DIFFERENT BUT NOT BROKEN:
ROADS TO RECOVERY FOR VETERANS WHO HAVE SERVED IN THE CANADIAN ARMED FORCES

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Alisha Perreault

PREFACE

It has been a long road to attain the accomplishment of conducting and writing this research project. I'd be lying if I said I always knew that I would one day complete such a large-scale project because it is not something I ever imagined until recently. Despite this fact, I always knew that I wanted to enter a profession where I could help others. This passion grew and forced me to break out of my comfort zone and continue to push myself intellectually and practically in order to attain my goal of working with military members, veterans and their families.

I grew up in a military family and as a result can empathize with some of the struggles and trials that members and their families may encounter. More specifically my family was impacted by the war in Afghanistan that took place since my father was physically injured by an improvised explosive device while deployed in Afghanistan. Upon his return home it was discovered over time that not only did he have the visible wounds from the accident, but he was also suffering from invisible wounds. Witnessing what my father experienced inspired me to work towards attaining a position in which I would have the tools and knowledge to make a difference for current and former military personnel.

Accomplishing this research project is a big part of reaching my dreams since it has allowed me to better understand some of the experiences encountered by those who have served. Furthermore, it has allowed me to contribute to the literature on this subject and obtain my Master's degree in Social Work, which will hopefully provide me further opportunities to work on improving services and supports for veterans, military members and their families.

I poured my whole heart into this research project and I hope that it shines through in the words written on these pages.

ABSTRACT

Members of the Canadian Armed Forces (CAF) are at much higher risk of being exposed to traumatic events in comparison to the general population. This reality also makes them more susceptible to developing post-traumatic stress disorder (PTSD). Currently it is the medical framework of PTSD that is privileged in diagnosing and treating trauma lived by those who have served in the CAF. Like most medical models, this framework for analysis does not include the historical, social and cultural dimensions that play a role in how mental health problems are experienced by people from diverse backgrounds.

This dissertation aims to provide an understanding of the recovery pathways of veterans based on their subjective experiences. As part of the discipline of social work, this study aims to help broaden the understanding of PTSD beyond the medical model in order to intervene by recognizing the unique paths within the military culture.

To achieve this, four podcast interviews where veterans recount their experiences in the CAF as well as their paths to recovery from PTSD were analysed. An inductive approach was used based on the interpretive medical anthropological framework of signs / meanings / actions (Corin and Bibeau, 1995) as well as the concept of the military habitus - inspired by Bourdieu's habitus theory.

The results of this study shed light on the place of formal support services in the non-linear, diverse and complex pathways to recovery. This research documents the importance of recognizing personal strategies and the necessary, sometimes long period of time it takes to heal. Finally, it encourages a personalized, respectful approach based on trusting that individuals have the capacity to decide what is good for themselves and to take action. It highlights that intervention is an accompaniment in the personal journeys of individuals, which requires an openness to alternative approaches to treating PTSD in the lives of veterans.

Keywords: PTSD, Canadian military, help-seeking behaviour, recovery, social intervention, military habitus, signs-meanings-actions

RÉSUMÉ

Les membres des forces armées Canadian (FAC) courent un risque beaucoup plus élevé d'être exposés à des événements traumatiques que la population en général. Cette réalité fait en sorte qu'ils sont également plus susceptibles de développer un trouble de stress post-traumatique (TSPT). Aujourd'hui, c'est le cadre médical du TSPT qui est le plus couramment utilisé pour diagnostiquer et soigner les traumatismes vécus par les militaires. Comme la plupart des modèles médicaux, ce cadre d'analyse n'inclut pas les dimensions historiques, sociales et culturelles qui interviennent dans la façon dont les problèmes de santé mentale sont vécus par les personnes au sein de différents groupes.

Ce mémoire a comme objectif de proposer une compréhension des parcours de rétablissement des anciens combattants en se basant sur leurs expériences subjectives. S'inscrivant dans la discipline du travail social, cette étude souhaite contribuer à élargir la compréhension du TSPT au-delà du modèle médical en vue d'intervenir en reconnaissant les parcours singuliers au sein de l'armée et la culture militaire.

Pour y arriver, quatre entrevues de podcast où des vétérans racontent leur expérience au sein des FAC et entourant leur rétablissement du TSPT ont été analysées. Une approche inductive a été utilisée en prenant appui sur le cadre interprétatif de l'anthropologie médicale signe/sens/action (Corin et Bibeau, 1995) et le concept d'habitus militaire – inspiré de théorie de l'habitus de Bourdieu.

Les résultats de cette étude éclairent la place que prend le recours aux services de soutien formels dans les parcours non linéaires, diversifiés et complexes du rétablissement. La recherche documente l'importance de reconnaître les stratégies personnelles et le temps nécessaire, parfois long, que prend la guérison. Finalement, elle encourage une approche personnalisée, respectueuse et basée sur la confiance que chacun.e possède les capacités de décider ce qui est bon pour elle/lui et d'agir. L'intervention devient ici un accompagnement dans le parcours personnel ouvert aux approches alternatives de traitement du TSPT dans la vie des anciens combattants.

Mots-clés : TSPT, militaire canadien, aide formelle, rétablissement, travail social, habitus militaire, signes-sens-action.

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LIST OF ABBREVIATIONS

PTSD- Post traumatic stress disorder

OSI- Operational stress injury

CAF- Canadian armed forces

DND- Department of National Defence

VAC- Veterans Affairs Canada

INTRODUCTION

In 2018, statistics Canada conducted a survey on the incidence of mental health within the CAF. The results showed that 29.7% of members indicated having experienced symptoms of anxiety or depression in the past twelve months. This is slightly higher than the general population, seeing as the Mental Health Commission of Canada (2019) found that two out of every ten people (20%) within the general population will experience a mental health issue within any given year. The results concerning CAF members having experienced symptoms of a mental health issue between the period of 2002-2018 rose to 44.3% (Statistics Canada, 2018). This data shows that out of every 10 people in the military nearly 4.5 can expect to experience some type of mental health concern whether it be while they are still serving or after they have retired. Furthermore, these numbers may not reveal the true prevalence of the issue seeing as the stigma related to mental illness among those who have served is still tangible (Frank, Zamorski & Colman, 2018).

One of the most common mental health diagnoses among CAF members and veterans is PTSD (Langston, Gould, & Greenberg, 2007). Studies on military personnel have shown that in general they are more susceptible to receiving a diagnosis of PTSD in comparison to their civilian counterparts (Allen, Rhoades, Stanley, & Markman, 2010; Coll et al., 2011; Hoge, Auchterlonie, Mililken, 2006; Langston et al., 2007).

This reality faced by many CAF members and veterans is something that in recent years has received more notice from the Canadian public through ongoing media attention. Upon googling the words “Canadian veterans”, “mental health”, and “PTSD”, thousands of news articles appear. You can see titles such as “Wait Times, Broken Promises Leave Veterans and their Families Feeling Desperate,” “Veterans’ Disability Claims Backlog must be Cleared Amid COVID-19, Groups Say”, and “Veteran Suicide Risk Higher than General Population.” These

titles are only a few examples among thousands which demonstrate the structural injustice faced by the military community as well as its potential implications for them.

Veterans have fought to have their sacrifices properly acknowledged by the Canadian government and larger society (Campbell, 2000), but these articles show that the fight is not over. Veterans continue to speak out against the injustices that they face, with retired members publishing books, becoming mental health advocates, and participating in mediatized events about PTSD and mental health. Given the political uproar concerning issues surrounding veterans, serving members, and PTSD, I wanted to delve deeper into this subject matter, in the hopes of providing a platform that brings justice to some of the experiences lived by this community. In order to do so I also wanted to develop a deeper understanding of the military context inclusive to its rules, values, and norms.

In the first chapter of this social work master research project I will provide a historical contextualization of PTSD as well as an explanation of the military socialization process and culture. An overview of the literature on experiences of trauma within the military setting will be conducted. This will be followed by an examination of the role that gender may play in the military socialization process as well as the impacts it may have on experiences of trauma. Moreover, I will discuss help-seeking behaviour and recovery from PTSD. This chapter will be concluded with the introduction of my conceptual framework that will be applied for my project as well as an introduction to my research questions and objectives.

The second chapter will discuss the methodology which was utilized for my project. This will include me explaining how the podcasts utilized in my study were selected. In addition, I will clarify the qualitative approach of analyzing podcasts through an inductive thematic lens as well as elaborate on the ethical considerations and limitations of my project. Subsequently, in chapter

three I will present the results of my research project through introducing a cohesive narrative of veteran's discourse. In the final chapter I will analyse and discuss the results presented in the previous chapter, which will include providing an answer to the research question and objectives posed. Following that, I will contrast the results of my study with the existing literature and reach a conclusion regarding the implications of my findings for social intervention.

1. CHAPTER 1: RESEARCH ISSUE

It is well documented in the literature that those who chose to join the CAF encounter unique experiences that can alter and shape their thoughts and perceptions of the world around them (Keats, 2010; Adler & Sowden, 2018; Molendijk et al., 2016; Langston et al., 2007). In accordance to the research on this subject, this shift in attitudes and beliefs that occurs is the result of the one of a kind training and environment in which members are introduced and socialized. Some scholars have questioned the impact that military beliefs may have on veterans' choice to access further supports for mental health symptomology (Langston et al., 2007; Fox & Pease, 2012). However, knowledge regarding the true impact it may have remains ambiguous given the diversity of experiences reported by military members and veterans.

Soldiers not only sometimes have a difficult time accepting a mental health diagnosis (Molendijk, Kramer, &Verweij, 2015); they also struggle in choosing to access services even after admitting that they have a mental health issue (*ibid*). It seems that many individuals who have served often choose to try to address their struggles informally (Langston et al., 2007). Informal supports are alternative approaches to mental health care that are not considered to be a part of conventional medicine (National Center for Complimentary and Integrative Health [NCCIH], 2018). As a result, these alternative approaches are often more controversial within society (*ibid*). This leads to some individuals making assumptions that if people are not accessing evidence-based therapies then they are not putting in the effort at all (Gagné, 1996).

Such assumptions are made despite a growing body of research showing that there are benefits to alternative approaches; furthermore, the research suggests that traditional medicinal approaches are not effective for everyone (Lake & Turner, 2017). This leads us to consider the prevalence and value of alternative approaches for individuals who have served. In order to begin

to explore this questioning and narrow in on what the previous literature has found regarding veterans, serving members, mental health, PTSD, coping strategies, and their recovery, we will begin by looking at varying definitions of mental health.

1.1. Defining mental health

Within society there exist multiple ways in which mental health is defined and understood. For example, the World Health Organization [WHO] defines mental health as follows:

> a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community (2018, para 2).

To further elaborate, mental health is not synonymous to mental illness (Government of Canada, 2015), since, as is discussed by the Canadian Mental Health Association (2020), "we all have mental health, just as we all have physical health" (para 2). Mental health is on a continuum, meaning someone with a diagnosed mental illness may experience days where they would describe their mental health as being good, just as someone without a mental illness may on some days describe their mental health as being poor (*ibid*). The social determinants of health are known to put people at higher risk for mental illness or unwellness, meaning that economic situation, gender, environment, access to care, education, and housing all can play a role in mental wellness (WHO, 2014). Within the context of my research paper I wanted this reality to be acknowledged, as the aim is to examine the experience of mental unwellness, more specifically PTSD through the perception of the whole person. Therefore, one should consider both psychological and sociological factors rather than exclusively look at symptoms of diagnosis.

Furthermore, introducing this kind of understanding of mental health seems important as it shows that a state of mental well-being may differ in varying societal contexts. It also demonstrates

that a variety of factors come together to determine whether a person is showing signs of being mentally unwell. *Regroupement des Ressources Alternatives en Santé Mentale du Québec* (RRASMQ, 2009) also acknowledges this reality concerning mental health. They state that encountering mental health problems is a natural part of human existence. In addition, these more difficult experiences that we sometimes encounter can help individuals evolve and develop more wisdom and strength. Therefore, psychological suffering may simply signify a natural questioning of one's existential meaning. Thus, it may not be something that needs to be muted or changed but rather embraced and listened to.

Overall, I kept in mind the complexity of mental health throughout the entirety of my research process. Defining mental health for me was important as it is intimately linked to the conversation of mental unwellness and the differing mental health diagnoses. However, since the (demographic of interest for my research project is Canadian veterans, and the most common mental health diagnosis among them is PTSD, I was more specifically interested in exploring the stories of veterans who had encountered this particular mental health concern. As a result, moving forward I will explore more in-depth how the term PTSD came to exist, as well as how the military has traditionally viewed this issue.

1.2. A historical contextualization of post-traumatic stress disorder

The mental well-being of military members began to occupy a higher rank of importance during the era of World War I (Wessely, 2006). This war began in the summer of 1914 and ended in 1918 (Rank, 2000). The war developed as a result of long-standing tensions between various European countries, with the major triggering event being the assassination of Archduke Franz Ferdinand who was the heir to the Austrian-Hungarian empire (*ibid*). Millions of soldiers from all over the

globe participated in WWI, with some individuals being deployed[1] for years at a time (Wilcox, 2014).

The combat of this war was characterized by a host of new battle tactics (*ibid*). During this time poison gas was introduced along with tanks (*ibid*). The advancements that had occurred in artillery weapons only a few years prior to the war made these weapons extremely effective (*ibid*). Soldiers would dig trenches for cover from the deadly fire front, which is why many people refer to WWI's style of battle as trench warfare (Dunleavy, 2018). Soldiers would often sit in these trenches for weeks at a time waiting for an attack to happen, which facilitated the spread of various infections (*ibid*). Furthermore, in the beginning of WWI individuals would engage in close-quarters combat: they had bayonets attached to their rifles which they could use during close encounters with the enemy (*ibid*). The above examples are reasons as to why WWI amounted to so many lives being lost, and many historians describe the events that unfolded during that time as truly horrific (Dunleavy, 2018; Wilcox, 2014). This war was in fact so brutal that Dunleavy (2018) states that "it's believed that as many as one in ten of all fighting forces in the conflict were killed" (para. 15). Given the atrocities of WWI it is not surprising that the effects that war can have on mental health began to come to the forefront.

However, at that time there was no classification of disorders or clear methods of how to treat those suffering from mental unwellness (Grieger, 2018). The belief was that those who experienced symptoms of mental illness were weak, unfit for service, and self-centered (Wessely, 2006). The term "shell shock" was introduced during this time, but it was initially believed to be "a concussion-like disorder caused by the close proximity of artillery explosions" (Grieger, 2018, p. 4). It was characterized by both physical and psychological symptoms in accordance to Pols &

[1] The term deployed or deployment can be defined as the duty to report to training exercises or a mission away from home for an extended period lasting weeks or months (Military Family Services, 2016).

Oaks (2007), which included “stuttering, crying, trembling, paralysis, stupor, mutism, deafness, blindness, anxiety attacks, insomnia, confusion, amnesia, hallucinations, nightmares, heart problems, vomiting, and intestinal disorders” (p. 2134).

As can be seen by looking at the above list, a wide array of symptoms fell under the category of shell shock. However, it has been debated that the idea of shell shock being a mental illness was pushed away due to its affiliation with fragility, and the army trying to uphold the idealized picture of strength (Duncanson, 2009). In addition, the institution did not seem keen on taking ownership of these invisible wounds, as the state would then owe these soldiers a pension (Standing Senate Committee on National Security and Defence [SSCNSD], 2003). Therefore, it is fair to say that there seems to have been two separate reasonings as to why the military during this time didn’t want to take ownership for soldiers’ psychological suffering, These reasonings being not only the stigma associated but also the fear of having to financially compensate those that were affected.

Soldiers were screened during World War I in order to verify that they were psychologically fit for service (Jones & Wessley, 2005). Should the screening demonstrate a predisposition to or past occurrences of mental illness, the individual was deemed unfit for military service (Pols &Oak, 2007). The results of this screening proved to be inefficient, as many soldiers experienced mental breakdowns despite having been assessed as presenting a low risk for mental health issues, which led officials to believe that a different method of intervention was necessary (Wessely, 2006).

Despite this fact, the historical precedent of screening members still exists in a less intrusive form to this day, through mandatory medical examinations and the need to overview previous medical history (Jones, Hyams, Wessely, 2003). This is somewhat problematic as it could

contribute to the increased stigma towards mental health within the military environment (Frank, Zamorski & Colman, 2018), since when screening members, it seems to send a clear message: that is those thought to be susceptible, or with a history of mental health issues, are not welcome. Further contributing to this unwelcoming message is the fact that those who acquire ongoing mental health issues are often discharged from service as well (Brockway, 2016).

Screening attempts seemed not to be as successful as the military would have liked, due to seemingly failing to identify those more susceptible to mental breakdowns (Pols & Oak, 2007). A form of treatment was developed known as "forward psychiatry" (p. 4; proximity, immediacy, expectancy, and simplicity [PIES]), which believed soldiers could be cured on the sidelines of the battlefield within a few days through rest and leisure (Grieger, 2018). During this time the understanding of PTSD (known as "shell shock" at the time) shifted to a comprehension that the symptoms were associated with the atrocities of the war (Pols & Oak, 2007). However, the approach being proposed seemingly did not take the injury seriously. The motive for this treatment was arguably greed, as the institution wanted its members returned to the battlefield as quickly as possible (Wessely, 2006).

Given the increased awareness around mental health that was occurring by World War II (WWII), psychiatry became an integral part of the army (Jones & Wessely, 2005). This war took place between the years of 1939-1945 (Royde-Smith & Hughes, 1998). It erupted mostly due to several unresolved issues in association with WWI as well as the political rising of Adolf Hitler (*ibid*). The major event which caused the war to erupt was Germany invading Poland (United States Holocaust Memorial Museum [USHMM], 2007). Outside of deaths that were occurring due to combat, a massive genocide of Jewish people and others deemed as inferior to the Nazi party

was happening (USHMM, 2007). It is estimated that upwards of six million Jewish people were murdered by the German soldiers and their allies at this time (*ibid*).

Since psychiatry was established in the military during this time, psychiatric professionals are believed to have played a pivotal role in preventing and treating mental health conditions that occurred or arose from this war (Jones & Wessely, 2005). The military had recruited several psychiatrists as well as developed specialized military hospitals, and as a result advancements in individual and group therapies to treat those suffering from the trauma of war were occurring (*ibid*). Despite this fact, PTSD was still not recognized as a formal diagnosis and was being called combat stress reaction or battle fatigue at that time (*ibid*). This terminology was used as it was believed that soldiers were experiencing symptoms due to exhaustion associated to the length of their deployments (A&E Television Networks, 2017).

More major advancements in the understanding of the impacts of combat exposure began to occur during the Vietnam war (Pols & Oak, 2007). Although the CAF did not actively participate in this war they were impacted by the practices and terminology being introduced at that time (SSCNSD, 2003). The Vietnam war spanned over a twenty-one-year period (Spector, 1998). The war arose due to political conflict between North and South Vietnam (*ibid*). During this war many of the same psychiatric techniques used in WWI and WWII were being utilized to treat soldiers succumbing to mental breakdowns due to exposure to trauma (Jones & Wessely, 2005). While the United States (US) was in active combat, they noted few episodes of mental breakdown (*ibid*). As a result, the services provided to soldiers to support their mental health were initially seen as a success. However, it was later noted that, upon their return home, many Vietnam veterans were displaying mental health issues such as addiction problems, anger issues and in some cases suicidal behaviour (Jones & Wessley, 2005).

This war was symbolic since it was a war that was not well supported by the general public, and due to this fact service personnel returning home received little appreciation (*ibid*). The veterans that were struggling psychologically were viewed as a societal problem rather than heroes of the war, especially since the Americans had lost (Ciampaglia, 2018). The diagnoses that were being applied to veterans (e.g. depression, schizophrenia and/or anxiety disorders) led the public to believe that individuals were developing mental health issues due to previous susceptibility and not because of the war (Summerfield, 2001). As a result, the American government also did not recognize the psychological damage that was caused by the war (Jones & Wessely, 2005; Young 1995); hence it is believed that the further medicalization as to the effects of trauma on an individual's mental health was encouraged by the socio-political climate at that time (*ibid*).

A few years before 1980 two individuals by the names of Robert Lifton and Chaim Shatan formed a working group to begin collecting evidence as to the effects of war trauma on an individual's mental health (Jones & Wessely, 2005). This evidence was collected to be submitted to the Diagnostic and Statistical Manual of Mental Disorders (DSM) review board, who were then in the process of revising the previous version of the DSM (*ibid*). To clarify, the DSM is a manual that is utilized primarily by mental health professionals (mostly psychologists and psychiatrists) as well as researchers in this domain to diagnose and classify mental health disorders (American Psychiatric Association, 2013). Both Lifton and Shatan were psychologists who involved themselves in the anti-war movement during the Vietnam War (Jutel, 2011). The third member in the working group was a Vietnam veteran named Jack Smith; this was surprising as he was the only member in the DSM III task force without a formal education (Young, 1995).

