were informed about the study verbally or by letter, with the opportunity to ask questions. They were also informed that they could withdraw themselves and their data from the study at any given moment should they wish to do so. Spouses who were willing to participate signed an informed consent form prior to the start of the interview. To assure anonymity, pseudonyms were used.

The interviews were held by the primary researcher (N.G.) over a seven-month period in 2019. They each lasted between 1.5 and 2.5 h. The interviews were held in a place chosen by the interviewees. One interview was held in the spouse's office, and the other interviews were held at the home of the interlocutors. During two interviews, the partners of the spouses were present. One partner joined the interview halfway. They gave verbal consent about participating and recording the interview.

The position of the primary researcher (N.G.) as a researcher affiliated with the psychotrauma treatment institution might have hindered or eased the recruitment and interviews. Considering that some of the interlocutors referred to the researcher's affiliation with the psychotrauma treatment institution, some might have considered her an insider to the institution. Yet, not being a psychologist also distanced her from the psychotherapeutic treatment. The primary researcher was unfamiliar with the social and medical trajectories of the spouses and their (ex)partners. It was clear to the interviewees from their discussion

with the researcher that the latter had no personal experience in the military. Being a female researcher interviewing female spouses might have eased the interviews, understanding specific gender roles. On the other hand, some interlocutors might have considered the primary researcher as young, perhaps too young to have lived during certain military deployments, or too young to have accumulated many life experiences and cope with some shared personal experiences.

During the interviews, a topic list was used regarding daily life, their relationship with the veteran, deployment-related mental health issues, health (care), social support, meaning-making, recognition, recovery, and future expectations. Despite this, the interviews were primarily guided by the narratives of the interlocutors and the importance they ascribed to certain experiences. Hope was not a predetermined theme.

The interviews were recorded and transcribed verbatim. First, the interviews were analyzed based on the experiences of the spouses according to the themes drawn from the topic list. The findings were discussed by the research team (N.G., N.L.D., J.H., and E.V.). A phenomenological approach was chosen to get an insight into the shape and workings of hope from the narratives of the spouses as a way of making sense of everyday experiences and as guidelines for future action (Gustavsen, 2017). Phenomenology examines how phenomena appear and are composed of lived experiences (Desjarlais & Throop, 2011; Jansen, 2021). The approach enabled us to get an insight into the shape and workings of hope from the narratives of the spouses as a way of making sense of everyday experiences and as guidelines for future action (Gustavsen, 2017).

FINDINGS

Below, we address the experiences of the spouses along several key themes, including the normalization of behavioral challenges, the transgression of personal boundaries, the inability to sustain care activities for their partners (reaching rock bottom), and the delicate balance between hope and despair for a cure after seeking professional care.

Normalization and temporariness

The reunion between a spouse and a veteran returning from a military deployment is characterized as a period of re-integration and normalization, including the normalization of behavior manifesting as a result of deployment-related psycho-traumatic issues (Andres et al., 2015). The spouses in this study experienced changes and negative behavioral expressions after their partners' return. To maintain optimism about their daily lives in the present, notions of temporariness and rationale were employed as two key strategies in the process of normalization. Some spouses attributed the changes to other life events or to military medical discourses.

Occupying a wall-to-wall u-shaped couch in the living room, Bea reflected on the period right after her partner's return from his second deployment. She remembered he was tense, hyperalert, overprotective, and had nightmares. They were not yet living together at that time, and both led busy lives that included jobs, sports, and wrapping up the remnants of former relationships. She thought that (adjusting to) these events explained his behavior and did not particularly attribute it to the military deployment itself.

> He came back home hyper-alert. But I waved it away, like, he just got back. He needs to adjust again. Plus, he and his ex-partner just broke up. I and my ex just broke up. We were getting serious [in our relationship]. There was so much going on in our lives, it was logical. The nightmares, waking up covered in sweat. (…) You become a master at finding explanations. We were both very busy. No wonder he was tired and tense in the evenings and at weekends.

