BREAKING THE SILENCE: INSIGHTS INTO THE IMPACT OF BEING A FIREFIGHTER ON MEN'S MENTAL HEALTH

by

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ABSTRACT

The purpose of this investigation was to explore the impact being a firefighter has on men’s mental health. Using narrative methodology, six participants were interviewed using an in-depth, open-ended, semi-structured approach. Through a holistic-content analysis (Lieblich, 1998), two major themes – mental health impact of doing the work; and mental health impact of working in the fire department culture – and numerous sub-themes were reflected by the participants as being significant in regards to how their mental health has been impacted.

Contributions of this study include: (a) providing insights into how firefighters experience their work, both in terms of the job requirements as well as the occupational culture in which they work, (b) offering personal descriptions and thus a deeper understanding of trauma symptoms related to firefighting, (c) providing a window into a largely closed culture and how the overt and tacit norms in the fire department impact the firefighters mental health, and finally, (d) by speaking, the participants have started the process of breaking the silence that seems to plague the fire service related to disclosing mental health symptoms. Acknowledgement comes before acceptance which precedes treatment and healing. The overarching goal of this research was to fill many of the gaps in the research literature and to enhance our clinical understanding of first responder mental health. This study not only adds to the development of the empirical literature and the construction of theory in the area of trauma, masculinity and health, and occupational culture, it also provides practitioners with empirically-based information on how clients who are detrimentally impacted from being a first responder can best be served.
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In the same sense that it takes a village to raise a child, it certainly took a family to complete this dissertation. When Georgia was born two years ago, my world changed in profound and amazing ways. What a gift she has been! For over a year after her birth, I didn't interview, analyze or write. The pause I gave myself to be with her was not only the most amazing time of my life, but it also gave me time to contemplate this research project.

Yet I also knew I had to – I wanted to – complete this important research and show my daughter, that with determination, perseverance and support, dreams are possible. Having a toddler, a full-time job, and attempting to complete a dissertation is not an ideal combination. Indeed, I'm quite sure I could not have completed the dissertation at this time in my life without the assistance of my family. Steve, my husband, has been through all of my graduate school ups and downs. In many ways, he will be more relieved when this process is over than I will be, and that's saying a lot! He was always supportive, applying just the right amount of pressure when needed. Thank you for your understanding, numerous needed distractions, and love. Mostly, thank you for our little family - Georgia and our little bean that's en route!

Every week the past two years, my Mom drove down from the Sunshine Coast, loaded with casseroles, patience and unwavering love. Whenever she was with us, I knew I could disappear and work – with the sounds of Grandma and Georgia singing and giggling wafting up the stairs. Mom, thanks for always knowing what I needed, for your love and friendship. My Dad spent last summer in Vancouver, doing anything he could to give me time to work. He spent hours at the playground, encouraging Georgia to walk, and searching out the best chocolate chip cookies. My stepfather has been essential to my academic pursuits for over twenty years,
feeding my academic curiosity, proofreading many papers along the way and understanding the importance of my mom being with Georgia and me each week.

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CHAPTER I

Pre-Introduction Personal Narrative

Sitting in my home office, looking out over the autumn leaves falling to the grass in the rain, I return, once again, to this document that has sat heavily on my shoulders for too long. As I put myself back into this process, I instinctively know that the words will come, my motivation surging even as I write this. I believe that this research is meaningful and timely. The developmental trajectory of this project has a long and personal history. This topic – broadly speaking men and mental health, and more specifically firefighters, trauma, and healing – wasn’t “the plan” as I embarked on graduate school. Yet it was always there, calling me. My father is a retired firefighter. He didn’t preach many rules during my adolescence, although one stands out: Don’t date firemen! Well, I not only dated one, I married him. The realities of first responders once again became my world, by proxy.

A few thoughts come to me as I ponder how and why I have spent countless hours studying men’s mental health. I’ve always been around men, always been someone’s daughter or sister, then step-daughter and step-sister, and from the age of thirteen, more times than not, someone’s girlfriend and now a wife. My brother was my best friend growing up, and during my adolescence and adulthood, many of my closest friends have been male. I’ve wondered if I identify more with men, are more intrigued by them, or just have more interpersonal chemistry with them. Regardless, I have an interest in helping them be as healthy and happy as possible. I want to help men enhance their awareness of themselves in all their masculinity, not only for their sakes, but also for the women and children in their lives.

I remember numerous conversations, some only relayed to me via my (now) husband that some of his friends and firefighter colleagues were placing bets on how long I’d continue to “go-
out” with him. They joked that once I finished my “case study” for my dissertation, I’d send him packing. These same friends, after telling a lofty tale, would say, “Are you analyzing me?” I’d laugh, and say something about being off duty too. Yet here I am, writing about these firefighters collectively!

All of that said, this study was born because of one phone call from a man I did not know. Donny Symington had heard through the infamous firefighter grape-line that a wife of a firefighter was studying psychology and was a therapist. He “cold-called,” inquiring if I knew anything about traumatic stress, and if I could assist him in helping the members of his department. He had suffered in silence for years, and was speaking out in the hopes of preventing his friends and colleagues from experiencing the agony and despair that he had experienced. He believed that the deterioration of his mental health was due to the traumatic calls involving human suffering that he had witnessed and responded to as a firefighter. He also believed that the stigma within the fire service of admitting suffering further exacerbated his distress. We met, and over a few years of gathering anecdotal evidence that suggested there were many firefighters suffering in silence, the impetus for this research grew into its present form. My overarching goal for this research is to break the silence thereby starting the process of reducing the debilitating stigma surrounding mental health in general, specifically for men. I applaud my participants for finding the courage to speak. Not only are their stories deeply personal, but in speaking they made a conscious and brave choice to reject the tacit norms of their occupational culture. Healthy masculinity includes emotionality. I believe their words – their stories – will show other men that they are not alone in their suffering thereby enhancing the lives of other emergency responders and their families. I have an enormous amount of respect for my participants and I thank them for sharing their narratives with me.
Introduction

Work related stress is a major concern in various human service fields, particularly for “front line” workers or “first responders” (e.g., law enforcement officers, firefighters, and emergency services personnel) who are involved in responding to & being responsible for the treatment of emergencies & trauma victims. Due to the nature of their jobs, emergency workers are exposed to events involving human pain and suffering daily. Specifically, the job description of a firefighter involves being the “first responder” to a host of emergency situations and thus to high levels of traumatic stress (Bryant & Harvey, 1996; McFarlane, 1988; Regehr, Hill, Knott, & Sault, 2003). Without question, as an occupational category, first responders constitute an at-risk group.

The connection between the general experience of traumatic events and subsequent development of psychological difficulties is well-researched (McFarlane & van der Kolk, 1996). Within the trauma field, considerably more research has focused on the immediate or primary victim of the event, disaster, or trauma than on those who help. Emergency responders typically have higher levels of exposure to the experiences that are implicated in the development of PTSD and other post trauma psychological difficulties than civilians (Weiss et al., 1995). Given the mounting evidence that first responders are at an elevated risk for physical and mental health problems due, at least in part, to duty-related exposures to stressful or traumatic incidents, there has been an increase in attention paid to the potential impact of secondary traumatic stress on emergency work (Corneil, Beaton, Murphy, Johnson, & Pike, 1999). Specifically, secondary traumatic stress can occur in those who participant in assisting primary victims, such as first responders, suffer traumatic stress symptoms as a result of their participation.
The majority of the research on firefighter’s traumatic stress reactions has been in reaction to catastrophic disasters (e.g., 911, Oklahoma City; extensive bush fires in Australia), or “event-specific” or infrequently experienced incidents (Beaton et al., 1998) and has not considered the cumulative effects of continued exposure to stressful or traumatic events even if some are considered more routine. Firefighters are exposed to the stress of the event itself (acute trauma), the stress of repeated or cumulative trauma, the stress of their role as a help provider (Raphael, 1986), as well as the stress of working in a culture that discourages emotional responses. Upon reviewing the literature on trauma-related symptoms of first responders, Regehr (2003) suggests that symptoms include recurrent dreams, feelings of detachment, dissociation, anger, irritability, depression, memory and concentration impairment, physical ailments and other somatic disturbances, alcohol and substance use, guilt about surviving, and re-experiencing symptoms when exposed to trauma stimuli. Given the list of these symptoms, it is not surprising that it is frequently concluded that that severe emotional reactions are normal responses to traumatic events experienced in the line of duty (Regehr, 2003).

A position taken in this research, congruent with views of prominent trauma experts (e.g., Marmar, Foy, et al., 1993; van der Kolk & McFarlane, 1996; Weiss, 1993), is that the response to a traumatic stressor can be understood as occurring on a continuum; the processes implicated in normal responses are not qualitatively different from those involved when an acute response does not remit and goes on to become PTSD, and if untreated, is likely to become chronic PTSD. In addition, the tendency to focus exclusively on PTSD symptoms may limit our understanding of the complexity of the impact on individual’s lives. In the majority of cases (up to 85%) in both clinical and community settings, PTSD is usually accompanied by another disorder (e.g., major depression, an anxiety disorder, or substance abuse (Kulka et al., 1990; McFarlane &
Papay, 1992). As such, the view taken in this study is that trauma related mental health symptoms in firefighters go beyond the diagnostic criteria of PTSD and include general distress, disturbances in interpersonal relationships, other mood and anxiety disorders, and substance abuse.

The study of trauma is a relatively young discipline and understanding the impact of traumatic work-related stress for emergency workers has only just begun. The reasons for this "delay" in research are numerous. One factor is the perception that while members of critical occupations such as firefighters can expect to be exposed repeatedly to highly traumatic events over the course of their working lives, they are also expected to be "superhuman" and invulnerable to emotion and stress. They are expected, and perhaps expect it of themselves, to move from one traumatic "crisis" situation to the next without feeling emotion, pain, or remorse. It seems that it isn't acceptable for firefighters to say that they are negatively impacted by the trauma they experience in the line of duty. Although these individuals are typically regarded as highly resilient, many firefighters will experience a wide variety of traumatic stress reactions. Failure to acknowledge the potential impact on their mental health can have significant and lasting consequences on firefighters as well as on their family members. Beaton and Murphy (1995) have suggested that the consequences of not attending to the problems of being exposed to or involved in traumatic incidents include short-term and long-term emotional and physical disorders, difficulties within interpersonal relationships, substance abuse, burnout, as well as career difficulties and disruptions.

In scouring the research literature, there are studies investigating the impact of trauma on emergency responders, including firefighters. As stated above, this research has typically been conducted following an acute incident (e.g., 911, Oklahoma City) and been quantitative in
nature. The majority of these studies reveal that exposure to acute traumatic incidents are associated with higher levels of symptomatic distress (e.g., Brown, Mulhern & Joseph, 2002; Dean, Gow & Shakespeare-Finch, 2003; Fullerton et al., 1992; McFarlane, 1988; Marmar et al., 1999; Moran & Britton, 1994; Weiss, Marmar, Metzler & Ronfeldt, 1995). Few studies have explored the cumulative impact of firefighting on mental health functioning. In addition, my review of the literature has revealed scant published studies that are qualitative in nature investigating the impact of firefighting on individuals’ mental health (Freedman, 2004). After completing this research, my sense is that qualitative data is difficult to gather given firefighters are even more reluctant to disclose their personal realities than respond to research that requests responses to an anonymous survey.

Although the initial focus of this study was on the relationship between traumatic events and mental health, particularly those experienced in the line of duty as a firefighter, it seemed essential to acknowledge the role of social context. It is important to acknowledge the powerful influence the tacit culture has on the mental health and overall wellbeing of its members. As such, a second focus of this research involves how societal values, organization practices and the tacit organization culture influence the individuals’ response and resulting wellbeing. Indeed, the culture of the fire department is comprised of individuals. Yet the culture is more than the sum of its parts and seems to yield much influence in terms of enhancing wellness as well as contributing unwittingly to unnecessary suffering.

Differentiating between the formalized organization, and its more tacit cultural norms and values will be useful in teasing apart the processes and mechanisms that influence the wellbeing of firefighters in the workplace. In posing future research issues, Paton, Violanti, and Smith (2003) state that there is still much to be learned about the impact of the organization and how
critical occupation organizations can become resilient resources. Thus questions pertaining to
the impact of the firefighter’s social context were included in this study in an attempt to fill this
gap in the literature on work-related stress in front-line occupations.

My overriding intention in this research is to advance what is known about how an
individual firefighter’s mental health is impacted by the expectations of his job as well as the
culture in which he works. Research is beginning to show that traumatic stress reactions in
firefighters rarely result from single, devastating, catastrophic incidents. Rather, traumatic
reaction is the interaction between an event, the person encountering the event, the organization
in which responders work, and the supports that the individuals has outside the workplace
(Regehr & Bober, 2005).

Inviting firefighter’s stories about their experience of their occupation and the impact
being a firefighter has had on their mental health will provide a rare vantage point in the goal of
advancing firefighter’s psychological and emotional health. Exploring issues that have lead the
participants toward risk or alternatively, wellness, will be practical and timely for Fire and
Rescue Services as they seek to provide optimal services for their members. A goal of this study
is to help remove some of the individual and cultural barriers that block open and frank
discussion in the fire department about the normal, yet distressing, impact that working in an
inherently stressful occupation holds. It is hoped that the knowledge gained from this study will
also contribute to understanding more about secondary traumatic stress for emergency
responders generally. More broadly, this study seeks to add to the literature on individual factors
that aggravate or desist traumatic stress responses of firefighters. Furthermore, the timing of this
study, the focus of which is men and mental health, is ideal given the very recent interest in “the
new psychology of men.”
In summary, my desire in starting and completing this study, and indeed my doctorate degree, is to enhance the psychological and emotional wellness of individuals. From an inherently "scientist-practitioner model," it is my hope that the applications of the findings stemming from this study will be practical and worthy at an individual, familial, organizational/contextual, and societal level. Ultimately, my journey in my doctoral program, academically and clinically, has led me to my aspiration of wanting to help people see the beautiful potential they are.
CHAPTER II

Literature Review

It is sweet to mingle tears with fears; griefs,
where they wound in solitude, wound more deeply.

Seneca

The purpose of this chapter is to review the current theory and research relevant to this study thereby offering readers a knowledge base that will facilitate a clearer understanding of the rationale for this research. Situating firefighting as an occupation at risk for developing detrimental mental health issues will be discussed. The pertinent literature focusing on the historical views of traumatic stress is then reviewed followed by a summary of the literature describing and differentiating the numerous responses to traumatic events. The existing research literature investigating traumatic stress responses in firefighters is reviewed. Emotional processing theory is then discussed. Next, the relatively young research literature on masculinity and mental health will be reviewed, focusing on the relationship between stigma and mental health. Lastly, the rationale of the study and the research questions that guided this study will be presented.

FireFighting: An Occupation At-Risk

There are a variety of terms in the literature used to describe professions who, in the course of doing their work, are exposed to traumatic material. These terms include: emergency workers, crisis workers, critical incident responders, front line first responders, firefighters and paramedics. There is no doubt that as an occupational category, firefighters constitute an at-risk group. As Fullerton et al., (1992) suggest repeated exposure to trauma puts rescue workers, especially first responders such as firefighters at an increased risk of developing post-traumatic
stress disorders (see also Breslau, Davis, Andreski, & Peterson, 1991; Wagner, Heinrichs, & Ehlert, 1998). The National Commission on Fire Prevention and Control stated that firefighting is the most hazardous and dangerous occupation in the United States (Hildebrand, 1984). It is assumed that being an urban Canadian firefighter is similar. Although an old American statistic, Hildebrand (1984) reports that, each year, over 650 firefighters retire due to occupational illness, including psychological stress.

Unfortunately, despite the inherent traumatic nature of the work, the detrimental mental health consequences are rarely discussed. Specifically, it seems that firefighters are not informed of and therefore not aware of the symptoms that are tell-tale signs of deteriorating mental health in the aftermath of traumatic incidents. The stigma associated with experiencing or disclosing mental health problems, even the normal human responses to witnessing trauma, preclude the topic from being integrated into training. It is interesting to note that despite the 2004 fire "officers" handbook being over one thousand pages, there isn’t one sentence on mental health or the potential negatives consequences for firefighters due to the nature of the work.

The literature consistently finds that the effects of repeated exposure, the lack of recognition and therefore the failure to treat early signs of primary or secondary traumatic stress reactions contributes to a host of psychological symptoms in firefighters. Over the past ten years, research has added much-needed information about the nature and extent of firefighter's psychological responses to trauma, yet much is to be learned about the mediators and moderators of their traumatic stress.

**Historical Silencing: Traditional Perspective on Attitudes to Traumatic Reactions**

Traditional approaches for dealing with traumatic stress responses in emergency workers tended to ignore the problem or attribute reactions to inherent character flaws in the person
(Regehr & Bober, 2005). While some writing suggests that these approaches have changed, particularly administrative and union policy, anecdotal evidence suggests that stigma toward mental health issues in the firefighting culture continue to exist. A brief historical account of the military's response to traumatic reactions from exposure of wartime events in the line of duty provides a comparative base to understand the response of emergency worker organizations, such as fire departments.

It logically follows that since many soldiers returning from World War II decided to join local police and fire departments (paramilitary organizations), the post-war attitudes and stigma toward mental health and traumatic exposure they brought with them were adopted. In 1946, for example, many North American fire departments hired many men who had returned from overseas. Collectively, they were known as the “46ers” and described as “hard men who lived hard. They all smoked, drank too much, and were tough and hardened” (personal conversation, retired firefighter). Another firefighter noted that even when “the outside” world progressed, many of the status quo values and traditions held by firefighters who had been to war continued to be dominant in fire departments.

The reality of psychological trauma was forced upon public consciousness by WWI, where over eight million men died in four years. Under conditions of consistent exposure to the atrocities of trench warfare, men began to experience mental and emotional breakdown in shocking numbers. At this time, military authorities attempted to suppress reports of psychiatric casualties because of the demoralizing effect it had on the public (Herman, 1992).

Initially, the symptoms of mental breakdown from W.W. I. were attributed to a physical cause – the “concussion” effect of exploding shells and the resulting nervous disorder “shell shock.” The name held, despite the fact that it became clear that the syndrome could be found in
soldiers who had not been exposed to any physical trauma. Gradually, military psychiatrists were forced to accept that the symptoms of shell shock were due to psychological trauma. When the existence of combat stress could no longer be denied the medical establishment focused on the moral character of the patient. In the view of traditionalists, a normal soldier should glory in war and betray no sign of emotion (Herman, 1997; Scrignar, 1988). The soldier who developed a traumatic neurosis was at best a constitutionally inferior human being, at worst a malingerer and a coward. Medical writers of the period described these patients as “moral invalids” (Leri, 1919, cited from Herman, 1997).

Military historians in Canada have documented the shocking treatment of distressed personnel. During World War I, 25 soldiers in the Canadian Army are reported to have been executed for cowardice, a label given to soldiers who exhibited “dysfunction” caused by psychological distress. These included PTSD symptoms of hyperarousal, avoidance, and dissociation (Copp & McAndrew, 1990). By World War II, army medical corps had begun to deal with stress reactions. However, commanding officers still asked whether “demoralizing malingering cases cropping up whilst in action should be shot on the spot as an example” (Birenbaum, 1994, p. 1484). Controversy about whether to treat soldiers with battle fatigue continued. In the end, many received a dishonorable discharge due to “lack of moral fiber” (Copp & McAndrew, 1990). Col F.H. van Nostrand, an army neuropsychiatrist, said in 1947, “(a)lthough we are interested in rehabilitation . . . our primary function is early diagnosis, early treatment, and above all, early disposal of the mentally unfit” (Birenbaum, 1994, p. 1489).

The systematic, large scale investigation of the long-term psychological effects of combat was not undertaken until many years after the Vietnam War. This time, the motivation for study came not from the military or the medical establishment, but from the organized efforts of
soldiers disaffected from war. In 1970, two New York psychiatrists initiated “rap groups” with recently returned Vietnam veterans where they talked about their war experiences. These groups spread throughout the country and formed the nucleus of a network of professionals concerned about the lack of recognition of the effects of war on the psychological health of these men (van der Kolk, Weisaeth, & van der Hart, 1996). Information gathered during this time formed the basis for development of the diagnostic category Post Traumatic Stress Disorder in the third edition of the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 1980). Concern about the well-being of veterans resulted in a wide range of services, including, in 1995, 25 specialized inpatient PTSD units for veterans (Fontana & Rosenbeck, 1997).

Regehr and Bober (2005) note that although the approach of emergency services to trauma was in no way as dramatic as that of the military, in many departments there continues to be a traditional notion that a person suited to the job of an emergency responder should be immune to the effects of trauma. In many organizations, the culture among the men did not allow for the acknowledgement and expression of distress. Given many of the men returning from WWII became firefighters, this should not be overly surprising. The result of this was a culture in which individuals exposed to frequent traumatic experiences as part of their job were expected to suppress emotional reactions. Those who did not were, and in many cases continue to be, ridiculed and penalized. There is very little written about firefighter cultures (one firefighter said it was so closed and hidden that it was comparable to the Freemasons) and what does exist seems to be exclusively complimentary. In addition, there is scant literature on how first responder occupational cultures help or hinder the experience of members’ mental health.
Responses to Stressful, Adverse, or Traumatic Events

A variety of concepts have arisen in the literature in recent years attempting to identify and understand occupational mental health issues related to trauma exposure in health care and emergency service workers. These concepts include post traumatic stress disorder (PTSD) (APA, 2000), acute stress disorder (APA, 2000), stress (Lazarus & Folkman, 1984) and critical incidents stress (Mitchell & Bray, 1990), burnout (Maslach, 1982), vicarious traumatization (McCann & Pearlman, 1990), secondary traumatic stress (Figley, 1995; Stamm, 1995), and compassion fatigue (Figley, 2002). In most of the literature, particularly the more applied literature written for workers, the terms are often used interchangeably (Regehr & Bober, 2005; Sabin-Farrell & Turpin, 2003). At the research level, there is much debate about the similarities, conceptual overlap and utility of differentiating these terms. Each of the theories offers valuable contributions to the study of work-related traumatic stress, yet no one theory is adequate to explain the complexity of trauma encountered in the line of fire (Regehr & Bober, 2005).

Differentiating the terms used to describe traumatic reactions is an important and interesting task; yet to empirically validate these terms in a sample of firefighters is beyond the scope of this study. What is important in this study is how participants describe and express how their mental health has been impacted, as opposed to fitting an exact definitional category. However, it seems significant to briefly describe the various traumatic stress reactions, particularly as they are discussed in the literature involving emergency workers. The important contribution of traumatic stress, acute trauma, secondary traumatic stress, vicarious trauma, and critical incident stress raise awareness of occupational health issues relevant to traumatic events and emergency professionals and are thus appropriate for inclusion in this paper.
The core concept in the study of traumatic reactions is stress, broadly defined as "demands on the body," a condition identified by Hans Selye (1956) in his seminal book, *The Stress of Life*. Lazarus and Folkman (1984) comment on the individual differences in stress responses, stating that stress occurs when there is a significant imbalance between one's demands and the type and amount of internal and external resources available to cope with those demands. The most extreme stress is often called traumatic stress, which is a predictable consequence of exposure to traumatic incidents.

The complexities of people's responses to trauma go beyond the relative simplicity of the Post Traumatic Stress Disorder conceptualization (van der Kolk & McFarlane, 1996). Trauma can affect people on every level of functioning, and each level of functioning interacts with the others: biological, psychological, social, physical, and spiritual. The DSM-IV (APA, 1994) outlines three specific stress responses to trauma: the reoccurring intrusive thoughts of the event(s), avoiding the stimuli associated with it, and enduring symptoms of hyperarousal. Yet trauma-related symptoms are more pervasive and broad than these specific stress-related responses outlined in the diagnostic criteria of the DSM-IV. They include a variety of other symptoms which interfere with the optimal daily functioning associated with disturbances in affective process in response to a psychologically traumatic experience. The Diagnostic and Statistical Manual of Mental Disorders, 4th ed. (*DSM-IV*; American Psychiatric Association, 1994) definition of the disorder lists several forms of such disturbances including intense distress following exposure to trauma-related cues and restricted range of affect or emotional numbing. The latter refers to feelings of detachment from others, disinterest in normally pleasurable activities, and a deficit in the capacity to experience and express emotions, especially positive emotions.
From the above description, it isn’t a stretch to comprehend why individual’s suffering from traumatic stress reactions are often diagnosed with other disorders. In the trauma literature, there are a range of specific trauma-related disorders (e.g., Acute Stress Disorder, PTSD) but also an acknowledgement that trauma plays a nonspecific role as a trigger for a variety of other mental disorders, often referred to as secondary adaptations to trauma (Briere, 2002; van der Kolk, McFarland & Weisaeth, 1996). Furthermore, there is profound evidence that extreme stressors and PTSD play a significant mediating role in the development of a host of physical health problems as well as health related behaviours such as help-seeking (see Schnurr & Green, 2004 for a comprehensive review). Indeed, PTSD is highly comorbid with other psychological problems, including: depression, dissociation, other anxiety disorders, substance abuse, personality disorders and severe social and occupational impairment (Kessler et al., 1994; Kulka et al., 1990; van der Kolk & McFarlane, 1996). For example, a study of 469 firefighters who were intensely exposed to a major fire disaster in the Australian bush (McFarland & Papey, 1992) found that only 15% of the individuals had PTSD in the absence of an anxiety disorder or major depression, indicating that PTSD is only one of a number of psychiatric disorders that arise in such settings. Focusing exclusively on PTSD to describe individuals who suffer does not capture the reality of their experience, nor does it do justice to the complexity of what is going on for them.