In 1978 the final report created by the working group was presented to the DSM committee and PTSD was confirmed as being a new diagnosis to be included in the revised version of the

DSM (Jones & Wessley, 2005). However, the term PTSD was coined by the committee, as in the final report the working group had suggested catastrophic stress disorder with a subcategory specific to those who have served, coined "post-combat stress reaction," but this terminology was ultimately rejected (Young, 1995). In 1980 the revised version of the DSM was released, which incorporated PTSD. (Breslau, 2004; Molendijk et al., 2016). This is the common framework used to understand trauma today (Fox & Pease, 2012; Molendijk et al., 2016; Suarez, 2016).

Wars and peace-keeping missions subsequent to the Vietnam conflict, such as Rwanda, Kuwait, Kosovo, Bosnia, Somalia, Haiti, Cambodia, Croatia, and most recently Afghanistan and Iraq further contributed to the dialogue concerning mental health issues inclusive to PTSD. I would like to highlight a few of these conflicts specifically, given what was happening while they were taking place.

The Canadian military was asked to station troops in Rwanda since the country was in social turmoil at the time (Rosebush, 1998). The two major ethnic groups of the country—the Hutu and the Tutsi—had reached a critical point in their ongoing conflict (Foot, 2019). A Tutsi rebel group located in Uganda invaded Rwanda, sparking a civil armed conflict (*ibid*). The CAF was mostly there to assist with containing disease outbreaks that were happening but they also assisted in cleaning up the devastation caused by the ongoing brutality and massive genocide that occurred in 1994 (*ibid*). As a result of the conditions of the country, Canadian military members were exposed to truly horrific events. In an article written by the Globe and Mail, an individual who was deployed to Rwanda describes the scene as a "nightmare" (Galloway, 2019, para. 9). Of the 600 troops that served in Rwanda it is believed that approximately half of them developed PTSD (*ibid*).

In an article written by Rosebush (1998) they elaborate on the mental health interventions that were utilized during the Rwanda conflict. This elaboration included briefings on challenges that soldiers may face upon returning home, such as difficulties integrating back into a regular routine, as well as introducing the soldiers to different coping strategies that they may use in order to deal with these obstacles (*ibid*). Furthermore, Rosebush identifies debriefing as a common practice that was encouraged during the Rwanda conflict. Debriefing consists of talking openly with others about traumatic situations you encountered (*ibid*). Clinicians were available to CAF members and in certain instances helped in facilitating group debriefings, alongside offering individual counselling. Despite these supports being put in place, Rosebush states that the Canadian military did not track the overall effectiveness of these interventions. This indifference to the results seems to show that, overall, providing effective interventions to soldiers who had been exposed to traumatic events may not have been a priority at the time.

In simultaneity with the Rwanda conflict the CAF was also deploying members to aid in peacekeeping missions in regions of the Balkans (Bosnia, Croatia and Kosovo; Boileau, 2019). Prior to World War I, these countries had been known as the Federal Republic of Yugoslavia; however, disputes among the varying regions led to their separation (*ibid*). The Canadian military was there to assist in maintaining peace among the differing regions following the disintegration of Yugoslavia. Mental health interventions during this peacekeeping mission do not seem to be well documented in the literature, but it seems reasonable to believe that they were similar to that of Rwanda, since these peacekeeping missions were happening around the same time. To be clear, peacekeeping differs from active warfare since soldiers on peacekeeping missions are there to assist with things such as upholding cease fire agreements, training police forces, ensuring fair elections, and assisting in rebuilding the damage caused during active warfare (Fortna, 2003). In

contrast, when attending a mission within a war zone, active combat is to be expected on a more frequent basis as no peace settlement has been reached (Frankel, 1999).

The war in Afghanistan differed from what the Canadian military was used to, as it was their first time in active combat since the Korean war (Standing Committee on National Defence[SCND], 2014). This war was triggered as a result of the 2001 terrorist attack on the World Trade Center and the Pentagon in the United States (US) (Witte, 2010). Canadian involvement in this war spanned from 2001-2014 (VAC, 2019). This conflict saw the largest number of Canadians being deployed since World War II (SCND, 2014).

Due to the large scale of the mission, it started to become apparent that there was a need to reform the health care system in order to help those that would suffer from mental health issues as a result of being exposed to warfare (*ibid*); hence, mission specific data on soldiers' mental health status only started to be compiled during the war in Afghanistan (SCND, 2014). Moreover, the initiative which led to the establishment of the specialized OSI clinics that exist across Canada today was initiated during the Afghanistan conflict in 2002 (VAC, 2008). Initiatives to reduce the stigma associated with PTSD also started to emerge at this time, with the term OSI being introduced by Lieutenant-Colonel (retired) Stephane Grenier in 2001 (SCND, 2013). OSI is an umbrella term unique to the Canadian military that encompasses PTSD, depression and other anxieties (Keats, 2010). It is designated as non-medical and became preferred for soldiers due to it accentuating the issue as an injury rather than a mental disorder (SSCNSD, 2003). Grenier also established the Operational Stress Injury Social Support Program (OSISS) in 2001, which is a peer support group for retired and serving military personnel struggling with their mental health, and is inclusive to PTSD (SCND, 2013).

In a report published by the Standing Committee on National Defence (2014), they discuss the supports and services available to ill and injured service personnel. They make comparisons on the progress made in these services since their last investigation in 2009. Their findings stemming from 24 hearings that they held with CAF personnel, their family members, health care practitioners, the department of national defence (DND) employees, and varying other organizations that work with service personnel show that improvements have been made. Despite this fact, the concluding remarks make it clear that Canadians expect and deserve better treatment. As a result, it can be argued that there is much more progress to be made regarding how the military institution approaches the issue of PTSD, as well as how we as a society address the problem. Given the role that the military has played in the acknowledgement of the potential impacts that trauma can have on an individual, it seems interesting to examine the socialization that occurs within the military through their institutional culture.

1.3. Describing military socialization and culture

The military socialization process begins on the first day of training since the organizational norms are presented at this time (Manekin, 2017). To clarify, socialization is the way in which we come to learn the norms and beliefs of the environment that we live in (Little & McGivern, 2014). As discussed by Dalenberg and Buijs (2013), when individuals enter a new institutional setting, they generally adapt their behavior to the standards being displayed by more long-standing members of the organization. These authors discuss this phenomenon using the term "organizational socialization", which can be defined as "a process through which individuals move from being organizational outsiders to becoming organization insiders" (Bauer & Erdogan, 2011, p. 51), which includes the process of learning the knowledge, skills and demeanor needed to be successful in one's job (*ibid*). People are usually motivated to succumb to the expectations of the agency they

work for due to a variety of reasons, including pressure to fit in, financial reasons (not wanting to lose their job), or wanting to rise to the challenge being presented (Lacaze & Bauer, 2014). For the few who don't adapt to the new environment due to rebellion or other reasons, they will find themselves either being reprimanded and eventually being fired or choosing to resign (Bauer & Erdogan, 2011). Deschamps (2015), in her report concerning the Canadian military, notes that

> Multiple sub-cultures will, of course, exist in any organization, particularly one as large and diverse as the CAF. These sub-cultures co-exist in overlapping, and sometimes conflicting, ways. At the same time, military organizations generally have particularly strong internal cultures because of their nature as total institutions (p. 13).

Little and McGivern (2014) state that the easiest way to resocialize someone is through a total institution. A total institution can be described as a setting in which people are isolated from the rest of society and are required to obey guidelines that are not their own; the military would be a typical example (*ibid*). It is an organizational setting which has a defined period of socialization, which normally takes place through established training programs away from the individual's home: this includes basic training, trade qualification programs, and in some cases their continued learning programs (Dalenberg and Buijs, 2013; Manekin, 2017). Little and McGivern (2014) discuss the resocialization process as typically occurring through a two-tiered process. Firstly, upon entering the institution, members will go through what these scholars call a degradation ceremony. This involves individuals losing values or beliefs that they may have had and gaining new ones through the institution. They explicitly discuss this process within the army and state the following:

> When entering the army, soldiers have their hair cut short. Their old clothes are removed, and they wear matching uniforms. These individuals must give up any markers of their former identity in order to be resocialized into an identity as a "soldier." (p. 159-160)

Women, although not required to cut their hair short, must also abide by strict guidelines concerning their hairstyle as seen in the queen regulations and orders (QR&O) section 17.02:

> Hair shall not extend below the lower edge of the shirt collar. Exaggerated styles, including those with excessive fullness or extreme height, are not authorized. Braids, if worn, shall be styled conservatively and tied tightly: secured at the end by a knot or a small unadorned fastener. […] (Government of Canada, 2019, subsection 4b)

The QR&O is a part of the legal framework of the Canadian military which outlines some of the regulations and laws of the institution (Government of Canada, 2018). The above quotation is simply an excerpt as to what is written regarding women's hairstyles, as the policy goes into further detail. This example just goes to show the extremity of the control and discipline the military looks to exert over its members.

To further elaborate on the socialization process of the military, the CAF has coined the first four weeks of basic training as the indoctrination period (Canadian Forces leadership and recruit school [CFLRS], 2020). It is during this period that new recruits are not allowed to leave the training area, are not permitted visitors and have limited access to their cellphone—only half an hour per day (*ibid*). In addition, all new recruits are required to be awake between the hours of 5:00-23:00, as the daily schedule runs between these times (*ibid*). Basic training consists of educational, field and physical training, and it ultimately looks to provide

> knowledge that is common to all trades and elements, and develops a military state of mind and behavior, the mental and physical endurance and the combat skills necessary for the

> profession of arms. The training is physically, mentally and morally demanding and lays its foundation on the fundamental values of the CAF: Duty, Loyalty, Integrity and Courage. (CFLRS, 2020, p. 4)

After soldiers have been stripped away from the values and skills which will not be particularly useful to them in their new profession, they then begin to acquire new aspects to their identity that align with the new society they've been introduced to (Little & McGivern, 2014). During this phase individuals continue to participate in trainings which initiate them into the military and they begin to learn skills essential to their job, such as: when to use force, what is an appropriate level of force, who would be considered a target, and the procedures to receive authorization to perform an attack (Manekin, 2017). Through these trainings, the military aims to provide a logical and inclusive narrative regarding what are the norms of conducting combat (*ibid*).

In a film directed by Caissy (2018), he follows several new recruits through their journey in basic training; the film shows the necessity for recruits to create bonds amongst themselves as new members need to rely on one another in order to accomplish tasks. Recruits hold one another accountable as they often receive group punishments for individual actions. New recruits are also made to learn discipline and respect through structured schedules, expectations regarding the cleanliness of their personal areas and appearance, being taught how to appropriately march in formation, and the need to both salute their superiors, and respond to them in a certain manner.

In the film, an exchange between a Master Corporal and a new recruit takes place, where the individual is told to not assume that they are mentally ready for the challenge to come during basic training. The Master Corporal informs the recruit that he will be guided to a certain point of preparation; however, the recruit is also told to be prepared for surprises, to be ready to be challenged day after day both mentally and physically, and to be prepared to share his day-to-day

life with everyone else going through the training. The Master Corporal states that over time the recruit will see that being in this environment twenty-four hours a day, seven days a week, with everyone dressed the same, leaving his civilian identity behind really just your combat uniform and everyone with their shaved heads, it is going to have an effect. The conversation ends with the Master Corporal explaining "I might yell at you sometimes but it's in the objective of making a soldier out of you".

Indeed, it seems that given the intensive training that occurs during basic training, the objective is undoubtedly to form individuals into soldiers. Beyond that, the military holds legislative and legal power to further reinforce the expectations and treatment that they impose on individuals who join, since they have a judicial system that is independent of the Canadian justice system (Government of Canada, 2015a). The code of service discipline (CSD) outlines the basis of the Canadian military judicial system (*ibid*). It provides the legal framework to support commanders in upholding regimentation, effectiveness and morale among members along with a host of other legal documents such as the QR&O (as previously mentioned) and the National Defence Act (National Defence, 2002).

The CSD seems to be an important aspect of socialization of new recruits, since it outlines expectations that are unique to CAF members. As outlined by National Defence (2002), "The CSD establishes a number of offences that are uniquely military in nature (e.g. absence without leave and insubordinate behaviour)" (p. 2). It is imaginable that military members, in learning about the unique legal framework in which they could be charged for things that would not normally possible, might further encourage them to adapt their behaviour accordingly or face the consequences of not doing so.

Essentially, the institutional setting of the military uses a combination of techniques to resocialize individuals, including isolation from civilian society, sleep deprivation, physical exhaustion through exercise, mental exhaustion associated to the constant surveillance and inspections, and, of course, education on the rules and structures of the setting. This is performed all in the hopes of integrating new members into the military culture by teaching them key values and skills needed to succeed in the military profession (CFLRS, 2020).

Military culture comprises the values, customs and traditions of the institution, which include unwritten guidelines that influence members' behaviours and thought patterns (Capstick, 2003; Coll et al., 2010; Langston et al., 2007; Reger, M.A, Etherage, Reger, G.M., & Gahm, 2008). Although the camaraderie within the military was already spoken about, I wanted to put more emphasis on this since it is something that is especially highlighted in the literature. Wessley (2006) describes forming a strong group cohesion as central, as a means of teaching soldiers to be willing to sacrifice themselves for the greater good of the group. Capstick (2003) also discusses this trait as being inherent to the CAF. Martin and McClure (2000) tie this to the importance of the mission in stating that "a total commitment to the military is typically a commitment to one's unit, the unit's mission and its members" (p. 15). Some argue that this also leads to a certain de-individualization since soldiers are simply considered to be one of the group (Morris, 1996; Coll et al., 2010).

In being one of the group, soldiers learn the importance of respecting the chain of command (Reger et al., 2008). As explained by Adler & Sowden (2018), members show respect to those above them and in return expect those below them to do the same. Capstick (2003) encompasses the value of respecting the hierarchy as a foundation of duty, meaning it is an essential aspect in order to be a successful soldier. Officers and non-commissioned officers hold positions of power

and influence over the other members (Capstick, 2003; Reger et al., 2008). How they handle these positions is important, as poor leadership can negatively impact the troops below them in a variety of ways (Langston et al., 2007; Reger et al., 2008). Notably, it can affect how soldiers respond to and manage situations of stress and trauma, as many are aware as to how their commanding officers can impact their career (Langston et al., 2007; Reger et al., 2008). Ultimately soldiers have the freedom to get further support if wanted, but it's important to keep in mind that they've been prescribed a certain way of thinking that doesn't necessarily include the narrative of being an individual with a mental illness (Fox & Pease, 2012).

The CAF are, as is the case with all militaries worldwide, one of few professions that are at a high risk to gain exposure to trauma through their job duties (Anastario et al., 2013; Coll et al., 2015; Keats, 2010; Langston et al., 2007). The institution, in being aware of this possibility, integrates the high-risk nature of the job into the culture by teaching its members the need to be tough, brave, resilient and self-reliant (Duncanson, 2009; Fox & Pease, 2012; Keats, 2010; Sayer et al., 2009). This includes being able to control one's emotions in situations of extreme adversity (Keats, 2010).

Notably, many scholars discuss the concept of masculinity within the military as hegemonic (Fox & Pease, 2012; Jacques, 2016). This concept derived from Connell (2005) states that there is a hierarchy of masculinities, the term hegemonic being the idealized image of a man in a given time period or setting, essentially the standard of virility, which primarily marginalizes women, but also others including men who do not measure up to this expectation (*ibid*). As a result, hegemonic masculinity solidifies the dominant position of males in society as well as the subordination of women and marginalized groups of men. Even the men who more so correspond to the current expectations placed on them through societal hegemonic masculinity must constantly

look to maintain an unrealistic image of fearlessness, emotional numbness, the devaluation of feminine traits, and an unwavering sense of strength and independence.

Military members go through months of training prior to any deployment, which brings real awareness to the potential violence they may encounter in their duties overseas (Molendijk et al., 2016). Other scholars discuss the military members' constant preparedness to respond to disaster (Adler & Sowden, 2018; Hall, 2011). From the initial request to enter the CAF the reality of facing trauma is brought forth, since, as mentioned previously, members are thoroughly screened to ensure they are psychologically fit to endure the type of stress they will surely encounter (Frank et al., 2018; Molendijk et al., 2016).

This process of socialization that any long-standing member of the CAF will experience does have an impact. Some have already been briefly mentioned, for example: the emphasis on certain problematic traditional masculine traits that can create an elusive warrior identity, the potential de-individualization that can occur, and the potential consequences of the strong power relations that exist. Researchers have noted other possible effects such as issues with family relations, impacting abilities to adapt to different cultures when working internationally, increasing risk taking behaviours, and causing difficulties in transitioning out of the military (Anastario et al., 2013; Fox & Pease, 2012; Hall, 2011; Keats, 2010). In gaining an understanding of the complexities of the military culture and the numerous ways it may impact its members, it seems evident that the military socialization process has the potential to impact individuals in varying ways. The military way of being may in some cases invade the person to the extent that it becomes their identity (Cooper et al., 2018). Taking this into account, it seems intriguing to examine the incidences of trauma and its understanding within this context, keeping in mind the ambiguity of

the willingness of the military institution to change certain aspects of its culture, given that it is seen by some as essential for combat effectiveness.

1.4. Pertinence of the PTSD framework within the military context

PTSD (as previously identified) is the dominant framework used to understand trauma within a variety of contexts (Burstow, 2003; Fox & Pease, 2012; Molendijk et al., 2016; Suarez, 2016). PTSD today is characterized by flashbacks, nightmares, and emotional numbing. Mandatory criteria for a diagnosis is an exposure to a violent event in which you felt helpless and that your life or others' were in danger (Breslau, 2004; Burstow, 2003; Fox & Pease, 2012). Although PTSD was previously categorized as an anxiety-related disorder, today within the DSM IV it is characterised as a trauma and stressor related disorder which was a category of mental illness that only came to exist in 2013 (Pai, Suris, & North, 2017). This definition is the description provided by the American Psychiatric Association (APA), who are responsible for publishing the DSM (Breslau, 2004).

Regarding the widely used APA definition of PTSD, certain authors do contest this definition and criticize its applicability to the comprehension of the lived experiences of trauma. This includes Burstow (2003), who argues that the definition of PTSD excludes the most vulnerable populations in society due to the fact that it somewhat ignores the impacts of continued victimization within today's world. Burstow states that the current definition correlates trauma with situations that are physically violent or dangerous, which doesn't necessarily account for oppressed people, who suffer more subtle forms of abuse on a more frequent basis which over time may have an impact. Burstow further criticizes PTSD by stating that

> What is more fundamental, PTSD is a grab bag of contextless symptoms, divorced from the complexities of people's lives and the social structures that give rise to them. As such,

the diagnosis individualizes social problems and pathologizes traumatized people. (p. 1296)

Fox and Pease (2012) share a similar argument regarding the PTSD framework in comprehending trauma since they state that the experience of trauma is multifaceted and is influenced by our world views. Within the current trauma framework, a large emphasis is placed on the subjective experience of a person, which excludes the understandings that exist regarding the society in which the individual resides. This comprehension of society has not been constructed solely by the individual who has been traumatized, but rather it was built in conjunction with the larger community; hence, how trauma is lived surpasses simply being a personal issue and is deeply influenced by sociological aspects.

To further add to this discussion, Kleinman (1995) believes that the PTSD framework looks to divorce suffering from political turmoil in order to place blame on the individual for a maladaptive response. This allows the real root of the suffering to be ignored, which is the perpetuation of political and social violence (*ibid*). The person is pathologized, thus labeled as abnormal, and key contributors to their psychological state are disregarded. As a result, we forego seeking to truly understand the politically and socially influenced experiences of trauma.

More so, it seems important to critique the PTSD terminology as being a westernized term since it was developed in the US, and as explained by Molendijk et al. (2016), PTSD is not a cross-cultural concept. Certain cultures seem to display symptoms that differ from what is listed in the DSM. What this seems to demonstrate is how the exposure of trauma may be intimately linked to the social, political and economic context in which individuals find themselves (*ibid*).

Lastly, since PTSD is a westernized concept it may fail to consider the normality of being exposed to truly horrific events in certain areas of the world that are experiencing social and/or

political breakdowns (Kleinman, 1995). Furthermore, in reflecting on the plethora of potentially traumatizing events such as natural disasters, car accidents, physical/sexual assault, and murder, human suffering arguably may be commonplace in many parts of the world (*ibid*). Essentially, we are living in a traumatized world, and if this was better recognized, the pathologizing of responses to trauma arguably would not exist.

Exposure to trauma has been noted as increasing the risk for mental hardship, hence increasing the chances of a potential mental health diagnosis (Fox & Pease, 2012, Langston et al., 2007). Despite this fact, responses to trauma are unique, with individuals who witness the exact same incidence often having different mental health outcomes (Molendijk et al., 2016). One soldier may have no long-lasting mental hardship, while one of his comrades may face an ongoing struggle with the events that unfolded (Coll et al., 2011). The unique nature of individual responses to trauma may add to the highly stigmatized nature of PTSD within the military context as well as society in general (Langston et al., 2007; Stein, Seedat, Iverson, Wessely, 2007).