Olga gave a similar response. Her partner's hyper-alertness and nightmares were ascribed as both logical and a response to other events in their daily lives.

> "Of course he changed. Anyone would change after being abroad in a warzone for four and a half months, or anywhere else for that matter. He came back, and just about two months later he became a father for the first time. A lot was changing, and I thought, things change during your whole life, and so do you."

According to Patricia, her partner started working a lot after he returned from his military deployment. She ascribed her partner's verbal and physical "explosions" to his heavy workload, or to situations where he was not in complete control. Behavioral expressions of their partners that were different than before military deployment were noticed, and the spouses searched for a rationale that explained the changed behavior. None of these women considered the behavior and issues of their spouse as a consequence of the military deployments. Instead, they attributed the issues to other post-deployment life events and considered these to be logical, and of a temporary nature.

Finding a realistic explanation of changed behavior provides a sense that life is meaningful because a person remains able to look forward (Antelius, 2007; Gustavsen, 2017) and to remain optimistic about the ability to have a 'normal' life (Calhoun, 2018). Normalizing unusual behavior provides an explanation and a connection between past and current behavior and provides a sense of openness to the future (Antelius, 2007). As Francis explained, "I actually thought that it would pass. I did not expect it to get worse, much worse." Based on this expectation, shaped by societal narratives that described the military deployment as "easy" or "a holiday", she decided to stay with her partner, got married, and had children. Information that conflicts with the desired expectation of building a future together is attributed as temporary or other explanations while hoping that things will become different. As Bea construed the changed behavior: "You do not want to see [what's wrong], you want your partner doing well." The women navigated between the contradictions of past and present reality or cultural narratives, aiming for optimism about the future.

Rather than merely focusing on past experiences and attributing current behavior to other life events to compose future desires, Kim and Emma explained that their future expectations were shaped and normalized by military narratives and medical professionals. Kim noticed changes in her partner's behavior during his deployment. He was tense and dejected during their phone calls. She visited the military personnel division and asked for clarification of her partner's changed behavior. Once her partner was home "he would wake up in the middle of the night, in complete panic, looking for his weapon. (..) Sometimes, when he had a vivid nightmare, I got beaten and kicked out of bed." She explained his behavior based on what she had been told by the professionals, the military representative ascribed her partner's behavior as "a logical consequence that will disappear by itself." "That is all part of it, I was told. So, well, okay then." These explanations made her rationalize and accept his behavior during and after his deployment.

Emma had a similar experience with a mental health professional. She met her ex- partner two years after his military deployment, during a time when he was struggling with drug abuse. Because of the potential impact on her two children, she quickly asked for psychological help from a veteran's health care facility. She explained that the professional attributed an aggressive incident between her oldest daughter and partner to his military experiences abroad. Both her daughter and partner were victims of the distress caused by her partner's military deployment. Although Emma experienced this explanation as disclaiming the consequences on her daughter, she reluctantly accepted the (violent) behavior of her partner. According to the mental health professional, deployment-related posttraumatic stress (disorder) was the perpetrator, and the entire household, including her partner, was the victim.

Multiple studies characterize the period after the reunification of a veteran and their family as one of readjustment and adaptation. Andres et al. (2015) refer to a period of normalization and stabilization of relationships after approximately 12 weeks of reunification. Military medical narratives about the temporary nature of deployment-related mental health issues imply false pretenses about future possibilities (Berlant, 2011). Although not all the interviewed spouses were together with the veteran before the military deployment, they did explain post-deployment behavioral changes as temporal, a logical consequence,

a time to process and create meaning of their combat experiences, shaped by military, personal, and cultural recourses (Gustavsen, 2017; Lomsky-Feder, 2004). The resources that were used assume that any behavioral changes will vanish automatically and their partner will return to being the person they expect them to be.