The diagnostic category PTSD is relatively new in the annals of psychology. It first appeared in the third edition of the DSM (APA, 1980). The definition of the condition is distinct from other diagnoses because, unlike most of other diagnoses that are symptom dependent, PTSD is situation dependent. That is, there must be an identifiable event that qualifies as “traumatic” for the diagnosis to apply. The latest edition of the DSM (APA, 2000) recognizes
that PTSD can result if a person has been exposed to a traumatic event in which both the following were present (Criterion A):

1) the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others,

2) the person’s response involved intense fear, helplessness, or horror.

In addition to experiencing a precipitating event, an individual qualifying for the diagnosis of PTSD must have a symptom profile that includes a re-experiencing (Criterion B) of the causal event (often, but not always, in the form of intrusive images), persistent avoidance of reminders of the event (including numbing of general responsiveness) (Criterion C), and persistent symptoms of hyperarousal (Criterion D) (sleep disturbance, irritability, concentration difficulties, hypervigilence, and exaggerated startle response). For a PTSD diagnosis, the symptoms must persist for more than one month.

Post-traumatic stress has been conceptualized as a common or “normal” reaction to traumatic events (Ehlers & Clark, 2000). It is common for people to experience at least some of the symptoms in the immediate aftermath of the traumatic event. A sizeable proportion of those recover in the next few weeks or months, but in a significant subgroup the symptoms persist, often for years (Kessler et al., 1994; Rothbaum, Foa, Riggs, Murdock, & Walsh, 1992). In the United States, 8% to 14% of traumatized men and 20% to 31% of traumatized women develop PTSD, which translates to a population prevalence of 5% to 6% for men and 10% to 12% for women (Breslau et al., 1991; Kessler et al., 1994; Resnick, Kilpatrick, Dansky, Saunders, & Best, 1993). Green (1994) reviewed the epidemiological studies on trauma and PTSD in victim-
oriented populations. Prevalence rates for PTSD from sexual assault were 12% and 13% from rape. The prevalence rate for Vietnam combat veterans was shown to be 15%.

Acute Stress Disorder is impairment caused by trauma exposure in the short-term. According to Joseph et al., (1995) the main feature of Acute Stress Disorder is the development of anxiety and dissociation that occurs within one month after exposure to an extreme traumatic stressor. In addition, at least one symptom from each of the symptom clusters required for PTSD (reexperiencing, avoidant symptoms, and hyperarousal) is present. Joseph, Williams, & Yule (1997) note that Acute Stress Disorder is most likely to occur under extreme stress and it is thought that individuals with this disorder are at increased risk for the development of PTSD, although at present the relationship between Acute Stress Disorder and PTSD is not well understood.

PTSD and secondary traumatic stress are described as symptomatically equivalent (Figley, 1995; 2002). The operational components of secondary traumatic stress for crisis workers are identical to the Criteria A in the DSM-IV-R for PTSD and Acute Stress Disorder: 1) having witnessed or been confronted by actual or threatened death or injury, or by a threat to the physical integrity of oneself or others; 2) provocation by the stress of responses of fear, horror, or helplessness. It is interesting to note that the incorporation of witnessing a traumatic event as a Criterion A event (since DSM-III-R) has likely broadened the range of applicable exposures over the lifespan.

Vicarious traumatization refers to the transformation of a worker’s inner self as a result of empathic engagement with a traumatized client or patient (McCann & Pearlman, 1990; Pearlman & Saakvitne, 1995; Saakvitne, 2002). The terms secondary traumatic stress and compassion fatigue are used interchangeably. Figley (1995) defines compassion stress as the natural
behaviours and emotions that arise from knowing about a traumatizing event experienced by another, the stress resulting from helping or wanting to help or feeling responsible for a traumatized person. Similarly, secondary traumatization refers to the effects of feeling responsible for someone who is directly traumatized and consequently experiencing the other’s symptoms (Figley, 1999; Saakvitne, 2002). The majority of the research literature on vicarious trauma and, to a lesser degree, secondary trauma, has been with mental health workers/therapists who develop traumatic stress symptoms after working with traumatized individuals. There are a few studies where the terms have been applied to emergency service workers who not only hear of traumatic material described by others but also witness gruesome events and experience personal risk on the job (Regehr & Bober, 2005). For the most part, given the symptomatic equivalence of PTSD and secondary traumatic stress (and vicarious trauma) the majority of quantitative studies have utilized PTSD measures.

**Traumatic stress reactions in firefighters.** While for most occupations there is a clear cut distinction between chronic and acute stressors, firefighting involves both. Due to the fact that the chronic stresses of firefighters involve traumatic content, studying work-stress reactions requires addressing the potential consequences of chronic and acute stress.

Although there seems to be growing interest in the consequences of occupational stress in firefighters and other critical occupations, empirical studies are surprisingly rare. The studies that do exist have mainly examined PTSD rates following a significant traumatic event, where the likelihood that the helper was also a victim is increased. Although not entirely unanimous, the research suggests that firefighters have higher PTSD rates than the general population. For example, McFarlane (1987; 1992) found prevalence rates of 32%, 27%, and 30% in a sample of firefighters 4, 11, and 29 months after an Australian bushfire. About 20% of these firefighters
had perceived the situation as life threatening, 41% had to protect themselves from the fire, 23% suffered property damage, and 25% were injured. McFarlane (1989) reported that general adjustment, a history of past adversity, previous personal or family history of psychiatric problems, and a tendency to avoid thinking about the event were all predictive of the firefighters who had a more chronic course. These statistics reflect both primary and secondary traumatic reactions given the firefighters were also the victims of the fire. Research has also examined the psychological impact of emergency situations and the resulting rates of secondary stress disorder. For example, about 24% of rescue workers involved in an oil rig disaster showed posttraumatic stress reactions 9 months after the disaster (Ersland, Weaisaeth, & Sund, 1980, as cited in Wagner et al., 1999).

Research on firefighter traumatic stress has relied on catastrophic incidents and disasters to assess impairment. This is troubling as firefighters are exposed to “non-disaster” traumatic situations frequently, and failure to examine their normal experience skews our understanding of their psychological responses to the work. To confirm that firefighters were indeed exposed to incidents that meet PTSD criteria (criteria A1), Beaton and Murphy (1995) surveyed 2000 firefighters. Not surprisingly, they found that over 90% were confronted with at least one distressing incident that met Criterion A1 for PTSD (including exposure to dead, dying, or severely injured persons within the past year). Similarly, in a sample of 164 Australian firefighters, Regehr, Hill and Glancy (2000) found that 78% reported exposure to a critical event (and 40% indicated that they experienced emotional distress as a consequence of exposure to traumatic events on the job). One consistent finding that has emerged from studies with critical occupations is that the level of exposure to the traumatic stressor is related to subsequent distress
and differential post-exposure responses. This was found, for example, in military health assistance workers, and in Vietnam combat veterans (Weiss et al., 1995).

Concerned with the lack of information about secondary traumatic stress among firefighters related to regular daily duty, (independent of a common critical incident) Wager, Heinrichs, and Elhert (1999) examined traumatic stress reactions in 318 German firefighters and found a prevalence rate of 18.2% for PTSD symptoms. They also found a high prevalence of comorbid psychiatric symptoms, such as depressive mood, interpersonal and social conflict, and substance abuse. Significantly 27% of the firefighters confirmed recurring and more intense bodily complaints than the general population, especially those related to general conditions like cardiovascular complaints, tension, and pain. Corneil, Beaton, Murphy, Johnson, and Pike (1999) found similar rates of PTSD in samples of Canadian and US firefighters (17% and 22% respectively). Regehr et al. (2000) also found that many of the firefighters (22.5%) suffered from depressive symptoms. It is interesting to note that these prevalence rates are higher than PTSD rates found in Vietnam veterans.

Given the albeit small amounts of empirical evidence that firefighters and other first responders are suffering with complex mental health issues due to the nature of their work, why is more not being done to prevent and treat first responders? In reading the research, I was struck by the disconnect between what I was hearing anecdotally from firefighters, and what was described in much of the research. That is, the research focused on surveying levels of acute distress (primarily measuring PTSD) following catastrophic incidents. The specific individual realities of firefighters were missing. Were they not talking? It seems that without direct evidence via research, the mental health issues firefighters and other first responders experience are being ignored and/or disregarded. Paton (1996) surmises that there are a few reasons for this
including the lack of recognition and acknowledgment of the existence and seriousness of mental health problems in these occupations (both generally and stemming from work related traumatic exposure). Another relates to personal and professional characteristics which result in the suppression or denial among staff of problems that are psychological or emotional in nature. Overall, at this point in time, the stigma of psychological and emotional issues in critical occupations such as the fire department is not well understood.

For optimal resilience and health for individuals in critical occupations, it is vital that the workplace culture provide an appropriate context for this to be examined. Unfortunately, in many male dominant paramilitary organizations, the cultures are often counterproductive to the mental health of individuals, and members are faced with the ongoing interpersonal stressors in the workplace. Some of these stressors are similar to those in other organizations, whereas other stressors relate to more tacit “norms” in the firefighter culture. For example, although rarely discussed in the literature, the stigma of acknowledging any psychological distress in the fire department is profound and significant. Anecdotally, firefighters have recounted that they did not and would not feel comfortable acknowledging or disclosing distress or emotion on the job, fearing “career suicide” and victimization (see for example the story of Greg McDougall, CTV News Calgary, September 30, 2008). Not only do they have apprehension about being seen as not fit for duty, but want to prevent (at all costs) their fellow firefighters perceiving them as “wimpy” (or anything else seen as traditionally un-masculine). If they are somehow perceived to be different, “not fitting the mold”, or “weak”, there seems to be many repercussions inflicted by fellow members, many of which could be described as harassment or bullying. As one Deputy Chief said to me during consultation for a survey that I was developing, “we eat our young, and kill our old early.” This is not to suggest that there are not positive aspects of the firefighter
culture. It should be assumed that the culture can and does have mechanisms (formal and tacit) that buffer the effects of work stress. These benefits can be found in the literature and often refer to the fire culture as “one big happy family.” Yet there is little research on how the “tacit” norms of the firefighter culture that encourage traditional masculinity, thereby discouraging emotional processing and help-seeking, detrimentally impact the experience of witnessing trauma, the acknowledgement of suffering, the course of symptoms, and overall mental health. One would think that a “big happy family” should want to facilitate wellness, not thwart it.

Under the circumstances of denial and suppression (by the individual as well as the organizational culture), dysfunctional reactions can exact substantial costs from workers (e.g., in terms of a decline in physical and psychological well-being and/or loss of interest in their profession or significant others) and from organizations (e.g., in terms of absenteeism, turnover, and increased health care costs). The costs can be substantial if organizations fail to respond or are slow to implement interventions. The nature and extent of these costs, although not specifically on critical occupations, were demonstrated in a U.S. study by Friedman, Framer, and Shearer (1988). In their study, the average cost associated with early intervention for traumatic stress was $8300 US dollars. When detection and intervention were delayed, these costs rose to $46,000. With early detection and intervention, the average period of time off work was 12 weeks, but with delayed intervention this rose to 46 weeks. Further, while only 13% of the early intervention group chose to litigate, 94% of the delayed group chose to do so.

In terms of the fall-out, costs (both psychological and financial as referred to above), need not be restricted to those directly involved. Trauma can generate contagion effects (Paton, 1996). This “ripple effect” extends the circle of impact into the wider organization, family, and surrounding community. Paton (1996) suggests that recognition, preparation, and treatment for
Individual differences in traumatic stress responses: The role of emotional processing theory. Although exposure to a traumatic event is a necessary causal factor in the development of post-traumatic reactions, given the fact that not everyone exposed to the same trauma develops post traumatic stress symptoms, it is not a sufficient condition alone. It has been suggested that among the most important unanswered questions involving the impact of traumatic stress are who experiences persisting difficulties after the period of normal stress responses (Marmar, Weiss, Metzler et al., 1996; Regehr et al., 2000; Weiss, 1993). Much is known about the psychological processes that characterize those who have PTSD (e.g., Wilson & Raphael, 2007); considerably less is known about the risk and protective factors for developing problems after exposure to traumatic material (Ehlers & Clark, 2000; Joseph, Williams, & Yule, 1997; Weiss et al., 1995). If traumatic stress reactions are caused by an external traumatic event, why do some trauma survivors develop PTSD while others do not? What are the possible factors that mediate individual differences in the nature and extent of reactions to traumatic events and moderate their impact on mental health? These questions are important and not well understood at this time, particularly because it challenges the conceptual origins of PTSD as a syndrome that occurs in normal individuals as a direct consequences of trauma exposure.

Those who have argued against the existence of specific posttraumatic syndromes have hypothesized that in the absence of vulnerability, individuals exposed to traumatic events should not develop this psychiatric disorder. On the other side, proponents of the original idea of PTSD as a condition that occurs as a direct result of trauma have argued that individual differences in
resilience are responsible for the lower prevalence of PTSD than trauma exposure. The issue of vulnerability versus resilience continues to be highly charged among clinicians, particularly because it directly affects how clients with traumatic stress symptoms are viewed and treated.

If the goal of studying traumatic stress is to help individuals suffering with symptoms from some form of post-traumatic stress reaction, a theoretical model explaining individual differences of onset and maintenance is needed. Numerous articles and books have been written on theoretical models explaining traumatic stress reactions, most detailing arguments that explain individual differences. A detailed account of these theories is beyond the scope of this paper, however situating this study within a theoretical paradigm is important, particularly as the aim of the study is to advance the knowledge of traumatic stress generally.

Joseph, Williams, and Yule (1995; 1997) proposed an integrative psychosocial model or conceptual framework to explain the individual differences in traumatic stress reactions. Their claim is that post-traumatic stress reactions are not caused by the traumatic event alone, but that psychosocial factors play an important role in terms of individual outcomes. A brief description of the components that pertain to these studies – primarily Rachman’s emotional processing theory – is described to situate this study into a larger theoretical framework on traumatic reactions. Nightingale and Williams (2000) summarize the theory:

In the model various factors are hypothesized to affect an individual’s ability to process emotionally traumatic information: characteristics of the event; the individual’s appraisals of the event, of their emotional and coping responses to the event and in the post-event period; characteristics of different emotional states; coping responses; the responses of others and the social context. Finally, personality variables are hypothesized to be related to response to trauma via relationships with other variables (p. 244).
Rachman's (1980, 2001) concept of “emotional processing” provides a useful theoretical framework for conceptualizing the psychological reactions of individuals who have experienced trauma. He initially did not write about traumatic reactions, instead detailed the importance of emotional processing related to health and psychopathology generally. Rachman (1980) stated that emotional processing results in emotional reactions being “absorbed” so that exposure to the problematic cue no longer produces a strong emotional reaction. When processing is blocked or thwarted, trauma related symptoms occur. He outlines several direct and indirect signs of unsatisfactory emotional processing, many of which are diagnostic criteria for PTSD. Direct signs include obsessions, disturbing dreams, unpleasant intrusive thoughts, inappropriate expression of emotions, behavioural disruptions, hallucinations, and return of fear. Indirect signs include subjective distress, fatigue, inability to direct constructive thoughts, preoccupations, restlessness, and irritability (Rachman, 1980).

Rachman (1980; 2001) points to many factors which give rise to difficulties in emotional processing. Factors that are believed to promote satisfactory emotional processing include engaged exposure, sense of control, and relevant conversation. These are processes that involve active engagement and awareness of oneself. Those likely to impede processing include avoidance of the disturbing stimuli, refusal or inability to talk about them, and absence of perceived control. Posttraumatic reactions are seen as indication of a process which is incomplete (Rachman, 2001).

Referring to emotional processing theory, Foa and Riggs (1993) and Foa and Rothbaum (1998) propose that individuals with more rigid pre-trauma views would be more vulnerable to PTSD. For example, Brewin and Holmes (2003) propose that the rigidity of beliefs may be problematic, regardless of whether the content of the beliefs is positive or negative, and thus
potentially very important, helping to resolve some difficulties with the theory of shattered assumptions as proposed by Janof-Bulman (1992).

As well as discussing various ways in which appraisals can interact with the nature of the trauma memory, Ehlers and Clark (2000) developed a detailed account of the importance of maladaptive behavioural strategies and cognitive processing styles in maintaining the disorder. Among the behaviours likely to encourage the persistence of PTSD are active attempts at thought suppression, distraction, avoidance of trauma reminders, use and abuse of alcohol or medication to control anxiety, cessation of normal activities, and an adoption of behaviors that prevent or minimize trauma-related negative outcomes (Brewin & Holmes, 2003).

*Individual differences in traumatic stress responses: attitudes and beliefs to emotional expression.* The relationship between personality and PTSD is inconsistent, with some studies suggesting that certain personality traits are related to trauma responses (Florian, Mikulincer, & Taubman, 1995; Morgan, Matthews, & Winton, 1995; Nightingale & Williams, 2000), whereas others do not (Card, 1985). One specific aspect of personality where a relationship with traumatic stress responses has been found is attitudes to emotional expression (Nightingale & Williams, 2000).

Based on Beck’s concept of dysfunctional assumptions, Beck and Emery (1985) suggest that vulnerable individuals have dysfunctional assumptions which predispose them to the development of depression and anxiety. These assumptions are seen as rules for living which are typically rigid, extreme, and absolute in form. Drawing upon Beck’s concept of dysfunctional assumptions, as well as the work of Rachman (1980), Williams (1989) posits that some individuals have negative attitudes toward emotional expression; specifically, relatively consistent and rigidly applied rules for living. Williams (1989) has hypothesized that negative
attitudes toward emotional expression (e.g., “I think you should always keep your feelings under control”, “I think you should not burden other people with your problems”, “I think getting emotional is a sign of weakness”, “I think other people don’t understand your feelings”) would act to block the processing of emotionally charged information and constitute one vulnerability factor for the development or maintenance of post-traumatic stress reactions. Nightingale and Williams (2000) note that this is consistent with work of Pennebaker and his colleagues (Pennebaker, 1990) who have discussed findings from a large-scale research program which found links between not expressing emotions and physical health issues. Similarly, Pisarksi, Bohle, and Callan (2002) found that disengagement (avoidant) coping strategies had direct (and opposite) effects on physical symptoms.

A few empirical studies have examined the relations between attitudes toward emotional expression and PTSD. Nightingale and Williams (2000) employed a prospective design in which attitudes to emotional expression, the “Big Five” personality factors, and initial symptoms and injury severity within one week of a road traffic accident were used to predict the development of post-traumatic stress disorder six weeks post-accident. Findings revealed that more negative attitudes to emotional expression measured within one week of the traffic accident later predicted intrusive symptoms and impairment comprising the diagnosis of PTSD. The authors also note that attitudes to emotional expression remained relatively stable within the first few weeks after the accident, despite symptoms usually decreasing during this time. Nightingale and Williams (2000) report that “these findings suggest that attitudes to emotional expression are not simply a reflection of mood or other symptoms” (p. 245), but instead “are a relatively stable aspects of personality which may predispose to traumatic responses” (p. 245). It is also interesting to note
that the authors found that open, extraverted and agreeable individuals are more likely to hold positive attitudes to emotional expression (Nightingale and Williams, 2000).

In another study of 194 respondents, Surgenor and Joseph (2000) found that the association between stressful life events and psychological distress was found to be mediated by attitudes towards emotional expression for those with low social support (but not for those with high social support). In an earlier study, Joseph, Dalgleish, Williams, Yule, Thrasher, & Hodgkinson (1997) found that more negative attitudes to emotional expression at three years following a major ferry disaster were related to higher symptoms of anxiety and avoidance at five years post-disaster over and above initial symptom levels.

These findings support the belief that a “stiff upper lip” attitude to expressing emotions is likely detrimental when faced with high levels of symptoms that are “normal” following a traumatic experience (Nightingale and Williams, 2000). Although these three studies support the importance of attitudes to emotional expression in the onset and maintenance of PTSD, Nightingale and Williams (2000) note that generalizations from their study is limited by the small sample sizes (N = 60) and call for further research to replicate the findings to help explain the relationship between attitudes to emotional expression and dysfunction appraisals to help explain individual’s response to trauma.

Although not specifically investigating emotional expression, there has been some research conducted on the relationship between coping styles and traumatic stress symptoms. There are discrepancies with regard to the various types of coping styles described in the literature, yet the three that are typically discussed are task-oriented coping, emotion-oriented coping and avoidance-oriented coping. Task-oriented coping includes attempts to modify or eliminate the sources of stress through action. In the emotion-oriented strategy, efforts are
directed at altering emotional responses to stressors. Avoidant-oriented coping involves attempts to actively avoid confronting the problem, instead engaging in behaviours that help the individual avoid emotional tension (Billings & Moos, 1981). Following traumatic events, emotion and avoidant-oriented coping styles have been found to be associated with posttraumatic stress symptoms (Brown, Mulhern, & Joseph, 2002; Haisch & Meyers, 2004; Wastell, 2002).

In a recent study investigating the relationship between coping styles and responses to stressful scenarios in police recruits, LeBlanc, Regehr, Jelley and Barath (2008) found that task-oriented models of coping were associated with lower levels of subjective anxiety both before and after the stressful event. In contrast, persons with avoidant and emotion-focused coping had increased physiological stress responses as measured by heart rate and salivary cortisol levels. In addition, emotion and avoidant-oriented coping styles were associated with higher levels of trauma symptoms.

Again, the coping literature related to stress and trauma symptoms seems to support the position that avoidance of processing is detrimental to one’s mental health, with individuals more likely to develop symptoms of intrusion and arousal. In addition, emotion-coping, which includes one’s attempts to reframe the problem in such a way that it no longer evokes a negative emotional response, seems to be problematic for individuals exposed to traumatic stressors. In the LeBlanc et al. (2008) study, these individuals were more likely to develop symptoms of avoidance and arousal.

Masculinity: An Antidote to Mental Health?

Why the recent attention to men’s mental health? Recently, researchers have begun to pay closer attention to the significant mental and physical health problems facing men. In terms of physical health, men have higher mortality rates for all 15 leading causes of death and die
seven years younger than women (Department of Health and Human Services, 1996; Legato, 2008). Although it is possible that there are some biological differences that account for some of this discrepancy in expected life span between the sexes, there is strong evidence to show that men also practice more risk-taking and unhealthy behaviours than women (Addis & Cohane, 2005; Courtenay, 2000). Beyond the physical health-related risks facing men, they are almost twice as likely to suffer from alcohol and drug abuse or dependence (Hanna & Grant, 1997; Kessler et al., 1994), commit acts of violence (Cochran, 2005) and are three to five times more likely to commit suicide (Moscicki, 1997). Furthermore, because men are more reluctant to seek help than women (Addis & Mahalik, 2003), untreated symptoms become increasingly persistent and debilitating, significantly impacting functioning and adjustment.

Addis and Cohane (2005) comment that despite this reality, historically men’s mental health, particularly their gendered experience, has not been a topic of major research or clinical interest. Epidemiological statistics suggest that for the majority of mood and anxiety disorders the Diagnostic and Statistical Manual of Mental Disorders (2000), women are significantly more likely than men to meet criteria for a diagnosis (Addis & Coehane, 2005; see also Sachs-Ericsson & Ciarlo, 2000). For example, despite the fact that men are more exposed than women to objectively defined events (Criterion A.1) that are potentially traumatic (with the exception of sexual violence), women are twice as likely to develop PTSD at some point during their lives (Norris, Foster, & Weisshaar, 2002). Why this is the case is not exactly clear. Addis & Cohane (2005) question whether women actually experience greater rates of these disorders than do men.

It could be concluded from these statistics that masculinity is associated with greater psychological well-being. Or, are some diagnostic criteria biased to over represent problems in women and to under represent problems in men? Are men more apt to "mask" emotional
distress with behaviors that are more socially acceptable, such as substance abuse and violence (Cochran, 2005)? When we acknowledge that women are more likely to be aware of and acknowledge feelings of distress as an emotional problem (Addis & Mahalik, 2003), women engage in far more health-promoting behaviours than men, have healthier lifestyle patterns (Courtney, 1998) and that men are less likely to seek help (Addis & Mahalik, 2003), the conclusion that masculinity is associated with higher psychological wellness appears unfounded (Mahalik, Good, & Carlson, 2003). Being a woman may, in fact, be the strongest predictor of preventive and health-promoting behaviour (Ratner, Bottorff, Johnson, & Hyduk, 1994). Furthermore, epidemiological surveys documenting the incidence and prevalence of mental disorders conducted with large samples of individuals indicate that the likelihood of developing a mental health disorder was equal over the course of a lifetime for both genders (Cochran, 2005; Kessler et al., 1994), with substance abuse and antisocial personality disorder accounting for a large percentage of the diagnoses in men.

Despite their effects on health, few researchers or theorists have offered explanations for these gender differences in health promoting behaviour or for their implications for men’s health (Courtenay, 2000). Feminist scholars were among the first to engender health behaviour and as Courtenay (2000) notes the result has been an emphasis on women, with “gender and health” being synonymous with “women’s health.” Little is known about why men adopt fewer healthy behaviors and engage in less healthy lifestyles.

To understand men and health related behaviours, Courtenay (2000) calls for an understanding of how men construct their masculinities, and how these different attributes of gender, as well as differing social influences, contribute to differential physical and mental health risk among men in North America. Gender is not two static categories, but rather “a set of
socially constructed relationships which are produced and reproduced through people's actions" (Gerson & Peiss, 1985, p. 327). Courtney (2000) notes that gender does not reside in the person, but rather in social transactions defined as gendered. Men and boys (and women and girls) are active agents in constructing the culturally held norms of masculinity (or femininity). Similarly, Addis and Cohane (2005) suggest that understanding the questions that arise related to the interaction between gender and mental health requires an understanding of the way gender, at all its levels of social formation, is linked to the experience and expression of mental health problems. To this end, there is a growing body of research linking various aspects of traditional masculine gender socialization to both an increased risk for mental health problems, and reduced likelihood to seeking help.