It seems important to re-emphasize the fact that the introduction of PTSD into the DSM occurred as a result of activists looking for the recognition of the mental suffering being experienced by American Vietnam veterans (Young, 1995). It was then over time that the concept of PTSD began to be applied on a more global scale to a wider range of traumatic experiences that exist, such as sexual assault or life changing accidents (Breslau, 2004). Thus, the concept of PTSD was built specifically with western values and the exposure of combat in mind, but make no mistake: those with the most influence as to how it came to be described and presented in the DSM III and subsequent DSM revisions are psychiatrists and psychologists (Young, 1995).

Furthermore, despite PTSD originally being constructed with combat trauma in mind, researchers commonly have concentrated on the similarities experienced between trauma survivors

rather than what differences might exist depending on the type of trauma experienced or the cultural setting in which it occurred (e.g. interpersonal, exposure to combat, severe accident, or environmental disaster); Yehuda, Vermetten, Mcfarlane, & Lehrne, 2014), despite the uniqueness of how these varying traumas may be lived. In specific regard to combat exposure, it differentiates itself from other kinds of trauma as it often reoccurs over a long period of time, with individuals purposely putting themselves in harm's way (*ibid*).

In recent years, advocacy work has been brought forth by groups of veterans and soldiers to change the term "disorder" in PTSD to "injury" (APA, 2013). Advocates for this change argue that the term disorder is stigmatizing for military members and veterans(,) and that injury aligns more with military discourse (*ibid*). The term "disorder" can be defined as "a disturbance of function, structure, or both, resulting from a genetic or embryonic failure in development or from exogenous factors such as poison, trauma, or disease." (Farlex Partner Medical Dictionary, 2012, para 2). Conversely, the term "injury" is specific to harm incurred by an outside force (Miller-Keane Encyclopedia and Dictionary of Medicine, 2003). Given the fact that the term "disorder" could imply genetic factors as contributing to the development of the mental illness, military and veteran advocates feel injury is a more accurate reflection as to the more dominant cause of the illness along with the fact that it holds less of a negative connotation (Ochberg, 2013).

Despite this fact, APA (2013) rejected this request to change the term, as they believe it is the military setting that needs to change and not the terminology itself. Some of their members further assert that the word injury may be too broad to use as medical terminology. This opinion from the APA stands despite the labelling of PTSD more widely affecting soldiers and veterans, and in the most recent DSM (the DSM IV) the term continuing to be applied is disorder (*ibid*).

Since the APA is based in the US, they have made comparisons between the Canadian military and US military, the APA commends the Canadian military for developing and utilizing the term OSI with their service members (Ochberg, 2013). However, it is argued that this term was developed because the Canadian army respects the APA classification for mental disorders, yet did not see advancement in how they frame experiences of trauma (*ibid*). In being rejected by the professionals who coin mental health terminology, it seems CAF members and veterans decided to take matters into their own hands and adopt the non-medical term of OSI to be used informally between one another.

As seen in the historical contextualization of PTSD, it was created shortly after the Vietnam war ended in order to shift the blame of suffering away from veterans and towards the atrocities themselves. (Summerfield, 2001). Moreover, PTSD was conceptualized in order to not put blame on the government per se, but to make them accountable to soldiers suffering through disability pensions (Suarez, 2016). This is elaborated on by Summerfield (2001), who states that the categorizing of individuals as having PTSD was created due to a moral dilemma being experienced within society, this moral dilemma being the suffering of soldiers, which would later be expanded on. Therefore, along with the diagnosis of PTSD comes the proof of having been wronged, which provides individuals the tool(s) necessary to confront society for perhaps legal repercussions and/or medical assistance (*ibid*).

This, of course, is a positive repercussion of the labelling of traumatized individuals, along with the fact that the PTSD narrative has allowed endorsement for further research on the condition—which has led to advances in treatments and remedies—, and has enabled individuals to receive insurance coverage for supports once diagnosed and if available to them (Molendijk et al., 2016).

Despite the many positives associated with pathologizing responses to trauma, it is questionable as to whether the terminology of PTSD properly encapsulates soldiers' experiences since, as discussed previously, the type and frequency of trauma to which they are exposed may differ from other traumatized individuals (Molendijk, 2016). Furthermore, the current PTSD framework appears to take an individualized approach and may fail to capture social, political and economic elements which could impact how trauma is lived. Further questions have been asked as to how it is determined whether certain behaviours are appropriate responses to trauma versus inappropriate, since evidently in experiencing trauma an individual will have some type of response (Burstow, 2003).

Essentially, labelling military members with PTSD is a medical construct. How representative the language is for those who have experienced trauma is still largely debated. On one side it has provided legitimization to the severity of their suffering in relation to their diverse traumatic experiences (Molendijk et al., 2016). On the other hand, it can present them as being unstable and unpredictable, having real life consequences (Burstow, 2003).

In having only one dominant framework available to understand trauma we are perhaps excluding those who do not identify with the description being provided. As a result, we are leaving individuals in a position of having to interpret their experience independently without the accompaniment of mental health workers. We are also risking the simplification of a complex human response (Summerfield, 2005). As explained by Burstow (2003), "Mental disorders, whether they are called PTSD or anything else, in other words, are a function of the power of psychiatry mediated by the psychiatric text" (p. 1300).

Upon conducting a review of the trauma literature, some authors discussed potential differences between men and women. Given this fact I made the decision to further explore

gendered notions of trauma in the following section in order to explore what is known on this issue.

1.5. Women in the military: exploring the gendered notions of trauma and socialization

Frank et al. (2018a) believe that gender can play a role in how trauma is experienced. Furthermore, the ways in which the military socialization process occurs may also be impacted by someone's gender (Segal, 2006). Prior to delving into this dimension, it seems important to provide context regarding the history of the incorporation of women in the military, as this will bring further understanding to their marginalization within this context.

Women have been a part of the military now for over one hundred years. They initially served exclusively as nurses. This participation began around the year 1885 during the North-West Rebellion (Minister of Veterans Affairs, 2005). During this time, women were not officially considered a part of the regular force but instead were utilized when needed (Sarty & Dundas, 2006). Women were recruited once again to serve as nurses during the South African Boer War (Chenier, 2006). Then, in 1901, the Canadian nursing service was created, which allowed women to join the Canadian army as regular force members (*ibid*). Women served exclusively as nurses during World War I (Minister of Veterans Affairs, 2005). During World War II, specific units for women were formed for the additional personnel it could provide, and included a Canadian women's army corps, air force and naval units (Taber, 2017). Within these units, women were segregated from men as well as seen as inferior to them (Dundas, 2000). They worked primarily in support roles and not within combat positions, but despite this fact, more positions became available to them. (e.g. parachute riggers, mechanics, wireless operators; VAC, 2017). It was in 1951 that women finally started to be integrated within units that had both men and women (Taber,

2017). Despite this fact, married or pregnant women were not permitted to serve, and they also only allowed women to make up 1500 members of the service core (*ibid*). It was in 1971 that the cap restriction and the limitations regarding women's ability to join due to pregnancy or marital status was lifted (Simpson, Toole, & Player 1979). This change was mostly influenced by a report released from the Royal Commission on the Status of Women who were responsible for conducting an inquiry on how to address the gender inequality gap within Canadian society (Morris, 2006). Women's participation in the Canadian forces began to rise, and by 1978, women accounted for 5.9% of the military; by this time they were participating in a wide range of trades but still not in combat roles (Simpson et al., 1979). The following year, the ruling of the Canadian Human Rights Charter put additional pressures on the CAF to further include women, and thereafter all trades became available to women except the ability to serve aboard a submarine or to work as a Catholic chaplain (VAC, 2017). Finally, in 2000 all restrictions of women's ability to join the forces were lifted, with them finally having the right to serve aboard submarines (Government of Canada, 2014).

Today, women make up 15.7% of the regular force and primary reserve unit (DND, 2019). The CAF has stated that they are dedicated to continuing to incorporate women into the military with a goal of having every 1 in 4 service members be a woman by 2026 (*ibid*). However, despite the legal barriers for women's ability to serve being lifted, there may still exist cultural and social obstacles impeding women from choosing to join or reach their full potential in the CAF.

As alluded to previously, women were not traditionally welcomed into the military, especially within roles that were viewed as corresponding to masculinity. As a result, the military was traditionally viewed as a domain belonging to men (Kovitz, 2003). Men have never had to have their competency to perform in combat positions questioned, but women and members of the

LGBTQ+ community have. Even to this day, women are disadvantaged in the fact that they are a minority in the military and do not correspond to the dominant narrative of a soldier, which no doubt has an impact on how they are incorporated into the military (McCristall & Baggaley, 2019).

As discussed by Silva (2008), women who enter into a military setting often come to internalize the masculine culture and learn ways to downplay their femininity in order to be taken more seriously within the profession. Furthermore, Silva found in a study she conducted that some women in the Reserve Officer Training Corps (ROTC) in the US get the sense of having to work harder in order to prove their abilities as a soldier, as seen in this excerpt from her study:

> There's always gonna be someone evaluating, and you feel like if you're female you have to work harder to impress this person more. You know, people are always gonna have their opinions and some males will always be like, "women are weak, women, are inferior." I find myself putting up a barrier when I'm in ROTC, like I need to watch myself, be aware of being a woman in ROTC. I need to watch myself in that space because I know all these males are being critical of me (p. 946).

Despite Silva's (2008) study being conducted in the US, studies conducted among women serving in the Canadian context have found similar findings. Deschamps (2015), who investigated issues of sexual misconduct in the CAF, noted that there exists a sexualized culture within the army that affects women and sexual minorities. This culture is illustrated through inappropriate jokes, comments, and insinuations mostly directed towards femininity (*ibid*). This affects women's socialization and integration within the military as they may not be seen as having equal potential in comparison to their male counterparts.

In a book titled *Women and Leadership in the Canadian Forces Perspectives and Experiences*, women who have served in leadership positions share the joys and hardships

encountered throughout their service time. One such individual is Major Reiffenstein (2007), who served as an artillery officer: she explains that as a part of her job she needed to instill within the troops the warrior spirit, though traditionally this has been done by upholding hegemonic masculinity:

> In fact, I have adopted the warrior spirit and I have caught myself saying, 'Don't be such a woman'! I believe that leadership needs to support further understanding of the warrior spirit, so that it can be developed in a way that does not denigrate gender or any other social perspective. (Reiffenstein, 2007, p. 5)

This excerpt seems to show that women, in being integrated into the military culture, may adapt, normalize or even adopt the values and views transmitted, despite them being detrimental to their gender identity. This could be due to the fact that women who do not adjust accordingly to the setting may be putting themselves more at risk to be disrespected by their colleagues, or worse, increase the likelihood of experiencing victimization (McCristall & Baggaley, 2019). This is not to say that it is ever the victim's fault that they are targeted; it is simply to note that these are the pressures that may be faced by women who enter male dominated domains. Consequently, regardless of gender or any other social identity, individuals must conform to the masculine dominant institution, as failure to do so may result in the individual being viewed as an inefficient combatant (*ibid*). This includes their reaction within difficult combat situations that involve exposure to trauma.

However, the types of trauma in which women are more susceptible differ, since they are at higher risk to experience trauma through sexual assault from fellow members (Zinzow, Grubaugh, Monnier, Suffoletta-Maierle & Frueh, 2007). This causes an additional concern when in combat, since they now essentially have two enemies to be concerned about; this is less of a

concern to cisgender men (Mattocks et al., 2012). Even more concerning is the fact that this could lead to a sense of not belonging for women, which could impact their overall well-being (Xue et al., 2015).

Research ultimately has shown mixed results regarding whether men or women are more prone to developing mental health issues associated to a traumatic event (Frank et al., 2018a). However, as discussed by the authors, in this instance comparing this phenomenon in the military context is difficult, as women often experience trauma that is more interpersonal in nature in comparison to men, report higher incidences of a history of trauma, and higher rates of depression. Regarding help-seeking behaviour, one study found that women were more likely to access formal supports while men were more likely to rely on informal supports (Jones, Greenburg, Phillips, Sims, Wessely, 2019). This finding may be directly related to the fact that men often have a better sense of belonging to the group as previously discussed.

Women, although more likely to be victimized by acts of sexual misconduct, seem to receive the same pressure to conform to the total institution of the CAF. However, they no doubt experience additional barriers in living up to the expectations of the environment due to their gender. Despite this fact, it seems many women are open to the challenge of attempting to do their best to integrate themselves within the military context through adapting their gender expression.

As previously pointed out, how trauma is experienced may be shaped by the type of trauma acquired. However, within my research, regardless as to whether the participant is a man or a woman, I will be looking solely at circumstances in which it is believed that the traumatic event to which they were exposed was combat related. Given this fact, I will not be examining differing types of trauma.

Now that an overview of the military socialization, culture, trauma and gender specific notions of trauma and socialization have been examined, the last concepts to be explored will be help-seeking behaviour and recovery. These concepts will help in developing a more global understanding of veterans healing from experiences of trauma.

1.6. Help-seeking behaviour and recovery

Help-seeking behaviour within the literature is seen by many as an essential step in the recovery process. "Help-seeking" may be understood as the action of someone seeking formal or informal supports when experiencing physical and/or mental discomfort (Umubyeyi, Mogren, Ntaganira, Krantz, 2016), whereas "recovery" signifies an overall process and not an outcome; many use the metaphor of it being a journey (Drake & Whitley, 2014). Furthermore, it is important to note that it is deeply individualized, as it is achieved in relation to each person's distinctive goals; therefore no two stories of recovery will be the same (*ibid*).

Numerous articles examining barriers to help-seeking behaviour for PTSD exist (Kulesza, Pederson, Corrigan, & Marshall, 2015; Murphy & Busuttil, 2015; Currier McCormick, Carroll, Sims, & Isaak, 2018). They emphasize the need to eliminate help-seeking obstacles in order to be able to better assist individuals that are suffering (*ibid*); hence, the step of help-seeking is seen as crucial in the recovery process within all of these studies. Moreover, it seems that many studies put more value on the act of seeking formal supports as opposed to informal supports.

One example is Kulesza et al. (2015), who state that up to half of veterans who could benefit from mental health services and supports are not accessing these resources. Kulesza et al (2015), in their study, look exclusively at the use of formal support services and conduct no investigation on the use of informal services. Iversen et al. (2010) similarly believe that it is important to develop a better comprehension of the barriers faced by veterans in choosing to access formal supports,

since this can help in finding ways to encourage them to access support sooner. They emphasize the importance of individuals receiving evidence-based treatments in order to have a better chance at reaching recovery. Evidence-based treatments are approaches to treating mental health that have been studied and shown to generally have positive outcomes for individuals (*ibid*). These types of treatments are always delivered by a health care professional.

Alternatively, Currier et al. (2018) discuss the need to keep an open mind when defining and studying help-seeking behaviour. They feel that the potential benefits of family support, peer-support, and/or religious sources for veterans should not be ignored in the help-seeking literature. They believe that their study may have been the first effort to analyze help-seeking across the domains of informal, formal and religious sources for veterans experiencing mental hardship. Of the 93 veterans that participated in their study, they found that approximately 66% identified as having utilized informal mechanisms of support. As a result, these scholars concluded that developing care models which offer a more alternative approach to the treatment of PTSD for veterans could be key.

Despite the differing views these studies have regarding what help-seeking encompasses, they all agree that it is an important step in the process of recovery. They emphasize the importance it has by examining help-seeking in isolation. Given the fact that the process of recovery is often viewed or described as a journey, within my study I wanted to incorporate this larger picture. Therefore, despite help-seeking being an element examined within my study, I am situating it within the larger continuum of recovery, meaning that I recognize help-seeking as a single step within the recovery journey. Furthermore, I am choosing not to necessarily view it as the pinnacle of the recovery process, since I would like to leave the door open for the veterans themselves to define the major turning points in their healing from PTSD. It should be noted that situating help-

seeking within the larger context of the recovery process is not something that seems to be documented within the trauma or PTSD literature. Despite this fact, I want to take this approach, as I am interested in the overall process of healing from PTSD and not solely the act of help-seeking.

Given the findings of this literature review, I developed a conceptual framework to align with the questioning that arose as a result of this compilation of information. This framework will be further explained in the subsequent section in order to give you a better understanding of the lens being applied in my research project.

1.7. Conceptual framework

In order to examine the research issue of this project I decided to utilize a combination of analytical frameworks. This was because I wanted to be able to gain an understanding of the military socialization process and its potential impacts on the experience of PTSD. However, I did not want this to be the all-encompassing goal of my research project, since my main focus is to better understand the lived experiences of veterans who have gone through PTSD, to allow their expertise to be the focal point, and to identify ways that we as a society could better adapt to meet their lived reality of PTSD.

Given these objectives, I decided to utilize Bourdieu's theory of the habitus along with the medical anthropology interpretative framework of the concepts of signs, meanings and actions developed by Corin and Bibeau (1995).

1.7.1. The habitus

Bourdieu (1977) defines the habitus as "a subjective but not individual system of internalized structures, schemes of perception, conception, and action common to all members of the same group or class constituting the precondition for all objectification and apperception" (p.

86). Bourdieu affirms that the habitus impacts people's daily activities in an unconscious manner since it is an internalized system. Beyond that, it affects how individuals carry themselves: for example, how they chose to sit or the accent that they have. It goes beyond habits, as individuals often are unaware of the impact that the habitus has on guiding how they present themselves and respond to differing situations. Additionally, it is shaped by our lived experiences, how we grew up, our education, profession, socioeconomic status, gender, or, essentially, individuals' overall social positioning within society (*ibid*).

To push this reflection further, the military and/or the CAF is a profession in which individuals are trained to engage in work overseas to protect their nation, as well as to assist in peace keeping in order to help stabilize potential crisis (Government of Canada, 2018a). As previously discussed, they look to train their members to identify themselves as warriors, and to put the interest of their troops before themselves (Hall, 2011). They instill values of masculinity, regimentation, selflessness for duty, loyalty, and teamwork (Hall, 2011; Capstick, 2003).

Therefore, the military is an institution that has its own culture, is a total institution, and as a result undergoing military training may shape and alter the habitus. Bourdieu (1977) states in his work that the habitus can be altered should our situation change. Furthermore, there are different habiti among classes, cultures, and industries which guide our thoughts on what constitutes appropriate and inappropriate behaviour.

As described in the definition provided earlier, the habitus is made up of a system of dispositions. The dispositions are the cognitive structures which are navigated by the habitus (Bourdieu, 1977). Essentially, it is a term used to discuss a component of the habitus which is mental schemes that become embodied as a result of our socialization (*ibid*). The field is another concept which enters into play when discussing the habitus. The field is the term that Bourdieu

used to discuss the different social arenas that he believed to exist: examples of this concept would be education, art, or religion. With each field there are different rules, and importance attributed to different areas of knowledge; therefore, there may be differing forms of capital.

Capital is the currency that buys you a higher position in society (*ibid*). There are four types of capital: economic, social, cultural and symbolic (*ibid*); economic being an individual's wealth or income; social their interpersonal network; cultural your qualifications, skills, and title; and symbolic being resources that are available to someone on the basis of their prestige within society or a given setting (*ibid*). An individual's accumulation of capital is important to understand as it directly impacts their habitus, since, as previously explained, the habitus is shaped by an individual's social positioning in society as well as the accumulation of their diverse experiences.

Moreover, the habitus determines the likelihood of an individual responding in a given way. As a concrete example, an officer on the battlefield has more authority and power than a new non-commissioned recruit (Adler & Sowden, 2018). Therefore, it is expected and most likely that the officer would be giving orders and that the new recruit would be following these orders. In aligning with Bourdieu's theory, this would be a combination of both cultural and symbolic capital influencing the position in which these individuals find themselves, as well as the ways in which they act in a given situation.

As affirmed by Marlantes (2011) in his memoir, people do not join the military; they are initiated into it. These words are powerful as they demonstrate that being a soldier is much more than the title itself. The institution and the experiences that come along with it has the potential to transform individuals' thought patterns, and entire beings (Maringira et al., 2015), consequently forming a habitus that is unique to the setting itself: the military habitus, which, due to the nature

of the beliefs as shown seems to be directly related to help-seeking behaviour for mental health issues. Therefore, it may have an impact on veterans' roads to recovery.

Despite the correlation found within the literature between the military socialization process and its potential impacts on help-seeking behaviour, as presented earlier I wanted to adopt a larger view of the research issue, as I believe this could assist in obtaining an in-depth understanding of veterans' perspectives as well as their subjective experiences. Given this fact, I decided to also use Corin and Bibeau's (1995) concepts of signs, meanings and actions as part of my conceptual framework. This will be now be further explored in the subsequent section.

1.7.2. Signs, meanings and actions

As discussed by Corin and Bibeau (1995), this analytical framework assists in distancing oneself from the standardized views of mental health that have been elaborated on by contemporary psychiatry. This is of importance since mental health is shaped by the society in which someone resides. Therefore, an understanding of the signs, meanings and actions within a given cultural context is important in order to comprehend how their world views impact their experience of mental illness.