Stretching and crossing personal boundaries

The spouses expected the behavioral changes to be only temporary. Their narratives revealed that this desire was not achieved. As time progressed, deployment-related issues and behavioral changes slowly started to consume their everyday lives, resulting in changing dynamics within the relationship, and stretching personal boundaries. They tried to make the best of the given situation, even at their own expense, by adopting caregiving roles, which were for many, bolstered by fear and resignation. Their adaptations, where they take on additional responsibilities, can be seen as hopeful actions aimed at improving or preventing further deterioration of the situation, which Stockdale (2021) refers to as 'fearful hopes'.

Trying to unburden her partner, Patricia stated firmly that she presented herself as a caregiver. "I stopped everything that was not a priority. Literally everything. Yes, I had my job, but that was it. Everything else was dominated by limiting his distress." She prioritized her partner, and stopped, as she explained, taking care of herself. Bea explained that "for years you live in a cocoon, your safe home, your bubble, literally locking yourself up, closing the curtains. … In the beginning, you accept it. You do it during the first years. For him. Everything revolves around him." Positioning the veteran as the center of attention resulted in a decrease in (social) activities and support outside their household. Bea was fueled by actions to minimize negative consequences for their partners.

During our interview, Emma expressed that during the first two years of her marriage, she allowed her personal boundaries to be crossed. Under the guise of the explanation by a mental health professional that the whole household was a victim of her partner's military deployment, she accepted household violence and sexual abuse. The narratives of the spouses revealed daily actions that were geared toward a specific outcome: unburdening the veteran at the expense of themselves with the desire that the behavioral changes were only temporary and they could help fix them.

During our conversations, the spouses revealed a strong sense of responsibility in taking care of their partners. When talking about household chores or administrative tasks concerning her partner, Francis confessed that she does everything. Her partner returned home from work during our conversation. Francis automatically left the dinner table, and gave her partner a drink and his medication, while he took a seat on the couch. After reflection, she revealed that she was unaware of these actions and described them as a habit. Elvira also explained that she did all the household work and administration: "He could not remember a thing. I needed to remind him constantly." She also explained that taking care of everything was something that snuck in: "You just do it, you do not even notice you start doing it." It is a gradual unconscious process where spouses start to include additional chores in their daily routine to support and unburden the veteran.

The spouses tend to adopt a caregiver role, to unburden not only their partner but the entire household. Olga explained that she had to do everything, "otherwise everyone suffers." Her partner added that Olga is "the driving force of the household, the engine," taking care of the family and the household. Patricia also explained that she was responsible for the household and struggling with the responsibilities of taking care of her partner. She wanted to leave the responsibility of taking medication to her partner, but he tends to forget, resulting in increased tension and distress. She noted: "When I do not manage his medication intake he forgets, and who suffers? I do." Although with resignation, she chose to take care of her partner to make daily life as comfortable as possible, something they referred to as the "path of least resistance."

Kim described a downward spiral after they moved to a new home. She revealed that her partner had a need for control, and to create a safe and predictable environment. The house needed to be tidy and clean. These were needs, Kim explained, that were difficult to manage with two small children under the age of four. She noticed that she started to dislike her partner.

> "I tried, but the only thing he could do was grumble and be mean to our children. He felt very miserable. It was very stressful, and the four of us became stressed (..) Some days I escaped the house and fled to my parents. Away from my partner. Away from the stress. (..) I could really feel the pressure, like it was hanging in the atmosphere. I thought I would suffocate from it."

The pressure and unpleasant atmosphere in the house were a big sacrifice for Kim. She explained that every minute had to be scheduled, and they could not do anything spontaneously. This was another adaptation she decided to make because her children and partner thrived on it: "Well, if it is good for them, I will make the sacrifice." It was not just her partner who motivated her to adjust, but also the nurture of her children.

Leaving the house was carefully planned, to make it predictable and controllable for their spouses. For example, both Patricia and Kim explained that they scheduled their grocery shopping carefully. Giving their partner a specific time comforted them about what to expect so that they worried less about if and when the spouses would come home. Any uncalculated delay meant increased stress for the veterans and sometimes caused panic attacks. The women felt responsible for making their daily lives predictable. Unburdening the veteran meant burdening themselves, causing stress and often pressure to fulfill the desires of their partners and fear of what would happen if they could not.