Of course, all men are not the same and do not behave similarly. There is a range of responding when men are experiencing distress, with some men acknowledging they are compromised and seek assistance, while others do not. What factors account for these differences? As Addis and Mahalik (2003) suggest, “from a clinical standpoint, it is precisely this sort of inter- and intra-individual variability that needs to be understood” (p. 7).

Early literature that sought to go beyond sex differences that primarily used the Bem Sex Role Inventory (BSRI; Bem, 1981), suggested that “masculinity” was related to better psychological functioning (e.g., Long, 1986; O’Heron & Orlofsky, 1990). These findings need to be reinterpreted given the evidence that masculinity, as measured by the BSRI, is an instrumental personality trait that shows “little or no relationship to global self-images of masculinity” (Spence & Helmreich, 1981, p. 365). The more appropriate interpretation of this literature is that having a personality trait (whether male or female), rather than being masculine, is associated with greater psychological well-being.
There have been recent advances that serve as alternatives to utilizing measures such as the BSRI, as well as looking only at sex-differences to understand men’s mental health and subsequent behaviours (such as inhibition toward help-seeking). One such approach to understanding men, mental health and help-seeking is referred to as masculine gender-role socialization. Addis and Mahalik (2003, p. 7) describe this paradigm which has advanced the study of men’s health:

Role socialization paradigms begin with the assumption that men and women learn gendered attitudes and behaviours from cultural values, norms, and ideologies about what it means to be men and women. For example, many of the tasks associated with seeking help from a health professional, such as relying on others, admitting a need for help, or recognizing and labeling an emotion problem, conflict with the messages men receive about the importance of self-reliance, physical toughness, and emotion control.

Research indicates that men and boys experience greater social pressure than women and girls to endorse gendered norms or prescriptions. These include the beliefs that men are independent, strong, self-reliant, robust and tough (Martin, 1995; Williams & Best, 1990). It is not known at this time whether men who choose traditional male careers, such as firefighters, or who spend time in such cultures, adhere to more traditional and rigid masculine stereotypes. Do perceptions about their own masculinity inhibit firefighters’ ability to label and seek help for psychological distress? Do traditional “male” occupations, such as firefighting, attract men with traditional masculine attitudes and beliefs? Do these traditional occupational cultures silence men who otherwise might be more open to speaking out and processing emotion?

There are two similar issues discussed in the literature on masculine role socialization: masculinity ideology and masculine gender-role conflict. The focus of this literature review will
be on examining the relationship of masculine ideology to mental health symptoms. Generally, the masculine ideology literature focuses on the social norms that influence what it means to be male and attempts to measure the extent to which the individual identifies with and adheres to these values (Addis & Mahalik, 2003; Mahalik et al., 2003). Thomas and Pleck (1987) conceptualized a "traditional masculinity ideology" as having three prevailing attitudes: status – achieving status and others' respect; toughness – to be mentally, physically and emotionally tough and self-reliant; and anti-femininity – avoiding stereotypically feminine attitudes and occupations.

Levant, Hirsch, Celentano, Cozza, Hill, and MacEachern (1992) described traditional masculine ideology as having seven dimensions: avoid anything feminine; restrict one's emotional life; display toughness and aggression; be self-reliant; work to achieve status above all else; adopt non-relational, objectifying attitudes toward sexuality; and fear and hate of homosexuals. More recently, Mahalik et al., (2003) addressing several of the limitations with the existing masculinity measures, created the Conformity to Masculine Norms Inventory (CMNI). The two most frequently used measures in the psychology of men, O'Neil's Gender Role Conflict Scale and Eisler's Gender Role Stress Scale, assess conflict and stress respectively, and as such focus on the pathology that may be associated with masculinity rather than conformity or nonconformity to masculine gender norms, per se (Mahalik et al., 2003). This distinction seems particularly important given that the relationship between conformity to masculine gender norms and functioning is complex. It is possible that conformity to masculine gender roles may often be adaptive and healthy and nonconformity may be associated with social stressors that are more detrimental to the individual (Mahalik et al., 2003).
There are some mixed findings related to conformity to masculine norms and mental health symptoms. Most of the research utilizing a gender role socialization perspective has found that the more men endorse traditional masculinity ideologies, the more they experience a host of presenting issues, including poor self-esteem (Cournoyer & Mahalik, 1995), problems with interpersonal intimacy (Fischer & Good, 1997), greater depression and anxiety (Cournoyer & Mahalik, 1995; Good & Mintz, 1990), abuse of substances (Blazina & Watkins, 1996), problems with interpersonal violence (Franchina, Eisler, & Moore, 2001), and greater biomedical concerns (Watkins, Eisler, Carpenter, Schechtman & Fisher, 1991), as well as greater overall psychological distress (Good et al., 1995; Hayes & Mahalik, 2000). Studies utilizing Mahalik’s (2003) conceptualization of conformity to masculine norms are limited because it has only recently been developed. Mahalik et al. (2003) found that conformity to masculine norms was related to negative attitudes toward seeking psychological help but had mixed support when psychological distress was examined. The relationship between trauma related symptoms and gender role socialization has not been investigated at this time. Although there is not an extensive literature examining men’s mental health from a gender role socialization perspective, there seems to be a consistent pattern in which conformity to traditional masculine norms is associated with psychological distress.

An unexplored research question is whether there are benefits to enacting masculinity. Conformity to masculine norms may also produce benefits for males and the individuals in their lives by facilitating strong identities, in fostering acceptance from social groups, and in providing social and financial status as a result (Mahalik, 2000). Although the majority of the research predicts that the more men adhere to masculine scripts, the greater their psychological distress, do these same factors ever serve men as protective factors? At this time, there is no research
investigating the role of adherence to masculine norms and mental health following trauma exposure. Men who choose to be firefighters, for example, are generally regarded as being overtly masculine. "The fire department is the last bastion of masculinity," is a common sentiment. Are the traits that contribute to men choosing to be firefighters, also the traits that contribute to psychological distress? Alternatively, do these traits serve as protective factors under some conditions, yet subsequently become risk factors under others? Is it possible that adherence to masculine norms make firefighters more adaptable than the general public in times of crisis? Is there a curvilinear relationship between conformity to masculine norms and mental health, or is the relationship linear in a positive or negative direction (lower conformity = lower distress; higher conformity = more distress; low conformity = high distress; high conformity = high distress)? What are the consequences for men who do not adhere to traditional masculine norms, but work or exist in a culture that strongly encourages adherence? There are many unanswered questions that have significant ramifications for the mental health of firefighters specifically.

*Men, Masculinity, and Help-Seeking*

A common cultural masculine stereotype is that men are seen as reluctant to ask for help when they experience problems (Addis & Mahalik, 2003). Is this true? If so, what are the factors, both in terms of individual disposition and social norms influence this behavior? Moreover, as Addis and Mahalik (2003) question "how are masculine norms, stereotypes, and ideologies related to help-seeking behaviour?" (p. 5). Are these attitudes "amplified" in the fire department, which is commonly characterized as a "traditional" male occupation? Are there firefighters who are reluctant to acknowledge and seek help for psychological difficulties? If so, why? Would firefighters be more reluctant to disclose problems at work to their peers than at
home? Indeed, the issues that surround men’s help-seeking and attitudes to mental health raises important questions for psychologists, other treatment providers, and social scientists interested in enhancing men’s wellness. Identifying attitudinal barriers to help-seeking among firefighters could provide crucial information and insights for programs that increase help-seeking, thereby improving overall mental health and wellness (Addis & Mahalik, 2003).

As Addis and Mahalik (2003) suggest, the research examining gender differences in helping seeking for physical and mental health issues that has been conducted over the past thirty has been strikingly consistent. These studies have shown that regardless of ethnic background or age, men seek professional help for problems such as depression, substance abuse and stressful life events less frequently than do women (Addis & Mahalik, 2003). It seems important to note that men’s lower rates of help-seeking are in contrast to their higher self-reported rates of substance abuse (Kessler et al., 1994) and resultant social and psychological problems (Robbins, 1989).

In addition, studies have also confirmed that men seek an assortment of mental health services, both psychiatric and psychotherapeutic, less often than women (Gove, 1984; Gove & Tudor, 1973; Magovcevic & Addis, 2005) with women more likely than men to recognize and label feelings of distress as emotional problems (Kessler, Brown, & Bowman, 1981). Additional research has revealed consistent findings in medical students, college students, community members and university employees (Addis & Mahalik, 2003). The stigma of seeking help for emotional problems results in men being more likely to report that they would never seek assistance from friends or professionals for depression (Magovcevic & Addis, 2005).

As Addis and Mahalik (2003) exclaim, “men’s relative reluctance to seek help stands in stark contrast to the range and severity of problems that affect them” (p. 6). If the goal is to
improve men's overall health and wellbeing, advancing awareness of the behaviors that relate to health maintenance, such as professional help-seeking seems essential (Courtenay, 2000). Research is suggesting that the impact of masculine gender role socialization, which emphasizes the importance of men being stoic and emotionless, is one of the several cultural factors that hinders how men express mental health symptoms, including trauma related symptoms such as PTSD and depression. Cultural norms further obscure the identification, assessment, and treatment of mental health symptoms in men (Cochran & Rabinowitz, 2003). Identifying and analyzing barriers to mental health help-seeking in firefighters could be used to raise awareness of issues that interfere with men receiving the help they need.

*Masculinity and the Expression of Depression*

Although men are diagnosed with lower depression rates, large numbers suffer from problems such as alcohol and drug abuse which are highly correlated to depression (Hanna & Grant, 1997). In addition, because the suicide rate in men continues to be alarmingly high (Mascicki, 1997), it has been suggested that many men who are depressed remain undiagnosed and untreated (Cochran & Rabinowitz, 2003). Furthermore, recent research and clinical findings reveal that depression in men often looks different than it does in women. Men hide their pain, and the emotions that are seen are often irritability and anger, not typically considered "classic" depression symptoms. Because few men seek help for psychological problems (Addis & Mahalik, 2003), untreated depression and related mental health symptoms (particularly other trauma related symptoms) may further diminish the quality of life and psychosocial adjustment for many men.

Attention is being paid to how cultural prohibitions against the experience of depressive mood states make clear descriptions of male depression difficult (Cochran & Rabinowitz, 2000).
Although the typical course and symptomology of depression are similar in both men and women, a number of researchers have identified expressions of depression that are more unique to men. These findings highlight the tendency for depressed men to experience greater conflict within relationships (Williamson, 1987), to experience dissention between gender related expectations and accomplishments (Heifner, 1997), to experience increased problems in their work (Vredenburg, Krames, & Flett, 1986), to perceive statements as threats to their identity and self-esteem (Ahnlund & Frodi, 1996), and to exhibit increased levels of irritability, anger, and substance abuse (Grant, 1995). Cochran and Rabinowitz (2003) comment that many of these masculine-specific ways of experiencing depression are not captured by the specific criteria used to diagnose depression detailed in the DSM-IV (APA, 1994). Indeed, as Cochran and Robinowitz (2003) point out, these masculine features of depression are consistent with a tendency for men to use externalizing defenses, which leads to responses such as rumination, suppression of emotion and lack of emotional processing, and to express emotions such as irritation, frustration and withdrawal in response to feelings of vulnerability.

Researchers have found correlations between gender role conflict and depression in men. Good and Wood (1995) found that all four subscales (Restrictive Emotionality; Conflict Between Work and Family Relations; Restrictive Affectionate Behaviour Between Men; and Success, Power, and Competition) of the Gender Role Conflict Scale (O’Neill, Helms, Gable, David, & Wrightsman, 1986) were related to depression in college men. It is interesting to note that the highest correlations with level of depression were reported for restrictive emotionality. In addition, Shepard (2002) found that three of four gender role conflict subscales were associated with depressive symptom patterns, with restrictive emotionality being associated with all three symptom patterns. Both of these studies confirm a relationship between conflict related to
masculine gender role and depression in men. Based on these observations and findings, researchers and clinicians are calling for men to be assessed in terms of masculine and culture-specific features of depression that examine the male experience and expression of depression and how this is shaped by various cultural influences (see Legato, 2008).

The reluctance of men to acknowledge and seek help for depression, and the fact that men die by suicide at four times the rate of women, prompted the National Institute of Mental Health (2003) in the United States to develop and launch, “Real Men, Real Depression” (see www.nimh.nih.gov). This was the first American national public health campaign to raise awareness that depression is a major public health problem affecting an estimated 6 million US men annually. The campaign features the personal stories of men who live with depression and includes a firefighter and a retired Air Force sergeant. The stated goal of the campaign is to attack the misconception that “tough guys can’t seek help and that it’s okay to talk to someone about what you’re thinking, or how you’re feeling, or if you’re hurting.”

In focus groups conducted by the National Institute of Mental Health (NIMH) to assess depression awareness, men described their own symptoms of depression without appreciating their symptoms were mental health issues. In addition, they expressed apprehension about seeing a mental health professional, fearing that being labeled or diagnosed with mental illness would cost them the respect of their family, friends, and community (Rochlen, Whilde, & Hoyer, 2005).

Summary on Men and Mental Health

There is a widening body of literature linking various aspects of traditional masculine gender socialization both to an increased risk for mental health problems and reluctance for men to seek treatment (Addis & Cohane, 2005; Addis & Mahalik, 2003). At this time, there is a gap
in the research on how conformity to masculine norms mediates trauma related symptoms. Furthermore, the literature is replete with requests for additional research to understand the experience of depression in men, the barriers they perceive, and to be more informed about how to best prevent, assess and treat male clients who are reluctant to acknowledge mental health issues.

**Rationale and Significance of the Study**

Trauma theory was advanced to understand the experience of people who encountered "traumatic" events in their lives. In the past twenty years, the focus has broadened from considering only the victims of an event to include those who were on the scene attempting to help (Regehr & Bober, 2005). The effects of disaster and traumatic life experience on victims are well established, and the research and self-help literature on the topic is testament to its acceptance. Yet research on the impact of traumatic events, particularly the cumulative effects, on firefighters has been significantly slower. It wasn't until the 1980's that attention to this issue shifted, with another surge in attention following the traumatic incidents of September 11th, 2001. This research has led to the recognition that individuals who help others may become the hidden victims. Indeed, exposure to death, destruction, disasters, and extreme trauma can result in a wide range of mental health symptoms including post-traumatic stress, depression, anxiety, substance abuse, and interpersonal conflict in emergency workers (McFarlane, 1988; Regehr, Hill & Glancy, 2000). Yet there have been few studies that go beyond prevalence rates and identify factors that have contributed to individual firefighters experiencing mental health symptoms and a deterioration in overall emotional and psychological wellness. Significantly, the literature is void of qualitative studies specifically inquiring about how the occupation of firefighting has impacted the mental health functioning of the individual firefighter. Specifically,
although a few researchers have speculated, citing anecdotal evidence, it is yet unknown how the
culture of the fire department helps or hinders members mental health functioning. This is not
overly surprising given that most departments are closed-systems, discouraging critical
observation and analysis.

Although trauma and PTSD have been a focus of research attention over the past thirty
years, there are many unanswered questions about the factors that mediate individual differences
in the nature and extent of reactions to traumatic events (Elhers & Clark, 2000; Jones & Barlow,
1990; McFarlane & Yehuda, 1996). These questions are particularly relevant if we are to learn
how to best serve emergency workers, and firefighters particularly. From the research that has
been conducted we know that being exposed to frequent trauma directly increases the likelihood
of experiencing physiological, emotional, and psychological stress and distress. Yet there are
many unanswered questions regarding the individual factors that influence how a firefighter is
impacted by the trauma experienced on the job. Who is this person who chooses to put himself
in harms way to rescue another, or who chooses to respond to the destruction, chaos, and fear
inducing situations in peoples’ lives? What is the relationship between the man who chooses to
be a firefighter, and his resilience to the frequent exposure of traumatic situations?

Research tells us that men are reluctant to seek help and that the more entrenched and
rigid their conformity to stereotypic masculinity norms, the higher their psychological distress.
Does this association hold for men responding to crisis situations? What’s the association
between PTSD and traditional notions of masculinity? Is it possible that conformity to
masculinity could serve as a protective factor? Is denial and “blocking” of emotional processes
ever beneficial? Is the firefighter culture a barrier to help-seeking beyond the individual’s own
reluctance? Are there tacit norms in the firefighter culture that thwart efforts toward psychological health and wellness for its members?

Consistent with the psychosocial perspective on post-traumatic stress (see Joseph, Williams, & Yule, 1997), Williams (1989) hypothesized that negative attitudes towards emotional expression increase the likeliness and duration of post-traumatic stress reactions following a traumatic event. A few empirical studies have examined this hypothesis and findings were consistent negative attitudes to emotional expression acting as a source of vulnerability in the development and maintenance of PTSD. As Williams (1989) postulates, perhaps it is the awareness, understanding and expression of emotion that facilitates “successful” emotional processing. What are the attitudes toward emotional expression of men who strongly adhere to masculine norms related to invincibility and stoicism? Do men who deflect, deny, and discount their own emotional states following a traumatic situation create barriers to their own processing? What does this look like in firefighters who adhere to traditional notions of masculinity or who work in a culture that discourages emotional expression?

The association between men’s masculine ideology and blocks in emotional processing is an overarching conceptualization that will be explored in this study. That is, do firefighter’s gender role norms impact emotional processing of traumatic material? How much influence does a traditional male occupational culture, such as fire fighting, with implicit and tacit expectations and norms have on individual members? The goal of this research is to contribute to the understanding of the individual difference literature on mental health in firefighters by exploring firefighter’s experience of how their mental health has been impacted by their work. In depth qualitative interviews with firefighters were conducted to hear, first hand, about the experiences that they felt have been most impactful to their sense of psychological health and
wellness. Understanding the factors that put firefighters at risk for the development of mental health symptoms, or alternatively buffer them from suffering is practical, important and timely. As Don Symington, a firefighter said, “let’s do our best to prevent others from suffering as I did” (personal communication, April 3, 2005). One of the most successful ways to prevent suffering is to raise awareness and break down the barriers that are hindering acceptance and healing. In essence, by inviting and encouraging firefighters to speak – to break the code of silence – policies and programs can be introduced and a culture of acceptance and understanding can be developed. The overarching aim is to enhance the wellness and resilience of individuals who dedicate their lives to helping others.

This research project would not be happening without the incredible motivation, compassion, and determination of Don Symington. Lying in a psychiatry ward hospital bed after a suicide attempt, he told himself he would not let another firefighter experience the pain he had endured for years. Many firefighter friends that came to his room to support him disclosed their similar experiences and struggles with depression, suicidality, and traumatic stress, which further reinforced his resolve to increase the awareness of mental health issues in Fire Departments. Don’s commitment to helping individuals is also shifting the culture that was a barrier to his health and wellness. Via word of mouth (which travels fast around the department), Don heard that there was a firefighter’s wife who knew something about trauma, was a counsellor, and was interested in working with firefighters. Don called and invited me to the first meeting of H.U.G.G.S (Helping Uniform Guys and Gals Survive). Soon thereafter, in dedication to Glen Taylor, a respected firefighter who took his own life earlier that year, in collaboration with the department, I proposed a survey to assess the mental health needs of the members. Although the survey is sitting on a shelf, yet to be mailed out (details are discussed in the discussion), the
present research stemming from the collaboration serves as my dissertation. Significantly the purpose of this research is to fulfill a request by a firefighter who is inherently interested in improving the lives of his fellow firefighters. My hope is that departments are also interested in supporting their members. The research community also has much to learn from the participants who were open enough to share their experiences. This project would not be happening, and lives not being enhanced, but for the big brave heart of Donnie.

The overarching purpose of this research is to fill many of the gaps in the research literature and to enhance our clinical understanding of first responder mental health. Specifically, the purpose of this research is to explore the impact on men’s mental health from being a firefighter. Contributions of this study include: (a) providing insights into how firefighters experience their work, both in terms of the job requirements as well as the occupational culture in which they work, (b) offering personal descriptions and thus a deeper understanding of trauma symptoms related to fire fighting, (c) providing a window into a largely closed culture and how the overt and tacit norms in the fire department impact firefighters’ mental health, and finally, (d) by speaking, the participants have started the process of breaking the silence that seems to plague the fire service related to disclosing mental health symptoms.

Acknowledgement comes before acceptance, which precedes treatment and healing. The ultimate goal of this research is to investigate and reveal the experiences of male firefighters with a broad range of mental health issues. The study encompasses the spectrum of concerns of first responder clients that a counsellor or counselling psychologist may be expected to see in community practice. As one of the first studies to collect in depth accounts of how firefighters’ mental health has been impacted by their occupation, this study offers concrete new information on the role that counselling can and does play in relationship to trauma and healing for this
distinct and often guarded population. Therefore the study not only adds to the development of
the empirical literature and the construction of theory in the area of trauma, masculinity and
health, and occupational culture, it also provides practitioners with empirically-based
information on how clients who are detrimentally impacted from being a first responder can best
be served.
CHAPTER III
Methodology

The methodological procedures for this investigation were derived from qualitative research epistemology. Within qualitative methodology there exists a diverse range of research approaches that are distinguished by various philosophical and theoretical perspectives. Each approach seeks to gain an in-depth view of the subject matter at hand, but is driven by different methods and assumptions that make the world visible in different ways (Denzin & Lincoln, 2000). The specific qualitative approach used in this study was a narrative method of inquiry (Arvay, 2003; Freeman, 1997; Lieblich, Tuval-Mashiach, & Zilber, 1998; McLeod, 2001; Mishler, 1991; Polkinghorne, 1988; Riessman, 1993). Specifically, many aspects of Arvay's (2003) collaborative narrative method were adhered to in this study. That is, to explore the experience of being a firefighter, particularly the impact on individual’s mental health, a narrative research design was used. Narrative inquiry offers insights into an experience by engaging the co-participants, researcher, and readers toward a deeper and more complex understanding of the impact that fire fighting has on individual firefighter’s mental health and the various factors that positively and negatively influence firefighter’s experience of wellness.

This chapter is divided into sections. First, I introduce and discuss my research methodology – a narrative method of inquiry, and offer a rationale as to why narrative inquiry was adopted. Second, I discuss my research procedures and introduce my participants. I describe the process of date collection and analysis of the research narratives. Next, I discuss issues of representation, including the challenges conducting research with this population.
What is Narrative Research?

Narrative research methods are situated within a postmodern paradigm of science and a social constructionist epistemology that stands in contrast to modernist, positivist, and post-positivist traditions of science. With the “narrative turn” in psychology and the social sciences (Bruner, 1990; Lieblich, Tuval-Mashiach, & Zilber, 1998; Riessman, 1993) came the realization of the impact and importance that storytelling has on the way people structure and understand their experiences. According to Riessman (1993), stories are an essential part of who we are. We tell stories as a way of sharing our inner world of the storyteller’s construction of self, other, and the world but also provide insight into the identity, motivations, and emotions of the individual telling the story (McLeod, 1997). Through this process we intimately share, exchange, and bear witness to each other’s lives. Stories provide a snapshot into personal identities and reveal the social, psychological, historical, and political culture in which individuals live (Bruner, 1990). This is particularly relevant to the present study, as individual firefighter’s experience of their own mental health exists within various cultures that implicitly and explicitly shape not only their experience of themselves, but also the stories that are voiced.

Some of the epistemological assumptions that inform narrative approaches to research in the social sciences include the following:

- Truth claims are multiple, subjective, overlapping, and situated. As opposed to objective and universal;

- Knowledge is contextual, relational, and fluid;

- A focus on the dialogical nature of knowledge;

- Emphasis on the social world as a site where power relations are played out;
- Power relations get played out through language processes;
- Co-constructed nature of knowledge – focus is on reflexivity of the researcher;
- Lives are multi-storied and multi-voiced.

A narrative research design presupposes a dialogical meaning-making process, in which knowledge is co-constructed by a) researcher and co-participants, b) researcher and readers, and c) research co-participants and readers. This approach to research is concerned with the multiplicity of voices within texts, the co-constructed nature of interviews, use of language, analysis of story structure, and the identification of cultural narratives. Ontological premises within narrative inquiry challenge post-positivistic views of knowledge and knowing, instead positing that there is no single absolute truth in human science research, nor is there one correct way to read or interpret texts. In this sense, the narrative approach supports relativism, pluralism, and subjectivity. Relativism presumes that there is no ultimate truth, rather numerous mental constructions of events, socially and experientially based (Burr, 1995; Guba & Lincoln, 1994). Pluralism suggests that multiple realities exist, while subjectivity infers that there is no single objective truth, only personal subjective constructions of an external reality. It involves “in-depth study of particular individuals in social context and in time” (Josselson, 2003, p. 4). Narrative analysis combines a discursive emphasis on how meanings are constructed through language and utterances along with an attention to the participant’s personal agency and self-awareness in their efforts to attribute meaning and achieve fulfillment in their lives (McLeod, 2001). In this sense, stories are viewed as lessons or teaching tales that provide a recollection of an experience. Narrative research methods embrace researcher subjectivity as inevitable: the role of the researcher cannot be separated from the research process or product. Researcher reflexivity is an important and valued aspect of a narrative research design (Arvay, 2003).
Rationale

Based on several studies, it is well established that first responders develop a variety of stress related disorders with prevalence rates significantly higher than the general public. I was particularly interested in deconstructing the statistics, and exploring, in-depth, individual experiences of how being a firefighter impacts one's mental health. I wanted to invite stories that unraveled the difficulties inherent in their occupation - including but not limited to their exposure to trauma and human suffering, as well as factors related to their occupational culture. In practical terms, although retrospective, because there were few individuals who would agree to participate in the study, the depth that narrative inquiry demands was well suited. Arvay (2003) suggested that narrative is the primary way people make sense of their experience. By inviting co-participants to share their stories about how the experience of being a firefighter impacted their mental health, the goal was to gain new insights into their lived experiences. The overarching goals were to: a) help individual co-participants find their voice and feel heard; b) by breaking the silence, start the process of uncovering the multiple and layered processes that contribute to or compete with individual and collective wellness; c) through such an understanding, continue to dialogue about possible ways to prevent future harms.