The International Network for Cultural Epidemiology and Community Mental Health (Bibeau & Corin, n.d[2]) states that the current mental health policies do not incorporate historical, social and cultural components which are inseparable from individual illness experiences. As a result, mental health interventions have been created in a way that excludes communities' own personal ways (*emic*) of recognizing, defining and coping with mental health issues (*ibid*).

[2] I do not know the reference for this text, but for another text by the same authors concerning the concepts of signs, meanings, and actions, you may consult the following article: Bibeau, G., & Corin, E. (1995). Culturaliser l'épidémiologie psychiatrique. Les systèmes de signes, de sens et d'actions en santé mentale. In F. Trudel, P. Charest & Y. Breton (Eds.), La construction de l'anthropologie québécoise (105-148). Quebec, QC : Les Presses de l'Université Laval.

The medical empiricist perspective automatically associates presence of symptoms with presence of a disease (Good, 1994). Mental health diagnoses within the clinician's semiological framework are there to bring recognition not only to mental hardship but also their own meanings and values (Lanteri-Laura, 1986). These medical categorizations and descriptions of mental illnesses have an implicit impact on how individuals experience and exhibit having a mental illness.

Corin (1994) believes that health services often do not acknowledge the fact that disease at the simplest level of understanding is the experience of illness. This seems to be especially the case for mental health disorders, since it involves the individual's personal interpretation of their feelings, emotions and actions (Bibeau & Corin, n.d).

Given the complexity of the social and cultural processes shaping the experience of mental health issues, having an analytical framework which could address these variations was identified as being important. Such a framework is specifically important in order to better understand how individuals with a military background live through the experience of PTSD. This could assist in better tailoring mental health services to correspond to the perceptions and experiences held by veterans, since, as discussed by Corin and Bibeau (1995), it is the society that determines the space afforded to formal support services, in the sense that, should they feel the support is not legitimate or helpful, then they will provide that resource with a minimal occupancy space within the societal context. The risk of this occurring is greater should the population feel the issues that they are facing are ill-defined within the professional setting (Corin & Bibeau, 1995). Thus, viewing mental health issues within their larger cultural and socio-historical context is important in order to have an all-encompassing view of what the experience of mental illness is like within a given society. This can be done through identifying the signs, meanings and actions of a given population.

To clarify, the concept of signs could help us in gaining an understanding as to what was occurring to make the veterans believe something was wrong, followed by the concept of meaning assisting in comprehending their understanding as to what they were going through as well as the implications they felt in facing fragility within the military context. Lastly, the concept of action refers to the strategies and or path they utilized to relieve what they were experiencing. In utilizing the approach of signs, meanings and actions I hope to bring a finer understanding to the experience of PTSD for contemporary Canadian veterans, while also helping the wider community adopt a better understanding of veterans' subjective experience of PTSD and their roads to healing.

1.8. Research questions and objectives

The message conveyed through research on the topic of the military socialization process demonstrates that those who choose to join the CAF are submerged into a unique culture, which has the potential to change their values and beliefs. Furthermore, the military culture may not be the most favourable towards the reality of living with a mental illness or experiencing mental health difficulties. As a result, the military environment may have an impact on how trauma is experienced by those who have served. Its overall impact on help-seeking behaviour for veterans experiencing PTSD symptomology has been previously studied, but the significance of this impact on the larger journey of recovery does not seem to be something that has been examined.

Another point of interest that was discussed was the current dominant framework for understanding trauma. Numerous critics on the PTSD framework were explored. This included its applicability to CAF members' experience of being traumatized. Furthermore, some authors believe that the PTSD terminology is being used as a political tool to mask the political and social suffering which is largely responsible for exposing individuals to traumatic events. As a result of this, PTSD may not be fully encapsulating individuals' experiences. It is already well documented

in the literature that CAF members and veterans feel something is missing for them to fully identify with the term PTSD. Further exploration on both the more positive implications of the current framework as well as the negatives could be beneficial in contributing to the conversation on this matter. This seems crucial since the APA continues to refuse CAF members', veterans', and their allies' requests for change in the current model being used to understand and classify responses to trauma.

Given the unique nature of trauma responses, it was decided to analyze women's experience of trauma and socialization in the military context. It was seen that women, despite experiencing additional barriers in corresponding to the idealized concept of a soldier, still face the same pressures to conform to the military culture and way of being. Furthermore, although responses to trauma have been shown to vary by gender, it is more so believed to be due to the nature of the trauma and not the person's gender per se. However, it seems that further gender specific research could be beneficial in determining what role gender plays when individuals have experienced similar traumas and have a similar background (Olff, 2017).

Since my research project began with an interest in the military context, PTSD, and ways to better help and support veterans, the last concepts that were explored were help-seeking and recovery. It was discovered that help-seeking is often studied in isolation. Moreover, many studies, when looking at help-seeking, are exclusively examining the incidence of individuals accessing formal support services. Given this fact, I introduced the concept of recovery and my intent to incorporate this into the larger picture of help-seeking. This decision was made in order to take a more holistic approach in examining veterans' lived experiences of PTSD.

Finally, to highlight and understand in depth the experiences of veterans, I proposed a conceptual framework which combines the theory of the habitus and the concepts of signs,

meanings and actions. The concept of the habitus brings further clarity regarding the impacts of military socialization, whereas considering the concepts of signs, meanings and actions will make it possible to organize the elements within the veterans' stories by interrelating the semiology of malaise, its interpretation by veterans, and the actions that each takes to cope with it. Thus, the final analysis will be able to bring out the similarities and differences in the experience of PTSD and individual recovery journeys while connecting them to their common grounding with military culture.

Given the findings of my literature review, my primary goal is to answer this question: **how is recovery defined by veterans who have experienced PTSD?** However, other objectives that I identified include: 1) Exploring how military socialization impacts the recovery process of PTSD, 2) the importance that help-seeking and the diagnosis of PTSD have in the larger trajectory of recovery for veterans, 3) veterans' own feelings and perceptions of the PTSD label, and 4) ways that communities may be able to better support veterans and perhaps currently serving members. The subsequent chapter will explain the methodological approach taken in order to achieve the identified objectives.

2. CHAPTER 2: RESEARCH METHODOLOGY

In this chapter, the methodology adopted in order to explore the journey of recovery for veterans will be discussed. Firstly, the data collection method that was chosen for this project was to utilize Google podcasts as a database to locate material; hence, this qualitative approach will be presented. This will be followed by an explanation as to how I selected podcasts for my research. Furthermore, the technique that was chosen to analyse the data was content analysis. This technique will be further explained, as well as the reasoning behind choosing this method of analysis. Lastly, the ethical considerations and limitations of my project will be elaborated upon.

2.1. Methodological approach

Instantly, just from the phrasing of the research question for this project, one can see that there are methodological implications. As numerical data cannot provide an answer, it is not something that is directly testable, since something that is testable is usually formulated in the form of a hypothesis directly implying the directional relationship you suspect to exist between two variables (Franklin, 2013). In considering this, the chosen methodological approach for this project is qualitative. It can be difficult to define; however, Yilmaz (2013) defines it as

> "An emergent, inductive, interpretive and naturalistic approach to the study of people, cases, phenomena, social situations and processes in their natural settings in order to reveal in descriptive terms the meanings that people attach to their experiences of the world" (p. 312).

In order to achieve the goal of better comprehending how veterans define recovering from PTSD, data that is rich in detail seems essential, since recovery is a complex phenomenon that may vary from person to person (Drake & Whitley, 2014). Given the fact that qualitative data is

known to bring findings that are more descriptive in nature (Franklin, 2013), it could assist in underpinning the recovery process for veterans.

Lastly, it should be highlighted that the qualitative approach will assist in embarking on a journey toward the comprehension of the lived experiences of veterans who have lived through PTSD, due to the fact that it seeks to make sense of how individuals interpret their lives, experiences and social structures that surround them (Yilmaz, 2013). As explained by Brewer (2011) when discussing qualitative research, "knowledge of the social world is incomplete unless we also understand people's social meanings" (p. 240). In conducting qualitative based research, I am hopeful that the socio-historical and cultural meaning associated with recovery for the veteran community should emerge.

Seeing that it has been established that a qualitative approach will be utilized in my research project, I will now further discuss the specific qualitative approach selected.

2.2. Analysing podcasts

The method that was privileged in this instance was the analysis of podcasts. Podcasts are audio files that are uploaded to the public domain and shared widely via the internet, usually within a platform that encourages users to subscribe (Tsagkias, Larson, Weerkamp, & Rijke, 2008; Northcote, Marshall, Dobozy, Swan, Midenhall, 2007). The phrases "Audio recording" and "pre-recorded" interviews will be used interchangeably throughout my report. Podcasts began to gain public popularity and become more widely available around 2004 (Mackenzie, 2018). According to Tsagkias et al. (2008) there are three characteristics of podcasts which cause them to differ from radio broadcasting. Firstly, podcasts are often developed with a certain subject matter in mind and therefore the host may position themselves as having more knowledge on this given issue, or overall a more in-depth interest. Secondly, they are more widely available since they are uploaded

online and available for download; hence, podcasters seem to be aware that the information may be recycled or reused. Lastly, in order to create a podcast, high-tech equipment is not necessarily required. Thus, podcasts often produce material that is rawer and more unscripted in nature (Mackenzie, 2018; Tsagkias et al., 2018). De Maeyer (2017) further adds to this conversation in stating that podcasts are further reaching then radio talk shows. This is because they are not set to air at a specific time or date, but rather are available for download to listen to whenever is convenient for you. They also incorporate the voices of a more diverse audience, since podcasts are produced in a freelance style (*ibid*).

The utility of podcasts in helping educate students and professionals is documented in the literature, such as in a study conducted by Northcote et al. (2007) where they introduced podcasts into six different undergraduate teacher education courses. What they found was that students noted many benefits from having educational podcasts available to them. These benefits included the ability to be able to review material as needed at their own pace, as well as the overall convenience of podcasts (e.g. ability to listen to material while driving, or on the bus). In another study conducted by Malecki et al. (2019), they interviewed 17 listeners with a healthcare background who listened to medical podcasts. Overall, these listeners in this study stated that the podcasts assisted in professional development, including assisting in staying relevant regarding new medical literature, as well as increasing their overall knowledge.

Lastly, Kinkaid, Brain and Senanayake (2019) conducted a study with the methodology of creating a podcast, in which they interviewed individuals concerning the unionization movement. This methodology was used as a creative way to engage in action-based research. In their concluding remarks they noted “that podcasts might provide opportunities to push the boundaries of what forms geographic scholarship can take as well as what constitutes valu-able data” (p. 12).

They further affirm that "podcasts can provide new and exciting platforms for authoring collective stories, stories that work through ambivalence, conflict, and doubt to build solidarity, empathy, and dialogue" (p.13). These scholars believe that podcasts may be a means of contributing to social change, since it can allow for your research data to be more widely heard.

Although none of these studies used pre-existing podcasts as their research method, their studies show the value of podcasts in educating people. In seeing the educational value found within podcasts, arguably they are a powerful medium for knowledge production, so why not take advantage of this abundant source of information and challenge the ideas of how knowledge through research can be produced.

This brings us to the reasoning as to why this method was chosen. Firstly, it seems important to mention that my research project was undertaken during the COVID-19 pandemic. The subject of interest for my research involves delicate subject matter, continuing with the original research design (which was to interview participants) seemed to pose more risks in comparison to analysing existing interviews online. As identified by the WHO (2020), "this time of crisis is generating stress throughout the population" (p. 1). Furthermore, what added to this decision is that I had begun the recruiting process through the media platform Facebook. After sharing recruitment material, I began receiving negative feedback from people online regarding the undertaking of my project. Individuals questioned my well-intentioned motives as they were concerned about the minimal access to resources currently available to them. As a result, I felt it was more ethical to utilize pre-recorded interviews on the subject matter during this difficult time.

Secondly, although in podcasts there surely is the possibility of the social desirability effect (which will be discussed in more detail in the ethical considerations section of this report), since there was an interaction between an interviewee and the interviewer, the interviews were not

conducted all by the same person, and in this instance this fact is being considered a strength. Due to each person's individual style and approach of interviewing, they may have been able to bring out different points from the individuals that they spoke with. As seen in a study conducted by Matteson and Lincoln (2009), utilizing more than one interviewer may aid in a more in-depth investigation, as long as the interviewees are well versed in the practice of conducting interviews. The selected podcasts, with particular focus on the interviewer's credentials, will be further explored shortly.

Lastly, podcasts can provide full-length interviews with less editing, which often seem to be conducted in a semi-structured interview style (Tsagkias et al., 2008). Finding audio recordings that utilized this type of interview style was preferred, as it has been shown to offer insight into individuals' thoughts and feelings (Kvale, 2003). Beyond that, this method of interviewing is known for assisting in understanding the meaning that individuals may attribute to a given lived experience, especially when it comes to subjects that might be considered complex or delicate in nature (Savoie-Zajc, 2010). Once again, in reflecting on the research question that was being posed, obtaining data in which individuals could freely express their lived social reality seemed key. Overall, podcasts were a means of locating discourse from veterans, which was extremely important as this project wanted to situate veterans' experiences as the main focal point.

Now that we have explored the reasoning as to why I chose to analyse podcasts for my research project, I am now going to explain more in-depth as to how I came to select the podcasts that were ultimately used in my research project.

2.3. Choice of Podcasts

The sampling method I employed for the selection of podcasts was a purposeful sampling method, meaning that I sought to locate podcasts that represented the average situation associated

with this phenomenon (Patton, 2002). Searches were conducted on the Google podcasts website. When looking to locate podcasts for this research, I used key words such as mental health, Canadian military, training, PTSD, army, and Afghanistan. Podcasts were selected based on their length, with a preference for those 40 minutes or longer in length. This preference was given since interviews that are longer in nature tend to produce more in-depth reflections on the interviewee's part (Irvine, 2011), which seemed to be more cohesive to the objectives of my research project.

In addition, a preference was given to more recent podcasts in order to ensure that the data being analysed was as relevant as possible to the current day. Other selection criteria included having to be an interview conducted with a veteran of the Canadian military, with at least 5 years experience in the military, one deployment, and who identifies as having experienced PTSD, as well as someone who, within their podcast, discusses their road to recovery.

The criteria identified as being necessary in the selection of podcasts, such as the interviews having to be with individuals having 5 or more years of experience in the military, can be justified by my interest in examining the military socialization process and its possible impacts on the recovery process. Arguably a soldier with less than 5 years of service may not have incarnated the military way of being as intensely as someone with more experience in the setting (Molendijk et al., 2016). The requirement of having at least one deployment was sought because deployments arguably are the foundation of what soldiers train for, as described in part of the mandate statement: "At any given time the Government of Canada can call upon the CAF to undertake missions for the protection of Canada and Canadians and to maintain international peace and stability" (Government of Canada, 2018a, para 3). Moreover, deployments have been found to impact the way in which members interpret the experience of being in the military (Newby, McCarroll, Ursano, Fan, Shigemura, Tucker-Harris, 2005). Lastly, the need to self-identity as someone who

has experienced PTSD while also explaining their journey to recovery was imposed, since I was interested in establishing how veterans define their trajectory of recovering from PTSD. In taking this into account, veterans who have experienced PTSD are debatably in a better position to discuss the question that is looking to be answered within my research project.

The podcasts selected were ultimately all interviews with Canadian veterans who had been deployed, had 9 or more years of service in the military, and who identified as having experienced PTSD. Ultimately the chosen sample included four podcasts, three of the interviews being with men and one with a woman. The woman in the podcast interview selected served in the reserve force while the males all served within the regular force. To be clear, the reserve force is comprised of members who serve only part-time, whereas the regular force is made up of members who serve full-time (VAC, 2019a). Because I wanted to include a woman's perspective within my project, the methodological decision was made to include the interview conducted with the woman veteran despite her only having served as a part-time member. It is further important to consider the fact that she had been deployed to Afghanistan and thus had served a full-time contract at a certain point in her career with the military.

Among the podcasts selected, three of the members were non-commissioned members and one of them was a commissioned member of the CAF. To further elaborate, the military has two streams for individuals who choose to join: there is a non-commission member stream and an officer stream. The difference between the two is that officers join the forces as individuals being trained to be in positions of authority, and they either already hold a university degree or will be acquiring one prior to commencing their duties (Government of Canada, 2018b). In contrast, non-commissioned members need no previous education or training in their job to join. They are trained to become skilled front line or support personnel in the military (*ibid*).

The interviewers in the podcasts included Ben Fenelli, who is pursuing a master's degree in psychology at McGill University; he is also a brain injury survivor and avid motivational speaker (Aggerholm, 2020). PJ Kwong, who conducted two of the podcast interviews, has been an announcer for various Olympic and Paralympic events. She has also done freelance work for CBC sports, and was the talk show radio host for the 2017 Invictus Games (CBC, 2020). The Invictus Games are an event that is held on an international level, which allows injured military members and veterans to compete in sporting events against one another (Invictus Game Foundation, 2016). Lastly, Richard Jones works for Vanguard Magazine as their podcast host. Vanguard is an established journalism company that reports on issues concerning Canadians' security and defence, including discussions on policies and practices being implemented within this realm (Coutts et al., 2012).

The analysis performed was done exclusively utilizing the information contained within the podcast interviews; however, within the results section of this report, in initially introducing the veterans who participated in the podcast interviews, some details were located in other news stories which the individuals participated in. The decision to pull information regarding the veterans' backgrounds from other sources as well as the podcast interviews was made in order to ensure a more complete view of their sociodemographic information and military experience.

Consequent to the exploration of how I selected the podcasts utilized in my research project, I will now elaborate on how I analyzed the chosen podcasts.

2.4. Data analysis

Content analysis was chosen as the preferred data analysis method in sorting and making sense of the data. More specifically, it was chosen to utilize an inductive thematic analysis, since this method is intended to help researchers discover the meaning of a message through establishing

themes in discourse (Hsieh & Shannon, 2005). This includes understanding the relationship between two concepts, as well as the context from which it emerged (*ibid*).

While utilizing this approach, I further applied my conceptual framework in order to help guide me in the process of establishing meaning within the data. Specifically, I looked to identify the values and beliefs acquired by the veterans from their time in the military, as well as whether they felt these values and beliefs impacted them up until the moment of the podcast interview. Establishing specific themes regarding the principles that the veterans gained from their time in the CAF was influenced by my desire to learn more regarding the military socialization process and its impacts on the recovery process of PTSD.

Furthermore, the thematic process was highly influenced by the concepts of signs, meanings and actions. This was purposely done in order to highlight how veterans live through the trajectory of recovery from PTSD. As a result, the themes identified were grouped under the concepts of signs, meanings, and actions. Specifically, I felt these categories allowed for a more cohesive narrative of veterans' recovery paths to emerge.

The process followed in conducting the thematic analysis was the exact process as described by Nowell, Norris, White, and Moules (2017) in their article titled *Thematic analysis: Striving to meet the trustworthiness criteria.* Firstly, familiarization of the dataset was prioritized through listening to the selected podcasts multiple times and making notes on any initial impressions and thoughts. I particularly felt the need to document information pertaining to the signs that the veterans noticed as being indicative that they were psychologically suffering, as well as the meaning that they attributed to the signs that they were experiencing and the implications that this had for them given that they found themselves within the military setting. Furthermore, I documented the chosen coping skills and tools utilized by the veterans in order to address what

they were encountering, as well as highlighted those that were described by the veterans as being the most useful in obtaining their ideal of recovery. Lastly, within my notes I chose to include the military values that were described as particularly impactful for the veterans.

Afterwards these notes were reviewed with my supervisor. I was asked questions and encouraged to speak freely about what I found to be the most powerful within the stories shared by the veterans in their podcast interviews. My supervisor took notes during this interaction and later shared with me what she felt I had highlighted during our discussion. Overall, this exchange was done in order to achieve a deeper level of reflection. As described by Cutcliffe & McKenna (1999), conversations with peers or mentors can help in illuminating alternate ways of viewing phenomena, as well as assist in further analyzing the evolution of your beliefs and understanding of the dataset.

After this exchange, the podcasts were then listened to again, this time adding to the existing notes and identifying initial patterns. Lastly, the audio was transcribed. The need to repeatedly review your data is seen as important as it allows for the researcher to become immersed in the process, hence finding a deeper meaning in the dataset (Nowell et al., 2017).

After familiarization with the dataset was complete, I began coding the data. Important passages found within the audio recordings were highlighted and categorized during this phase of analysis. Moreover, I kept a reflexive journal and shared it with my supervisor for feedback on the thought process being utilized for coding. As explained by Cutcliffe & McKenna (1999), further discussing decisions concerning the coding of your dataset can assist in further validating the findings of the study. After the coding had been completed, I began identifying themes. I aimed to allow the data to speak for itself and identified themes based on what the data was showing. Through this process, a thematic network was created (see appendix A, p.134).

Overall, I chose to analyse the data in this manner as it often allows for a more complete description of the message being communicated within the data set (Braun & Clarke, 2006). Once themes had been identified, a review of the themes was completed once again with my supervisor. This was in order to ensure that the themes were coherent, and changes to the themes were conducted as needed. The themes were then given a name. Finally, the final step was the elaboration of the themes within this report.