Dekel and Wadsworth (2015) explain that veterans with deployment-related mental health issues are at the center of the household. This is a process that starts unconsciously and is difficult for the spouses to resist. "This experience transcends physical boundaries (within the house and outside), boundaries of time (day and night), and personal boundaries (minimization of the women's self-expression)" (Dekel & Wadsworth, 2015, 169). The spouses made decisions to adjust to the needs of the veteran to relieve their burden. These were present-day actions to achieve a meaningful life in the present and to achieve future desires (Mattingly, 2010). The consequence, however, was increasing the distress and burden on themselves. Their own agency, autonomy, and independence were at stake. The interviews revealed the darker aspect of hope, where spouses increasingly sacrificed themselves to attain the envisioned future.

Kim showed, just like the other interlocutors, that it was not only her partner who was a reason to adjust, but also their children. Children seemed an important factor in explaining the spouses' behavior and choices and giving them the best possible environment and future within the given circumstances. Both Vivian and Francis explained that they continued the relationship for the sake of their children and as a desire to be a family, thinking the issues would vanish. However, some spouses revealed that despite their best efforts they could not give their children the nurture they envisioned, resulting in disappointment. They also showed an ambiguity of empathy and resentment regarding their partner. They resented the situation, disliked the distress and disappointment regarding the envisioned nurture of their children, and felt empathy because their partner was a victim of traumatic military deployment experiences.

As a family unit, the spouses and children anticipated and adjusted their actions to the needs of the veterans, motivated by the desire to minimize negative consequences (Stockdale, 2021). The spouses desired the loving relationship they once envisioned, sometimes for the sake of their children. Their actions revealed a desire for a positive change, or at least not aggravating the mental health issues of their partner. This hopeful outlook affected the spouses' willingness to anticipate the needs of the veteran in the present at their own expense, and to persist with the present situation (Cook & Cuervo, 2019). Although not the desired situation, the spouses adjusted and accommodated within the present, with the hope that it was temporary and that a better future could still be achieved.

Hitting rock bottom

The interviewed spouses provided care and support to unburden their partners over a period of years and sometimes decades. During this time, eight spouses described an escalating situation that felt like hitting the bottom of the barrel. They realized that the behavioral changes of their partners were not of

a temporary nature and that their care and support did not improve the present situation. They could no longer sustain care within their household. Their goal-oriented actions to promote recovery or cure, a sense of meaning, beliefs, and motivation to persevere were shattered. Feelings of powerlessness, defeat, and despair drove the spouses to reach for other solutions.

Some spouses realized they could not cope with the situation on their own anymore and their hope to persist in the present situation and their desire for a positive change was scattered. At the start of their summer holiday, Vivian expressed that the situation at home had become untenable. Her partner's obsessive drinking meant that he was not able to talk properly anymore before noon and stood mumbling against a fence in the garden while denying his compulsive drinking was a consequence of his military deployment. Vivian felt defeated and hopeless. Earlier conversations with a chaplain and psychologists did not help, and she noticed adverse effects on their children and herself. She wanted to protect the children and decided to separate from him and asked him to leave the house. After an hour, he returned and admitted he was an alcoholic. She experienced it as if "it was like he admitted having an affair." Finding agreement about the behavior provided relief and the ability to act. Francis explained that after 20 years of accepting and dealing with the behavior of her partner, another escalation made her seek professional support. The interviewed spouses appeared the most distressed when their partners did not acknowledge their psychosocial problems and changed behavior. Such disagreement can negatively affect a couple's relationships and spousal well-being (Renshaw et al., 2009). The spouses realized they could not cope with the situation on their own anymore and their hope to persist in the present situation and their desire for a positive change was scattered. The disagreement between the spouse and veteran about the situation also contributed to the stagnation of any improvement.