Furthermore, because there are scant details about the experience of fighting on mental health, I believed that a method that allowed for an exploratory investigation was best suited. Furthermore, research that has been conducted investigating first responder and/or firefighter mental health has been dominated by a positivist approach to science most commonly reflected in a focus on quantitative studies through survey questionnaires. Although quantitative studies have demonstrated significant positive relationships between first responder work and the trauma experienced, as well as started to isolate the individual factors that may mediate or
moderate risk and resilience, they offer only a limited understanding of how these relationships intersect and unravel. In addition, quantitative studies are ill equipped in gathering the complex details and interactions inherent to working in the firefighter culture. Significantly, this population has been reluctant to participant in research investigating mental health functioning. That said, this population has much to say, and clinicians and researchers have much to learn, if high levels of trust and confidentiality can be ensured. For these reasons, I believe that a narrative method was particularly well suited to my research aims.

Role of the Researcher

From a social constructivist perspective, reality is not created idiosyncratically through linguistic and conceptual choices alone, but is also dialectical and dialogical. Thus linguistic and conceptual choices shape and are in turn shaped by the immediate interaction of people and contexts and by their historical experiences and location within larger social discourses that shape culture and society (Traynor, 2004; White, 2004). Consequently, meaning is a moving target; continuously shifting according to the way words and behaviours are deployed within particular contexts to construct particular experiences at particular times (Traynor, 2004; White, 2004). Change any of the elements and the outcome changes because the process that creates it has changed. Built on this social constructivist epistemology, the narrative approach to research acknowledges that the research process itself is fundamentally interpretive, highlighting certain interests and questions and shadowing others from the initial formulation of the question through to the analysis generated at the end of the project (Guillemin & Gillam, 2004).

Because the narrative method is one of the few to acknowledge that the researcher ultimately has a significant impact in shaping the research process and therefore its outcome, it is important that I locate myself as a researcher and account for my influence on the process and
outcome of this research study. Clandinin and Connelly (2000) stated, “Narrative inquiries are always strongly autobiographical. Our research interests come out of own narratives of experience and shape our own narrative plotlines” (p. 121). The present research study has personal meaning for many reasons. My father is a retired firefighter and my husband has been a structural firefighter for a decade, having worked as a rappel forest firefighter for a decade beforehand. Many of their friends have also been firefighters. Over many years, I have heard many anecdotal stories about firefighting. Most of the time, the individuals were not talking to me . . . I was merely listening. Other times I was watching people I loved suffer within themselves, unaware and numb to the reasons they were shutting themselves off from the world. In recent years, due to my training as a counsellor, some individuals have sought me out, either therapeutically or more informally, to share their thoughts and opinions, memories and desires. Most of these have been related to the detrimental impact that the occupation has had on these men. Many of the stories have been about the culture of the fire department - a culture that is not written about in academic journals or scholarly prose. There were numerous stories of individuals drinking heavily, behaving inappropriately, and in recent years, committing suicide. I also worked in correctional institutions for a decade during graduate school. Although different in some ways, there are some occupational and cultural similarities, and my work in such an environment further tweaked my interest in working with men. Over the last few years, after starting a private psychotherapy practice, I began to work therapeutically with individuals in helping professions, including first responders.

Certainly my interest in the questions I am asking and my choices as a researcher have been influenced by the diverse experiences I have had with first responders. Some experiences must be so engrained that my awareness isn’t always obvious. Also, as a white middle class
female clinician trained in forensic, developmental and counselling psychology, I have been groomed to question the status quo. My mother, who questions everything, was influential to me as well, and it is certain that this orientation influenced the interviews. My unique location to the topics as well as my thorough understanding of the occupational subculture at hand helped me connect with participants at a level of understanding that facilitated the rich descriptions of the complexities that being a firefighter entails. The rapport that was able to be established because of the thorough description of the study prior to the interview, my background in counselling, as well as my knowledge of the fire department subculture made the participants feel comfortable (enough) to talk, and to share their very personal accounts. At the same time, my own location, which is reflected in the orientation of my questions and the research process, makes it likely that I missed openings to probe for more information about certain topics less related to mental health, suffering and healing. Because I, as the researcher, have a critical role in co-creating the meaning that emerges from each interview, reflexivity is an important part of accounting for the meaning constructed in the research process (Altheide & Johnson, 1998; Guillemin & Gillam, 2004).

I took several steps to promote and ensure reflexivity in identifying my contribution to the knowledge created throughout the process of research and analysis. I kept a research journal that included my reflections and ideas about the research questions and the research process. I took notes on my initial contacts with participants and field notes which I recorded promptly after each interview to reflect on major themes, learnings and new questions as they emerged. I engaged participants in reflecting on the research process and questions, and solicited feedback regarding the impact of the process and the way questions were framed on the stories they told. I did multiple readings of the transcribed text (see below for details) and looked at my own impact
on the interview process, and on the stories and themes that emerged through the analytic process.

Most importantly, I solicited participants’ feedback on my interpretation of their stories. I sent the participants their stories (via email or Canada post) and asked them to review the written summaries of their stories. Reviewing their story summaries allowed participants to have input into the representation as well as the interpretation of the stories they shared. Thus, I provided each participant with a written summary of their story as I understood it, the major themes I drew from their story, and a list of the quotations I used, asking each person for feedback on the accuracy of my representation of the experience that he or she had shared. Although this strategy was important in constructing an understanding of their experiences that resonated with the participants, my representation of their experiences and the conclusions I drew from them reflect a unique and personal reading of the interview text that we created together. One participant withdrew at this time for fear of stigmatization from the culture, and the other six participants requested either no or minor changes to either enhance their anonymity or to correct small inaccurate details (e.g., dates). One participant emailed back writing:

> With some trepidation I took the time to read my story last night. Much like looking at photos or video of myself, I feel self conscious. Therefore, my comfort zone around reading another persons interpretation of something so personal, intimate, painful, taboo evokes the same gut response. However, I was pleasantly surprised to read the essence of our conversation. I consider myself privileged to have been able to tell my story and continue to reinforce how much I feel the only way through this is by assuming ownership of my place . . . at this time . . . much better than before. Wow, what a crazy journey. No, I have nothing to add or change. Thanks for making this possible.

Despite my personal background and years of exposure to fire fighting as well as my clinical and academic interest in mental health and trauma, the flint that started the present research spark came in the way of an unexpected phone call from an unknown firefighter named Don. He said, “I hear you love firemen, and know something about psychology . . . can we talk.”
In talking, it became quickly apparent that Don had a particular goal – to find ways to help his fellow firefighters. Don wanted to raise awareness and prevent others from suffering from the posttraumatic stress fallout that he experienced. Although I had personal curiosity and interest in first responder mental health, and have for years been engaged in discussion around worker self-care, this study would not have happened without Don’s perseverance, honesty, and bravery – bravery to speak out when there were many ways he was being told to be silent. I am honoured that he, and the other six firefighters, allowed me to engage with them in this process – the process of being heard and expressing words that for many of them, had never been uttered.

Narrative inquiry was a perfect forum, facilitating a more in-depth view of not only firefighter mental health, but also insight into the persons who shared their own deeply personal narratives.

Research Procedures

Participants. Purposeful sampling procedures (Merriam, 1998) were used for this investigation. Purposeful sampling is based on the assumption that the investigator wants to discover, understand, and gain insight and therefore must select a sample from which the most can be learned. This research study includes the stories and narratives of seven participants, all of whom were either employed or had been employed as an urban firefighter in western Canada. Due to the request made from the majority of the participants that their anonymity be strictly maintained, few details will be given about the participants. All 7 participants were male and ranged in age from 34 to 61. Two participants were retired from active fire fighting, while the other five were still actively employed, although not all were working in suppression at the time of the interview. Inclusion criteria were: a) the individual was male and had or was currently employed as a firefighter. (Women were excluded from participating due to the difficulty maintaining their anonymity in a department where there are only eight female members); b)
they would endorse and discuss that their occupation had, in some way, had an impact on their mental health. That is, I easily could have gathered numerous stories with firemen who would discuss the positive aspects of their employment. My interest was digging below the surface, and finding the voices of those who were hurting and/or would comment on the challenges inherent to their occupation. I knew there were numerous stories to be heard, yet I was unsure how many would agree to tell them. Because of the inherent difficulties conducting research with this population, particularly within the specific department chosen, snowball sampling procedures were utilized. One participant (Don) served as the gatekeeper, passing along contact information of individuals he thought may be willing to participate and who had a story to tell (i.e., who would speak to the research question). I contacted many individuals who either declined participation in the study, or who agreed to participate, but then never followed-up or returned my follow-up phone calls.

After the contact information was given to me, I called each person (n=19), typically leaving a voice message on their home phone number. If the individual returned my call (less than 50%), I described my research interest, questions, and procedures. I also talked at length about confidentiality and anonymity and tried to reassure potential participants that my interests were in helping, not hurting or shaming. In essence, one of the main purposes of this conversation was to develop rapport. A guarantee that the process was collaborative (i.e., that their story had to be approved by them prior to it being in print) and that my interests were unbiased were imperative for most to participate. The fact that my father was and my husband still is a firefighter was often important in convincing the participants of my sincerity and commitment. Six of the seven participants also commented that they had “asked around” about my reputation (personally and clinically) prior to agreeing to participate. Some of the
individuals agreed to participate at that point in times. Others said they would call back with their schedule, and never did.

Involvement in the study was completely voluntary and informed consent was obtained. Given that this research sought to understand the impact of their occupation on their mental health, each participant was also informed that participation in the study could result in unexpected emotions including post traumatic reactions that may require additional debriefing. I had a discussion with each participant, ensuring that they were aware of qualified therapists they could access if needed. I also offered myself as a person who could follow-up if requested.

Data collection. To capture the personal narrative from each participant, personal interviews were used. Six participants engaged in one interview that was, on average, two hours long. One participant was interviewed for seven hours, over three different days (which was not the norm). Interviews were designed to facilitate dialogue around each person’s experience of being a firefighter and the factors or influences that each individual attributed to either positively or negatively influencing their mental health and wellness. Interview questions were refined in a pilot interview that was conducted with a firefighter prior to the start of this study. Interviews were semi-structured and included open-ended questions, particularly when the participant was veering too far from the research question (see Appendix B) such as: Tell me about your experience as a firefighter? How was your mental health impacted by the work requirements? How was your mental health impacted by the culture of the fire department? Are there norms or expectations that had an impact on your mental health? In what way(s) has your occupational culture facilitated or hindered wellness? Does “enacting masculinity” mean anything to you?

These interviews offered a verbal account of each participant’s experiences, offering their
thoughts, feelings, and insights. For some of the participants, they had not spoken about such experiences directly before.

With permission, six of the seven interviews were audio taped. (One individual felt uncomfortable being audio-taped; as such, I took notes and wrote the first draft of his story immediately after he was interviewed. This individual withdrew participation after reading his narrative). I personally transcribed each interview. Transcription is necessarily partial, selective, incomplete, and interpretive (Arvay, 2003). After completing the transcription, I re-listened to the interviews reading for accuracy and attending to paralinguistic elements of the narratives, such as shifts in emotion, pauses, change in tone of voice, rhythm, inflection, and changes in volume. I also considered nonverbal language and context and wrote notes for myself both during the interview as well as during the transcription process.

I obtained ethical consent through the ethics review committee at the University of British Columbia (see Appendix C), and participants were informed of their right to withdraw from the study at any time. All information was kept confidential through the use of pseudonyms and will remain locked in a secured filing cabinet until the information is destroyed five years after the completion of my dissertation defense. Contact was initiated again after all the interviews had been transcribed, analyzed and the stories written. I mailed (either electronically or via Canada Post, depending on participant preference), the narrative that I had written based on the interview, inviting participants comments. Participants sent back comments as a means of a member check.

Data analysis. A narrative inquirer spends many hours reading and rereading texts in order to construct a summarized account of what is contained in a participant’s story, and also responds to questions of meaning and cultural significance, which ultimately shapes field texts
into research texts (Clandinin & Connelly, 1997). My data analysis was based upon Lieblich, Tuval-Mashiach, and Zilber’s (1998) typology of narrative analysis, with a primary focus on thematic content analysis within and across participants’ narratives. Within this approach, I read each participant’s story for its content in a holistic manner and moved through the steps of analysis as follows:

1. Data were read until patterns began to emerge related to the research question. According to Lieblich et al., (1998) stories speak to us with a sense of power and emotion and communicate a depth of knowledge that can otherwise be left unheard. It was important for me to trust my own ability to detect meaning in each story, often by what was not said as well as how something was said.

2. I documented my initial and global impressions, noting any exceptions or contradictions to the stories. As stated by Lieblich et al. (1998), issues that produce disharmony are equally as important as those that appear consistent. Both sources of data were noted and recorded.

3. I decided upon the various themes that appeared in the context of each story. These themes were identified by the space dedicated to a certain issue, its repetitive nature, the amount of detail each teller provider, and the difficulty or emotionality of the content. As stated above, omissions, contradictions, and issues that were avoided were also considered significant.

4. Colour markers were used to mark the various themes that emerged as each story was read separately and repeatedly over a period of time.

5. The results of this study were documented according to themes that emerged both within and across narratives.
Two additional readings of the transcripts were completed. The rationale for these readings is from Arvay’s (2003) collaborative narrative method. The third reading of the study occurred through my own reflexive voice as the researcher. As Arvay (2003) states, the research interview is a co-construction, and as such, it is imperative to know the ways in which the researcher influenced the production of the research transcript and story. As such, I re-read the transcript and stories an additional time critically examining my influence on the study.

According to Arvay (2003) reading the transcript for relations of power and culture is also important. Important questions include: “Where is he silenced? When does he lose his voice? How do you understand his history/context/social world? Given the dominant occupational culture that exists in the department my participants were employed, this fourth reading of the transcripts was insightful and was influential to the themes that emerged.

Criteria of worth. In order to evaluate this research, three criteria were used: a) verisimilitude, b) coherence, and c) resonance. In terms of verisimilitude, does my interpretive account resemble the narratives that the participants and I co-constructed in the interview conversation? Does their story reflect the personal truth of each participant’s experience? Although I can never fully captured their truths, is there ample overlap between the narrative I wrote of their experiences and their perception of their experiences? This criterion allows each participant to determine whether my interpretive narrative account of our conversation was sufficiently trustworthy (Riessman, 1993), accurately reflecting their perspectives. I have relied upon member checks to ascertain that this criterion of worth has been met.

The notion of “credibility checks” has been endorsed by many of the leading figures in qualitative research (McLeod, 2001). As Glesne (1999) stated, although obtaining reactions of respondents to working drafts is time consuming, it is important because it allows respondents
to: (1) verify that you have reflected their perspectives; (2) inform you of sections that, if published, could be problematic for either personal or political reasons; and (3) help you to develop new ideas and interpretations. I relied on member checks to ascertain that this criterion of worth had been met. Each participant in the study reviewed the narratives that I had written (based on the transcript readings). These were delivered via email for six of the seven participants, with one requesting he be mailed a copy. I reiterated that participants were welcome to change details in the narrative, emphasizing the importance that they felt their experiences were accurately represented. All of the participants felt that the narratives were accurate reflections of their voices. A few participants requested I delete or change certain sentences that they felt were inaccurate or that were too personal (about another person). Small changes were made to reflect the clarification. Because some of the participants would only participate if they could remain completely anonymous, some of the participants requested that the narratives be altered to protect their identities. In these cases, after consulting with my research committee, it was agreed that identifiable facts in the narratives could be altered (e.g., start date; years of service). Some of the participants were not concerned about protecting their anonymity, whereas this became a significant issue and considerable source of anxiety for others. This issue will be discussed at length in the discussion section. In addition, some of the participants struggled with the conversational style of the narratives. Although not explicitly stated, my sense is that some participants wanted their voices to present as more “black and white,” whereas I wanted to capture their experiences, at that moment in time. They requested the stories be “firmed up” (e.g., the pauses and utterances removed). As discussed later, the occupational culture of the fire department is one that demands concrete decisions and orderly
behaviour. In many ways, the culture of narrative research is antithetical with the cultural norms of the fire department.

To ensure the study met the criteria of coherence and resonance, the study was piloted and peer reviewed. The peer reviewer for this investigation was a firefighter within the same department as the participants. In addition, two individuals independent of this study read the narratives validating the coherence, resonance and verisimilitude of the data. Both individuals were firefighters who I respected for their resourcefulness, resilience, and insights regarding the demands of the job as well the cultural subculture of their occupation. Furthermore, my own assumptions as the researcher were clearly acknowledged and stated.

Issues of Representation

In this study, several voices are heard. Riessman (1993) stated “decisions about displaying talk are inseparable from the process of interpretation” (p. 51). I acknowledge my voice in the narratives, and have attempted to be as transparent as possible throughout the process of interpretation. To this end, the narratives were very similar (content as well as process) to the participants’ transcripts. That said, I acknowledge that the narratives are my own subjective interpretation of each participant’s story. As such, my reflexive voice as the researcher is clearly identified and represented in the text of the study. Second, the voice of society is heard through a review of the literature as well as within the stories and narratives of each participant. This voice speaks of the societal views and values placed upon male firefighters whose mental health has been impacted in their role as a firefighter. More broadly, this voice also represents people who have experienced or witnessed trauma, individuals in our culture who experience mental health issues, and a variety of topics related to men, masculinity and mental health.
Significantly this voice highlights the social and political context in which each participant lives. Third, and more specific, the voice of one firefighting department’s occupational culture is heard. This voice was again represented within each participant’s narrative and highlights the organizational culture in which each participant works. This voice was not found in the research literature, although similar findings for other occupational cultures (e.g. police) were found. Most importantly, the voice of the participant is heard. Each participant’s voice is represented in the form of a story and was created from a verbal interview, as well as nonverbal communication via my researcher observations.

I aspire to circulate my research widely, beyond the firefighting and first responder communities. I believe this research will resonate strongly with a variety of frontline responders, criminal justice and social service personnel, and others in helping professions. Furthermore, this research reflects the voices of men who have suffered in silence. It is hoped that other men and women who have, likely for a variety of personal, cultural, societal reasons also been silenced, find some resonance in these stories. I want this research to continue to speak, and in doing so honour the participant’s stories, as well as those of the readers.
CHAPTER IV

Findings

This chapter presents the major research findings that emerged from participant interviews. The stories reflect participants’ experiences of being a firefighter, particularly the impact on their mental health. To highlight both within and across narrative themes, I first introduce each participant by presenting his unique narrative. I wrote the narratives based on the transcribed interviews, yet my voice, my interpretation of their experiences is imbedded in each narrative. I sent these stories to the participants as a validity check, in order to share and check my understandings of the interview as well as my subsequent analysis of the audio recordings and transcriptions of our conversations. As described in the methods chapter, I have incorporated the changes requested by participants (e.g., clarifications, deletions of material that may threaten anonymity). Following the stories, the second half of the chapter is dedicated to a content analysis and description of the themes that emerged across participant narratives.

David

I started the FD September 22nd, 1969 and I was 22-years old. I put one month short of 32-years on the fire department. Retired one month short of my 54th birthday. That was six years ago....

As a twenty-two year old... I wanted to be a fireman for the recognition, the security, um... probably mostly recognition. To be that man people looked up to... that macho thing... that respect... wow, I couldn’t do your job, you guys are amazing. And when you help people, they’re appreciative... um, it was a way for me to find some self-worth... to get the attention I never got from my parents. Firemen are incredibly brave guys. Extremely brave. Don’t take that away from them. But I don’t think they get on the job to be of service. I think they get on
the job because they want to be heroes. They like being looked up at. They like being put on a pedestal. They like, or need perhaps, it’s fulfilling for them in that way. That’s the way I felt.

If you had asked me what my experience was of being a firefighter on the day I retired, I would have said I enjoyed every moment I worked in the fire halls. I had a great time... I had fun. There wasn’t a shift that I was on that there wasn’t a giggle or two, usually around the kitchen table – usually at the expense of someone else... but it was fun. I always thought that if laughter was good medicine, then firemen should be really healthy because there were a lot of fun things that went on. You know I thought I had the perfect job for me... I thought I did. I wanted to be that guy... and I wanted to be the perfect fireman. I wanted to fit the image... to feel worthy!

If you ask me that question now - what was my experience of being a firefighter - six years later, when I’ve had time to reflect, then my experience of the Fire department was probably not as good as I thought it was. I’ve had time to think, and having suffered what I think was post traumatic stress syndrome, coming to the realization that because of some of the stuff I did during those 32 years, to insulate myself, to numb myself... I closed myself off and I... I hurt myself. I hurt me and my vocation hurt me.

*Spilling Over – The Accumulation of Traumatic Stress*

I think my overall mental health was hugely impacted by the work I did as a firefighter. The calls... the shit I saw. But I didn’t know it at the time. I think it had a cumulative effect... which I didn’t realize was happening. I really thought I could handle everything that was coming my way. But it did impact me... and I think it does for almost everyone. I think unless you can find a way to unload, debrief, I don’t even think debriefing is the right word, but you need to find some way to defuse it, otherwise it just gets buried. Because before you do anything
about that last one, you have another one, then another one, then another one. I think if you ask
any fireman that has had any problem with alcohol, drugs, relationship problems . . . I would
even think cigarettes, anything that wasn’t good for you, and you ask these guys probably after
they leave the job, I think they would tell you the same thing. Like all of a sudden, it just spilled
out. It was like there was no other place for anything to go. The spill out . . . their emotions,
now the runs started bothering them, probably nightmares, probably they started thinking about
some of the worst runs they had . . . there was no more place to load it. The traumatic events are
being stored in you . . . in me. And at some point, there’s no more room. I’m full . . . we’re full.
You’re done. I think that’s one of the reasons guys retire early . . . it’s like they just get to a
point where they’re done. I can’t, I can’t handle this anymore. I have to get out before . . .
before it really . . . I used the sick-time system for a long time . . . I just kept booking off relating
it to my back injury, when really, I just couldn’t go in. My body hurt too . . .

Like I said, when I was on the job, I didn’t think anything was difficult. If I think back
now, 6 years later, um . . . the difficult things were the trauma . . . especially anything to do
with children. Especially if the trauma being caused to children was because of an adult . . . I
had no tolerance for that at all. I didn’t know how to deal with that. Almost got myself
suspended over one of those calls . . . I refused to leave a scene without getting social services
involved. I was very frightened for the children and the Captain just wanted to leave. He
ordered me out of the truck, and I said, “Well then, you’ve got a problem.” I’m not leaving . . .
we at least have to get the police down here . . . but we’re not leaving these children here. The
call was for smoke . . . we went into the most disgusting place I had ever seen in my life . . . three
children, the oldest probably five, or six, four and one in diapers that were the most spoiled
things you ever saw in your life, all . . . they all looked like they had been abused. There were
bruises all over them. The toilets were overflowing . . . I can still see it. The most disgusting . . . and nobody home. Just the kids . . . the six year old was babysitting. One of the worst scenes I had ever seen. The cops came . . . Captain was totally pissed off with me. They actually drove off and left me there. Reamed my ass after I walked back to the hall. It’s ironic . . . the Captain was the guy that played Santa Claus for years for our job. He was so mad at me . . . I said “I’m sorry, I’ve got kids, I can’t leave.” And I didn’t.

I’ve got a mental list of calls that I replay. There were 3 really, really traumatic ones . . . all deaths . . . I would flashback to these for years . . . caused me a huge amount of anxiety. I worked on these with a psychologist around the time of my retirement. I did EMDR with three of them, and three others that were less severe, but still rank up there. That call I just told you about, afterwards, that didn’t cause me lasting anxiety because I thought I dealt with it in a satisfactory way. It’s still terribly sad . . . and I remember it, but I don’t think I carry that one.

I still have some post traumatic symptoms today . . . a little . . . but I’m better able to deal with it. Trying to become aware of my patterns. It’s funny because . . . one of the worst things I had ever seen in the fire hall, and about two hours later I saw one of the most heart warming things I had ever seen. It went from seeing a woman torturing herself . . . she lit herself on fire and burned alive . . . to two hours later being in the PNE parade and having one of my favourite Captains stop the parade . . . literally stop the parade . . . right in the middle of the parade he said, “Stop the rig” . . . I said, “uh, Cap, we’re in the middle of the PNE parade” . . . he said, “Stop the rig . . .” he gets out and goes over to his daughter and his two grandchildren and gives them grandchildren big hugs . . . and I can hear them, “grandpa, grandpa.” And I’m like totally completely numb from the first call to having tears in my eyes. I still get tears in my eyes thinking about it.
I just sort of never got over that... how somebody could be so depressed to light themselves on fire. I remember the whole crew... I was really worried about the probationer. What a waste of life... to be that stressed and that depressed and that... she did it in front of her boyfriend and was pregnant... so she destroyed two lives... then to go to this unbelievably touching scene. I remember my Captain saying when we got back on the rig, “Kid, with 25 years on the job, that’s the worst thing I have ever seen.” She was still alive... she lived about eight hours. We put the fire out... put her out... we worked on her... you could still hear her screaming, but... even the ambulance were... oh my god. She had no facial features... she looked like a mannequin. You go back to the fire hall and you don’t even have time... you have no time... there wasn’t even time for black humour. You went from that... to you have to be downtown in the parade. And I was on a great crew. I remember I lost hours that day. I don’t remember driving in the parade... my first recollection in that whole PNE parade was my Captain getting out of the rig. When he stopped the rig it was like... it woke me up.

You know, in thinking about it, the calls that were most traumatic to me were very sensory... smells, visuals, sounds. They were all... all certainly visually... very, very visual.