Since the steps taken in order to complete my research project have now been discussed, it seems fitting to embark on a description of the ethical considerations kept in mind throughout the entirety of my research project.

2.5. Ethical considerations

All information used for the purpose of this research was already available to the wider public. In accordance to Zimmer (2010), should the website request the need to create a profile to view content, additional questions around the right to use this information for research purposes should be asked. The websites that had published the podcasts utilized for this project did not require the researcher to create a user profile in order to access the information. Additionally, the privacy disclosures, as outlined by the websites containing the podcasts, were abided by. Although there is a larger debate on the issue of using online information for research purposes, presently the consensus seems to be that as long as you do not need to create an account or make a request to gain access to the information it is considered as implicit consent (Bruckman, 2002). As pointed out by Legewie and Nassauer (2018), assessing the nature of the online platform where the information was found is key to assessing any privacy concerns. They further explain that should the information have been published by a professional production company and/or on a site such

as YouTube, Live leaks or open Instagram accounts, it seems apparent that the person is aware that it is being widely distributed.

The podcasts utilized for this study are believed to be audio recordings in which the individuals were aware that the information would be available to the public. Despite this fact, after having had a discussion with the supervisor of my research project, it was decided to individually contact the interviewees who participated in the podcasts. Each individual who participated as the interviewee was contacted, informed as to the objectives of the research project and asked if they felt comfortable with their stories being analyzed and included in a Master's research project. This decision was made because it seemed to better align with the methodological approach of valuing the individuals' lived experiences. Since it is their experience to share, I wanted to ensure that they were okay with it being utilized within my research project. All the veterans responded favourably to my request and agreed that they were comfortable with me analyzing the podcast interviews that they had participated in.

Another issue considered is the following: since this research is qualitative in nature, the researcher in this instance becomes the tool used to evaluate the information acquired. Given this fact, the researcher chose to adopt a "reflexive approach" (Clarke, 2006, para 25). A reflexive approach is the process of evaluating your social positioning, beliefs and biases in order to diminish the impacts it may have on your research results (Jootun, McGhee, & Marland, 2009). In being vigilant and aware that some subjectivity may exist as a result of your position in relation to the issue, it provides transparency to the wider community, while also providing more accuracy to your results (*ibid*). Since when conducting your research in a mode of reflexivity, you are recognizing your own perceptions and thoughts in relation to the issue while also evaluating what the data reveals regarding individuals' views of reality (*ibid*). It is also for this reason that within

the preface of this research project I included details about myself and the reasoning as to why I decided to undertake this project.

To conclude my methodological chapter, I will now further explore some of the limitations of my research project.

2.6. Limitations of the research

As with any research there were limitations to this study. Firstly, since in my research I employed a qualitative approach which involves in-depth analysis of data, it was not feasible to analyze a wider range of podcasts. Moreover, given the time constraint that I had to complete this project it was not realistic to have a larger sample. Therefore, the results of this study may not be representative of the larger military and/or veteran community since the CAF is composed of a diverse group of individuals with varying backgrounds and experiences.

In addition, it should be noted that the podcasts were pre-recorded interviews facilitated by individuals with no affiliation to my research project. As a result, in certain instances of the pre-recorded interviews I found myself wishing to have been able to push the interviewee's reflection further; however, this, of course, was not possible. Furthermore, each interviewee was asked a different set of questions, which means that certain interviews did not cover a given topic while others did. Despite this fact, the interviews selected were all interested in the same subject, which was learning more about the individual's military and PTSD experience. They also, in my opinion, still contained an abundance of information given the length of the interviews.

Another limitation to note is that since the audio recordings accessed were ones accessible to the wider public, the risk of social desirability should be accounted for. Social desirability is the tendency for people to sometimes act differently when they are knowingly being recorded, or even when they are interacting with individuals whom they may not feel comfortable with (Callegaro,

2008). This same type of limitation can also exist in varying other types of research such as when conducting interviews, participant observation, and surveying, because in these instances participants are aware that they are being researched, which is also known to pose a risk of impacting individuals' behaviours (Callegaro, 2008). Since my research used pre-recorded data, I was not able to utilize any safeguards to potentially diminish the social desirability effect. However, individuals and families who choose to go public about the impacts of PTSD often express that they have gone public, as they would like to assist in bringing improvements to the supports available (CTV News, 2012; D'Aliesio, 2016). Given this expressed desire, it seems appropriate to believe that individuals are motivated to share their real stories.

Now that I have shared the research issue, the conceptual framework, and the methodological approach of my research project. In the subsequent chapter, the results will be presented.

3. CHAPTER 3: A NARRATIVE OF VETERANS' EXPERIENCE OF PTSD AND THEIR ROAD TO RECOVERY

This chapter presents the results gathered from the four podcast interviews selected that were conducted with veterans of the CAF.

3.1. Introduction of veterans

Given the singularity found within the podcast interviews I decided to introduce each veteran individually prior to delving into the similarities that emerged from their stories. These brief introductions only give you a basic introduction to their military careers. They further explain each veteran's motivations for wanting to join the CAF. Finally, they situate the conditions under which the podcast interview that they participated in was conducted. I will begin by introducing Kelly, followed by Joel, Michael and finally, Chris.

3.1.1. Kelly

At the time of the podcast interview, which was conducted by PJ Kwong, Kelly was twenty-six years old. Kelly is the only female veteran included in this study. Her interview took place within the context of the radio show created for the purpose of the 2017 Invictus Games. Within the context of this interview it is explained that Kelly is a reservist who joined the CAF at sixteen years of age. She ended up serving approximately ten years as an infantry reservist before retiring from the forces as a Corporal (please see appendix B for rank chart, p.135). She participated in one deployment, which was to Afghanistan. Her reasoning for wanting to join the army was in order to contribute to a larger cause: "*I wanted to do something that I guess in my mind was gonna be important. Was gonna have the potential to change the world.*" Kelly also mentions that her family mostly works or worked in uniform jobs, that both her parents were police officers, her

sister is now a police officer, and many of her cousins are firefighters or military personnel. She admits that this may have further contributed to her interest in joining the CAF.

3.1.2. Joel

Joel first joined the forces in 1998 at the age of twenty-eight and ended up serving in the military for nine and half years, initially as an infantry soldier and later on in his career as a member of the military police.[3] In his interview, which was once again conducted by PJ Kwong on Invictus Games Radio, he discusses some of his experiences in the forces as well as his ongoing journey to improve his well-being, both physically and mentally. Joel felt a desire to join the military as he felt he needed to do his part and serve his country. Within the infantry he served in a reconnaissance platoon, whose duty is to observe targets in order to compile information to share with the chain of command to assist them in their decision-making. He ultimately served two tours overseas: one in Bosnia and the other in Afghanistan. He retired from the forces at the rank of Corporal.

3.1.3. Michael

Michael participated in a podcast interview with Ben Fenelli on his podcast channel titled *Heroic Minds*. Within this interview, Michael describes how he decided to join the CAF right out of high school at the age of seventeen. He completed his basic training in 1986 and consequently began his trade qualification training to become a combat engineer. He served for twenty-five years before retiring, although he says he didn't choose to retire; he was forced out of the military due to his PTSD, having received a medical discharge in 2012. Michael deployed on tours in Kuwait, Somalia, Bosnia and Afghanistan. He retired at the rank of Master Warrant Officer. Michael always wanted to join the military and remembers having this desire since he was a young child.

[2]Joel does not share this information within the context of the podcast but this information was located in a news story that Joel participated in with legion magazine conducted by Thorne in 2017.

His parents also both served in the military, his father as a medic and his mother as a nurse. Although he originally also wanted to become a medic, he enlisted as a combat engineer as it allowed him to enlist sooner than he could have had he chosen to enroll as a medic.

3.1.4. Chris

Lastly, Chris is the only officer member included in my study. His podcast interview was conducted by Richard Jones, who is Vanguard's radio host. Chris explains in this interview that he first joined the military as a reservist in 1979 as a musician. During that time, he also enrolled in nursing school and upon graduation decided to join the regular forces as a nursing officer; this was in 1988. In total he ended up serving thirty-three years in the military and participated in three deployments in Rwanda and Afghanistan, as well as took part in the Gulf War. Chris was initially interested in joining the forces since he had recently moved to Calgary and was looking for a new way to socialize; however, over time his interest in the military grew, which is what pushed him to make the decision to join as a regular force member. Chris retired at the rank of Lieutenant Colonel in 2014.

These introductions show the varying paths that may lead someone to choose to join the CAF. Furthermore, they demonstrate that a plethora of career paths exist within the military setting. As a result, no two military careers are the same, and despite individuals who have served sharing in the experience of having been in the CAF, the base they served on, the tours they participated in, their chosen trade within the military, or their perceived experience of the environment all have the potential to differ. Despite this fact, for the veterans there still seemed to be key takeaways that they shared from the military environment, which influenced how they defined their journey of attaining their ideal recovery from PTSD. These will be further explored in the subsequent section.

3.2. Lived and embodied military values

The core concepts acquired during the veterans' military experience that emerged included the mission, the strength of the camaraderie, and the idealized soldier. Understanding the representations that the veterans have of military life and the ideas that shaped their military journey seems to serve as a reference in giving meaning to their experience of PTSD; the last subsection, titled self-stigma, discusses this reality. These results shine a light on some of the concepts within the military setting that have a strong presence in the lives of veterans, and as a result unite members on common issues. Given this fact, it seems that these are key values that the military institution looks to instill in its members, and therefore are important contributors to the formation of the military way of being as well as the formation of the military identity.

3.2.1. The mission

Veterans share a commitment to their job through a mutual feeling of having trained for the experience of participating in an actual mission. Long before participating in a mission, these soldiers were being trained on what to do in varying situations that could arise during the deployment that they were being sent on. This long period of working to get to the point of actualizing a real mission creates a dedication to the cause. As explained by Michael, he always wanted to deploy in order to put what he had learned in training into real life practice:

> *I never had that conversation in my mind because I always wanted to deploy, because I always wanted to do my job. When you deploy that's the only time you get to do your job for real, as a combat engineer.*

The pain and suffering that they knew they could potentially encounter was validated since they felt they were contributing to a larger cause, this larger cause being something that each one of them believed in and associated powerful meaning with. As recounted by Kelly, the army gave her a purpose: "*That was the one thing the army gave you, it was you felt like you had a purpose, you*

felt like you had a mission […]". This strong attachment to the belief that they were contributing to a larger cause, that cause being the mission, led many of the veterans to adopt a selfless disposition, as a result of which they were willing to sacrifice themselves not only for the greater good of the mission but also for the group.

3.2.2. The strength of camaraderie

This leads us to the second military value discussed by the veterans, which is the camaraderie in the military. As was stated during my review of the literature, the bond that exists within the military was something that emerged quite strongly. It was described that individuals are often forced to rely on one another since they are confronted with situations that are impossible to undertake independently. Moreover, given the level of danger associated with the profession, members need to rely on one another for emotional support to maintain morale as well as establish a level of confidence which enables you to trust your life in your comrades' hands. Given the harsh and atrocious environments CAF members can find themselves in, a strong bond is necessary to survive and be successful in their mission.

In the veterans' stories that I examined, the camaraderie within the military also materialized as something important and significant. Right from his initial entry into the military, Michael discusses the military's training as intense, which causes the need to rely on one another in order to make it through the experience. He believes that the institution does this strategically in order to encourage a unique bond formation that is beneficial to the occupation of combat arms:

> *[…] it was really miserable…and so I think…they threw that at you right away because you become close with everybody right away. Cause when you go through a miserable experience you tend to…go back to back, you know okay we're gonna get through this and we're gonna, suck it up and we're gonna get through.*

The friendships that form within the military are unique in the sense that members are reliant, on one another. They are reliant for moral support, while also being reliant on each other in order

accomplish tasks and objectives. They are working towards a common cause, and unite on that basis. In situations of deployment they are counting on each other in life or death situations. Joel expresses that you know that you can count on the individuals that you work alongside with to not leave you behind, regardless of the situation: "*No matter what happens, they will not leave you there. So you know you could put your life in their hands and you know, you believe in the fact that they can put their lives in your hands."* The military bond is unique since it is unusual to find yourself in life or death circumstances, at least within countries that are currently not war torn. Given the level of trust they have developed for their fellow comrades, they realize that the depth of these relationships is greater than many of the other bonds they have created within their lives.

As a result, soldiers are willing to sacrifice their own needs and emotions for the greater good of the group. They are willing to suffer in order to not let down their fellow comrades. In situations of extreme adversity, they are ready to persist for the greater good of the group. As a result, some of the veterans feel a need to mask their emotions in order to keep group morale high. For individuals who were in leadership positions, the pressure can sometimes be greater as they realize that many troops rely on them.

This selflessness that veterans have within combat zones is something that continues to persist upon their release from the military, since even after leaving military life, veterans remain closely linked as they still feel a commitment towards the individuals that they served with, and as a result are prepared to help them out when needed, regardless of the circumstance. "*You know, I'm a veteran. I'm out of the military, but the guys I served with, I don't care if they call me at 2 a.m. or 2 p.m. when they need help. I'm picking up".* (Joel)

For the veterans, the friendships developed during their time in the military were not superficial. The bonds they formed became something meaningful to them and are something that

they cherish even now, in the current day. This is expressed by Kelly: *"Yeah, you do end up developing those bonds that last from your training, past tour and all the way till now."* Some of the veterans felt so strongly about the bonds that they had created during their service time that they classify the people whom they served with as family. Furthermore, these veterans believe that the military camaraderie is stronger than any social divide that may exist between members:

> *So that comradery transcends international borders, social status. Whatever. You know it's very hard to explain, very hard to conceive. But every person I served with, I consider them as much part of my family as my sons, my wife, my parents, my sister, you know, we're that close.* (Joel)

For veterans, the experience of military camaraderie intersects within their lives in different ways. Overall the veterans' experience of the military camaraderie was powerful and continued to have an impact on their lives through the ongoing involvement they had in relationships that they had formed while in service.

3.2.3. The idealized soldier

Another commonality among the veterans' podcast interviews was the normalization of physical injuries, as well as the suppression of emotions. This included the denial of vulnerability when faced with challenging emotional situations, as well as dismissing physical pain and overall discomfort. As a result, there was a need to demonstrate bravery and stoicism despite the circumstances in which veterans found themselves. This was the standard expectation that the veterans placed on themselves as a consequence of what they had learned was needed in order to be a successful combatant.

For the two veterans who had sustained physical injuries, they discussed the need to ignore the pain and carry on: "*I think that, you know what, the physical injury is serving in the military you're kind of… you're taught to ignore the pain and continue."* Joel further elaborates that he views physical injuries as being a part of the military since it is clear from day one that the work you will

be participating in will be physically demanding. Therefore, acquiring physical injuries from his time in the military did not come as a surprise; hence, he sees the acceptance of any physical injuries as being an almost automatic response:

> *I feel the pain of my lower back. I've also been diagnosed with a degenerative disc disease because of the service. So I feel that pain but I don't... It's not something that actually I lose sleep over now and I've learned to accept that very easily because you know the physical work and what I did was extremely demanding and I knew when I started that eventually my body would… […] I would suffer.*

Kelly initially sought answers when she started to experience ongoing physical pain; however, as months went by with no answers people began to talk negatively about Kelly's situation. She felt as if people doubted that she was injured, which encouraged her to stay quiet about the pain that she was experiencing:

> *I was injured in October so fairly early on in the training and I ended up seeing doctors through October, November, December probably into January and when by the time January hit and we really didn't have an answer and…people were starting to kind of talk and be like, what is this, that she keeps saying she's injured and doctors can't figure out what it is. […] So I just started shutting up about it and just going on with the training, and ignoring the pain that was there.*

Given the work conditions of the military, another form of behaviour encouraged is the suppression of emotion, particularly fear or panic. Therefore, when it came to confronting potentially traumatic situations, the veterans felt a need to act as if this wasn't something that fazed them. This meant that there was a need to constantly act as if you were okay and prepared to confront the next obstacle even if this wasn't the case.

> *I think, outwardly you know because you got to put up this brave front in the army. Like oh yeah man I'm good to go, I'm good to go. I can go, I can go, sure I would have been all…chest puffed out and everything but inside no, man.* (Michael)

This denial of pain and vulnerability transcended into the realm of mental health for some of the veterans. For example, in Joel's case, he expresses that he thought PTSD would not happen to him,

because in his mind it was not something that correlated with being an infantry soldier, given the fact that they are trained to be strong and resilient:

> *Yeah exactly. You adopt that macho way of thinking, which is, to a certain extent normal, because of where I was, infantry. Infantry you're, you're taught to be tough. You're taught to be a machine and PTSD is not going to happen.*

He was even commended for his ability to maintain his composure in the most horrific of situations:

> *My emotions were non-existent. So whether, you know, the general we were protecting commended me on it; said, "One of the things I really appreciate about you, is the fact that no matter where we are, no matter how stressful or horrific it is, you're always calm. You always make the right decisions." And he said that it gave him confidence.*

Overall, the message that emerged from the veterans' narratives is that in the army the need to deny weakness is prevalent, whether it be physical pain or psychological vulnerability. These veterans seem to agree that the military setting creates a certain pressure where fragility is discouraged through organizational and/or peer discourse and behaviours, leading to the idealized soldier, which includes the need to be stoic, fearless, and unbreakable. As a result, this idealized image fosters a level of fear for individuals. This fear stems from the concern of perhaps not being able to live up to this expectation, as well as apprehension regarding the implications that may come along with this failure. With the looming sense of failure, some veterans were prepared to push themselves to their limits in order to not be classified as opposing this desired image.

3.2.4. Self-stigma

To conclude this semantic foray into the military world, the issue of the stigma experienced by military personnel when they reach their own mental and emotional limits is important to grasp. In light of the previous sections discussing the importance of the mission, the strength of camaraderie, and the pressure to live up to the image of the ideal soldier, it is no wonder that the stigma associated with mental health issues is embedded in the military environment, leading many

veterans to self-stigmatize (Frank et al., 2018). This is reflected in the accounts of the veterans in a cover-up of their difficulties, their self-devaluation, reduced self-efficacy, internalization of stereotypes and decreased self-esteem. The self-stigmatizing process occurs as a result of a buildup of witnessing or personally experiencing degrading comments or actions towards the issue of PTSD.

For some, lived experiences made it feel like they were destined to have to deal with their mental health issues in private, since superiors with whom they discussed their mental health concerns were not receptive and did not take the issue seriously:

> *[…] obviously I don't want people to think that, everybody military is like that. That was a specific situation with a specific person, right. I said, […] So there's something wrong. I need help. What can I do?" And his answer was, "OK, you take the rest of the afternoon off. Take the weekend off. Think about everything you just talked to me about it when you come back on Monday, that better be gone. Is that clear?* (Joel)

Although these situations of being asked to repress and/or deny your mental health problems are not always the case, there is a fear that this may end up being the scenario you are put in, or worse, asked to leave the forces. This was the perception that Chris had despite him receiving support once he unveiled the struggles he was encountering: "*I was treated when I asked for help; the military had resources available for me. I was pretty sure that I would probably be dismissed from the military because I had PTSD but in fact, I was not."*

Others did not receive the same support as Chris, and the fear of being asked to leave the forces upon divulging their mental health difficulties became a reality, such as in Michael's case: *"Yup, so I did twenty-five years and when I retired …well I didn't really choose to retire but when I got out [Laughs]."* Joel shares the same sentiment as Michael regarding the feeling of rejection from the military in association with his mental health difficulties. This led Joel to the conclusion

that being silent regarding what he was experiencing was a better option than speaking out about it:

> *So you know, you don't want to be kicked out of the forces, you see that as your family, you know? And they've always told you, whatever happens, we'll be there for you. But something happened and both times the impression I got is that... My family wasn't there for me. So might as well shut up and enjoy this.*

Beyond the notion of choosing to mask their PTSD symptoms due to fear of repercussions, the veterans also had a certain perception regarding this mental health issue. This added to their discomfort of admitting that they were struggling with PTSD. Particularly, fear of how others may perceive them caused them to feel disconcerted: *"I felt that I was letting everybody in my world down. My immediate superior at the time, his name was Ed, he's a very good friend of mine. I felt I was letting him down."* (Michael)

Joel held similar concerns regarding people's perceptions of PTSD and how others might view it. Specifically, certain stereotypes concerning individuals with PTSD were worrisome to him, as he felt that he would be automatically judged as being that way: *"When you mention to people I have post-traumatic stress disorder, automatically, they think, OK well… This guy might be dangerous."*

Particular to veterans who work in combat positions, the narrative of PTSD does not align with the values that they are instilled with in working on the frontlines of combat. As a result, for them the term PTSD is something that the veterans correlated with a lot of shame and guilt:

> *[…] When I first was diagnosed with post-traumatic stress disorder, it was a term that was closely associated with a lot of stigma. Being in the military infantry, all the machoism of… You know you're the tough guy, you're the soldier, you're the machine, as soon as you heard the word PTSD. I mean the acronym PTSD or mental problems, it was stigmatized.* (Joel)

Kelly, the only woman of this study, also served in a combat position. Despite this fact, she expresses that it might have been easier for her to seek out formal supports for her mental health

struggles. She believes this was because she was already seeing healthcare professionals for the physical injury she had sustained: "*Yes and no when I knew something was wrong. You have to understand that it was a little easier for me because of my physical injuries I was in and out of doctor offices all the time."*

It appears that the stigma discussed by the other veterans in this sample may not have been as present for Kelly; however, for the other veterans the military setting fostered fear of divulging their struggles due to concern around letting others down, judgement, repercussions, and overall being stigmatized and othered due to their mental health status. This stigma emerged and thrived from lived experiences and/or perceptions they encountered and felt existed within the military and larger communities.