The partners of Patricia and Bea had an acute psychosis and were both taken immediately to a mental health care facility. Bea explained:

> December 2014, it went wrong. We both arrived home after exercising. He sat still in his car in our parking spot with an unusual look in his eyes. He had an acute psychosis and was reliving Afghanistan. Right from that moment, I knew something was wrong. All his senses participated; he smelled, felt, heard, and saw Afghanistan. He did not recognize me anymore. He started to wander, and, unfortunately, I had to call the emergency number. The police arrived. He was taken to a police cell, in isolation.

Both Bea and Patricia said that this day was the worst day of their lives. They felt defeated, desperate, and powerless upon realizing that their partner was suffering from severe mental health issues and they were no longer able to persist and manage the present circumstances. They felt like they had no other options but to call the police and ask for professional help.

The initiative to seek professional mental health support is often taken by someone other than the troubled veteran (Duel & Reijnen, 2021). This research also described how critical moments (e.g., an escalation) prompt crossing the threshold to seek professional support. Their basal hopefulness is challenged, and fearful hopes about an uncertain future and what will happen are fostered (Stockdale, 2021). Spouses must navigate between a reality that is accompanied by feelings of despair and defeat and possibilities to remain hopeful (Eaves et al., 2016). These findings demonstrate that achieving a state of hopelessness and powerlessness can also become a driver of change and renewed hope.

Navigating hope and despair

Despite the development of psychosocial interventions concerning positive health and recovery-oriented approaches (Huber et al., 2011; Leamy et al., 2011), the dominant medical discourse within veteran health care involves cure and a return to good health (Wool, 2020). The spouses revealed a trajectory in mental health care characterized by both hope and despair: it is an interplay between hope for a cure and a better future and the hopelessness of an unattainable cure and the unlikelihood of improvement. Although not

every veteran of the spouses we interviewed received psychosocial support, the narratives of those who did reveal an ambivalence between hope and despair. The first conversation Elvira and her partner had with a social worker revealed hope and relief: "All the pieces came together (…) finally someone who understood our situation." They thought the problem was solved and everything would work out. The future looked bright and positive. Soon they realized this one conversation was not the ultimate solution. Despite multiple years in therapy and different types of interventions, Elvira's partner is still struggling with deployment-related mental health issues.

Both Elvira and other spouses described the process towards decreasing mental health issues with the support of professional mental healthcare facilities as a back-and-forth trajectory. Elvira, just like the others, experienced anger, and powerlessness due to the constant struggle with a decrease or increase in the issues of her partner. Olga noted, "In the beginning, I became angry very often. Not just at my partner, but at everything and everyone, including the military." She still feels anger about the situation, especially when her partner's limitations become more apparent.

The spouses described the diagnosis of PTSD as a process of anger and hope. Olga's partner has no recovery perspective, which means they have to accept his current limitations. When talking with Olga about PTSD and needing to deal with it for the rest of her life, she alternately revealed anger and acceptance. "We did not ask for this," she said, and, "it [PTSD] is what it is. So I embraced it. There is nothing else you can do. You can fight it, but it is of no use. It will not disappear." Bea described similar feelings. Their experiences entail acceptance of the limitations of their future possibilities. They were willing to adjust their desires and expectations about the normative future of 'a good life' (Berlant, 2011) and the medical discourse of cure (Wool, 2020). They reformulated their perspectives to a more achievable reality within the boundaries and possibilities of the diagnosis.

Although the spouses expressed feelings of acceptance and adjusted their hopes, they do continue to stretch the parameters and search for sources that can decrease the mental health issues, or at least unburden the household. After being told that Olga's partner had no recovery perspectives from the psychotrauma health care facility where he received psychosocial support, he signed up for a service dog. After three years of waiting, they welcomed their "buddy." For them, the service dog means a helping hand in the household, especially in guarding her partner's level of stress and anticipating potentially threatening situations, which were duties that Olga had done.

Patricia's partner received psychosocial support in a psychotrauma healthcare facility for over ten years. It provided few health improvements. As they kept hoping for further improvements, they continued to search for more effective treatments and attended an equine-therapy session a couple of years ago. She stated firmly that "in the two and a half years we had equine therapy, he showed more improvement than ten years in the healthcare facility." Accepting the current situation and a different future than envisioned, changed their perspective about a cure and their desires for a better future. Hopelessness transformed into practices of hope within the limits of the diagnosis.