I didn’t ever feel like I could say to the job that I’m emotionally not fit to come to work... because then they would put you off on stress, and there’s a stigma around stress leave. Of having a mental health problem. I don’t think I appreciated that what I was feeling was post traumatic stress stuff until I went to the treatment center for my marijuana addiction... right before I retired. I was finished, I was overloaded, I was done. I had no more room. And when you’re loaded up, I think even as you load up, there’s no room for things like emotion, for love... positive emotion, there’s no room. I got really negative. I never felt suicidal. I never felt depression. I felt angry, numb, lots of body aches and pains... But I think that’s what it was...
some piece of depression . . . lots of pieces of trauma. I didn't recognize any of those signs at the
time . . . because the culture is to be stoic. They always assume you can handle this stuff . . . and
I never assumed otherwise. It just wasn't an option.

You know, even though my crew was great . . . I had good crews, we still didn't talk about
the calls. About what impacted us. There was no debriefing, formally or informally. And if
there was ever a rig that should have been put out of service, the day the woman was burning
alive, that would have been it. There was no way we should have been in that PNE parade. But
there was no avenue, no process for us not to be in it. Nowadays, the process is there, the
Captains can shut the rig down, although I don't know if the Captains are using it. I bet its better
now than it was . . . I don't know . . . but I can't imagine this debriefing thing being any good.
Firemen debriefing other firemen . . . you're still dealing with a culture. You're still dealing with
men. It's hard for a man to be soft around another man.

And I was numbing myself. Not much alcohol . . . but smoking . . . smoking . . . I probably
started smoking marijuana within a year or two of starting with the fire department. I wouldn't
say it was a problem then . . . it became a problem probably when my first marriage fell apart . . .
I had been on the job just under 10 years. The trouble with any of that sort of stuff . . . the highs
aren't as high and the lows become lower. So, to avoid the really lows, you have more . . . was a
really vicious roller coaster ride for a number of years. I think, in retrospect, the cumulative effect of the
stuff that I saw on the fire department was starting to take its toll. And I think I started to realize
more and more, mainly because of my children . . . I started to realize how dysfunctional my
upbringing was. And that was because my first wife insisted we did parenting courses . . .
Dreikurs courses . . . so the more I learned about being a parent the more I realized how screwed
up my parents were . . . how cruel they were to me. I got little attention, and the attention I got was negative. Realizing these things made me smoke more . . . more numbing, more escape.

On top of that, I was a different guy stoned . . . Mr. Happy, Mr. Friendly . . . talk to anybody . . . confident, escaping but Mr. Chatterbox. Happy. Yeah, and when I wasn’t stoned, I was a very angry man. And I didn’t want to be that way. Not sure it worked, but it hid my pain. Yet I knew I was escaping, but I just didn’t know that my job was also contributing to my wanting to stone-out. I thought I was smoking because of my life aside from the job . . . my upbringing, my marriage falling apart, living apart from my children. It was never talked about that the job could impact my mental health . . . mess me up. I looked forward to going to work. So everything for me was about my past . . . my childhood. But in retrospect, it wasn’t all my mother’s fault . . . I would spread out the blame for me wanting to numb out. I now think the job was . . . was major . . . way more than I thought . . . the cumulative effect that was going on.

Years later, I realized I was terribly unhappy . . . I realized that when I got married the second time in 1986. I didn’t love her enough to be married to her. I was really unhappy. We stayed married until just before I retired. When I look back on all of that . . . my second wife was . . . still is a wonderful woman...there was no reason I shouldn’t have loved her, and on some level I did, but by that time I was too far gone. And she was very accepting of the marijuana . . . too accepting. She liked me better stoned . . . most people did. I didn’t have a place in my marriage or career to explore my feelings . . . to say I was hurting.

My first indication for why I was numbing, or the reasons around it, at least to the point where I could explore what it was, was right around the time I went into Maple Ridge treatment center. And it was there that I was able to open my eyes to what addiction really is. I always use to tell people, my biggest problem then, and I explored it a lot when I was at the center, and have
been exploring it ever since, was learning to love myself. Feelings of worth ... self worth. That’s when I started feeling. It’s been a constant struggle. I have this mantra ... it’s in my day-timer and I see it every time I open it ... I forgive myself for thinking I ever did something wrong. I have to constantly remind myself ... to forgive myself, and I think if a child goes through all that stuff that I did, they blame themselves ... I was constantly reminded that everything was my fault. My mother wasn’t happy because of me ... the reason my father wasn’t happy was because of me. It took me a long, long time. And then I decided to be a firefighter ... wrong job ... wrong job for me.

I think they should have given me some sort of psychological assessment before I got on the fire department that might have told me I wasn’t such a good candidate, or that had given me a heads-up to go do some work around my past before I started. I think you want to go in healthy. I didn’t go in healthy. And the trauma that I was exposed to, not only the stuff I saw on the job, which I’ll call secondary trauma, but there was also, for me, some primary trauma from my past. Because yeah, I was in a couple of fires I didn’t think I was going to get out. There were a couple of incidents where I wondered if I was going to get out or not. It was hugely traumatic, particularly on your senses. I think every fire you go into is traumatic for a fireman because all your natural senses tell you to get the hell out of there. That’s why people are jumping out of buildings and whatever else they do to get away from the fire. And now you have to fight through all your natural senses to fight that fire.

How do you go out at 2:00 in the morning and have a crib death, and then come back and try to go to sleep. Your stress responses ... huge rush of adrenaline and cortisol, you were asleep, trying to get dressed to get to a call as quick as possible, and knowing what you got before you get there, deal with the situation, then go back to bed. How does any sane ... any
normal...any well person deal with a crib death? Children...fatal car accidents. Fire calls when you know somebody is still in the building. Or you have a frantic mother because their baby...then go back to the fire hall and you don’t discuss it, you don’t do anything about it, you don’t sit around the kitchen table...and even if you think you can process it on your own, even if you think you are processing it in some way or another, during the process, which could take a long time, there’s something else. And now there’s a new stress. So by the time you get home in the morning, and there’s always a stress, even when you are in bed sleeping, it’s not good sleep because your senses are really tuned. You’re always waiting...I never had a good sleep in a fire hall. Because you’re waiting, tuned-in. You don’t want to sleep through it.

So you get that stress, then you go out and have these calls, then you go home and try to be a normal human being. You try to be a father, you try to be a husband...it’s really tough. And you go from being a hero, to just an ordinary guy. You’re not a hero at home...your wife doesn’t necessarily think you’re a hero...she just wants you to be a father, a husband, the guy that fixes the table, an ordinary guy. And then you leave that and go back to the fire hall and you’re on that pedestal. The fire hall is not the normal world.

There were some positives...things that helped me cope. The big one...the only thing that really kept my feet on the ground and provided some normalcy was being a father. It was real. I think being part of a team...the whole team aspect thing, helped me cope as well. I worked on some great crews...great teams with some phenomenal guys. I could tell I wasn’t the only one suffering from all of this trauma. Even though no one was talking about it, there was strength in numbers. I thought at the time I was handling it well...I had no idea...we didn’t know about the cumulative effect of trauma. I had been on more than 25-years before I even heard about the cumulative effect. No one used the word trauma, but I did hear that there
might be a cumulative effect of the stuff I was seeing. I started realizing, in the stuff I was reading, and the guys I was talking to, going to the addiction treatment center, and a few other things that were going on, made me realize, "yes, that’s exactly what was happening to me. I’ve got no room left. I can’t take any more in." I couldn’t... something had to give. My moods were up and down, I’ve always been that way, but it was way worse. Later on in my career, I was never not stoned. I didn’t smoke at work, but I went into work stoned. Not that I was super stoned, but it was always in my system. To the point it was like... what the hell am I going to do now. Thank god I was able to see my problem. I still smoke occasionally, but I’m not driven by it anymore. Recreational and occasional... that’s it. I don’t wake up smoking or go to bed smoking like I use to.

*An Image to Uphold - Thoughts on Culture*

It wasn’t only the bad calls that were difficult... that impacted it. It was also the stuff that was going on in the fire halls... the culture. Hiding of the drunk guys, the girls in the halls... some of the stuff that went on... and some of the guys just got such a bad time... bullies... they drove some guys off the job. Guys with very short fuses. The abuse... yeah, not to me thankfully... but still, to be exposed to it. As much as there was meanness and physical violence in my home, and other than the violent sports I played, I was not violent outside of that sphere. I probably wanted to be, but I turned a lot of that violence towards myself. In terms of my extreme athleticism and perfectionism. Playing rugby for 20-years, that’s an extremely violent sport. And I was constantly hurt... almost like I wore it like a badge. Sanctioned aggression. And I go into the fire hall and I’m a hero... I play Rugby, I’m playing for BC, I’ve got my ear half torn off, my collar bone is broken... I fit! I’m that man. I’m the man. And I got respect... rough tough, don’t mess with him. And I couldn’t have shown them both...
tough guy who is hurting emotionally. Oh no . . . I don’t know . . . the only soft spot I had for
many, many years was being a father. Being a father brought out a side of me of goodness . . .
but it wasn’t enough.

When I started on the fire department, all the Captains were men who had been in the war.
And they were all really hard living guys. Smokers, drinkers . . . you know, there wasn’t one
guy I worked with who wasn’t fooling around on his wife . . . lots of family problems. They
were the kind of guys who would leave the fire halls and disappear for two or three days. It was
scary working with these guys. They were rough, tough men. It was scary. You know, if I had
a bad day . . . there was never, and I mean never, an opportunity to say I was having a crappy
day, or that the call impacted me. No Never. One of my first runs in the fire hall, there was a
guy, he was driving a garbage truck for the city, he got in a car accident and he got thrown out of
the truck and the truck continued to roll right over him. So . . . they had him covered up when
we got there . . . he was dead. His truck, the truck he was driving kept going and it rolled right
over him. And he was covered up. We were right in the middle of lunch when it happened.
And I remember this guy, he went over and pulled the blanket back to look at this guy . . . whose
head was now about five times it’s normal size . . . because the truck had pushed all the blood up
into his head . . . it was one of the ugliest sights I have ever seen. And I can still see it . . . oh
yeah. And we went back to the fire hall, and the other two guys who were there with me, they
sat down and started eating and described to these other guys who didn’t go on the run, exactly
what happened and what they saw. And I went into the bathroom and puked . . . and I got a
really, really bad time for that. They . . . you know, called me a candy ass . . . “You better learn
how to handle it, you’re going to get lots of it.” You know they didn’t have to pull the blanket
back. Basically what they did was, “Hey kid, have a look at this.” Because we knew the truck
had run over the guy . . . have a look at this. So you do, and then you go . . . Oh My God. The visual. I think they thought in those days, it was trial by fire.

My first fire, which was also very soon after getting on the job - I was the Captains runner . . . our training group was one of the first groups where wearing a mask was emphasized . . . it was important for health reasons. So I go into the fire halls and nobody wears a mask – a self-contained breathing apparatus. We have a fire and my Captain - I’m supposed to be his runner, and he just runs in without a mask. And I’m trying to get my mask on and by the time I get into the fire I have no idea where he is, which was a pretty scary situation for me to be in, and I got nothing but a bad time from him because I had stopped to put a mask on. Consequently, over the years, I probably ate a lot more smoke because there was this macho-shit-thing . . . you might wear a mask to go into the fire but you got it off as soon as you can . . . because you were . . .

“What are you doing, get that thing off . . . you’re not a man, you’re not tough enough.”

There’s a persona for firemen . . . ultra masculinity . . . an image to uphold . . . you know, tough, fearless, brave, playboy, nothing impacts me, hard worker, but kind hearted because we’ll take your cat out of the tree. Kind to the public, but not kind to each other or ourselves. Definitely not gentle . . . or emotional. In the fire hall nobody showed emotion . . . “come on, what was that?” The only emotion I ever saw from firemen was anger. That certainly applied to me.

So the message was big . . . big and clear. Firemen were tough. The message to me early on was I’m just not tough enough. You’re not tough enough. Toughen up! You can’t let that stuff bother you. “When I came back from the war I saw all kinds of shit . . . that’s nothing.” And if it bothers me, the message was clear . . . I shouldn’t be here. “You’ve got to learn to handle that stuff. You’re going to see lots of it” . . . and handling it means it just shouldn’t
bother you. You’re a fireman. You were hired, you’re going to see that stuff and you’ve got to
roll with it. It can’t bother you. You’re a fireman! You know, you’re a professional firefighter.
You don’t have any human traits. You don’t cry, you can’t be emotional . . . heaven forbid if
you were in a fire hall and they had a sad movie on and you shed a tear. Look out. I would
never be in that room when the lights came on. The “rules” were black and white . . . no doubt
about it. I doubt if it’s changed very much . . . maybe a little . . . but it was pretty rough.

Athleticism was respected. Good athletes were the guys that were talked about. The
exercise thing for me was getting approval, and getting strokes . . . getting the attention and
strokes I needed . . . that I never got from my parents. But I also got it from the guys I worked
with . . . it was my way of standing out in the crowd.

And so was the drinking. In the halls . . . that’s how the guys numbed themselves. And I
got a horrible time because I refused to sit and drink. End of shift . . . 4:00 in the afternoon, after
playing handball or volleyball, while shift is still on. A lot of guys would come into work
drinking, and we’d call it “Dick Smithing,” when they would have something in their car or
locker . . . they’d disappear and go out to their car . . . you’d heard their trunk open and you’d
know what they were doing out there . . . drinking vodka. I had lots of times when some of my
Captains couldn’t get on a rig . . . so drunk they couldn’t get on a rig. I think they thought they
were rough and tough guys . . . they always figured they could handle their alcohol. It was also a
way for them to get out of doing any work. If they were really drunk they basically stayed in bed
. . . didn’t answer the call. I worked on shifts where guys would come into night shift every
night so drunk that he couldn’t answer the call . . . and the Captain would send them to bed. And
I’d go, “What’s wrong with this picture!” . . . and they’d get up in the morning having had a
great night’s sleep . . . and we’d be bagged from being up all night fighting fires. And they got
normal money. I don’t think there was any awareness that they were numbing themselves. . . .
doubtful. There were a lot of alcoholics . . . and you have to remember marijuana or other
numbing drugs weren’t around as much. Classic . . . alcoholism . . . wow, it ran rampant. There
were tons of alcoholics, especially the closet ones. They’d drink the vodka, come in and hide.
They really weren’t part of the shift.

I also worked with some real idiots . . . made me totally uncomfortable and I couldn’t wait
to get off the shift. Disrespecting women . . . cheating on their wives. Disgusting stuff. There
were definitely crews I worked on that made me not look forward to going to work. I remember
one particular shift, about seven years before I retired, it was a slow fire hall, and I was the only
guy on shift who wasn’t drinking. And I was getting a huge amount of pressure. If there is one
guy on shift that isn’t drinking, they’re just going to put the pressure on because they’re worried
about that one guy. It was horrible. Couldn’t wait to get off that crew. I put in request after
request to get out of that hall, but I couldn’t say it was because of the drinking. Absolutely not.
You’re a whistle blower, you’re . . . no. God no, that would have been suicidal. I don’t think in
those days if somebody had gone and done that . . . they would have probably let it out that I had
squealed, knowing what would come to bear. It would be like I’d come out to flat tires on my
car . . . I don’t think I would have ever worn a dry uniform . . . they would find ways to get into
my locker. It would have driven me crazy . . . it wouldn’t have mattered where I went on the job,
any fire hall . . . I would have worn that label. It would have been horrible. I wouldn’t even
have contemplated it. The Captain’s nick name was hard-rock. You know . . . it’s this mask of
masculinity. They thought they could go drink a case and beer and still put out that fire. The fire
halls reek of testosterone. It’s huge. They didn’t play volleyball to play the sport; they played
volleyball to destroy the other side. It was all about winning. Oh my god yeah. So much . . . yeah, so much testosterone.

That image . . . tough, fearless . . . you know, it really strikes me that I couldn’t be myself. . . not that I necessarily knew who I was early on in my career. And the fire department certainly wasn’t a place to find yourself. Shit no. I became them! Even rugby wasn’t the right game for me . . . I had to fight through a lot of stress for me to be a rough and tough good rugby player. It was the big game of the school . . . again, how to gain respect. I wanted to fit in . . . I saw how the young kids idolized the grade 11 and 12 rugby players . . . yeah, I want to be there someday.

I didn’t play rugby or join the fire department because I had actually decided they would be good fits for me . . . for my personality or aptitudes. No. You know, I don’t think I realized that I didn’t know myself or what was a good fit for me until I was off the job. Years of being blind. I had very little awareness . . . way more in recent years . . . but it’s been work.

I really felt that the fire department kept you down . . . they didn’t want you thinking too much. I even heard when I started on the fire department, I asked this question about the exam to get on, and they said that if you got a perfect mark, they would not hire you. Because you’d be too smart for the fire department . . . and I thought that was rather insulting. Now, when it came time to writing the lieutenants exams, I finished at the top of the class, so . . . I really got the feeling that they really tried to stifle any kind of ingenuity, and drive . . . but I didn’t: feel these things on the job . . . I didn’t realize them until after. I was spending too much time playing . . . you go to work . . . and there was a lot of play time. And I enjoyed playing. And when you’re playing there isn’t a lot of reflection . . . you’re just playing, you’re not thinking about anything.
I don’t think the department wants us to know that our job—the trauma we see, will impact us. I think they want us to think depression and other issues... those guys that have committed suicide and attempted... are chemical imbalances. It’s all about money. If it wasn’t costing the city any money, they wouldn’t care. It’s why your survey got trashed. They are scared to death of that work—trauma, coming down. Cowards... I think the message needs to be that there is a much stronger correlation between the calls and traumatic stress symptoms. Huge can of worms... huge money. Potential law suits... perhaps it will take someone like me, who had been on the job 25 years, to say, “Hey, you as my employer didn’t even supply me with any information or a debriefing team... nothing.”

Final Thoughts

I didn’t know... I had no idea that seeing all these things... these horrors... would be traumatic and impact me. I was told the opposite. The goal was to be this tough well respected fitting in kind of guy. By definition, that kind of guy doesn’t get impacted by his job. No, nothing much fazes him. Therefore, I wasn’t “allowed” to be impacted. It wasn’t even an option. No. And there was no education... nothing. There were two cultures actually... the firefighter culture that I was trying to fit in with, but then there was also the public’s view of us guys... what the public perceived us to be. And basically they were one and the same. I don’t think most of the public understands trauma and the effect trauma has on people... even firefighters.

And this brotherhood concept. Ultimately, in the final analysis, we don’t help each other be well. We don’t help our brothers be well. We actually do the opposite... we hurt each other... we hurt ourselves. Sometimes intentionally and blatantly, and other times it’s what we don’t
do ... it’s more covert ... our negligence ... we hurt each other and ourselves ... slowly, deeply, over time.

I know I’m a better person now than I’ve ever been in my life, and I’m still working to be better. So it was that growing process. You’d be better off hiring a 50-year old firefighter! I’m still trying to be well. It certainly is about my upbringing, but the fire department has had a huge, huge impact on me. And maybe it was because I was pretty full by the time I came to the fire department, which was probably why I started numbing myself pretty quickly. Because I was full ... full for a long time. That’s why neither of my wives even had a chance. Both amazing women ... didn’t stand a chance. I’m surprised that I did a reasonable job as a father ... really, and I know I worked really hard at that. To not expose my kids to too much of my shit. It did take a lot of work. That’s why I’m most proud of it, because it did take a huge amount of work to accomplish that. And like I said ... I didn’t know. I didn’t know I was hurting or why. I wasn’t aware. It wasn’t even denial ... I just didn’t know.

_Elliott_

I have been with the fire department for twenty-five plus years. The date of hire is one of those important things in a culture that revolves almost exclusively around seniority. It’s one of the issues that make the environment difficult, very difficult. I would actually say I hate the culture. I don’t hate the work – it’s never been the work that I’ve hated – it’s the interaction, it’s the people, it’s the pecking order ... it’s the culture. So destructive.

My background ... how I came to be who I am and why I’m telling this story. I had a career for six years before becoming a firefighter at the age of twenty-five. I was a skilled worker and had a lot of responsibility ... and moving into the fire department ... into this
culture where you don’t have an opinion until you’ve been on the job ten years . . . that took a lot of adjustment.

I’m not one of those guys who always wanted to be a firefighter. A guy I was working with got hired, and came back to work with us as his second job. He encouraged me to apply, and since I was feeling a little itch in my first career, I decided to apply and see what happened. I guess you could say I was quite ambivalent about the whole thing. So I threw my application in . . . there were 3000 applicants and they hired 30. It’s one of my hooks . . . one of the developmental issues I’ve identified in therapy . . . that I feel I can’t do things well enough or right enough. I think I wanted to be a firefighter because of the acknowledgment that they would choose me . . . that I’m good enough. That I could beat out all the other people . . . that I was someone special. That I measured up. Well I did . . . they hired me. I think I excelled in training because I paid attention and love to learn . . . I’m a sponge . . . I absorb things and was use to doing technical procedures from my first career, so I didn’t find it difficult at all. And yeah, I wanted to prove I could achieve.

I would say that during training and throughout my first hall placement . . . the first year or so, things were OK. I was keen, and I was on a good crew at first. They were a straight forward, business-like crew. I’m sure they kept me sheltered from a lot of the shit that went on. There were a lot of guys that were sent to the liquor store to buy beer the first shift in the hall. I really did feel part of a team back then . . . there was real good esprit de corps with that crew.

It was after that, about two years after I got hired when I started being transferred around to other crews, that I noticed the difference. I started noticing how selfish, how self-centered, how entitled other people were. When I worked with different crew . . . with different people, I felt taken advantage of. I got acknowledgement from doing good work, but I just really felt
taken advantage of. You know, it's when I first started to notice the immense sense of entitlement that lots of the guys had. "Hey kid, I'm senior to you, pour my damn coffee, you better get up early to make the muffins, and don't forget to bring dinner in, or go to six different places for take-out, depending on what we want." Without a sense of appreciation. It's that sense of entitlement . . . just because I have less seniority . . . I'm the junior guy and because of that I'm a peon in this culture. Because of that, it's ok to be disrespected.

After about seven years on the job, I started working a second job . . . doing my first career again on the side. I was still the junior guy on shift, so I would pick up dinner, cook dinner, wash the dishes, get the muffins ready and then, because I was so exhausted from working both jobs, I'd want to go to bed. But no . . . there were often these idiots in the bedroom, and they would purposively be there, drinking beer. They knew I worked a second job and that it was past the time where we can go to bed. Yet here were these buffoons in there talking. I would say, "Hey do you guys mind going somewhere else?" . . . to which they would reply, "Oh no, we'll be a while." Total disrespect. No consideration. It's like, because we're senior, we're entitled to do whatever we want. And you just have to live with it. What a power trip. What bullies. Straight up bullies.

You know, I'm quite tired of hearing about the brotherhood . . . how supportive and family-like we are. It's a total lie. Really, guys go on and on about how much they love the job . . . love being part of the brotherhood. Yet out the other side of their mouth's they are trash talking their brothers. Add that to a culture that hires a bunch of type-A personalities who come primarily from sports backgrounds, who believe they should win-at-any-cost. It's a culture that lets bullies run ramped. There are no controls. No consequences. It's expected that the people with strong personalities will be held on a pedestal. They're the strong round pegs. The guy
might be a great firefighter, but he's a prick. He's a bully who makes other people's lives miserable, but hey, he's a good firefighter. It's a thin veneer masking an ugly problem ... a problem that few are willing to talk about aloud.

In retrospect, different people seemed to elicit different responses from me. At work, in the culture, I couldn't be myself much of the time. There are so many people on our job who are like square pegs trying to fit into round holes. To a large extent, I was - still am - one of these guys. I've always felt, until I came into recovery, that I've been a chameleon on the job. That I've fit in where I've needed to fit in, in a way that I felt I needed to. This was a coping response, but because of it, there were times the culture totally took me over. It's shameful, but I've certainly said my share of derogatory, misogynistic, or bigoted comments. For me, living this way ... behaving in a way that wasn't consistent with who I was ... who I am, was very damaging ... very harmful to my mental health.

Some of the square pegs are desperate to fit in. These are the guys that are ostracized ... sometimes in definitive ways and other times it's much more subtle. With some people it's really obvious ... they get eaten. Makes me think about an incident early on in my career that really impacted me for years. We had this call where a woman had a heart attack and we're doing CPR. I was doing chest compression, and like so many of them, the woman didn't make it. So I have this whole experience of doing CPR, probably for one of the first times in my life, on a real person. So real ... I still remember feeling her ribs break when I'm doing the compressions. We came out of there and this guy, who was probably only a few years senior to me, started this little thing with me - "What were you doing in there. Fuck man, we could have saved her." On and on. I knew she was dead, and I knew I did as much within my training and capabilities to save the woman ... shit that haunted me for years.
Similarly, makes me remember that there was this crew that were going to get t-shirts made up that had sharks and blood in the water. They might have been the same guys that drove a young probationer off the job. They ate him up. That was their goal . . . they would set up little tests to see if he would rat out the culture and see how far they could push him . . . what his tolerance was. He quit within six month and the crew were just so proud of themselves because they drove him off the job. I’ve heard the rationale for this behaviour is to assess how someone is going to respond in crisis. I think that line of reasoning is bullshit. It’s a lie . . . it’s just bullies being bullies. There’s no other rationale for me.

The department has a problem with the amount of people going off on sick leave. For some, I think they feel entitled to take the days off, just because. But maybe some of them are falling apart emotionally. As a department, right now we can’t tell. We struggle. We’re not a culture where it’s safe or acceptable to say “I’m hurting” or “I need help.” You can’t say, “Hey I’m fucked up over here” . . . you can’t cry or say you’re damaged in any way. Men don’t cry . . . not in our culture. It’s rare for people to take stress leave . . . they relate it to their back or another acceptable injury. In that sense, our culture is enabling unhealthy, dysfunctional behaviour because we aren’t allowed . . . it’s not ok to say “I’m fucked up and I need some help.” Makes me think how risky this is even talking, telling my story and expressing my opinions. What a mess.