Overall, self-stigmatization stems from the beliefs that the veterans have regarding how they think others in the military setting will perceive and react to the unveiling of their PTSD. Some of the veterans discussed how they themselves adopted a tough exterior that devalued the experience of PTSD. However, in finding out that they themselves were struggling mentally, they gradually developed a better understanding regarding what it means to have PTSD and began defining their own personal experience of living with this injury.

These results show that there are key values within the military setting that do have an effect on veterans' experience with PTSD. The further impacts of these military values (if any) will now be further explored through establishing how veterans define their experience of recovery. This will be facilitated by utilizing the categories of signs, meanings and actions.

3.3. ROADS TO RECOVERY-SIGNS, MEANINGS & ACTIONS

Now that an exploration as to the emerging similarities regarding the experience of having been in the military has been completed, a more in depth look at the journey of recovery as described by

veterans will be conducted. This will be facilitated by looking at what signs indicated that things were different, followed by what led the veterans to the decision to access supports or take further action regarding their psychological suffering, and lastly we will explore how the veterans made sense of their PTSD symptoms and experience.

3.3.1. Signs indicating that things were different

This section focuses on how veterans describe their experience of recognizing that an issue was present. The goal of identifying these signs is to pinpoint what feelings or thoughts were particularly troubling to the point of causing the individual to suffer or leading them to question the origin of what they were experiencing. The veterans particularly emphasized a plethora of things, including loss of interest, emotional numbness, shame, nightmares and trouble sleeping, changing personal relationships, anger and self-isolation. These signs will now be further elaborated on.

3.3.1.1. Loss of interest

All the veterans spoke about a loss of interest in either activities they previously enjoyed or motivations that they once had. This change in interests for the veterans was an indicator that something was different and that things were no longer the same. Michael, when talking to a medical professional for the first time about what he was encountering, used the explanation of feeling as if he had changed due to losing interest in things he previously enjoyed: *"I'm not the same happy go lucky guy, I'm losing interest in a whole bunch of stuff."* As a result of this loss of interest, things that were once of importance to them no longer were, and those things gradually dissipated into the background. Most of the veterans noted this change upon their return home after having been exposed to the traumatic event:

> *Before I went on tour, I had all kinds of ideas about where I was gonna go once I got home and what I was gonna do, and when I came home injured and when I was struggling*

> *through mental health issues all those things either faded away or they disappeared.* (Kelly)

Over time they found themselves no longer participating or thinking about the things that once were of significance to them. They began thinking of these activities or aspirations that they once had as things of the past and therefore no longer pertinent to their current lives: *"So my sport is hiking, camping and precision shooting firearms and… It's something I really enjoyed doing before I got diagnosed with PTSI."* (Joel) All the stories echoed a similar sentiment regarding a change in interest as being an event which helped them in realizing that what they were experiencing was perhaps something more in-depth.

3.3.1.2. Emotional numbness

Another common occurrence that emerged regarding the veterans' lived experiences with PTSD was their inability to emotionally connect with others. For Chris this particular ordeal associated with PTSD was very difficult to deal with: *"So it was quite a devastating way to return home, and finding my ability to connect with my wife and my kids quite diminished as well."* This inability to connect with others is described as the feeling of being emotionally numb by Joel, who says he was unable to feel any emotions other than anger. He particularly remembers having no emotions when both his sons were born: "*[…] like when my sons were born. I had no emotions. None whatsoever. I wasn't happy. I wasn't sad. I wasn't crying out of joy. I was just numb about it."* Kelly also describes having had difficulties in maintaining relationships, as well as experiencing a disconnection from her emotions:

> *[…] the one thing I think that people definitely saw, cause I hid so much of the depression and the numbness like the fact that you can't connect, or you're not connecting with people.*

Overall, the veterans seemed to have shared the experience of encountering difficulties in being able to connect with their emotions. This inability to be in tune with their emotions was one of the indications that things were no longer the same as they once had been.

3.3.1.3. Shame

Despite previously not struggling with feelings of incompetence, some of the veterans talked about noticing a persistent feeling of shame in association with their performance of varying roles within their lives. This humiliation that they were experiencing was something that they felt had no clear reasoning. Despite this fact, it was how they felt. Chris talks about this feeling of shame affecting his view of how he performed his duties while in Afghanistan: *"[…] Even though I had, you know, done what I think was probably the best job I've ever done in my life I could feel nothing but shame about it."* Michael similarly experienced shame in relation to his PTSD: *"It was a lot of embarrassment, a lot of shame…cause that's the root of my PTSD is not measuring up right."* Although not all the veterans talked about experiencing shame in the podcast interviews analyzed, it still emerged to have been an indicator of there being something wrong in some of the veterans' stories.

3.3.1.4. Nightmares and trouble sleeping

Trouble sleeping, **along with nightmares**, was something that was **also experienced by some of the veterans**: *"I was having trouble sleeping, I started having nightmares and so it was around this time like that I knew something was not right."* (Kelly) These nightmares that they were experiencing differed from any nightmares that they may have had in the past, and presented themselves more frequently. This was indicative to the veterans that what they were experiencing in their dreams was not just a temporary inconvenience resulting from something superficial. Moreover, the occurrence of nightmares was often described as not happening in isolation but

rather occurring in conjunction with other symptoms, such as panic attacks or anxiety: *"[…] then the nightmares came. Panic attacks. I had panic attacks, day or night."* (Joel) As a result, they felt that with the occurrence of nightmares on top of other issues it contributed to triggering a reflection process of questioning the origins of what they were experiencing. As explained by Chris, trouble sleeping specifically was a sign that things were not going well for him:

> *"So, I started to feel myself slipping again and feeling it, it comes for me, it came in the form of losing sleep. Just inability to settle at night and inability to shut the brain down, inability to relax."*

3.3.1.5. Changing personal relationships

Many of the veterans conveyed that prior to experiencing trauma they had active social lives. They regularly spent time with friends and family and would participate in social outings. However, for many of the veterans this was one of the things that changed as a result of their exposure to trauma. Their change in demeanor impacted their personal relationships negatively because they didn't have the energy to nurture the relationships that they had. Consequently, the dynamic of their relationships transformed, and so did their perceived value of those relationships:

> *So social life drops right off, my ability to connect with other people became quite diminished and quite frankly I didn't even care about anyone else, so you become quite annoying [Laughs].* (Chris)

Another veteran shares that while he was struggling with his mental health, he ended up going through a divorce. He believes that his marital breakdown aggravated his PTSD and was indicative that what he was encountering was something more substantial: "*I had…been through a divorce…which was I'm sure part of my PTSD, and I went to the doctor to get help, cause I knew there were issues."* (Michael)

In general, the veterans described family relationships as impactful in terms of the veterans recognizing that a larger concern may be present. In particular, them noticing a change in these

relationships was a sign that things were not the same as they previously had been prior to their exposure to trauma.

3.3.1.6. Anger

The one sign that all the veterans discussed eventually recognizing is the experience of irrational anger. Kelly discusses having experienced anger for years until she eventually realized how unproductive it was to be exerting so much effort into the emotion of anger: "*I was angry for years, and years, and years, and you kinda hit a moment where you just sit back and you realize…being angry got me nowhere."* Joel also identified anger as an indicator that what he was likely going through maybe something more than difficult times. He explains that although he felt anger while deployed at that time, he associated it as a normal reaction given the harsh environment he was living in. It was when he returned home and the anger didn't dissipate that he realized that it could be an indication of something else:

> *When I reflect on that I think, well I can have signs and symptoms when I was there. A month after I came back, when I noticed there was something wrong, it was because I had been back a month, but the rage, the anger that comes with war zones and sounds bad to say, but you need to survive. The rage, the anger, the adrenaline rush, the hyper state of vigilance. The controlled fear. We're still there.*

Lastly, Chris in his story shares that he was quick to anger, as he further describes anger as his "*go to emotion*".

3.3.1.7. Self isolation

An additional element was the veterans choosing to segregate themselves from friends and family. Segregating themselves from loves ones was a coping strategy utilized to deal with what they were going through. Two of the male veterans talk about purposely isolating themselves from others. Chris believes that this is associated with the typical experience of PTSD, as it is something that he has previously heard from other individuals who have had similar experiences to his own:

> *So it's quite common to isolate into the man cave; I hear that all the time about people go down into their man cave to get away from whatever it is that's going on in the house or outside.*

Joel also discusses isolating himself from loved ones and believes he behaved in this way in order to have control of his environment. He expresses the fact that he shut everyone out of his life during this period of time, which involved lying to his friends and family in order to remain in isolation:

> *I had control of everything. So I became a hermit. I... isolated myself from my family. My wife, two kids. My parents, my sister, my friends. Social activities. Everything. I completely isolated myself. I lied about everything to everyone when I got invited.*

Kelly, although having some commonalities with the other veterans regarding how she experienced PTSD, had some differences in her own experiences, such as the fact that she did not isolate herself; in fact, she went out of her way to look for activities to occupy her time, in an attempt to forget about the negativity that she was experiencing in her life at the time:

> *[…] but I absolutely had it that, some people lock themselves away and don't get involved in anything. I pretty much did the opposite, I tried to fill my time with as many things as possible, so I didn't have to focus on what was going wrong, so I didn't have to think about what was going wrong.*

Overall, varying and differing signs emerged from the stories of the veterans; however, throughout the narrative of their stories the similarities regarding the signs experienced emanated. This included loss of interest, emotional numbness, nightmares/trouble sleeping, changing personal relationships and the emotion of anger.

When it came to the feeling of shame in relation to the PTSD diagnosis and/or symptomology, this was not something that was highlighted by Kelly. Furthermore, she was the only veteran who in her story does not describe engaging in self-isolation as a coping skill, and instead she adopted the approach of trying to fill her time in order to keep busy. This seems to correlate with the unique nature of trauma responses as described in the research issue section of

this master's research project[4]. However, the exact reasoning as to why these differences exist is not clear, as there may be several contributing factors, such as the fact that Kelly only served part-time as a reservist, that she had both physical and mental health injuries, that the interview questions were unique to each podcast, and lastly that her story was the only woman's perspective analyzed.

Questions regarding the connections between these signs and the military values examined earlier can asked, such as: does the feeling of shame for some of the veterans stem from them feeling like they are no longer able to measure up to the idealized soldier? Accompanying this realization, do they feel as though they are no longer useful to the mission? Does emotional numbness originate from the highly masculine culture of the military institution? Perhaps self-isolation is influenced by the masculine culture as well, since veterans may not want to expose their vulnerabilities to the wider community. In the continuation of this chapter, these questions will be explored as we look at how veterans attribute meaning to the experience of these signs. But first, we will look at what led the veterans to seek further support or guidance in their road to recovery from PTSD.

3.3.2. Action in addressing their experience of PTSD

This section presents information concerning what led the veterans to take action in their journey to recovery. Thus, the process that led the veterans to search for further answers regarding their psychological suffering, hence leading them on the continuation of their journey to recovery, will be identified. This will include examining what led them to choosing to take the step of wanting to identify the cause of their suffering, and the techniques or processes used that were described

[4] You may reference p.24 for further elaboration on the uniqueness of trauma responses.

as improving their situation. A cohesive narrative of the timeline of the build up to the phase of action, as well as the behaviours found to be healing that were utilized, will be made evident.

3.3.2.1. Time to process

A veteran's decision to seek formal supports is the result of a gradual progression. Upon returning home, some of the veterans were initially not aware of the depth of the issues that they were facing, since for these veterans, their traumatic encounters happened while they were overseas. Upon returning home, they were focused in on settling back into their day to day routines, and as a result the things that they had experienced overseas did not necessarily fully register at first. It was over time after reflecting on their experiences that they identified them as being troublesome. Kelly describes this as settling back into real life and remarks that this is often the time period where things start to sink in, and you begin to grow more concerned around the events that you had been exposed to:

> *You're back to real life basically, is when you start to sit back and think about all these things and remember all these things that at the time didn't really register for you as strange or odd, but then you sit back and you really start to think about them and you see that it was such a weird life that you had been living. Such a strange circumstance you found yourself in. So after about a year I noticed that I was waking up miserable and going to sleep miserable even though like, there was nothing wrong.*

After the recognition of symptoms, the veterans were initially able to somewhat maintain their previous lifestyle despite the manifestation of PTSD, which as a result gave them the impression that they were able to manage. Michael talks about the ability to maintain a calm demeanor in situations despite the panic that he was feeling underneath it all, and how the ability to maintain a composed front gave him the impression that he was able to address things himself:

> *But I was…when you have PTSD you're able to put up all these facades, so I had all these facades you know like, I was good to go in any situation. I could put on a different hat and…be calm on the outside but like a duck underneath. You know what I mean like, all crazy and stuff so…for about two years at the engineer school I held on.*

Chris conveys a similar message in the sense that he was aware that things were different; however, since he was able to continue with things such as working, he continued with life the best he could: "*I had spent the previous 10 years as a bit of a mess although a high-functioning mess. [Laughs] I was able to do my job and keep that going, keep that rolling if you will."*

The veterans all traversed a period where they reached a plateau, which caused them to have the impression that what they were experiencing was just how things were going to be. Kelly expresses this in her story:

> *All during this time that…you're struggling and you do it all to try and fill your life up with good things and you tell yourself like there's so much good going on, there's no reason why I should be depressed. There's no reason why I should be feeling this way, but you still do. And then I think you just hit a point where, I don't know, I guess I was just trying to be like, well if my life can't be happy, I'll at least make it interesting.*

Thus, the veterans' stories share the notion of time. This includes time to process what they experienced overseas as well as time to try to confront their experiences independently and cycle through varying emotions.

3.3.2.2. Hitting a breaking point

Most of the veterans share that the recognition of the need for further support came when they were no longer able to perform certain tasks due to what they were experiencing. A build up of emotions over time occurred, leading them to the point of either being no longer able to carry on with their day to day lives or a point of exhaustion causing them to want a change in their situation. This is seen in Michael's case, who says that his condition continued to deteriorate until one evening he reached a breaking point. After this incident he never returned to work; however, he did seek support and received a diagnosis of PTSD:

> *I wasn't treating myself; I wasn't getting help, I wasn't seeking out help. It just kept getting worse, and worse, and worst, and worst. And then finally I just had…we don't need to get*

> *into it but, I had a breakdown one evening and then that was it. I never worked again and that was probably 2010.*

Similarly, as previously mentioned, Joel had confided in two separate individuals within the chain of command that he was suffering and needed help. However, both times he was not offered support. This led him to believe that he needed to suffer in silence. As a result, his condition gradually declined until he reached a point where he felt he was no longer able to fulfill his job duties. Consequently, he came into work one day and told his manager that he could no longer continue working in his position. That same day he consulted medical professionals for further support:

> *"[…] it went downhill. I came into work one morning in... I dropped my gear on the counter and said to my boss, "You know what, I'm going to medical and I'm done. This is it. I can't do this job anymore."*

In Kelly's case, she talks about reaching a point of exhaustion in terms of expending energy on being angry all time, and as a result she made a conscious decision to work on better controlling her anger:

> *I think part of my turning point was I was angry for years, and years, and years, and you hit a moment where you just sit back and you realize…being angry got me nowhere. It did nothing for me. It just brought more and more negativity into your life. So, I worked on trying not to be angry. It's not perfect, it definitely kept going but you just get tired. You get tired of being angry all the time. You get tired of the fight.*

The veterans' decision to seek help was a process which took time and not something that was an immediate reaction. For most of the veterans, a build up of emotions took place before reaching the phase of accepting the need for further support, guidance, and/or being prepared to engage in the healing process. This allowed them the time to process and go through some of the emotional stages that seem to be only natural after having been exposed to a traumatic event.

3.3.2.3. Reaching acceptance

Lastly, most of the veterans' stories revealed that having a diagnosis of PTSD and/or access to resources does not necessarily mean that it is the right step for the individual at that time to be engaging with support services. As with many other things in life, the experience of PTSD shared by these veterans is one of progression, in which each person goes through different stages before feeling prepared to engage in the healing process. As explained by Kelly when she first went and sought the help of doctors, she was not prepared for this step in the process:

> *That got me started… they sent me to see a doctor and they sent me to try and get help, but when it comes to actually seeking help, I think you can go and you can see a doctor, but you have to be ready to accept the help […], and I think that's what took me so long is I went and sought help. I went and found a doctor. I talked to the people you're supposed to talk to, but I wasn't actually ready to engage in that healing process. So, for the longest time I think I was really resistant to actually making things happen and actually getting better.*

Michael explains the phases that he went through before reaching acceptance; this included going through a period where he was angry, then bitter, and lastly acceptance:

> *I said there was a lot of anger and bitterness and then finally there was acceptance, and acceptance happened. It probably didn't happen for me until about three years ago. And then I was like okay, man this is in my hands, I've been dealt it, I've got to live it. So let's figure out something to do here, you know.*

As a result, there is a need to pass through varying phases before reaching acceptance; however, these phases differed for each individual.

3.3.2.4. Physical activity

When it came to the techniques used that helped improve their situation, many of the veterans share within their stories that physical activity was a major part of their healing. For example, Michael had found new meaning through exercise, as it allowed him to set goals to work towards. He specifically notices a difference in his overall demeanour on the days where he works out: *"[…] if I start my day with a 60-minute workout, MAN I'm gonna have a good day nine out of ten*

days." Joel shares a similar view regarding how exercise has aided him in his healing. The physical activity in which he engaged for the sake of training for and participating in the Invictus Games led to positive changes in other areas of his life. In fact, he feels as if it changed him as a person completely:

> *I swear to God PJ, if we met before the games to do this interview, you would see a totally different person. Entirely different person. What you view physically, and both emotionally would be a totally different person. I guarantee.*

Kelly, who also participated in the Invictus Games, found a love for sports and physical activity through training for the games, and much like Joel, she now recognizes the important role physical activity has played in her overall recovery: "*I think everyone can move forward. You just have to find…what works for you, and when. For me physical activity and sport have played a huge role in that because of Invictus […]"*

Evidently, most of the veterans seemed to share a similar experience regarding physical exercise and sport being a powerful medium in their recovery. It should also be noted that this may have been influenced by the context of some of the interviews, since two of them were conducted by Invictus Games Radio. However, the benefits of physical activity in the treatment of PTSD have been noted in other studies (Hegberg, Hayes, & Hayes, 2019; Ley, Barrio, & Koch, 2018). It is for this reason that I made the decision to include this element in the description of the roads to recovery for veterans.

3.3.2.5. Mental health professionals

Another strategy which was expressed as being helpful for some of the veterans was speaking with a mental health professional. For Chris, he identified therapy as an activity that he believes helped him in his process of recovery:

> *[…] cognitive behavioural therapy or cognitive behavioural processing definitely is the gold standard, but it only works you know, roughly thirty-five percent of the time. I was definitely in that 35 percentile; it was working for me.*

Other veterans share the important role that speaking with a mental health professional has played in their recovery. However, they recognize that even when seeing a therapist or counselor it is ultimately them who puts in the work: "*I've been doing treatment since like 2010 and I'm still seeing people so yeah I've done a lot of work."* (Michael) Joel also expresses a similar thought in his interview when talking about the fact that he is currently working on improving his ability to manage his panic attacks with the support of a psychologist:

> *I'm unable to digest those emotions enough to say, "Well, OK, well I'm having a panic attack." You know it happens. It just goes full fledge and that's what I'm working on right now with my psychologist.*

The veterans recognize the helpfulness of the accompaniment of a mental health professional in assisting them in their recovery process, but their own individual expertise on their situation is also acknowledged. It is highlighted that mental health professionals, if utilized, are an accessory in the recovery process and not the propelling force. Ultimately, the veterans recognize and apply the strategies and techniques that work best for them. These strategies and techniques are learned from a plethora of sources, with mental health professionals being only one of the possible sources available. However, once again it should be highlighted that the most powerful medium in learning the strategies and tools needed to heal is the veterans' own knowledge of what actually is the most effective for themselves.