All the interviewed spouses were still dealing with the consequences of their partner's military deployment, despite some of the veterans receiving years of psychological support. Although some of the veterans do not have any formal recovery perspectives, the spouses revealed hope concerning improvements in their (partner's) everyday life. Acceptance of their current living condition alternates with the desire to search for possible curative treatments. Joan expressed that she occasionally wonders if she accepts the current situation: "Sometimes I wonder, is it [the present situation] okay? Do I accept it, or do I want to change it? Well, sometimes I try to change it. But I do not notice any improvement, well, it must be okay then." According to Wool (2020), this contradiction is ascribed to the friction between the promise of medicine and the ongoing experiences of daily limitations. The spouses aligned present-day reality with their recovery desires to strive for a realistic hope and a decrease in the impairment (Wool, 2020). The interviews also revealed that the belief that their partners were victims of mental health issues led them to accept the current situation. Olga, Patricia, and Joan expressed an understanding of their partner's condition, willingness to accept it, as well as hope for improvement in their daily experienced limitations.

During the interviews, the spouses explained that financial support and safety had a significant impact on both the level of stress and future perspectives. Due to the mental health issues, they experienced rising healthcare costs and income losses. The spouses revealed feelings of hopelessness and uncertainty about their financial status, influencing their day-to-day life and future possibilities, sometimes even questioning whether they could manage to pay the mortgage. Dealing with administrative tasks to obtain financial support, health insurance, a debt of honor, or compensation for the damage suffered due to the military deployment was an ongoing struggle. It affected their daily lives, both in keeping track of the process, accompanied by stress, and feelings of disappointment. During the interview, Vivian started crying, feeling defeated when talking about the process after her partner's last military deployment. Vivian and her partner did not receive any financial help or support, despite an informal conversation with someone at the Department of Defense who admitted it had been a mistake to send him on that specific deployment. However, up to the date of the interview, this was not formally acknowledged. Consequently, the financial support was minimal and affected their present health, feeling misrecognized, and their future perspectives. Certainty about the financial status and feeling supported by the Department of Defense about the effects of a military deployment seemed to be an important resource in affecting and shaping their daily lives, their hopes, and future possibilities.

All the spouses noted that military deployment had affected their partner negatively. A complete cure seemed unattainable for those who received psychosocial support (eight spouses). Through time they experienced a notion of acceptance of the limitations in the present, formulating new perspectives, but also revealed a desire for a better future while searching for other sources that could contribute to positive future perspectives. Their hope for a cure changed to present-centered variations of hope with more certainty to be fulfilled. Wool (2020) described this as a place of ambivalence, a space where psychosocial support and limitations co-exist, and a space of hope for a better future and accommodation in the present. Popular medical discourses, which portray a cure as the outcome of a broad range of evidence-based therapies, foster hope (Del Vecchio Good et al., 1990; Wool, 2020). Formulations for a better future are collectively produced and culturally interpreted (Del Vecchio Good et al., 1990; Eaves et al., 2016). The narratives of the spouses showed that medical narratives and institutional recognition of the effects of military deployment affect their day-to-day life in the present as well as their future expectations.

Redefining social dynamics

All the spouses explained that they hoped for a better future within the parameters of their partner's illness. It is through hope that possibilities can be perceived, and it creates the ability to look forward to the future (Antelius, 2007). Their expectations for the future fluctuated between possibilities and reality. The possibilities were described as the desire of the spouses to expand their activities with their partners. Reality was where the illness of their partner opposed this desire. The narratives of the spouses also revealed a shift in their expectations. After accommodating their limitations, their desires shifted from future-oriented hope for a cure to present-centered hopes concerning personal care and the celebration of small wins (Weick, 1984). The shift to personal care reveals a process of readjustment from a hopeless situation to a situation of personal growth where hope can thrive: a situation where other future positive outcomes might (again) be perceived.