Shedding the Mask

I could go on and on about the dysfunctional culture that is the fire department . . . but I should also tell you how this impacted me. My mental health status. This stuff isn’t easy to talk about and some of it I’m going to keep rather vague. I have a few addictions that I’m in recovery for. I attend meetings and see a therapist. I’ve been sober for two years; almost two
year . . . June 4th will be two years. I hit bottom two years ago, and like all addicts I felt like I was totally insane. Just before hitting bottom I was suicidal. This was just after my marriage to my second wife. We're still married, but that hasn't been easy. I started seeing a psychiatrist. I was a mess. I felt absolutely insane. What the fuck, my life looked fine . . . I had an amazing wife, on the surface work was going well . . . yet I was suicidal, depressed, numbed out, isolating myself and I felt totally unsafe and trapped. I had been putting on a brave face for too long and the mask needed to come off. It's off, it's been a lot of work, but I'm doing it.

I believe that the fire department culture – the secret society boys club – fed my addictive behaviours. It feeds addictive behaviour. It's about lying to yourself and your family, objectifying women, feeling that as men we should be able to do what we want and having to numb yourself because of the shit you see and the shit you have to put up with. Addictive behaviour is about being dishonest. Living, breathing in a culture where I was encouraged-enabled to delude myself into thinking my behaviour . . . my thinking was normal. And it was . . . it was deluded behaviour. It's about hiding behaviour . . . using the addiction to hide or mask who you are. When you go into recovery for an addiction, it's about being honest, completely honest. And when you can't be completely honest in your life, because of the inherent – sometimes explicit sometimes implicit - pressures of a secret society to conform and fit it, then what does it do? For me, it undermined my important relationships, and ate away at my self-worth . . . at the real me. I, without knowing I was doing it, made the culture more important than my loved ones . . . more important than me.

I think I have struggled with depression for most of my years on the fire-department. I tried a variety of medications. Lots of anxiety, particularly at work. My addictions were self-soothing . . . definitely. And definite sleep issues. I was never one of those guys who could
sleep at work very well. Although I’ve never been diagnosed with PTSD, I think I could have been. I certainly know I’ve had some pretty significant traumatic calls that have stayed with me. I had flashbacks. As I think about these incidents now, I can feel my throat constrict and dry-up. I have way more awareness today than in the past. Yet it’s strange that my body reacts, after all these years.

OK, so there a few calls that definitely stand out. We were called to a possible garage fire but it was actually a human on fire. This guy was putting up a hand radio antennae in his backyard and inadvertently touched the high voltage line. There was nothing we could do but watch him burn. Fried. The image is pretty vivid. That one definitely got the ick factor. Another one that is really vivid. I was working for a guy, switched a shift, and we got called to an accident. There’s my throat constricting again. This impaired guy driving a Volkswagen van – the kind with the really flat front – caught a 13-year old girl between the front of the van and a steel pole. He pinched her with the van and literally ripped her left leg and buttock off. She was conscious when we got there, and she survived, but she ended up loosing her leg and buttock. Yeah, my job was to hold . . . try to hold her body together – hold her together as best I could as we scooped her onto the stretcher. I am there, so sensory, as I’m remembering . . .

Oh god, that just rolls into another one. There was this stabbing at a woman’s halfway house. I guess this woman’s boyfriend had come to see her and she stabbed him in the chest. When we got there he had this small stab wound in his chest. We’re treating him, he’s talking to us . . . we’re taking all the usual precautions but he’s talking to us . . . and boom, he just went down. His heart stopped and he died, you know, from talking to us to dead. Oh, and another one . . . This guy had chest pains . . . he’s talking to us then just went downhill fast. He had a full
heart attack, full arrest. We worked on him... wow, all these scenes, these images, are coming back to me. Yeah, never go into the bathroom if you’re choking. Had a few of those. . .

Then there’s the traumatic fire calls... the one that comes to mind first is one that impacted me on so many levels. We had a newspaper reporter riding along with us... he won an award for this story. I was driving the engine out of #1 hall, and I was in the shower after playing volleyball. Just before dinner. So I ran out trying to get dried off listening to the address. Sounded like a fire... so the adrenaline goes up. It’s a rooming house in the east side. I’m driving, and we’re going down the street, as we turned the corner you could see the fire. At the same time dispatch came on the radio and said, “All units be aware that there are people trapped in the building.” I’m just trying to get us there and keep it together. But the roads are wet and I get to the intersection at Hastings and I can’t stop. There’s my throat constricting again. I hit the breaks and start to skid through a red light. I remember pumping the breaks but there’s so much oil on the road from all the trucks that go through there. It’s one of those moments that time slowed down. People in their cars were skidding and slamming on their breaks. I somehow saw a gap in the traffic and I just booted it across Hastings. The Chief was behind me and he later told me “fuck the cars just went whoosh, whooshed right behind you. How did you not hit someone?” We get there and I couldn’t get the pump into gear... I couldn’t get water flowing. I just had this mental gap. People are yelling, “come on, let’s get water, come on, what’s going on” and I’m trying to keep a lid on it so I can backtrack and figure it out. So eventually I do, I get water, and afterwards I find out that two people were killed in the fire. A woman and a child.

The images, the calls, just keep rolling. I’ve got more...
You know, as a culture we should be able to say that being impacted from these tragic calls would be a natural human response. And yet, even today, we can’t say this. Being impacted after seeing such horror can’t be normalized. Sure we have Critical Incident Stress teams, but in general, it’s still not OK to admit that you’ve been impacted. Would mean you’re not strong enough . . . not man enough.

Really . . . despite some of the horrific calls staying with me, I know the job is great, but it’s the culture, the people that suck. And it’s hard to believe this and not be able to talk about it. You start to believe you’re the only one. Yet, I know I’m not the only one. I know that the there are many extremely unhealthy people in our work culture. There are people like me who suffer trying to conform, some who are blatantly victimized. But the bullies . . . they can’t be healthy either. I personally think that a lot of the bullies are a mess . . . likely addicts among other problems. We’re an organization, a culture of unhealthy people. We’re a culture that victimizes on many levels. We can’t admit that the work is hard at times, and our culture condones and encourages dysfunction and aggression and victimization. Some brotherhood . . . what a mess. Thankfully, I’m doing my work . . . I’m working hard on myself. I’m being myself . . . and it’s about time.

Hank

I decided I wanted to be a Fireman when I was twelve years old. I was delivering papers to a Fireman down the road from us in Richmond. I was just talking to him, you know, he had four days on, good pension, nice house . . . so at twelve, I decided that’s what I wanted to do. And at that point in time you didn’t need all the crap that the guys have to go through now. Right. So I did all my tough stuff . . . I’ve always been the kind of person who liked to help people, so, you know, when I was told to take a first aid courses I did it. I applied twice and they
hired me when I was twenty-one and a half... 1983. So, um, you know... it's the greatest thing since sliced bread. It's the best part-time job in the world. At the fire hall level, battalion Chiefs down, it functions very, very well. Where it breaks down is... above.

The paramilitary structure of the job should work well but unfortunately now we are in the era where tradition and pride and everything else are bad words... it's a kinder, gentler kind of world now, right. I mean, I started out... I think myself fortunate that I started old school... you know some of the old school stuff, you know, wasn't good but a lot of the old school stuff was. I was young, but I had a lot of work experience... I did a lot of different jobs, so I had some experience before walking into this job. And I did some really crappy jobs. As soon as I could work I did. When I was hired I got told right away that I would not be doing anything different than anybody else had ever done. I knew my stuff... I studied... I learned... I did what I was asked. Simple. The last job I had was in a meat processing plant... stepped down into a hole surrounded by machinery, taking pieces of meat off the machine, putting it on the machine one way and pushing a button... oh god... so I could just think of what I did and go on. Right. You want me to wash the truck? You want me to clean the toilet? All right, giddy-up. I still remember my first day in the fire hall. I still remember the first meal I had. You know a lot of guys kinda forget, but I realized that I would never, ever have to pack a lunch again. It was... this is great! I still love parts of it... I am a Lieutenant now... I get to sit in the front seat of a fire truck... you know... it's still great... in my mind I'm still twenty-one years old. I smile just thinking about it. It's fun... it's exciting. It's afforded me a lot of opportunities to travel, to learn, to deal with people... Saying that I can hardly wait until May 16, 2012... retirement. But yeah, it's been a great, great time... at the fire hall level.
My first crew . . . just fantastic guys. Just fantastic guys. I wasn’t ridden. You know, they had all the standard jokes that I still continued on later. I had a lot of guys who hated my guts for their first six months . . . because I loved playing those jokes . . . those games on some of them. I don’t think I was mean, I really don’t think I was cruel . . . as cruel . . . like some of the guys were. I told them, right off the bat . . . for six months it’s hell week and I rode one guy hard . . . he said he wanted to kill me. But the day after he passed his probation he walked out and I asked him how his family was. You know, O.K. fine. This is the stuff you were supposed to do. The probation hazing . . . it’s extremely important. Extremely. I’m going to take you somewhere and I’m going to scare the shit out of you. Right. I want to know how you are going to react. It’s just a read of people. Fires are dark scary places . . . and how are you going to react to the simple stuff, you know . . . I want to tell you to do something and . . . you know . . . know you are going to get it done. We didn’t know ‘till later that what we were doing would be harassment or bullying. It was just a game. Right. And no, I didn’t take it personally. I don’t live in a glass house. And the thing is . . . sighhhh. Personally, I used to work on shifts at 3D. At 3D man . . . we were brutal . . . terribly brutal on ourselves . . . and on everybody. We would just slice and dice and cut . . . and just . . . ahhh . . . not knowing, you know . . . maybe one or two times on certain guys we went too far. But on a whole everyone was playing.

At that time, I didn’t believe that those games brought guys down . . . that it was too negative or hurtful. You know, that bullying, pushing guys as part of training, it is the culture and some guys are just that much stronger than others. I never sat there and I’m not going to say anything that will intentionally hurt anybody. I never intentionally thought I’m going to drag this guy down . . . Some do . . . but that’s . . . hey whatever personality they came in with impacts them a lot. Young guys who we’ve got now, well some of them are young, some of them
aren’t, but, the young guys, you know, you gotta look at society where, my son, age 14, being
driven everywhere. You know, they have worn seat belts all their lives, they have worn bicycle
helmets all their lives. They have had, basically everything done for them. So when they get in
an atmosphere of well, O.K. don’t walk past that damn thing, pick it up and put it away. They
have never had to do that because Mommy and Daddy were always there. Everything was done
for them . . . and it’s hard to get that attitude to here . . . to work.

I wasn’t ever bullied at work . . . I didn’t ever think of it that way. I know what bullying feels like . . . I was bullied at school. I was the kid going between different schools, always the
new kid and getting bullied. Did I bully others on the job? Legally sure. Clearly there were
guys on probation who wanted to beat the shit out of me but then six months was over and it was
O.K. There was still banter after the probationary period, but it was still making sure that when
they left the hall and they went into another hall, they knew what they were suppose to be doing.
It was a teaching method . . . I don’t think it’s demeaning. People are not used to it. It’s
supposed to be a paramilitary organization. Right. It use to be and it’s what it should be. It
works very well in that order . . . it should be a paramilitary organization. People who have
worked longer know more. It’s simple. And I didn’t ask anybody to do more or less than what I
did and what I did was what I was told to do. Oh, you want me to fill out that form. O.K. I’ll
fill out that form. Whatever you want me to do. As long as they pay me every two weeks I don’t
really care what they want me to do.

The pecking order . . . seniority, it’s important for many reasons. I think back at times
when I’d say, “the reason you call me Lieutenant is . . . this, this and this.” If it’s just you and
me, call me my name. You’ve worked with me for twenty years, right. When we are on the
street and there’s someone else around, it’s my rank, that’s it. It’s important because there’s
order. Because when that bell does hit, I very rarely have to make a decision, but I want them to know that when the decision is made, it’s my decision because it’s my ass. My biggest goal is that everyone goes home at the end of the day. I know some guys that you have to reign in and when you are getting pooled everywhere, you’re working with different people all the time . . . you walk in . . . there’s a lot of guys you don’t know anymore. So, you don’t know them and we’ve got to have that order to know that when you walk in there . . . I’m the guy wearing blue with the stripe on it . . . what I say goes, and that’s the order . . . that pecking order when you are on probation. And, you know, we’ve hired a lot of older guys that, you know . . . why are you treating me like that? Well, you’re a probationer and I don’t care how old you are and I don’t care if you are male, female, Chinese, White, Black, I don’t care who you are. I just want you to come, learn, do what you are suppose to do, have as much fun as you can and go home again. As a crew, you have fun. Except the probationer . . . he or she isn’t having any fun.

For me, quite honestly, I took the job way too seriously, because I was young. I followed those traditions . . . making sure that guys when they left the hall they did what they were supposed to do so we didn’t get phone calls inquiring . . . who trained this guy? You know, when I went out on transfer, I was requested after going to different halls. And I think being so serious impacted me. Eventually yeah. Wanting to be the perfect firefighter. That’s what I was told to do. Maybe it’s my personality too . . . Yah, I guess . . . well . . . I have no idea what my personality is.

At that point in time I was looking at it as a career. Right. This was something I wanted to do for the last ten years and I finally got a chance to do it. And I remember the Deputy Chief saying . . . it’s just a job . . . it’s just a job. It’s a damn good job but it’s just a job. You get into the ten, 12th year and many guys are jaded . . . but for those years I was on Rescue. I didn’t
really have that doldrums that a lot of guys go through. I was making decisions early on in my career because I was on the Rescue. We would go to a car accident and my partner and I would go look at the accident and the Captain would have all the tools out waiting for us, 'cause we worked as a team. It's a simple game. It's just a game with very simple rules, you know, that you just follow.

**Anxiety: The Churning of the Cement Truck**

You know, people don’t understand ... you know, people ask, what’s was the worst thing you ever saw? And the guy was going from having a great time to going ... fuck, that’s bad ... shit. It’s going on in his mind ... he sees all those calls instantly. I try to get a pat answer down ... I’d say ... you don’t really want to know and I don’t want to remember.

I attribute all – 100% of my mental health issues to the job ... to what I saw. All of it. Most normal people don’t ... you just have the normal anxiety ... bills and stuff like that, you know ... the normal every-day stuff but for us, there’s so much more. I’ve been off on stress twice. The first one was post traumatic ... the second probably too. There was one call in particular, but I didn’t go off until nineteen years later. Talking to one psychologist ... EAP ... we identified it ... but never really dealt with it. I’m horrible with dates ... saw the EAP psychologist in the mid-90’s likely. I was having anxiety attacks and we kinda broke it down to one call from early on in my career. I was having anxiety attacks driving. That call was related to driving. Well, it’s usually driving but sometimes depending on where I was ... I’d feel trapped. During counselling the first time we identified the trigger, the call, but didn’t fix it ... didn’t deal with the anxiety. It came back ... still does.

I think the big call that really messed me up ... years later ... I think I can talk about it now, although I really walk that line ... sometimes it’s just too difficult to talk about and messes
me up. Yah, I do walk that line . . . I really do. I still do. But hey, I’m screwed up anyways; I might as well talk about it. I still suffer from the occasional burst of anxiety. I take holistic things to help me . . . I do a lot of breathing exercises . . . stuff like that. But there are certain times . . . yah . . . you know . . . it’s . . . some poor sap that got dragged by a cement truck . . . we were first on the scene . . . poor sap was still alive. That was . . . and we just went back and had lunch . . . and that was just old school type stuff. And my partner at the time . . . you know, we are talking about stuff and I just looked at him and would say “Ocean Cement.” I didn’t know that call did me in . . . No, not until years later . . . because I was really afraid of driving. I was still driving the fire truck, although I didn’t really like it too much. The anxiety would come up usually when we were going somewhere. Like, we’re on a call, right. And I’d get into my own personal vehicle because at that point in time . . . it was another crappy time out in the street with body snatchers, you know, the ambulance attendants. They were cutting us out of calls and getting in the way and not allowing us to do our job and I’m thinking if we ever got into an accident we’d have these assholes arriving to help first. This is what I would think about when I was driving my own vehicle. They’d drag my family out and all that kind of stuff. Just . . . I could hear the churning of the cement truck . . . orn . . . orn . . . orn. I still drove, you know, but with a lot of anxiety.

The thing is I have to take a ferry to get home . . . how the hell am I going to get out of here? I was really afraid of feeling trapped . . . you know, trapped in a vehicle . . . trapped . . . and that’s before I knew a lot about the anxiety. I remember my first anxiety attack like it was yesterday. We didn’t really touch that until the second time I was in counselling. I saw a therapist up on the Coast. I remember the first time I walked into his office. I couldn’t sit down . . . I was in this room . . . I got to get out of here. Trapped. So we worked out a lot of stuff like
that. It wasn’t until this second time I went to counselling that we actually really peeled the onion . . . we went down to youth . . . you know, way back . . . so, I started to realize what kind of father I had, what kind of father I’d been and that kind of stuff . . . we went right back. You know, it’s big. With my seniority, the years I’ve put in, we all have tons of calls that mess us up. I sure did. I can just sit back and go . . . boom, boom, boom. I see them all. They all come to me. Dozens . . . more. And that one that is super sticky . . . Ocean’s Cement. I still see him and still, you know . . . I got down to the point where I apologized to him . . . shit, I’m sorry, I wish I could have done more for you . . . but . . . and try to let him go. But then you sit there and go . . . he connects to others. To other scenes, memories. I shoved this stuff down far enough for years . . . it’s the anxiety that came up. I knew I was screwed. I was cooked. Done. I remember seeing the fear in my doctors’ eyes . . . because I was so gone. Maybe that’s from shoving all this stuff for so long. You don’t know you’re screwed up until then. I didn’t know what was going on! Yet when it hit, I knew I couldn’t ignore it any more.

One of the things . . . shows how messed up I was . . . how high my anxiety was. After my first session with the second therapist, he goes . . . “I have to say this legally, if I think you are going to hurt yourself or you are going to hurt your family I will have to tell somebody.” That’s fine. O.K. But we are going camping. My family loves camping and we are going up to Powell River to go camping. I guess it’s the second day and I’m doing something with the knife and it goes into my mind . . . you could hurt your family. Opening a knife in my hand going would I hurt my family? And just . . . I went into the tent popped a couple Lorazepams . . . and I’m just sitting there going . . . shit, could I hurt my family? . . . so, I end up leaving my family at the camp site all by themselves and I got the person who works at the camp ground to take me to Powell River and I checked myself into the hospital. The next day two friends . . . firefighters . .
came and threw everything into the truck... we had this camping trip planned, we were going to be there for a couple of weeks and it was going to be perfect. I called them, they came out, gave me a hand... this wasn’t that long ago. I didn’t think I would hurt them... but I was scared of... could I? It turned out to be just because the counsellor suggested it.

So I checked myself into Sechelt Hospital and I stayed there for a week. It was the weekend, so I got the on-call counsellor... he wasn’t bad... he was about to retire... there wasn’t a whole lot of caring in there... but we sat down and talked... he was a whole lot better than the psychiatrist I saw. I wanted to punch him in the head when I left there. If I ever see that psychiatrist again... I’d fucking rip his ass off. He goes... “I’ve seen it all”... you know, for me, the wrong words to say. He could have said, you know... I’ve had a lot of experience dealing with this and that but to say “I’ve seen it all”... this bullshit stuff, I don’t like that... I didn’t see him anymore. I didn’t take medication... that’s what screwed my friend up... so no. I didn’t go as far as him, you know, trying seriously to take my own life, but I’ve tried on the neck tie. I’d had enough... I was more anxious, more irritable, more agitated... everything. Kids behaving badly, coming to work... work at that point... everything, I’d had enough... fuck... just... Overwhelmed. Right. Everybody has pressures in their life. Right. Financial pressures, family pressures, work... this and that... everybody’s got them. I lost perspective on everything. I lost sight of so much... I lost sight of everything... absolutely everything, I lost sight of... I lost five years of my kids growing up... of going... oh shit, Dad’s home... angry.

You know, we’ve got two kids, my wife’s work... on, mostly off... slowly going back financially. Living on the Coast is a great place but for her the job situation is awful... either overqualified or under qualified. But we also made the conscious decision for her to be home for
the kids. Our second son, if he’s been the first child, would be an only child. He didn’t sleep.

For me it was easy, I went to work. She stayed home. But that was a whole other thing . . . ferry travel, being homeless . . . you know, that sucks . . . 13-years. But when I left the city to go home I left. Away. But all that is manageable . . . it was the job, what I saw on the job that did me in. It took years, but it got me.

You know, heroes aren’t supposed to be fucked up. We’re not supposed to be impacted by what we see and do. That’s the belief. Firefighters don’t allow themselves to say “I’m fucked up.” It took me years and years and years. I guess I just started self medicating myself and I became an addict, I guess. I don’t know . . . I’m not a drinker, I liked smoking pot but unfortunately, that too started impacting me . . . making my anxiety worse. Mostly, I could take a couple of tokes and the thoughts . . . the images would go away. I had done it on the job, but mostly off. I didn’t smoke after a stressful call or bad night . . . No. But at home, the only way I was livable for my wife and kids was to be stoned. I didn’t seem as angry . . . And this goes back to my days before I became a firefighter. It’s how I coped, I guess, when I was meat packing . . . you know, just to get through the rest of the day . . . guys would smoke pot . . . that’s what we did. I always smoked, even before the department . . . if I had it I smoked it . . . so I’m not sure how much of it, or any of it, was for self-soothing. Maybe it always was . . . although I don’t think I smoked more after I developed PTSD. Maybe I couldn’t because it was making me more anxious . . . ah, maybe the PTSD stuff was too much . . . the anxiety was too high and the pot didn’t work anymore.

I was lucky . . . the first time I booked off on stress I phoned my Captain, I was off on holidays, so I phoned him at home and said this is where I am . . . I’m a mess . . . And the Captain said, “You know what you’re supposed to do, you know what you have to do, just do it.
Get some help.” I knew I needed to book off, but I felt I needed some confirmation, and I felt comfortable enough phoning him. I just wanted to reconfirm. Because at that point in time we had very few guys who had booked off on stress. It was kind of stigmatized. I guess it’s kind of the personality of the one or two guys that actually did book off. And it was because of who he was. Right. He was different . . . I wanted to punch him in the head a couple times myself, you know.

I did think I would be stigmatized. I assumed people would see me . . . I guess there’s that weakness aspect of it and, I guess, of coming back, you know, does he have all his marbles again? I was trying to get off the Rescues. I needed off the Rescue. I was done. I shouldn’t have spent another day on the Rescue, even at a slow hall. Everyone’s going . . . right on . . . we’ve got a Rescue guy. I’m good at my job. I love the part of the job that messes me up. You know, I wanted off the Rescue but because of my experience that’s where I got put again. I should have said, in retrospect, I’ve seen too much, don’t put me there. But at the time I didn’t think that. I thought OK well I guess he’s placing me there, this is my strength. You play to your strength. But sometimes your strength eats you up.

*Dirty Little Secret - Lack of Support, Understanding, and Care*

So, the second time I was off . . . thinking about it these last few days . . . I did put a piece of wire around my neck once. And I had seen that wire there before, and I kind of, you know, one day I just kinda tried it on to see if it worked, because I had had enough . . . enough. A lot of that stems from my very first counselling day at EAP. I walked in the door and the receptionist goes, “You have to phone home right away,” which is never a good thing. I phone home and my wife is in tears. One of the Chiefs at the time phoned and instead of saying . . . we’ve got a problem, can you phone me back please, we didn’t get your form. Nope, this is the Chief, we
havent received this form, and your benefits will be cut off this date. This is when I'm a mess already. Yes, I'm screwed. So, I was screwed, my wife is crying, I've got this fucking asshole, who I thought was a nice guy. So, phone, phone, voice mail, voice mail. It was eight or nine times. Enough. O.K. If he doesn't phone, I'm going down there. Finally he answers the phone. . . I said, "What the fuck is this phone call for? Do you have any idea of what I am off with?"

He says, "No . . . oh you're off with stress." Thanks a lot, you fucking asshole, I'm having the worst time of my life and you are insensitive enough to phone me and leave that kind of fucking message . . . because this fucked me up later on. O.K. It really did, because that's when it really started eating me . . . going . . . they don't care . . . I'm a number. And I think that is when I realized I was just a number. Just a number. Right. Just a job . . . and they don't give a shit about me . . . they are phoning me and bugging me and they don't even know what I'm off with. I'm not off with a hang nail, I'm not off with my back, I'm off with my mind and that's where the culture goes . . . they don't know. Quite honestly, the guys who have booked off with stress, you know, there has been a few times, because it was the person and I said . . . ack, he's working the system . . . and then you'd start thinking, you know, everybody's got stuff going on. Right. We've got home life, family, work, everything . . . every pressure that goes on for everybody. So there are times when it's very important to take that time off.

When I went off on stress, yah, some of the guys supported me . . . they did. I had a few guys I could really count on during it. But mostly afterwards. But going off on stress . . . PTSD, it's just such an unknown thing, you know. One of the first guys to be off on stress . . . when he came back and he made a joke of it. Right. Because it was so rare. Nobody leaves this job unscarred. Nobody. I had one Captain who said "Oh no, no that's not true." You could be a
little scarred but everybody’s walking out of this place scarred. Nobody’s untouched. All we see is human suffering ... it’s all we’ve ever done ... it’s all we do.