3.3.2.6. Peer support

Many of the veterans talked about the advantages of peer support, or simply being around other individuals who have been through similar situations. Kelly joined team Rubicon[5] which is an organization that looks to unite first responders and veterans to help in disaster response. This exposed Kelly to the benefits of being around others going through similar situations. As a result she was able to see that she was not alone in what she was facing:

> *So I ended up joining up with them. It was actually a lot easier than I thought it would and automatically you have this amazing group of people, soldiers, and firefighters, and police officers, and doctors, and nurses all gathered together who are really all dedicated to this one mission of finding a new purpose. Because a lot of them just like me had struggles or had injuries and were trying to find a way to fix that […]*

For Michael, he does not talk about the benefits that peer support had specifically for himself in his situation; however, he talks about a conditioning class that he teaches which has a peer counselling component. He says that this class has saved people's lives and has been shown to be beneficial for injured veterans and first responders:

> *I coach a class for ill and injured veterans and first responders […] It's a strength and conditioning class. It's in Fredericton, New Brunswick. I don't know if we're gonna reach anybody but it's saved people's lives. It's peer counselling, they come in, we talk, we shoot the shit and then we work our asses off for an hour, and then the people go home feeling great about themselves.*

One potential benefit of peer support is that you feel as if what you are going through is truly understood by the other individuals in the room. As a result, you do not feel as if you are being judged, nor do you feel the need to conceal the things that you are going through:

> *[…] I went back country skiing for a week with this group of veterans, and I really discovered through this process that I absolutely needed to be in the room with other veterans similarly injured. And the experience of that…I didn't have to feel shame, I didn't have to defend myself, I didn't have to feel judged because we were all in the same boat.* (Chris)

[5] Team Rubicon, is a non-profit agency that provides disaster relief services to communities in need (Team Rubicon, 2018)

Therefore, it seemed to be agreed upon by the veterans that peer support can be helpful in assisting in the healing process of PTSD. This allows them to feel reconnected to the military community, which is a connection that initially they felt that they had lost. Moreover, it allows them to redefine what it means to have been a soldier, since they see others who have served opening up and being vulnerable. This allows the veterans to recognize that they are not alone in their experiences. The initial alienation felt due to rejection from the CAF institution becomes solidary with others who have gone through the same things. Peer support gives veterans the opportunity to normalize the unpacking of emotions that follow being exposed to a traumatic event. This assists them in developing an alternative view of PTSD that is not strictly medically constructed, and, as a result, humanizing instead of pathologizing the experiences that they have been through.

3.3.2.7. Finding a new mission

The veterans' stories showed that the concept of the mission does not just live within the walls of the military institution. This concept, as recounted by the veterans, followed them into their retirement. Beyond that, it proved to be a useful tool in the rehabilitation process since it allowed veterans to regain a sense of purpose. As explained by Michael, he became accustomed to always having something to work towards while in the military. Therefore, upon leaving the military he yearned to find an environment that could provide him with goals to work towards:

> *So when I was in the army you know, you always got something going on, you're always looking forward to doing this, blah, blah, and so there's always something to look forward to. But when I got out…I needed goals.*

Michael needed something to work towards, as it was something that he previously had as a member in the military, and many of the other veterans shared this same sentiment. Therefore, upon their release the veterans craved and sought the same type of structure as well as purpose that

the military had been providing them. Since this helped the veterans in their recovery process, this is spoken about by Kelly, who states that becoming a firefighter gave her a renewed purpose in life, something that she had been told for so long would not happen:

> *[…] now I'm one of Milton's newest firefighter recruits and I love it. It's an absolutely amazing job like, everyone there is awesome and again it's a new mission, and a new team but it's also that new direction in life. Something that I had been told I kinda should just leave behind that wasn't gonna happen.*

Overall, finding a new mission was described as a useful coping mechanism for veterans on their journey to recovery. Upon finding an environment in which they felt challenged to set and reach objectives, the veterans expressed finding comfort and healing from this experience.

3.3.2.8. Reconnecting with family and friends

A process that emerged to be of importance for the veterans in their healing was them beginning to reconnect with friends and family. Many of the veterans expressed regret regarding past occurrences and how they treated those closest to them. They longed to reconnect with others in order to reconcile the past, as expressed by Chris:

> *[…] as I became well again and I started to lift my chin and actually see others and what the impact was of my injury upon them. I started to really desire reconnection. Not only with myself but with my spouse and with my children […]*

Joel explains in detail one of the moments with his family where he noticed that he was starting to connect with them on a deeper level. In this moment he felt the physical contact from his son leaning up against him; this was something that he hadn't noticed in a long time. As a result, it was a powerful moment and an indicator for him that he had made progress in his healing:

> *I asked my wife, my two kids to come on stage with me to take a picture with the medal on my bow and my son [name omitted] leaned up against me and I actually felt them for the first time. I was aware of the contact. You know it's like... All the walls that I had built because of PTSD… I mean, many of them have fallen and that was one of the walls that had fallen.*

Overall, Chris and Joel are the two veterans who put more emphasis on how reconnecting with their families has been of value to them. Chris identifies it as the most rewarding part of his recovery: "*[…]it's probably one of the most gratifying pieces of my healing from PTSD is being able to reconnect with my three kids."* For Joel, he describes having rebuilt his relationships with his kids as things getting back into order. He is now able to enjoy moments with them, whereas previously he struggled to connect with them:

> *You know, and everything's getting back into order. My relationship with my kids, I'm able to connect with them you know, we sit, we laugh, we cuddle. When my kid says he doesn't feel well about something, he's scared or he's tired. Whatever. I can be there for him. You know, I can support him. I can… Give him advice. You know the connection is… I've gotten so close with my family.*

Consequently, regaining the ability to connect with loved ones was one of the processes seen as important in healing from PTSD. Purposely choosing to input more energy into the relationships which had been impacted by their PTSD solidifies the veterans' acceptance of their past behaviours. They recognize that the emotion of anger and the actions of self-isolation were something that they had gone through, but they were no longer wanting to continue down that path. Given this fact, they sought to rectify past occurrences and change the direction of the path that they were on. Reconnecting with family and friends was a logical step, seeing as they recognized it as an initial sign of their PTSD. Essentially the veterans, after passing through varying phases and reaching the phase of action, reflected on many of the initial signs recognized. During this reflection process they made the conscious decision to work on improving these areas. Therefore, they looked to reconnect with themselves, their family and friends, as well as increase their self-esteem, motivation, and overall wellness.

3.3.2.9. Resiliency

The stories shared by the veterans spanned over several years. They all talked about the need to continually commit to their overall well-being. The process of recovery for all the veterans had many trials and pitfalls, and so the need to continue looking for the right combination of services and supports in order to maintain their health was communicated as being of importance; hence, the need to not lose hope that your situation will improve was emphasized. Most importantly, it was agreed upon that it is normal to have to try many different things before finding what works for you. This is clearly communicated by Kelly, who explains that she tried numerous things to help in her recovery and experienced many let downs:

> *I got involved in all kinds of different stuff, I traveled a ton in those early days everywhere I could. Basically, trying to find something that would fix me, something that would put me back on track. Something that would kinda be that lightbulb of "oh, oh okay, this is what I need to restart my life again", and it just never…nothing ever stuck, and I was just looking and looking again to fill this space in my life, to fill this…hole, and nothing ever worked.*

Beyond that, the veterans recognized the difficulties in overcoming some of the challenges that they were faced with. They recounted that getting to a place of healing was not an easy task; however, it was rewarding when progress was noted:

> *I enjoy my time, because I know it's a challenge, but it's something I must do and I'm not going to quit. I keep exposing myself constantly to these events and go through the triggers and it's not always comfortable. But I've noticed that in the time that I first started the Invictus Games process to this day, I've progressed so much that it has to happen. I have to continue.* (Joel)

Even once the veterans found efficient coping strategies, the need to continue attending and participating in these activities was highlighted; hence, they seemed to all participate in a discourse concerning the need to be resilient in the journey to recovery given the fact that they all encountered numerous difficulties in their road to recovery.

3.3.3. The journey to making sense of their PTSD symptoms and actions

To date I have explored the initial signs which lead veterans to recognizing that an issue may be present. Additionally, I have delved into the grieving process that can occur as a result of being exposed to trauma. Lastly, I discussed what leads to the decision of seeking answers and what strategies lead to improvements in the veterans' situation. The one thing that I have not established up until this point is the meaning that the veterans associate with these experiences. Consequently, in the following section I will piece together the understandings formed by veterans in relation to the experiences they have incurred from living with PTSD.

3.3.3.1. Incorporation of rules, values, and norms

The incorporation of some of the military rules, values and norms as introduced in section 3.2 were explained by the veterans as directly impacting their experience of PTSD. Specifically, the strong bonds that form in the military were shown to have an influence on individual decisions regarding whether to reveal their psychological suffering. For veterans in leadership positions, they particularly felt a duty to keep troop morale high as well as a need to be present for their troops. For Chris, when he began experiencing symptoms of PTSD while deployed in Afghanistan, he knew he could not reach out for help at that point because he would be sent back home, and he did not want to leave his fellow soldiers behind:

> […] *there was no way that I was going to reach out for help at that point because given my history they probably would have redeployed me to Canada and I would have ended up coming home while leaving my troops behind in Afghanistan, which as a leader for me was an unacceptable option.*

Michael likewise found himself in a leadership position and felt the pressures associated with this role. He felt a responsibility to demonstrate an exemplary demeanour during difficult situations; this included upholding a calm exterior regardless of how he was feeling: *"As a leader you don't*

want your men to see that, holy fuck, Cotts is breaking down here, we're fucked. […]You know what I mean like. [Laughs] It doesn't really create, good teamwork."

Overall, the veterans recounted that revealing your mental struggle was not something that they viewed as appropriate in combat zones. Therefore, during deployments they felt pressure to maintain a composed demeanour even if this was not in fact how they were feeling internally. Even upon returning home the veterans recognized the label of PTSD as something that was often correlated with no longer being able to serve in the military. Joel specifically talked about people with PTSD being branded as non-serviceable. He associated the utilization of this term with being identified as harmful to the mission. This was devastating since, as previously stated, the mission is something that the veterans value and associate a lot of meaning with:

> *They would say, oh that person's NS, is non-serviceable. So in the military, when something is non-serviceable it means that you can't use it anymore. […] if it's not serviceable, you can't bring it because it can't protect you. It'll make us fail the mission.*

In this instance there was not just the event of being labelled with PTSD but also being labelled as non-serviceable. For Joel, this heightened the stigma of having PTSD, since he was now not only known as someone with PTSD but also as an individual who was non-serviceable and therefore a threat to the mission's success. Since the concept of the mission was so powerful in the stories shared by the veterans, it seems easy to understand the association made by Joel concerning the terminology which made him believe that he was viewed as useless to the CAF.

In general, the norms, values and rules such as the mission, the idealized soldier, the camaraderie, and self-stigma were described as having an impact on the veterans' journey to recovery, due to the fact that these values impacted how they viewed the issue of PTSD which caused them to adjust their actions accordingly. In the continuation of their journey to recovery some of these beliefs were re-narrated and therefore new understandings emerged. Despite this

fact, as seen initially, the military values and norms had an impact on the veterans' experience with PTSD.

3.3.3.2. Receiving a diagnosis of PTSD

The medical construct of PTSD used to frame the mental health issues arising in the lives of these veterans was not overly spoken about in the podcast interviews. However, it was discussed by some of the veterans that receiving a diagnosis gave them the starting point to further research information on the condition. In doing their own research, they developed their own understanding and meaning as to what it is to live with PTSD. For example, in Joel's case, when he was diagnosed, he read up about PTSD online and discovered literature on the fact that some believe it is an injury and not a disorder. He identified with this narrative and adopted this view of PTSD:

> *When I got diagnosed with it, obviously I started reading about it and wanted to know more about what was PTSD, at the time, and discovered in my research that there's a lot of scientific research that supports the fact that it's not a disorder. It's an injury.*

Additionally, some of the veterans talked about the fact that having a diagnosis allowed them to gain access to treatment that they otherwise would not have been eligible for, such as in the case of Chris when discussing the fact that his PTSD worsened after participating in another deployment overseas. He recognizes that already having a diagnosis allowed him to access a high level of care:

> *It connected me when I got back to a couple of the best psychologists that I've ever met in my life. Who helped me get not only as well as I was after the first diagnosis back in 2004. You know you compare that time to now what we know about PTSD is probably ten times. So I was able to access that level of care.*

Overall, the diagnosis of PTSD within the stories of the veterans did not emerge to be of large significance in attributing meaning to what they had experienced, and instead they constructed their own meanings.

3.3.3.3. Living with uncertainty and fragility

Living with PTSD was something that caused ambiguity within the lives of the veterans, since, in having the label of PTSD, the veterans were unsure of what to expect in their future. Michael makes the analogy of PTSD being like a concussion, as once you have been diagnosed it is easier to experience the same thing again as a result of a smaller incident: *"PTSD is like a concussion, once you get one concussion it takes a smaller hit in the head to get another one."* Another veteran talks about re-experiencing severe symptoms associated with his PTSD after having gone through a period where he was feeling quite good mentally. The fact that this can occur is described as devastating by the veteran: *"So overall the feeling was quite devastating to have my PTSD return."* (Chris)

Thus, some of the veterans in their stories acknowledged that once diagnosed with PTSD the possibility of encountering difficult episodes once again is possible, even after having attained a position in which you are feeling like you have the tools and knowledge to navigate it. The increased fragility that they felt as a result of having been diagnosed with PTSD became a part of their reality. This reality opened a realm of questions regarding what expectations they should set for themselves moving forward. Therefore, in advancing in their journey of recovery, the feelings and symptoms resulting from their PTSD, as well as how to manage them, became clearer. However, the fear and risk of potentially facing psychological suffering remained.

3.3.3.4. Being conscious of those around them

It is recounted by the veterans that they recognized the impacts that their PTSD had on their families. As previously discussed, this recognition was not always acknowledged initially but was something that they took ownership of during their process of recovery. Admitting the impact that

their PTSD has had on their family helped them in understanding the true impact that their PTSD had on other people;

> *Yeah, it was, I can tell you, when I was in the middle of that, it didn't even register with me how much of an impact it had on the family. It's really since I've become well again that I've been able to recognize just how much of a devastating injury PTSD can be on the family.* (Chris)

Some, even to the current day, had difficulties in recounting some of the incidences that had occurred, such as Joel, who was unable to be in the room for the birth of both of his children: "*It's not something I have an easy time talking about, but because of PTSI I wasn't able to be in the room with my wife when she gave birth to both of our children."* Despite the difficulty they have recounting such events, they recognize that these incidences are in the past, and as a result they rejoice in the progress that they have made rather than dwell on the things they cannot change:

> *So when I look at where I am today, obviously, my relationship with my partner [name omitted] has... Evolved to what I can consider to be a very healthy relationship compared to what it was before.* (Joel)

As a result, the impact that their PTSD has had on their family brings meaning to their experience, since their family becomes the reason why they want to do better and have more control over how bad moments affect them:

> *And if I let that bad moment control me…I disrespect my wife; I disrespect my son and I disrespect everybody around me because I'm not giving them me. I'm being selfish and I'm taking it all in myself.* (Michael)

Overall, family was seen as playing an important role in attributing meaning to the veterans' experience with PTSD, since the veterans were better able to evaluate how they were impacting others through a reflection on the impact their PTSD had on their family unit.

3.3.3.5. Things get better

Despite the acknowledgement by some of the veterans that PTSD symptoms can return, the veterans all talked about the fact that things do get better. Having lived through PTSD and having

seen improvements in their condition, the veterans now acknowledge that PTSD is something that you can heal from. This fact is something that the veterans identified as not recognizing initially but as an understanding that emerged over time. As explained by Chris, many individuals may feel that there is no possibility that things will improve; however, he knows that this is not the case:

> *You know so many people are at the end of their rope, and they just feel that this is as good as it gets, and I'm just going to need to isolate from the world for the rest of my life and that's just not true.*

The veterans discussed a plethora of reasons as to why individuals may feel compelled to believe that things will not improve when they are experiencing poor mental health in association with PTSD. Despite this fact, they expressed quite clearly that things can and do improve, and that people just need to find the proper techniques, services or supports that work for them:

> *Cause for so long I think people, they…I don't know whether they become afraid or whether you become comfortable or whether you just tell yourself that there's no future, that there's nothing to fix, that it's always gonna be this way, that you just don't bother moving forward…and…I think everyone can move forward, you just have to find…what works for you.* (Kelly)

Most importantly, the key messaging shared within all the veterans' stories is the fact that PTSD is surmountable. Joel shares in his interview the same message as the other veterans regarding the fact that after a diagnosis of PTSD things do improve. However, he uses the analogy of PTSD being an injury: "*It doesn't destroy a person. It's an injury. You can overcome it."*

3.3.3.6. Symptoms become easier to manage

It is agreed upon by the veterans that an improvement in their mental health does not mean that they return to being the exact person they were prior to the exposure to trauma. However, they find new ways of reasoning and dealing with the symptoms, and as a result they have a sense of regaining control of their lives: *"It's always…there, it's there daily but I'm totally better at managing it."* (Michael) They all talk about the fact that learning to live with PTSD is a process

which requires ongoing work in order to understand your triggers and how to deal with them. Thus, the need to figure out how PTSD affects you in order to work specifically on your experience of how the exposure of trauma has impacted you is communicated as being of importance within the stories examined. The veterans explain that it is through this process that the management of symptoms becomes a possibility:

> *I've learned to understand what triggers me. I've learned to understand what I've associated in civilian life today with horrific scenes or conflict scenes back of my service, either in Afghanistan or Bosnia. I've learned to separate myself from that association I've done and better understand how PTSI affects me.* (Joel)

Similarly, Chris talks about a moment in time where he was still triggered occasionally; however, he felt well equipped to deal with it: *"I was still triggered from time to time with PTSD but I had some good tools to be able to manage it."* Overall, there was a consensus among the veterans that PTSD is something that becomes more manageable over time, since you gradually develop an understanding as to what your symptoms are as well as the triggers that cause or aggravate them. With this knowledge the veterans were able to develop coping strategies which worked for them and their situation.

3.3.3.7. Conclusion

Analysing the differing accounts of the four veterans allowed for the reconstruction of their individual stories while also highlighting the shared meaning that these veterans attributed to living with PTSD. The primary goal I had in completing this research project was to create a clearer narrative of how veterans who have experienced PTSD define the recovery process. In utilizing the approach of signs, meanings and actions, I aimed to introduce a more context-oriented perspective that represented veterans' perspective of the reality of their journey to healing from PTSD. Furthermore, I had the objective of utilizing the theory of the habitus to better understand the potential impacts that military socialization may have on veterans' journey of recovery from

PTSD. Within these two larger questions, sub-questions were identified, this included further examining the role that help-seeking and the diagnosis of PTSD have within veterans' paths to recovery, as well as veterans' own feelings and perceptions regarding the trauma framework of PTSD. Finally, given my findings I wanted to elaborate on ways that communities could better support veterans and currently serving members.

The veterans recounted that recovery for them is a complex phenomenon. Therefore, the recovery process looked different for each person. No two roads to recovery looked the same and no one answer was shown to help these veterans who were suffering from PTSD. Society tends to group those suffering from PTSD together, hence believing that there is a one-size fits all approach available to help them in their healing. This approach is often believed to be useful, regardless of the individual's emotional state. As a result, we often push them to access these evidence-based therapies believing that this could be the answer to their suffering. We fail to recognize the wisdom that lies within the individual. The veterans, when sharing their stories, have clear explanations as to why certain behaviours or actions made sense to them at the time. In examining their stories, it becomes clear that understanding the underlying reason as to why they feel a certain way or behave in a given manner is key to being able to truly accompany them on their journey to recovery.

The veterans emphasized a need for them to make a commitment to the improvement of their well-being. However, even once this engagement had been made it was made clear that things do not instantly improve. This way of thinking shows that as a society we tend to place the responsibility of mental well-being on the individual. Thus, we fail to consider that as a society we have a responsibility for what these people have had to endure. In order to step up and take accountability for our role in their suffering, we must stop viewing the veteran as the issue. Additionally, we must assist the veteran in truly believing that they are not weak or broken. It is

society that is shattered, since we as people fail to incorporate the larger picture of the structural barriers causing the suffering of so many. It is us who need to make a commitment to veterans' well-being and not solely the veteran. I hope that one day this perception is incorporated into veterans' view of their journey of recovering from PTSD.

With that being said, it was conveyed that you can lead a fulfilling life while being diagnosed with PTSD. PTSD introduced more challenges and obstacles for the veterans in being able to enjoy and participate in their chosen activities, but things got better, and symptoms improved with time and effort. Therefore, healing from PTSD for the veterans implied learning how to deal with their symptoms. Consequently, the veterans spoke about PTSD as not being limiting in itself, but rather the ideas and perceptions that society has that were sometimes internalized by the veterans were the major restricting factors. As a result, the traditional trauma framework of PTSD was not something that specifically resonated with the veterans. It was simply a starting point utilized to construct a definition that better aligned with their lived experiences.

The tools and strategies that ultimately led to a better state of well-being for the veterans varied and were not exclusively derived from the use of formal mental health services. Non-traditional strategies were described as beneficial by the veterans and the major moments of healing varied for each person.