After Bea noticed a stabilization in her partner's mental health issues, she was able to reflect on their situation and especially her own role and needs. This enabled her and other spouses to discover personal needs and strengths in themselves and to learn about new possibilities in their lives (Dekel & Wadsworth, 2015). For years Bea accommodated her partner's needs, but once he received professional psychological support and his mental health issues stabilized slightly, she felt able to prioritize her personal desires more: "All of it was necessary for him. But wait a minute; I am also entitled to have a good life within the circumstances we are living." After being closed for many years, she started opening the curtains in the living room. She also started with occasional yoga classes. Kim described a similar process, "taking a stroll with my children. … Enjoying the sun or eating ice cream on our way back. Just because I wanted to,

it made me very happy." Both Kim and Bea readjusted their desires and practices to meet their desires. An unforeseen consequence of starting to take care of their personal needs and expanding social activities with friends and their children was that it positively affected their partners and children.

The narratives of multiple spouses revealed changing formulations of hope to cope with the limitations in their daily lives. At least once a year, Patricia, Elvira, and Olga visit peer-support weekends specifically tailored to the spouses of veterans without being accompanied by their partners. Elvira explained, "I really love to go there. Leaving home, letting the family be." Others described it as "recharging," "being with like-minded people," and "a lot of laughing and crying." According to Olga and Patricia, it would take something extremely critical to prevent them from going to the peer-support weekends. Vivian, Bea, and Kim are members of a "Homefront" group, where spouses of veterans meet monthly. Contact with other spouses of veterans, who have deployment-related mental health issues, brightens their mood and situation. Kim mentioned that peer support fosters her hope and possibilities when she feels desperate about her daily life and future possibilities. Such shared experiences can help revitalize spouses and help them relativize their circumstances, and create future perspectives. It is a practice of hope that is constitutive of agency (Cook & Cuervo, 2019), where new communities are created with shared cultural notions and meanings regarding the situation they endure (Mattingly, 2010; Skoggard & Waterston, 2015). Gatherings with like-minded people sustain and improve hope (Mattingly, 2010). For the women, these social gatherings foster hope for themselves and their families. It provides an understanding of realistic expectations, what can be achieved, and shapes their future possibilities. Based on social encounters with peers, desired futures were reformulated and adjusted to increase the level of certainty that their hope would be fulfilled.

The spouses search for small improvements in the behavior of their partner that contribute to their personal feeling of happiness and foster expectations of a hopeful future. Just as Vivian described in the vignette at the start of this article, Elvira is glad her partner welcomes social activities again: "For years, my partner did not go to any parties. Now he slowly wants to expand those activities again." Patricia said she finds it "magical" that her partner is able to leave the house again without her accompanying him. Elvira and her partner found another way to do activities together they both enjoy. For a couple of years, they have owned a camper: "He never wanted to leave and now he has his home with him, his safe haven on wheels." She actively practices her desire to expand their world. Other spouses explained they and their partner consciously decide to go on an activity outdoors with their children, although their partner's mental health issues worsen afterward. "He [partner] is very tired and tense after an outdoor activity and needs to recover for a couple of days. But it's all worth it," Bea explained. They are enjoying the small victories together and taking the consequences for granted.

Hope arises in a social narrative (Stockdale, 2021). The spouses try to (re)formulate a new narrative that meets the possibilities. The spouses celebrate the improvements in daily activities with and without their partners. The small win fulfills a desire which is cherished but also redefines expectations for another small success (Weick, 1984). The spouses revealed a continued hope that the activities with their partner will keep on growing. The present status quo is not enough. Elvira admitted she really enjoys the activities with her friends again, especially the social and cultural festivities she missed for years because of her partner's illness. But although she enjoys the activities with her friends, there is an ongoing desire for her partner to accompany her in the future too. Vivian, however, continues to search for visible cues that her partner enjoys the activities he did not attend for years, hoping to see a glimpse of the man he was before his military deployment. She expressed that being able to drink a cup of coffee together, have a laugh, or see her partner enjoying his grandchildren's visits fosters her desire. These small victories enabled her to cope with the present and shape future possibilities. These are two coexisting varieties of hope: an uncertain hope for recovery and present-centered hope about practices that can be achieved.