No one in the halls knew what was happening to me at the time. No ... Firefighters are two different people ... home and work. And no one would have guessed that I would have been impacted ... you know, “I never would have guessed.” I guess it was just the way I was at work. I really don’t know the best words. It’s not an act, as least I don’t think it was an act. You’re just going to work. Right. You are going to work and you know that you are going to have to pick up somebody, deal with a bum ... or just a simple call, you know, just going to go to work, just going to do your job and you don’t think about it. I never really thought about it until I was coming home. I knew I was angry ... trying to figure out why I was angry. It just built up and built up.

I don’t think the fire hall culture really hurt me. But the administration ... the Chiefs. I really think the second time I was a total mess was caused by the phone call from the Chief. Because I would just sit there ... I would play that conversation back in my mind all the time, all the time ... and it just grew into ... Resentment! You know, we got signs in the hall ... People care about you. Right. But who cares about us? I know we always get voted that we are most respected and all that kind of crap but ... and everything else but I still think that umm ... you know, we are a necessary evil. Yah, you gotta pay me ... you got a nice, new, shiny car you drive around without collision? You pay good insurance in case something happens. And ... that’s what I am. But care about my wellbeing? No.

A few recent examples come to mind that really show the lack of care and concern. The big fire where we had five fire deaths on Grandview. The executive just totally screwed up. For a few of the guys, that was their last night ... that fire. One retired early because of the call.
The other Captain, he retired as well, but for him it wasn’t the call itself, it was the management... and how they dealt with it. At another hall, one of the probationers killed himself on his motorcycle. Right. The Captain is kinda dealing with the guys - here’s a guy we really didn’t know yet, but, you know, he kinda came into our family. Not one phone call from one of the Deputy’s saying, “Hey guys, how are you doing?” Not one. It doesn’t cross their minds. When the fire investigators were up at the one with the five fire deaths... um... it was kinda around our anniversary of starting and two of the guys were investigators... it was a hot day... we went to Dairy Queen and got some dilly bars... walked up... OK guys, take a break. I was the only one who did that. They had the Police Chief come in and talk to the investigators... how are you, what do you need, what have you got. The only thing one of our Chiefs did... his thing was that one of the investigators wrote on somebody’s car. Not... what have you got, how are you... nothing. No support whatsoever. I don’t think it crosses their mind. Where’s the humanity? You know, that’s one thing I’m looking for... the human aspect of human resources. There is no such thing. There is none whatsoever. First we get traumatized by what we see, then we get re-traumatized by the lack of care and humanity. It wouldn’t take much. Even a simple statement... “thanks a lot guys, good job.” Almost every call I go to I’ll try to pat them on the back saying, you know... “thanks for doing a good job.” And that’s why when I started out being an Officer, I had guys going... “right on... you came back.” Because they knew that I’m not jakey, I don’t jump and scream, you know, make the decision and we’ll go from there. They know that I will back them, you know, because they are doing what I want them to do. They know that I’m not going to let them go do something to cover my ass. I made a decision, that’s what they are going to do and that’s made. I made that decision, you deal with
me. I was put in this position, you deal with me. And they know that they can come and talk to me anytime they want about anything.

It was during my Lieutenant’s training that I realized I needed to open up more. To share my experience. I could see that my friend Glen was absolutely & totally lost during the classes. I just looked at him and I knew he was lost. I knew the material. I had been watching officers for the last twenty years ... remembering this stuff since I was a probationer. I think Glen put so much pressure on himself ... we put so much pressure on ourselves ... humungous pressure that we put on ourselves. So, not long afterwards, a few days, a good friend of mine phones me and told me that Glen killed himself ... just down the road from the Lieutenant’s training. Before this, I didn’t proactively talk about how the job impacted me. After he killed himself, that’s when I started being more proactive ... saying to the young guys going to calls ... look, your shutting it down ... You’ve got thirty years of this shit ... ummm ... you know, you’re not going to ... this macho fireman aspect is done ... it’s hurting you.

You know, I don’t think the probationary aspect is macho bullshit. It is ... this is what you have to do; this is your job ... your job right now is to pour coffee, clean the shitter. That’s your job. Know your stuff. Make sure the rigs are in proper working order. I can demand that and still say, “Hey, this stuff stays with you, you need to find a way to process the shit you see on this job.” See this never has happened before now. More of us are saying it ... there are more of us, you know. I wasn’t the only one that the Chief phoned and said that to ... there are a lot of us that have been off. And that’s their dirty little secret. The guys that are fifteen to twenty-five years ... we’re screwed. And it’s a dirty little secret because they don’t care enough to acknowledge what is going on. Or too scared. I don’t know what they are doing, but what I am doing is making sure it doesn’t happen to them ... my guys. Hopefully. I am basically
telling them, you know, it’s up to you. There are options to come and talk to people about it. But that’s me and the other Officers who understand . . . open the door . . . the letters Don wrote detailing his experience . . . his pain. Scared the shit out of guys. It was healing for himself. I think his letters are helping the guys . . . allowing guys to see they aren’t alone. It’s just not being pissed off and angry . . . it’s about more than that. Look, sometime, you know, you don’t really want to get out of bed and you just lay there and you want to cry . . . and it’s because of the job. There is no awareness . . . none what so ever.

After some calls I’ll just say, “O.K., we’re going for coffee.” Last time we had some poor sap jump from a bridge . . . um . . . so, you know . . . sometimes the guys need it, so we go back to the nest. Hey guys, sit down just for a sec. I don’t know how well I do it or how eloquent I am but I just say “you know guys, at any time. If there’s anything you need, just come talk to me.” I say, “I’ve been there, I know what this stuff is when it hits . . . and it piles and piles and piles and then one day it just self combusts and blows up.”

Shift in Perspective – We’re Human

So overall, I think, in terms of mental health . . . the health of firefighters, it has to be stressed right from the beginning. We have to start early. Start in probation, start at the Justice Institute, start wherever you start and all the way through, just saying this stuff is going to impact you. Let them know that. You know, you are going to be dealing with human suffering and 99.9 % of the population just doesn’t and won’t understand. Most people . . . they might have one dealing with the ambulance or one dealing with the police or one with the Fire Department their whole entire life. Where that’s what we’ve got to do every day we work . . . we’ll be doing CPR on grandma during Christmas dinner with the whole family watching. That’s one of my replays. You know that kind of stuff. And that kind of stuff plays. And you don’t go home and talk to
the wife about it you know, at that point in time, you know . . . it’s just the baby’s sick and she’s
tired and, you know . . . you sit down and have a couple beer and . . . Yah, that stuff plays . . . on
and on and on and, you know, as the tape gets filled up, right, you’ve got lots of room and then
you slowly get less and less and less. You don’t have enough room . . . because you are not
getting enough venting! Ventilation, you know, you have to vent. We have to process this stuff .
. . get it out.

I’ve worked on trying to get our Benefit to pay for some independent counselling. The
reason guys aren’t getting help shouldn’t be because of money. We need our own therapist. Not
EAP, but our own. Someone we can trust, who knows us. We’re a large enough department.
And this person should have nothing to do with the City. They’re ours . . . for us. And to have
the Benefit pay for some of the services . . . what our extended health doesn’t cover. The money
is there. I would pay more into the benefit - I know lots of guys would, if we knew that was how
the money was being spent. If there’s one person that doesn’t have to go through what I did. If
they could avoid that one little moment of loneliness . . . the sadness and anger. I still go back to,
yah, there’s that wire there. I know it’s there. I’ve realized no, I’m not going to do that. I’m not
going to leave my wife, my kids . . . We’ve lost a lot of guys the last little while . . . from suicide.
I’m not going to do what my friends have done. But yah, it’s still there. At certain times the
anxiety is huge . . . the driving. I quit smoking pot. I had to. It was fucking me up too much.
The anxiety now, comes . . . those calls fester . . . they rot in my system. That’s where it came
out. I had those calls from my sixth or seventh year . . . and they just kind of came out.

You know the department has to do something. They aren’t doing anything right now.
Anything would be better. There are so many examples, recent examples, of how the system
fails us. It’s so frustrating . . . I’m so frustrated. Personally, and in general for the guys. Why
can’t... come on! It’s simple. A little bit of support, and communication... caring. They’re failing us. We need to admit we’re human... it’s OK to feel that way; it’s OK to have feelings. It’s OK. And anyone who says this stuff doesn’t impact them is a liar. I do my best, because I care. I care about what I do. I don’t know if I’m successful or not. It’s a small shift in perspective that’s needed. A shift to say, yes, we’re human.

Shifting... updating a system is easy if you have good leaders. And we don’t have good leaders. We lost a lot of good battalion Chiefs... you like to see some guys go... get the hell out of here. And other guys, hey, I’m glad you’re going but I’m also sad you’re going because you were there for us. Personally, that’s what I think... we’re rudderless. When they put on the White shirts... it’s like they go through the operation... and I put it as the lobotomy spinenecktomy. Pull the brain right out, the spine comes with it, the asshole gets stuck in their brains and they have shit for brains. I just don’t know why... I don’t know if the Union is pissing in their cornflakes or what. Something happens though... I don’t know what happens... some of them have mental health issues but they still can’t be supportive in their role. I don’t get it. They’re not supposed to be just administrative jobs. They are supposed to be senior staff. Our leaders. It’s my opinion that they’re hurting us, not helping us. And as an organization... as a culture, we need help. We need to help ourselves.

Scott

I was raised by a single mother – my dad died, basically of alcoholism. My relationship with my mother wasn’t good, not at all. In my teens, I was working at Riverview Hospital as a janitor. This thing came up... they had a volunteer firefighter position on the grounds there, and I could live there! So, I started living in the fire hall full time. I really had no intention of being a firefighter... it was just my way out of the house. And I hooked up with these guys, a
great group of people. I was about 20-years old at the time. So when I talk to people I tell them, "I grew up in the fire department" because really, that's the truth of it.

I applied to the department, and went through all the testing and finally made it through when I was in my early twenties. I knew it was going to be different. At Riverview, during our lunch hour, we could go drink all afternoon . . . pound drinks and run back to work. I remember this guy I worked with asking me, "Can you handle the responsibility of the fire department and everything it entails?" There was fear . . . on multi-levels. And the other thing - I was never a big team player. I was a super rebellious kind of guy, kinda thumbed my nose at anyone who was popular. I had a hunch my journey would be tumultuous.

So, as I think about my mental health, and how being a firefighter impacted me . . . makes sense that we go back in time. What’s important for me is to acknowledge that I showed up with my own baggage . . . my own stuff, and maybe mine "got fuller" than the guy next to me because . . . you know mine was fairly full by the time I got there. And I admit that. Yeah, I had tons of baggage by the time I showed up, then tons more got piled on. I smoked pot since I was about 16-years old . . . always a heavy dope smoker, and I would drink the moment I could drink. You know, patterns were laid down for me in a lot of ways. My first drink at 12-years old . . . got drunk as a skunk at a wedding.

I’ve always said, even now, the toughest part of being a firefighter is the culture. The job itself has never been the issue. I don’t think for the most part, the traumatic events that I saw as a firefighter impacted me hugely. If there was ever going to be any anxiety generated, it was going to be around the workplace. I rode the Rescue when there were only a few rescues in the city . . . very busy place to be. And I was there for a lot of years. There are a couple of incidents where I can think, “That might have set me off” . . . a few triggers. I remember one incident in
particular, where there was somebody squished underneath the sky-train, and when they were backing the train off of him, the guy said to me, “hey you might want to back up because you don’t want to get anything on you . . . any of him.” I remember that . . . And I went to another sky-train call after that one, and driving to it I remember thinking, “Oh, I hope this isn’t the same thing.” There was a real sense of anxiety around that.

But you know, it was the challenge of the job that I loved . . . of being innovative and making it work - like pulling people out of cars or from under buses. One in particular that I was really proud of, a call that we went to, there was this guy under the bus . . . the bus was parked on his chest. But we got the guy out . . . he survived for a while . . . The ambulance crew was going to drive the bus off of him, and we had to get the bus up and off of him. The way we did it was unorthodox . . . that’s the problem solving. That’s the person you hired . . . should be hiring, and to some extend, we are hiring . . . these task oriented people who want to solve problems. That’s where we should focus and excel. But for me it was always, and the think I’m still doing now, is it’s all about the challenge. I enjoyed the challenge. No, I don’t think it has been the traumatic calls that have wrecked me. For me, it’s been the social aspect of the job that I’ve struggle with . . . that has hurt me deeply.

Ever since I got into the department, there was always this feeling, this sense of whether I fit in, whether I was in the right place. I didn’t feel like I fit in. Not really ever. It took me about ten years to feel somewhat comfortable on the job. Even then, there was always a lot of anxiety. There’s this other guy on the job, I’m sure he never came forward. We’d always drink together and talk about it . . . talk about that night before going back to work, lying in bed unable to go to sleep.
I was thinking about that coming over here tonight . . . some of those really mean people. Before I came on the job I had a naïve expectation, although this really shouldn’t be naïve, it should be a real expectation when you come into a workplace . . . Particularly a workplace like firefighting. Firefighting is one of those caring professions – helpers - where we’re suppose to care for each other, you know! I would come across some of these people and I could never understand why people would want to be mean – how we could treat each other that way. It’s hard to come to terms with this . . . it’s so engrained in us, makes me wonder if this is an inherent and necessary part of our culture.

When you end up on the receiving end of the meanness . . . of the bullying, your mindset shifts into that mode . . . this is not a safe place for me to be . . . that everybody is imposing. I know this. But today, I’m not the victim. I can’t and won’t allow myself to see myself that way. I often wonder why, with my situation, it’s always been, “I’m taking ownership of this” . . . whatever has happened has happened to me. I can’t point fingers anymore at the job or groups of people . . . it doesn’t matter anymore. What matters is the fact that I own this . . . and if I don’t own this, I’m not going to get any better. I don’t want to be a victim anymore. When you talk to people like us, we’ve become the victim. And we begin to see ourselves as victims. We begin to see, even what might be interpreted as even the slightest aggression towards us, it strikes fear into us. That anxiety level builds. It built for years. Cumulatively damaging . . .

It’s pretty sad, but I look at the retirement list now and just cheer. I watch some of these guys leaving the job . . . yah, bye-bye. I’m even spiteful . . . some of these guys are dying, and I think yah, you know, you were a shit-head, you were a mean person. I’m not sad to see you go.

I think at about ten years, probably earlier, I just thought, I’m not in the right place. One of the things for me, was I got myself deep in debt. I felt really tied to my job, now looking back it
wasn't a lot of money . . . I could have left . . . but the fact was I felt trapped. And the other thing was, I was pretty addicted. I drank heavily.

My drinking started before I got on the job . . . but the job really allowed me, it allowed that behaviour to perpetuate because it was socially accepted . . . on and off the job. Marijuana and alcohol. I don't think I was abusing substances to deal with the trauma piece. No, I don't think so. I think, more than anything, I just need to medicate myself to get through the day. Just to make it through life. Yeah, to cope with the job. I would, at the end of my two day shifts, go get drunk. Then there was only two days until I could drink for three or four days. This is an interesting piece . . . about 17-years go, I was going to kill myself . . . I had been on the job about six or seven years. I had sat down this night and had a case of beer and I knew I was going to kill myself. There was no doubt in my mind. So I sat down and thought, tomorrow morning, this will be over. So I got drunk and fell asleep . . . and when I woke up I called this guy. I ended up in this therapy group, and this woman, this therapist said to me, "Why do you drink?" I said, "To get drunk." She said, "Well it sounds like you're an alcoholic." But that was the first . . . I had never really thought about it. Numbed out, I didn't want to think about it. I've been sober 15 years. I don't go to AA . . . it was just the beginning for me. Too much dog-and-pony-show for me . . . and you keep going back in time. My healing is about being in the moment . . . I'm sober right now.

In retrospect, I don't think at that point I could identify that I was depressed. I was so numbed out, I didn't know. But now, as I think back now, I realized there was depression that ran through my life. In grade 11, I dropped out of school, and spent about two-to-three months on the couch. I had gone to work in a saw mill for a while and smoked lots of pot . . . totally incapacitated. So I've always had these cycles. I link that to all kinds of things. The primary
scenario... the way I grew up, and all that stuff. My dad was an alcoholic and it basically killed him. My mom and he were about 20-years apart in age. So this thread has woven its way through my mind... in retrospect. I just didn’t know at the time.

Like I said, at about age 30, I was going to kill myself. This kind of started the process for me. Later on, probably when my son was about two... my son, he’s such a very happy, stable, level kid. Everybody, his playmates, the parents say what a happy great kid he is... it’s so amazing to be his dad. It was about four years ago, that was the time that I really had thoughts about killing myself again. I was still in the university program... it was a lot of stress. Work stress, school stress, family stress, there was a lot of stress. It was a litmus test for me... if I can make it through this, with all these things going on, I can handle stress. I was just piling it on... and my character was that I couldn’t turn in a C paper... that perfectionism/anxiety thing. The anxiety was extreme. It’s hard when I’m on an up note to remember and talk about how extreme my symptoms were... how incredibly awful I felt. In my last position, I had anxiety through the roof moments. Totally loosing my mind and having to keep it together was even worse. I’d be in a meeting in full panic.

I remember thinking; this is terrible, I want to kill myself... so I went to see my Doctor about it. I said, “It’s not that I really want to kill myself, but I was really thinking about killing myself.” I was wrecked... just a mess of tears. He referred me to a psychiatrist... the point is, I’m kinda reaching this thing, 15-years through this journey, why am I here again? I’ve been fighting this battle now for a lot of years. Putting the pieces together of the alcoholism, been through numerous therapists... I really want to be whole. At the end of this thing, when I retire in a few years, I want to have it all together. I want to be there for my family... I want to be there. Present! He sent me to this psychiatrist... medications, medications, and more
medications. And I'm still taking medications, and I still hold this hope that I can rewire myself. It's possible . . . I know it is. The medication has been helpful, but one day I hope to be off of them.

I think the sleep patterns of shift work played a role too. I remember reaching the tipping point. I wasn't sleeping any time . . . not on the job or off. Anxiety, shift work, depression . . . all of it. I was sitting there with my doctor and he said, "If you don't stop working shifts I'm going to take you off working shifts." It was really hard for me to leave the fire hall, because I knew I'd be "othered." And I was. It was very upsetting to me for a lot of years, a lot of anger. It was one of those things that drove me to go to school . . . to make changes. I don't like being under-dogged. If I was doing sports and I felt as if I wasn't as fast as the next guy, I would train harder to run faster. That's the thing I see here, when I felt like I wasn't fitting in the job, I worked harder. I worked so hard I wrecked myself but became the best I could be at that time . . . Rescue Officer and good at it, so no one could say anything.

I was seeing this career counsellor at the end of my degree, because I was thinking of changing jobs. I'm talking to her about all of this anxiety I'm feeling . . . I had tons of it a few years ago. She says to me . . . you should go see somebody because of your anxiety. So I did . . . which started my process with my current therapist. She really looks at how the body absorbs stress . . . it's been quite a process for me. We've worked our way along with a lot of stress . . . figuring how I hold my anxiety in my body. One of the things is that she's worked on getting me to remain present, because I'd split off. "Where are you?" she'd ask. I'd dissociate and go . . . off on some thought process and not in my body. And as I look back, I realize I was never really there . . . in my body . . . present to myself. It's been many years of, you know . . . suffering and recovery.
It’s getting a lot better for me. One of the things that has helped me over the years has been exercise. I’m sleeping better too. If 15-years ago, when I finally said I’m going to sober up, and had looked down the road to here, I’d likely never had gone this route. It’s a long haul! And now, I can see I’m just starting to get it . . . I’m just starting to get it . . . really get it. I’ve got a lot to lose. I value my life . . . my family has made such a difference to me. I get to see all these things I never had! Really puts life in perspective. My family . . . my son and I, we do everything together. We ski together, we go paddling together, we go biking together. He’s been in my backpack skiing and biking since he was old enough to be carried. That’s the thing . . . I see this bond with my kid. It’s so healing! My wife is very supportive too. I’m totally surprised at times that she has actually come this far with me. We’ve been married 8-years now. And she would tell me . . . I’m scared for you. She would know. There would be times she would say, “I loose track of you someplace . . . I didn’t know if you were dead” . . . she couldn’t get a hold of me, didn’t know where I was and would be so scared . . .

One of the ways I describe it . . . through the Rabbit Hole . . . when Columbus showed up, the Spanish came to shore, and they saw the people, but when they looked out there they couldn’t see the ships. There was a shaman, and he looked at it, and looked at it, and finally the image of the ship came to him. It wasn’t in their consciousness. I guess it wasn’t in mine until I shifted my consciousness. It’s how I see it. I began to break down on the cellular level . . . we’re all energy. I’ve rewired myself negatively. And you know, trying to rewire yourself positively is such a challenge after that. Particularly in negative environments . . . negatively charged environments. Definitely, in a fire hall, with the wrong crews . . . the energy is so negative. And I don’t know what it is, I’ve looked at some guys after five years or so . . . they
age so much. They look terrible. The stress of the job, the calls, and the culture... their lives...
I don’t know, but something isn’t going well for them.

Another thing a guy said to me once... when you come on the job you don’t know there’s a game being played until the game is over. You’re a junior guy and you walk into the game and you have no idea the game is on. By the time it’s over, they’ve assessed you, packaged you, and determined where you’re going to be. Then after that, the only way the guys on the job have a way of gaining notoriety is through sports, women, and drinking. You see it... I remember one guy that was hired... I really liked the guy, family, kids... he was so energetic. Within a year he’s divorced, on the calendar. What happened to him... what buttons do we push in some guy that makes him change... next thing you know he’s divorced.

So that’s my story... what happened to me. But there’s some other stuff that I’ve learned... about the culture in general.

Thoughts on the Culture – Time for Change

A couple of years ago, I completed a degree. I went into that program with a real cynical attitude towards the fire department, and my whole intention was to go in there, get a degree and see where it would take me afterwards... with the possibility of leaving the job. Before that I had begun to put together the exit strategy... the thing with that was I wrote papers on culture, culture, culture... codes of ethics. For me, it’s the key piece they’re missing in the puzzle. We don’t have a professional code of ethics! When you come into this job – you should be signing on this cultural code of ethics. If you violate this code of ethics, there would be consequences. I think this would impact the hiring process. Firefighters are going to tell you they don’t want a person who is going to be an asshole around the fire hall, even if he has the biggest biceps... they don’t want someone who is going to take away from the team. It’s a stratified group of
people...let’s ask what is of value to them, and once you start tapping into what the existing cultural values are, you can start putting stuff together and hold people to it. Make people accountable for their behaviour! There would be a group of people who wouldn’t agree, but the point is, the majority, or a group of people who come together from the department and identify “these are our values.”

Having a code of ethics that the members feel is meaningful would, to some extent, help shift the culture. That said, it’s time...attrition of the old school needs to happen for significant change to happen. I think it is possible to change the culture...the banter, the bullying. But I think it’s going to take time. It’s essential that we change the groups of people we bring on. You change the demographics of those groups of people you hire, and you change the code of ethics. It’s already happening. The guys that are being hired now...over the past ten years, lots of them are different. I see some of them not tolerating the bullying. You know, they’re a “me” generation now coming into the workforce. Maybe they’re saying, “fuck you, you can’t push me around and treat me like that.” I personally don’t know...maybe that’s just workplace in transition and that transition is coming about because of external influences, but maybe some subtle internal ones as well. I’m really hoping that what will happen is that there will be a different set of hiring practices put into place. We need heart. Whether it’s the woman running laps after training is over for the day or a guy who is courteous and competent to his coworkers and the public alike. These are the people you want. And this is where we’re caught up in this process. We’re hiring our own image. We’re scared of change. When our hiring criterion was set up in 1984, we didn’t know any better...but it hasn’t changed since. You know, the job description for a firefighter comes from 1957...I mean 1957, come on!
Some of the guys getting hired now really inspired me. They’re great, really impressive! They are eager . . . they want to be active and engaged. The demographic is that we’re hiring a 29-year old white male. Lots of these guys are in their early 30’s and have already had a career, like crew bosses on forest fire crews. They have degrees, professional skills, sailed around the world and flown airplanes . . . had adult lives! And now, in our paramilitary, hierarchy system, they’re bored . . . they are peons. I would think, in four years, what’s this guy going to look like. That’s the reality . . . some of these guys are entirely different people within the year. No control, no power, no self-determination . . . it’s a terrible feeling. That’s the way I felt . . . I hit this spot in the career, I don’t even know when it happened . . . I felt like I was totally out of control. In the sense that I didn’t control my environment. My environment was controlled by people around me, who I thought were a bunch of fucking assholes. These guys couldn’t manage their own lives, yet here they are their running a fire hall – more accurately, they’re bullying a fire hall, herding the sheep.

You know, it’s interesting. I’m painting this picture that everything is awful about the fire culture. In another interview with a city equal employee opportunity consultant, I spoke very highly of the culture. If someone gets sick, we’ll work for them. If someone needs a shift off at the last minute, we’ll cover them. You know I worked on crews where I would laugh, so hard, all day long. There is a beautiful piece . . . a brotherhood. Maybe that’s the teaser that keeps some people there. And they want to belong. Yet that same place is what victimizes them. A good crew makes such a huge difference to mental health. Yet a bad crew . . . they’ll shit all over you. It comes back to a sense of respect, of understanding your values. If you can’t respect everybody in the fire hall, when you go out and deal with the public, there’s a spill over effect. You’re going to be treating the citizens who pay the taxes like shit, or you’re not going to be
delivering a good level of service. And I see it, out on the worksites. I got asked the other day
“Who was that captain here the other day who wanted me to shut off the alarms because he got
his lunch interrupted?”