Having been in the military, the values and ideas shared seemingly complexified the veterans' experience with PTSD. Particularly in the beginning of their trajectory of recovery the military values that the veterans incurred were shown to impact their experience with PTSD. They undertook decisions to not talk about how they were feeling for the greater good of the group, felt the pressure to maintain a tough exterior, and felt increased fear and stigma in relation to PTSD due to it being viewed as affecting the mission. However, the true impact of the values and norms

varied between the veterans. Moreover, in advancing in their trajectory of healing, most of the veterans were able to renegotiate these values and norms.

Overall, each journey of recovery was unique and influenced by a multitude of factors beyond simply considering the individual's military background. The implications of these findings will be further analyzed and discussed in the upcoming chapter.

4. CHAPTER 4: ANALYSIS AND DISCUSSION OF RESULTS

The objective of the following chapter is to present an analysis and discussion of the results obtained from the four pre-recorded interviews. First, the key messages regarding the values transferred to military members through the socialization process will be discussed. This will be followed by an elaboration of the role that help-seeking behaviour has in the road to recovery, veterans' understanding of their experiences of recovery, their perceived usefulness of the term PTSD, and the meaning of these findings for social service settings and individuals who work with veterans experiencing PTSD. Bourdieu's theory of the habitus, as well as the analytical framework of signs, meanings, and actions, will be incorporated throughout this analysis in order to assist in comprehending the results of my study.

4.1. Military socialization

This study began with wanting to understand how veterans comprehend their journey to recovery from PTSD, as well as the ways in which the military socialization process may influence help-seeking behaviour. Other scholars who examined similar questions, as discussed previously, concluded that overall the military socialization process may affect the experience of PTSD (Sayer et al., 2009; Abraham et al., 2017; Fox & Pease, 2012). This study brought further understanding to this reality while also looking to highlight certain nuances that exist with this phenomenon. As seen in the previous chapter, certain military values as expressed by the veterans seemed to have impacted their experience with PTSD; this included the strength of the camaraderie, the image of the idealized soldier and the mission.

Other studies have also highlighted the impact that the camaraderie within the military can have specifically on help-seeking behaviour. For example, a study conducted by Britt (2000) found that soldiers are less likely to denounce mental health struggles upon returning home from a

deployment when screened alongside fellow comrades. Furthermore, Pietrzak et al. (2009) found that military unit beliefs and perceived support directly impact soldiers' decision to denounce their psychological struggles. My study further adds to this discourse since the veterans discussed their commitment to the group as impacting their choice to discuss their mental health struggles.

Concerning the image of the idealized soldier, it corresponds with previous studies' findings indicating that the military environment is a setting that values hegemonic masculinity (Abraham et al., 2018). For some of the veterans, they felt the pressures to live up to this image and as a result it discouraged them from talking about their mental health struggles. Beyond that, the veterans feared being discharged from the military as a result of having PTSD. My results showed that members were more valued by the military institution when they claimed to be mentally doing well.

The increased appreciation of military members who are not suffering from mental health issues could be explained by Bourdieu's concept of capital. Individuals who portrayed good mental health were rewarded more capital through not having to fear for their job, being given more opportunities for advancement, and being looked at more favourably among the group (Abraham et al., 2017; Brockway, 2016). This created a reward and punishment system which encouraged the denial of mental health issues for the veterans through the exchange of capital.

Lastly, the military setting bringing a larger purpose to the veterans' lives through the concept of the mission was seen. This concept was further viewed as important in the healing process for the veterans, since finding a renewed mission restored hope within their lives. The purpose that the military can bring to individuals' lives is documented in the literature (Hall, 2011); however, few have discussed the potential benefits that a mission-oriented environment may have

on the healing process for veterans with PTSD. This phenomenon should perhaps be further studied in order to further confirm its beneficial effects.

Overall, my results showed that there exist certain values within the military that members adopt and embody, which create a military habitus. However, other personal characteristics affected the ways in which individuals embodied and enacted these values and traits. Some veterans in this study discussed this phenomenon more thoroughly than others. Specific to when the veterans were still in service, they seemed to face further pressures to conform to the valued military traits, as opposed to when they were retired, and had more freedom to begin deconstructing some of the military values adopted (Cooper et al., 2018). Despite this fact, my study revealed that in order to truly understand help-seeking behaviour—or, more importantly, the road to recovery—we must look beyond the evaluation of one component within the lives of veterans and see them in their entirety.

This does not mean that the effects of military socialization should be ignored; it simply means it should be considered as part of an amalgam of other characteristics that the person carries. Further exploration as to how the intersections of an individual's identity affects their experience of integration and socialization into the military could be beneficial in better understanding how different individuals incorporate being a soldier within their identity. Furthermore, this could assist in better comprehending help-seeking behaviour and the road to recovery among the increasingly diverse population that exists within the CAF today.

4.2. Help-seeking behaviour is only one piece of the puzzle

All participants in this study shared the commonality of having served in the CAF. Therefore, they shared the common experience of having gone through the socialization process of the military

institution. Despite this fact, there was plurality within their road to acceptance and recovery in having been diagnosed with PTSD.

As observed in their interviews, the veterans did not all have the same path to recovery and not all the veterans viewed consulting mental health professionals as their major point in healing. It was discovered that accessing formal services seems to be a part of the equation for most veterans; however, it was not necessarily the most symbolic in their recovery. In focusing in on what matters to the veterans, it seems clear that when looking at their trajectory to healing what they value the most is being able to reconnect with themselves and their families. The ways in which they achieve this goal vary depending on the individual, with some veterans putting more emphasis on the support of mental health professionals and others on different avenues of healing such as sports, physical activity, or peer support. However, one thing that they all agreed on was that often it takes a combination of techniques and supports to get on the road to recovery. Moreover, recovery is something that takes time, and it is not something that can occur overnight.

As a result of the findings from my study, it seems appropriate to advance the notion of questioning the study of help-seeking behaviour in isolation since it is just a step in a much larger process. Examining the process in its entirety seems more cohesive to the understanding of how people reach healing and recovery when living with mental health issues. Moreover, the understanding of how people attain serenity within themselves after having been exposed to a traumatic event may be of more interest than the act of accessing formal support services.

This includes recognizing behaviours typically judged as destructive as coping strategies that can bridge the gap to reconnection. As long as the coping strategies do not present the potential of violence, we should accept, these methods as survival strategies. We are constantly in the mindset of judging individuals for their actions rather than accompanying them with where they

are at. This constant judgement can be detrimental to outsiders truly understanding the veteran's perception and experience of PTSD.

To ensure that things are clear, it seems important to emphasize that this is not to say that the act of help-seeking should not be studied. It is simply implying that studying help-seeking behaviour within the larger context of recovery and healing from mental health issues could be a more comprehensive approach to understanding this issue.

Tucker (1995) upheld a similar view regarding the findings of his study on help-seeking behaviour among individuals whose drinking had been labelled as problematic. Within this study he had three groups of participants: ones who had accessed formal support services and Alcoholics Anonymous (AA) meetings, participants who had accessed AA meetings only, and lastly individuals who had not accessed formal supports or AA meetings. Despite the differences regarding these individuals accessing support services, they all had been abstinent from drinking for an average of 6.8 years. This study found that even for the individuals who decided to access formal support services, they had decided to stop drinking prior to attending. Thus, they concluded that intervention strengthens rather than introduces change. As a result, a more comprehensive view of the process of healing should be adopted that does not exclusively tie recovery to engaging with formal support services. Instead, it should be based on the recognition of individuals' innate knowledge of themselves, and their ability to know what is best for themselves in their of recovery. Essentially, this study advanced the idea that help-seeking is not synonymous with recovery.

Although Tucker's study was on problematic drinking and not the experience of PTSD among former military personnel, the findings regarding help-seeking behaviour in the current study are similar, since the results revealed that help-seeking was only a piece of the puzzle and not the completed masterpiece.

4.3. Recovery is on a continuum

Although already noted in other studies, this study also shows that the recovery from PTSD is on a continuum (Kumar et al., 2019). This is demonstrated in the veterans' stories, as they talked about how it is normal to have ups and downs within the process of learning how to live with PTSD, and that even once you feel that you have returned to full health the possibility of symptoms returning exists. This seems cohesive with the understanding that trauma can impact individuals in varying ways, and as a result there is no clear answer on how to heal from incidences of trauma or way of knowing how you would respond to being exposed to a traumatic event once again. As a society we are aware of different techniques and tools that may assist individuals in confronting the struggles that they may face in relation to the exposure to a traumatic event; however, the efficiency of these tools and or treatments varies from person to person (Gaskell, & The British Psychological Society, 2005). This was seen in the current study as each veteran had a unique path to recovery and wellness. As a result of this reality, further research to assist in understanding what may trigger the return of symptoms could be useful. Specifically pinpointing what social, cultural, family, professional or environmental influences facilitate the return of symptoms could assist us in mitigating these circumstances.

Furthermore, this study showed that regardless of the path taken by the veteran the outcomes remained the same, as the individuals within each of their stories expressed finding joy and happiness once again. As a result, it seems important to highlight the need to consider the different contexts in which individuals find themselves as well as respect their chosen manner of coping with trauma. We need to stop valuing certain approaches more so than others.

4.4. PTSD as a medical construct and the need to redefine the experience

As seen in the first chapter of my research project, previous scholars have questioned the applicability of the PTSD terminology for veterans. Specifically, it has been argued that the term "disorder" has been problematic for some veterans due to it having a connotation of biological factors being implicated (Ochberg, 2013), as well as the fact that the term "disorder" may lead people to feel that their condition will not improve (*ibid*). Some of the stories examined in my research project echoed a similar sentiment, with one veteran expressing very outwardly that the term "disorder" did not correspond with his personal experience with PTSD. The other veterans' stories did not necessarily state this reality as bluntly, but still discussed their experience of PTSD as something that you can heal and recover from. To be clear, the veterans discussed healing as being a new normal. Therefore, they did not return to exactly how they were prior to being exposed to trauma; however, they developed the ability to deal with their symptoms.

The definition of disorder[6], as provided earlier in this research paper, seemingly does not align with this narrative. Given this fact, along with the positive feedback from military members and veterans regarding their identification with the terminology of OSI and the findings of this study, it seems appropriate to endorse the changing of the word "disorder" in PTSD for "injury."

Despite the APA (2013) expressing a change in terminology not being the answer to decreasing the stigma sometimes associated with PTSD, it seems important to advance the fact that the results of this study show potential positive ramifications of changing the terminology, not only due to it possibly reducing the stigma sometimes associated with PTSD but also simply because the term injury seems to better align with the veterans' interpretation of and experience

[3]This definition can be found on p. 24 of this report.

with PTSD. This is also discussed by Ochberg (2013), who says that hundreds of individuals have submitted to the APA requesting to change the term "disorder" in PTSD.

This is not to say that the current labelling of traumatized individuals is completely negative, or that the term disorder is a completely invalid way to categorize the experience. In fact, this study also showed that some of the veterans recognized and appreciated the fact that the PTSD terminology provided them access to further supports and services while also providing some context as to what they have been going through. However, an individual's ability to accept and identify with the labels prescribed to them by society has been shown to be important, since they found the Canadian Veteran Clinics' adoption of the name "Operational Stress Injury Clinic" to have positive effects (Ochberg, 2013). As previously mentioned, the term OSI is often preferred by CAF members and veterans due to it emphasizing the issue as an injury rather than a mental illness (SSCNSD, 2003), which leads to the question of why the terminology of "injury" would not be employed within PTSD rather than "disorder", since it seems equally as applicable to the experience as well as preferred by veterans and CAF members.

Overall, I believe that individuals' reactions to traumatic experiences should not be limited to a set diagnostic category. Since it is a complex experience as expressed by the veterans, it is influenced by a variety of factors. However, given the current limitations imposed by societal requirements of needing a diagnosis to access financial compensation and benefits, I felt the need to at least discuss the need to change the PTSD terminology as the beginning of a larger transformation.

4.5. Implication of these findings for social services

Given the results of this study's findings, it is important to restate that as a society we need to recognize and accept that having a response to trauma is a natural reaction to an abnormal event.

Therefore, categorizing responses to trauma as maladaptive is detrimental to those psychologically suffering due to being exposed to a traumatic event. This can cause victims of trauma to feel as though they failed in being able to properly cope with what occurred. As a result, there should be no expectations regarding how someone should react to exposure to horrific scenes or the feeling of having almost lost their own life. Implementing expectations around how to appropriately react to these types of events is unrealistic and egotistical of society. Since individuals who have not been exposed to traumatic events cannot determine how they would react,——judgments surrounding this topic need to be eliminated.

The veterans in this study highlighted the need to go through varying phases prior to being prepared to confront their traumatic experiences. Thus, it seems important to emphasize the need to allow individuals the time to process their emotions and come to an understanding and acceptance of what they encountered and are currently experiencing. Veterans are often coming out of situations where they may have been repeatedly exposed to trauma in a country that is foreign to them. Upon returning home, they require time not only to adapt to their lives at home but also to process what they experienced overseas. Mental health professionals and those surrounding veterans need to be sensitive to this reality and not rush veterans in their recovery process.

Furthermore, this study showed that when working with military members and veterans, social services need to have an understanding as to the cultural context, since the military environment can impact how individuals respond to and deal with trauma, including what strategies may be more helpful to them on their road to recovery. However, it should be further kept in mind that having been in the military is not an all-encompassing experience and may vary from person to person. Mental health professionals should look to keep an open mind in order to

allow veterans the space necessary to define their experiences. They need to place themselves in a position of accompaniment and recognize the expertise that these individuals have within themselves. They should also encourage veterans to try diverse strategies to address their mental health symptoms, since, as seen in this study, there seems to be a plurality of strategies that may help in improving their mental state, with certain strategies of course showing more evidence-based efficiency than others. Despite this fact, alternative yet perhaps less recognized strategies should not necessarily be ignored or discouraged.

These approaches may be complimentary to more traditional medicinal approaches as well as substitute more common treatments (NCCIH, 2018); however, the veterans in my study seemed to use a combination of both. Alternative approaches, as seen in my study, could include sports, physical activity, and peer support. However, a plethora of other alternative methods exist such as yoga, meditation, animal-assisted therapies, hypnosis, religious-based supports, art, dance, music, acupuncture; the list could go on (*ibid*). These methods are often grounded in an integrative health approach which looks to treat the whole person rather than target only the specific illness or symptoms experienced (*ibid*).

Furthermore, since the results found that they spoke about a reinterpretation of their situation as being important in their recovery, narrative-based therapy may be useful for veterans. Narrative therapy is a therapy that was originally elaborated on by White and Epstion (1990). This therapy is conducted in collaboration with the individual since it is based on the person's individual life story and experiences (Erbes et al., 2014). The idea behind this approach is to construct a conversation in which the support person helps the individual to reinterpret their experiences of trauma into a more positive framework (*ibid*). In doing so, it is believed that it allows the individual

to adjust their image of themselves and their identity, since the narrative therapy framework believes that an individual's identity is formed through their life story (White & Epston, 1990).

This approach differentiates itself from many other therapeutic methods as it does not seek to diagnose or pathologize the individual, but rather to understand the person's story (Wallis, Burns, & Capdevila, 2010). Through this approach, the support person develops a comprehension of who the individual is as a person. They then allow this understanding to guide them in assisting the individual. Ultimately, narrative therapy believes that the person is the expert of their own situation and that they are not the issue; rather, the problem is (*ibid*). Finally, it should be noted that this type of therapy recognizes the socio-cultural and political influences that impact individuals' stories and employs this knowledge to help in the reconstruction of narratives.

In examining the explanation of narrative therapy provided, it seems clear that it is an approach that could assist veterans with their recovery process. Specifically, it could help them when they are in the phase of acceptance, since, as seen in this study, upon accepting their current reality veterans were then prepared to face it and make changes.

The implications that family members have in veterans' and serving members' well-being should also be recognized, as this study revealed that family can play a crucial role in the recovery process for veterans. They are the veterans' ongoing support system who are there through every step of the process to recovery. In situations where the veteran is feeling hopeless, family can be the one thing that gives them the will to continue; however, this can be taxing on family members and over time take a toll on them as well (Allen et al., 2010). Thus, the availability of services and supports for families to be able to better identify and deal with living with someone experiencing PTSD is essential. If family members do not have a good understanding of how the exposure to trauma can impact individuals, they may only further struggle in having to live with the veteran

(Beks & Cairns, 2018). This lack of knowledge could result in further relationship breakdown between the veteran and their family members (*ibid*).

In more serious cases, family members of veterans suffering from PTSD can experience emotional or physical abuse (Gerlock, 2004). Although this was not expressed as an issue in the current study, it seems important to highlight since other studies have mentioned it as a concern (Sherman et al., 2007). Moreover, some of the veterans in this study did express that they recognize having been disrespectful towards family members at certain instances in their path of recovery. Recognizing the potential signs of domestic violence is important in order to provide the family with the support needed in order to find solutions to the problem. Being aware that there is a risk of domestic violence can help mitigate the risk through preventative intervention programs (*ibid*).

Overall, this study shines light on the need to not allow the single life event of having served in the military define how you view the individual. Allow the person to define their own trajectory of learning how to live with PTSD, and encourage, support, and empower them. Most importantly, seek to understand them beyond their military experience and look to incorporate the larger picture. Remember that people's suffering is a part of a larger societal issue, and help the veteran recognize this fact through accompanying them in the reinterpretation of their experiences.

CONCLUSION

This research permitted the elaboration of veterans' roads to recovery, through the analysis of podcast interviews that had been conducted with veterans of the CAF living with PTSD. As seen in my analysis, veterans' roads to recovery are not linear to one another and they may have diverging stories regarding their journey of recovery. This included the signs they experienced, the actions they took and their interpretation of the whole experience. More concretely, how they arrived at a position where they were prepared to confront their psychological suffering, the time it took, and the methods utilized were not identical in any two stories. As a result, there is no exemplary narrative of what recovery for veterans looks like. This should be kept in mind when working with veterans and their families.

Veterans' socialization within the military context was only one piece of their identity and other personal characteristics interacted with this reality. As a result, the veterans' embodiment of the military habitus differed, with some of the veterans emphasizing the military characteristics presented more so than others. Essentially, considering the military socialization within the larger context, history and characteristics of the individuals emerged to be of importance.

Finally, I discussed social intervention techniques, approaches, and ways of thinking that should be considered given my results. This included incorporating a larger perspective of the situation when working with veterans: one that considers the societal and political influences, as well as the need to embrace the veteran's perspective of their reality. Additionally, an open mind should be kept regarding what may be beneficial or what the person expresses as being beneficial to them. Lastly, the important role that family members and friends can play in the roads to recovery for veterans was highlighted. This included the need to be aware of the potential impact

of living with someone who has PTSD, as well as the need to provide services and supports when needed.

As previously stated, my inspiration for this project came from the recognition of the ongoing media attention concerning the injustices being faced by veterans. Even to the current day journalists such as Hill (2020), document how the Canadian government chooses to have its citizens partake in missions overseas. This puts them at higher risk of being exposed to traumatic events, yet upon their return home, should they be struggling they are put at risk of losing their job, and should they lose their job they are then forced to navigate a complex situation in order to sustain themselves and/or their families (Hill, 2020). They are required to justify that their suffering is in fact as a result of their military service, and upon proving this fact they are then often forced to wait for services (Brewster, 2018). The system is broken and no one wants to fix it. Veterans and their families continue to make their pleas and they often go unheard. Their requests for assistance are often bounced from one government official to the next, sometimes taking years to be resolved (Hill, 2020). Veterans deserve transparency, consistency and a time-sensitive approach which respects the promises being made by government officials. I am left wondering when will we stop pretending like something is being done to address these issues and actually address them. Veterans have done their part, and its time as a society we do ours and request justice for the individuals who have served and are suffering. The path to recovery does not need to be as complicated as we make it due to the structural barriers that we have created.

Ultimately, veterans' definition of their journey to recovery cannot be encompassed in one definition. The uniting front concerning their paths to healing is the fact that these veterans agree that although they are different from the way they were before, they are not broken. They may have experienced a temporary disconnection from themselves and those around them, but they are

no longer disconnected. Upon reconnecting with themselves and the ones they love the most, they have found more appreciation for the smaller things in life. They have developed further wisdom on the things that mean the most to them; the ability to be present in the moment, to enjoy real laughter, and to feel love again.

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APPENDIX A: THEMATIC NETWORK

LIVED AND EMBODIED MILITARY VALUES	SIGNS INDICATING THINGS WERE DIFFERENT
The Mission	Loss of interest
The strength of camaraderie	Emotional Numbness
The idealized soldier	Shame
Self-stigma	Nightmares and trouble sleeping
	Changing personal relationships
	Anger

ACTION IN ADDRESSING THEIR EXPERIENCES OF PTSD	THE JOURNEY TO MAKING SENSE OF THEIR PTSD SYMPTOMS AND ACTIONS
Incorporation of rules, values and norms	Time to process
Receiving a diagnosis of PTSD	Hitting a breaking point
Living with uncertainty and fragility	Reaching acceptance
Being conscious of those around them	Physical activity
Things get better	Mental health professionals
Symptoms become easier to manage	Peer support
	Finding a new mission

APPENDIX B: CANADIAN ARMY RANK CHART