DISCUSSION

The current study shows how the concept of hope allows spouses to deal with their veteran's deployment-related posttraumatic issues and keep their lives going. In our interviews, the spouses demonstrated a

growing awareness about the effect of military deployment on daily (family) life and the longevity of mental health issues. They experienced hope and hopelessness and learned to navigate a space of ambivalence, wherein their desires and future possibilities were reshaped and co-existed with the everyday challenges of posttraumatic stress. The spouses also learned to navigate within the parameters of the illness of their veteran when a cure is not a given. At the same time, they continued to challenge these parameters aiming to reshape the present and unlock new possibilities for the future.

Formulations of hope take shape through social and cultural encounters. During the first experiences with deployment-related mental health issues, the spouses in this study formulated their hopes and desires based on military and medical narratives of temporariness and cure, centered on imaginations of cultural notions of a good life (Berlant, 2011). Their hopes proved to be, as Berlant puts it, a 'cruel optimism' because the cure was unattainable. It demonstrates that encounters that promote hope for a cure can also foster feelings of hopelessness. It required the spouses to redefine their perspectives and desires, challenge normative notions, and seek a life worth living.

Military and medical discourses that imply a cure might lead to shattered imagined futures when a cure turns out to be an impossible outcome. In the matter of the spouses and their partners, the future-oriented hope for a cure kept the spouses from 'confining in the present', as Ahmed (2011) defined a negative effect of hope. One could question if military discourses about the temporariness of behavioral changes should be promoted as easily as was the matter for Emma and Kim. Sharing expectations about the potential mental health effects of military deployments and medical perspectives can transform future perspectives and the practice of hope in the present.

The narratives of the spouses showed the dynamic character of hope, how it promotes personal growth, and can even transform the aims to hope for. General formulations of hope changed to hope within the parameters of the illness. A more present-centered hope that enabled the spouses to cope with the present and one that is formulated toward the future (Cook & Cuervo, 2019). Social encounters, such as peer support, were a source that gave hope and fueled their present-centered hopes. The spouses shifted their perceptions and formulated more realistic possibilities within the parameters of the illness, deliberately choosing small expectations, as otherwise, there is no hope but only despair. In an ongoing negotiation between reality and possibility, they reshaped the possibilities based on experience, knowledge, and cultural resources for a more positive present and possibilities towards the future (Del Vecchio Good et al., 1990; Eaves et al., 2016).

To a certain degree, the spouses found closure with the mental health issues of their partners (Antelius, 2007; Mattingly, 2010), at least in the present and near future. However, the narratives also showed that the future holds the unknown and someday might bring a cure. Because the spouses adjusted their hope for the future into more realistic images of the future, the chances that their desires for the future would be met increased. Once met, it opens other imaginations to hope for. Hope is not a final destination; rather, it is a continuous process of navigating ambiguity, embracing possibilities in the present, and fostering desires for the future.

While the current findings may not be generalizable to all spouses of veterans with deployment-related mental health issues, their formulations and readjustments of hope in dealing with such issues could be valuable for other social contexts. Others may similarly maneuver in a new space where the consequences of mental health issues for oneself or an intimate other affect everyday life and future perspectives.

CONCLUSION

Hope emerged as a significant and relatively new concept in understanding the dynamics of veteran spousal relationships. It plays a central role in maintaining these relationships, contributing to spousal satisfaction and imbuing daily life with a sense of purpose. Hope manifests in various co-existing forms, undergoing a non-linear transformation process that oscillates between acceptance and despair. It pushes the boundaries and challenges the limits of conventional notions of recovery and promotes personal growth. By reshaping hope, spouses can benefit from learning to live with their veterans' mental health issues and experiencing a fulfilling life.

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DATA AVAILABILITY STATEMENT

The data that supports the findings of this study is available from the corresponding author upon reasonable request.

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