I had a conversation with one of the women . . . and two of them out in Richmond, and she
wanted to know her options in terms of leaving the fire hall. She said, “I hate this, so-and-so
does this . . . they’re so mean, blah, blah, blah.” And I’d talk to her a month later, and she’d say
“Oh, it’s not that bad.” Think of it this way, you’re in an abusive relationship and your husband
only beats you 10% of the time. So here you are, in this fire hall, and the guys beat you up 10%
of the time and you feel like shit. But if she leaves, then what do they say about her. That’s the
mindset . . . I see that, this whole thing . . . the women have to become masculine, otherwise
they’re never going to be accepted in that environment. Men have to be uber-masculine or they
aren’t accepted in the environment. It’s that traditional notion of what a man is . . . who he is.

That’s one of the things I’ve wished for on our job. That one of the women would come
forward and the shit would hit the fan, and things would change. If a man came forward with a
harassment charge, he’d have to go someplace else. He could not exist. It’s that strong . . . that
blatant. And I can say that without flinching. And even for a guy like me, how ingrained it is in
my being. I want it to change . . . but it’s going to take time. One of the things that changed for
me was when I had my son . . . put life into perspective. If my son came to me and said “Dad,
they’re picking on me at school.” Well you go and tell the teacher, or you stand up to that guy
and push him back . . . say no, as loud as you can. If my son said, “Hey dad, I want to change, I
want to do something different,” I would say, “hey great, go do that.” And yet we sit in this
environment, and scratch our heads and say, “Oh, I’d really like to change,” but we know the
pressure from within that group is going to make our lives so difficult to do anything that you’re so afraid to move. Being different sets you up.

Here’s an example . . . how blatant, ridiculous, and engrained the bullying is. I stopped into a fire hall the other day, and I knew there was a lieutenant I should go and say hi so it doesn’t give him something to talk about. So I went over . . . and the guy’s a fucking asshole, right, and he’s sitting there with this junior guy, between five and ten years, who is out in the real world doing all sorts of different stuff, and all he did while I was standing there was harass him. And I’m thinking to myself, he has to take it, because it’s coming to him from someone more senior. And maybe, even if he’s a super resilient kind of guy, down the road when he gets into power, maybe he says, “yay, well fuck you guys.” And the cycle continues. I don’t know . . . not so sure the culture will change if we rely on guys blowing the whistle . . . standing up for themselves. I just don’t think that can or will happen. The system is too powerful.

*My Present Moment* . . .

I would say 80 or 90% of my anxiety and depression had to do with the culture of the fire department. I know that sounds harsh, but it feels true. Thankfully, today, I’m more aware of my cumulative stress . . . I can see it building now and it certainly fluctuates. I function pretty well the level I’m at now. I’m beginning to realize I need to schedule more time for myself . . . just to catch up. Where I am now is intellectually challenging. I can utilize my skills and feel more productive. In the halls I was just a monkey. Just a guy swinging a mop waiting for the bell to ring.

At this point, my issue is still walking into environments in the fire hall where I can’t predict what’s going on. If I’m going to go into a fire hall, I still feel I need to look up to see who is on the roster. There is an anxiety there. I’ve really tried to push myself . . . I know after
I’m there, it’s nothing, it’s all in my head. But trying to get through that, to convince myself, is a challenge. Still today. I catastrophize what’s going to happen . . . real social anxiety. There was always a social anxiety that was there. As I’m saying this I realize this is my baggage that I bring, yet I also think about it as, “This is my journey!” It’s my wellness perspective. Yeah, but on many days it’s easier to say it than practice it.

My awareness . . . this relatively new sense of awareness – makes it difficult to be in the culture. Yet it’s always been difficult. It’s always been there. There’s this thing I always said to myself . . . this is too conformist. I’m not a conformist. Now, in my position, I can establish policy. I have input into what happens in the fire department and direct input into what happens in our branch and how we can make that a better place. We have this opportunity to make our little corner of the world a good place. A healthy work environment for us. It’s going to be a challenge, but we can do it. We have to make wellness a priority, and not just play lip-service to it. I’m not so sure that under this administration, it will happen. But somebody has to see that as a priority . . . see wellness as a priority, and not just play lip-service to it.

I’m optimistic about me . . . not necessarily optimistic that the culture can change. I need to keep myself . . . this is becoming my “me” time. I’m going to do my best to keep my side of the street clean, I’m going to travel with a higher set of values, which will hopefully rub off, and maybe somebody will want what I have. In my position now, I’m working to improve that environment. As slow and as painful as it is, and it’s painful, so painful . . . the administration . . . the beaucracy . . . I can’t believe how slow it is and how difficult it is to get money. We have to make wellness a priority.

I’ve really held my cards close. This has been my gig, and you know, and I’m the only guy who is going to make it better. Holding my cards close was also protection. I don’t know if
anyone in the executive knows I'm an alcoholic, I don't know if anyone knows what I've been
trough and am still going through. I produce . . . it's all they need to know. Yet, I do believe
that in a healthy work environment, it could be known, it would be ok. Let's help you not be that
way . . . let's help and support your healing . . . as opposed to an environment that contributes to
my symptoms, condones unhealthy opinions and behaviours, and encourages me to repress the
feelings that would contribute to my healing. Yeah, that's the dream . . .

Curtis

The Cumulative Impact – Years of Swimming in Red

I'm in my 25th year as a firefighter. I wanted to be a fireman as far back as age fourteen
because a friend of mine's Dad was a fireman and I just loved his overall lifestyle and his
outlook. I never knew what went on other than the after hours life style. To make a long story
short, I started in July of 1983. Umm.....The first thing that popped into my head is....on the first
day I had an unconscious infant. I guess the first few days, you know, the excitement . . . the
second day, which was actually, if you can call it a beautiful sight, we went to the sixth floor of
an apartment overlooking the ocean, and we had to break in because this lady... and she was
sitting on her bed with this panoramic view of the bay . . . stone cold . . . rigor mortis . . . you
know, cold water bottle on her chest . . . heart attack . . . and she was smiling, her eyes were open
and she was as dead as a doorknob. Really kind of neat, you know, great for her . . . she looked
after herself and she died and she had a nice view to die with. I broke my ankle the second day
on the job. Didn't realize it until that night. Went to the Emergency and they told me it was
broken. There were a bunch of bone fragments and I went back to work. I took four days off
and it's never been repaired, because I refused to lose my spot. I was too afraid to find out what
might happen if I missed more time . . . I couldn't lose my space in probation. Needed to make a
great impression. I think it's just my makeup, you know, I just wanted to be at work, I just wanted to be there.

I started downtown, where it was a lot busier. What I recall from my first hall that affected me, one or two o'clock in the morning we had a fully involved suite fire on about the 16th or 18th floor just off of Beach Avenue. I was second in and I was following a guy on the nozzle, and all of a sudden there was a pair of legs getting pulled out, so I grabbed him and pulled his body into the hallway and he was severely burned and bleeding quite profusely from the neck and what it turned out to be was . . . and I always remember . . . he was dead . . . but I always remember his pulse that I felt. I'm not sure if it was mine because my heart was beating so fast or whatever and I started working on him in the hallway even though it was very smoky and we put him on the elevator and went down to the lobby and scared everybody when we pulled him off the elevator. And the story of him was that he was a John. That the hooker sliced him and lit his place on fire. I bet you can see it on my face . . . yeah. It sticks in your mind. And I experience it...experience it now saying it aloud. Many of these calls are still with me...so sticky.

I didn't realize I was developing a "video or reel" until about 15-years on the job. At fifteen years, things were changing . . . my functioning skills...and what I remember is making a mistake in a garage fire and I was driving the pump and I mean, thank God it wasn't a house fire . . . I had a hard time getting water on . . . you know, I just started questioning myself and my ability. Well, I like to second guess myself, I don't want to be a person that thinks oh yah, I know all that and go through life not doing the right thing. You know, you have to be challenged. But I started changing . . . the calls from years before were coming back to me.
The Video Plays On

There’s definitely a video tape and I can tell you that I have had a lot of debriefing and the one I’m going to tell you because it was the trigger in my video tape. It happened while I was on the Rescue. I had been on the job about three years. Sunday morning, brilliant, sunny day . . . there’s some kind of correlation between things that happen on nice days . . . you’re thinking what could possibly happen on a beautiful, Sunday morning? Sun is just coming up . . . Anyway, we got there and what had happened was this lady was walking across Georgia Street and the sun was just cresting and a bus driver was coming down Georgia street and the sun hit him in the eyes and he lost his sight of pedestrians and he hit this lady, dragged her under the bus and slammed on his brakes and as he did that her head got caught in the duals of the bus in the rear. When we got there we had to pull her head out from between the duals . . . she was still attached to her body . . . we got her on to the side of the bus and started working on her. This was the first time I remember being acknowledged at the hospital. To go back to the original . . . when we got there I put the pulminator on her and started trying to give her some oxygen and the first squeeze of the bag . . . brain matter, blood and all kinds of stuff came into her eyes and ears and for some reason my partner and I decided that we should keep working on her. We worked on her for probably a total of 45-minutes because we both went in the ambulance to the hospital. I remember I was up to my elbows in blood and we were washing at the sink in Emergency and it was the only time in my career . . . this doctor took the time to come out and he just said “you guys are incredible; there was no chance she was going to make it and the fact that you guys would do whatever it takes to try and make her . . . there was just no chance.” And that was the only time I remember ever hearing that from a doctor or anyone. But it was that call, I don’t know why it springs up because there’s other things that were more violent or worse looking but
the visual of her has um... I have had a debriefing at the five day treatment for first responders I went to in Boston about this one and several others and it actually doesn’t start video taping any more, which is good. Well... It sort of does but it’s more controlled. Yah... whereas before it would... it was a snap... instant video tape of images.

There is a video tape or a slide show that the guys have and I think one of the worst things people can ask and we get asked all the time, is “What’s the worst thing you’ve seen?” It just triggers our videos. Every day everybody sees different things and everybody’s career is different. It’s usually people who aren’t fireman that say... “You must have seen some pretty bad things, what’s the worst you’ve seen” and then... click... your video starts... and you start seeing a bunch of stuff. Some call it a rolodex. But, you wonder what the difference is... he had still pictures and mine’s definitely a video tape... I run through each scene. Over time I’ve learned that I always wonder what I could have done when there are deaths and stuff... where there’s some kind of tragedy that kills people... is there anything I could have done that would have made this better... first aid or if it’s only compassion for somebody that would have made this better, you know, rather than just walk away from it because you never know what happens... half the time we never know names. Personally, I think the impact of not knowing the final outcome is huge.

The first thing that popped into my head when I thought about how things affect you is going to someone’s house that hasn’t been seen for a few days and you get there and their papers are stacked up, the grass isn’t cut and you break in... you get through a window or something and you get there and this is very clear in my mind... you walk into this old guy’s bedroom... that had shit himself, pissed himself, he was conscious but too weak, he’s obviously dehydrated and not eating. To me that is... tragedy because where in the hell are the neighbours, where
the hell is the family, friends, whatever . . . how could you leave somebody like that? And I
think, you know, we do whatever we can, get him up, clean him, made his bed, do something for
him and get him some water. Hopefully, you know . . . make a difference. With that particular
incident, we basically just told the Captain, we are staying here with this guy until he is basically
up and around. He ended up going to the hospital and that’s the last you see of him. Personally,
the way I work inside, I want to go back to his house after work . . . you know what I mean . . .
take him Chinese take-out or something. Does my compassion, my empathy, my humanity, hurt
me? I wouldn’t want to be different, yet perhaps these qualities, because all that I have seen,
have impacted my mental health in profound ways.

You know, back in the day, up until about twenty years on the job, I would have said that
I wasn’t being impacted significantly by the work. In retrospect it clearly did, but at the time I
didn’t know. No, when I look back on my career . . . it was the button that got pushed around
between fifteen and twenty years. That call with the woman under the bus, I certainly lived with
it, but it definitely didn’t seem overly impactful and present. Around fifteen years I started
making mistakes . . . like I started not being able to function to my full capacity but didn’t really
grasp what was going on and around twenty years it was one call too many and I, you know, and
I . . . the only one that I can think of around that era that still is, you know . . . umm . . . it was an
ugly call that was down near the beach. You know, another beautiful evening and this family
with about a 10-year old boy and his best friend . . . the two kids were rollerblading and the
mother was holding hands with her son. That stretch is where there are people going in and out
and trying to get around people and this guy was screaming along and just when he got to this
family the little boy rolled down the wheel chair curb and fell right in front of his car. He got
ripped out of his Mom’s hand and we found him probably about 100 feet from the car and his
helmet was off and he had head trauma and he was dead . . . there was no question but we scooped him . . . and mom was at the scene. I can think of several calls where dealing with a hysterical parent and you are trying to focus on doing first aid or something and somebody's really hyper . . . hysterical.

Well, two calls just popped into my head as we talk about loved ones. The first hysterical mother . . . um . . . this five or six year old child was working in the kitchen with her mom and it was a huge pot, I don't even know how she got high enough to reach it . . . but she pulled this pot of boiling water over her head and she was just severely burnt from the forehead down and her mom . . . she was just beside herself . . . screaming and yelling and blaming herself . . . you couldn't hear in the house at all, you know, we were trying to talk and she was yelling and we couldn't calm her down and . . . it's the first time I remembered going, holy smoke, what are we going to do with this lady.

And the other time . . . this has been a problem for me; it is one that I've been debriefed on. We went to a heroin overdose. I was on the Rescue. We took over CPR from another hall you know, I was doing compressions for probably forty-five minutes. I was working a long time, my partner was using the pulminator, paramedics were doing everything; we were just working an endless amount of time. Finally the paramedics called in to the hospital and they got the OK to stop. We'd been there for so long, the mother, of the daughter, came in and she was standing there watching us doing CPR and I mean this might have happened in five or ten minutes . . . this is what came into my mind . . . this was about one month or two months after my sister died and she was, in my mind, a twin to my sister; short dark hair, same build, same look, same shaped face and I don't know if I was actually envisioning this or that's how close she actually was but it definitely struck a chord. After the paramedics told us to stop, my partner stopped with the bag
and I still had my hand on the girl’s chest and as I was taking my hands off her I looked up into the mom’s eyes and saw my mom and realized . . . because I cleaned my sister’s suite up after she died and so all the paraphernalia from EHS and fire were there so I knew exactly what they did and so I looked at the mom thinking she is going to go through everything my mom just went through . . . to this day she is still going through it and . . . like what do you say? It was a real funny moment, you know, it was touching in a way that I had this contact with her, with the mom and at the same time it was sorrow and you just wanted to keep going. Helpless in a sense. And I think that was one of those calls where you think there’s just got to be something more we can do. But the paramedics are saying you’ve done this, this, and this, and so, you know, that’s it.

I can go back . . . because I’ve just had a flashback . . . it’s probably because I was just talking about my sister’s death. My sister died of epilepsy; she had a seizure as she was stepping into a hot bath . . . had a grand mal seizure and went into the water and drowned. I was given a compassionate leave to go back home. I was on the job about two and a half years and I was the one who looked after things. My parents were absolute basket cases. I came back just before the girl had the overdose. Of course, it was an open casket so there was still that visual. I was actually having nightmares of . . . a flash of her hearse going away from the church . . . I was having those thoughts and I was dreaming it too when I came back to the city. Anyway in less than two months the heroin overdose made me think of her because of just the way she looked but about a half a month before, we got called out for possibly an overflowing bathtub. And . . . I cannot exactly remember . . . we knew there was probably going to be somebody in the bathtub and here it was about a month after my sister had drowned in the bathtub. I was the rookie, so we put the ladder up and I had to climb up to the second story of this walk-up. I remember my
knuckles just having a hard time releasing from every rung... climbing up because I had to break in to the window and then go find this person in the bathtub. I remember that being physically... I mean, you couldn't have written a script better than that. I think that's the one and only time I remember being physically challenged to do something... just to climb the ladder... my hands were stiff. I shouldn't have been doing it... most of us can do it, but that doesn't mean we should be. It was an older man... who knows how I would have felt if it was somebody who looked like my sister. I actually think I was relieved... it wasn't my sister or anything like her. But it was thoughts and feelings in my body anticipating.

How many calls are on my video? I've got a list at home. I did it when I was in the Mood Disorder Clinic at UBC... there are 77 and that included a few personal things... probably 80-90% were fire department related and some were scenes off the job like car accidents that I stopped to assist. I know that I did it before I was a fireman and I will do it after I retire and it's just what I do. And now that I'm fire trained, you know you can't just pass a scene... it's just wrong.

And I didn't see it coming... I guess it was so cumulative... just over time it built up and built up. Another one just popped into my head. I remember I was on the Rescue and one of the guys brought this... this is another thing that used to happen a lot... guys used to hunt way more than they do and it's like the old school hunters, fishermen... like guys are playing darts now, I don't know what they are doing now but the guys always used to bring in moose roasts and moose pepperoni... you know, it was like this different era. Anyway, this guy brought this moose roast in and we cooked it up and we were just sitting down to eat and Rescue got tapped out so... it was a suicide attempt and this guy had sliced his wrist and he was in the shower so with all the water flowing it was like RED... it was a sea of red. This guy was all splattered
with blood and he was out. We pulled him out of the shower and this was the same partner I had with the bus accident, it was sorta around the same time I think and so we were just swimming in red . . . we were covered in blood and umm . . . we actually grabbed his wrists and he came to and he actually walked to ambulance, believe it or not, like how the hell did that happen. And then we went back to the hall and scrubbed up and I sat down, I was sitting at the end of the table and because my meat had sat there for a while it bled, right? I sat down and grabbed my knife and fork and I didn’t realize it but I still had quite a bit of blood on my arms and I couldn’t tell where the blood on my plate started, right? That was the only meal in the fire hall that I never ate. It was the only time I went . . . I just can’t stomach this. And you feel bad because the guy brought it in as a treat, right? I just about said I didn’t know where the blood started, and . . . this just flipped to another memory. I just about said I didn’t know if I ate this guy’s blood, well in fact I did do that once.

I was on the Rescue again and we went for a guy having a seizure at the post office and he was in his cubicle sorting mail and he had a seizure and he fell and as he fell he smashed his nose on the edge of his desk and he was in seizure and so I went over top just to control the seizure and my mouth was open and he gagged and sputtered and he let go of this great big, big bloody thing and it hit the back of my throat and I swallowed before I knew and I started to spit but it was too late I had swallowed this thing, right? Now a day you would go to the hospital but, I mean . . . .

It’s an experience. When I talk . . . it’s hard to believe this stuff affected me or does as much as it did . . . still does, because . . . You know, it’s an experience, but there’s adrenaline too. In a positive way. I love the job and it was really beneficial for me . . . my identity is “a firefighter,” but it was also really detrimental. No question it hurt me. It definitely hurt me but
it’s funny because two months ago I would have been telling it in a much different way, I would think . . . because of your mind set . . . the video tape just clicked on me. Why would I just think . . . this is what’s weird and obviously it’s opening up, right? Talking about these memories . . . I just had two flashes . . . one is a jumper that went from the twelfth floor . . . you know how they put like six foot or 8 foot concrete walls around the garbage containers to separate them so no one can see them? Well this guy, the top of his head hit that six or 8 feet before he landed so it took the whole top of his head off. You know, he’s obviously dead but . . . it was a mess . . . I just had another one. Anyway that was a mess . . . you know, the rest of his body was all soupy.

Yah, another one I was on the Rescue . . . wasn’t our call but we went. It was just around the corner and it was the same guy that went to the bus accident with me . . . yah but he quit the job . . . three of us went up . . . the Captain, my partner and I went up and I was a young guy so, the manager walked us up said yah this guy had been missing for a couple of days and people are wondering where he was. So he opened his door for me and so I just went to push it but you couldn’t just push it so I got my shoulder into it . . . you know, there was definitely something behind the door so I push it and I just got my head like this . . . I was trying to get my head in to see what was behind the door and I’m looking at the ceiling and here’s this human splatter all over the ceiling . . . you could tell it was skin and body parts and stuff and blood and so I kind of put my head around and I could see legs and a gun . . . a shot gun so I looked a little bit further you could see that the blood had dried and was black now and then I looked and this guy had shot the whole side of his face off and killed himself. I don’t get smells but the scene is pretty clear . . . imprinted . . . and it’s funny like just thinking back . . . what we were saying about the rolodex. As I say these stories aloud, I feel myself going through the door and doing the
panoramic . . . instead of just the visual, the ceiling . . . seeing the body . . . yah, like I can feel myself kind of scanning.

And I think the reason this third one just popped into my head was umm . . . was because we took this call for #1 and I was on the Rescue and we went for a collapse in a sauna and so we got there and this guy was a big guy but the last time he was seen was about six or seven hours before this and he was in the sauna with a towel on and he was lying on the floor . . . seemed more bloated than normal but he had been cooked . . . he’s been in the sauna for six hours. Well, the story was he got murdered . . . how he got murdered, we have no idea but it was so hot in there we decided to pull him out and as we pulled things started coming off . . . skin just started peeling off and bones just started coming apart. That was one of those bizarre ones.

It’s interesting how these memories, images, scenes come to me . . . have stayed with me. My time at the Boston clinic for first responders with post traumatic stress cleared up a lot of it. It was five days and I think that we worked on the one where the lady got hit by the bus, which I think was the start to things. We did EMDR and I remember at the end of that feeling it wasn’t so bad. It’s like the play button has been moved or something. You know, you can still find it but . . . and it’s funny that these memories are linked together, I mean, you know, the guy with the shot gun with half his face gone and the one that jumped with the top of his head gone . . . they have similarities there, right? So I can remember those at the same time. They trigger each other...

I’m feeling . . . I feel such empathy. Yah. You know, that could be my make-up. I think I’m aware and like to be aware of what people are feeling . . . I’ve been like that all my life. Me being this way . . . I think it was known on the job. I don’t know if it was ever talked about. I would assume, you know, I don’t stand alone when it comes to firemen being compassionate. I
mean, we do that job because we are compassionate. And so, I don’t think I was ever afraid to
show that side of me even though I have that bravado, you know... I would say more
compassion than bravado.

I don’t think I’ve had more traumatic calls than most. No, no. I mean I’ve heard, I’ve
been at the fire hall when the Engine will go out and they’ve come back and they will tell you
whatever... they will just tell you a story. Every guy lives his career and no two are the same.
That’s not just our job but every job around the world. There’s no way any two guys will see the
same things. And I think what I learned in Boston was my personal story is accumulated...
there are guys that have one. One of the guys that went through the debriefing in Boston was a
cop in Rhode Island. He was a detective, plain clothes, unmarked car... he was one of the first
emergency responders for a bar fire that had the fireworks in it and his first reaction was, because
there were so many people crowding at the front door trying to get out... but his words were
they were all stacked up like cord wood... nobody could move because there were bodies
stacked up on bodies and there was heat and flames and smoke coming over... all these people
were just lying there trampled and the odd person was jumping over top. And he was trying to
pull people out. He had this one experience and we all cried when he was talking because he was
hurting, like he was really hurting. And that’s part of my problem is when I was there I know I
didn’t get out what I should have got out because even though it works, I found myself as a care
giver there and I got more concerned about what the other people were saying.

I like that side of me. But, you know, I mean... it’s hard. I travelled all the way to
Boston... I’m here, but you are in that room... I think it’s just my make-up. Does my
empathy make me more susceptible to accumulating traumatic stress? I don’t know. I don’t
think I ever understood it as much as I understand it now... yet there is lots about my
experience that I have yet to fully understand. It’s a process . . . it’s a journey. I think I should stop the video now . . .

*You have a Fire, You Have a Beer*

So . . . 15 to 20-years on the job, I’m losing motivation, I’m definitively drinking . . . umm, had been for a while . . . hmmmm . . . turning point . . . makes me chuckle . . . this is a little sensitive, . . . but because it was such a prevalent part of my career, I feel it’s important to speak to. Drinking was a very prevalent part of my career. I’m happy to say that drinking on the job doesn’t happen today like it did back then . . . not that we know about. I’m sure there are guys that are, you know, we call them “tower drills” where guys will sneak up the top and smoke a joint. I mean, you’ll never clean up everything because of the emotions wrapped around it and the need to self medicate and stuff. I mean, I was taught that’s what you do, you know, you have a fire, you have a beer. I mean it was a debriefer, you know, bonding. If you worked hard at a fire, you deserved a cold one and to this day I still say we should be entitled to a couple beers after fires ‘cause it’s way more than finishing a hockey, soccer, or a football game. You have totally given all physically, mentally and water doesn’t cut it. I’ve been there. A nice cold beer is . . . every fireman deserves it. I’ll go to my grave knowing that ‘cause I’ve been there and I’ve had that celebratory drink, or whatever you want to call it. I’ve also . . . you know . . . I know I finished a bottle of rum at work one night, well definitely more than one night. If there was more than one of us, there would be more than one bottle. I never drank on my own. You know, I’ve seen the Fire Bird, 64,000 pounds of fire truck pull up to a fire scene, you know, and the driver falls out of the front seat. You know, its old school fire fighting.

And I can’t actually say that I think it’s dangerous. Yah, you know what, I can’t say that. There’s something about the bell hitting and the adrenalin rush. I guess I could say this
professionally or personally . . . it's the only thing you worry about is somebody at the house or EHS smelling alcohol on your breath. But you are functioning. I definitely piled some away some nights, not that often but it certainly wasn't uncommon to drink everyday. I mean, I never did drugs . . . you know, I'm not trying to say what I did was right. I'm trying to wrap my head around this. Socially now a day it's not right. It's not considered something that should happen at your work place. You know, I mean, let's face it . . . anti drinking and driving has promoted a very safe environment and that whole thing has come into the fire department.

Have you EVER, you know, heard someone say "you wouldn't believe what happened, you know there was an accident and they didn't put a fire out properly" . . . nothing ever happened . . . nothing! You know, it's gotta be the adrenalin when the bell hits . . . it just takes over . . . there's a lower part of the brain, right, that takes over, right, and I think it's very strong. Well, I saw that guy fall out of the driver's seat . . . I'm not saying it's right, but here's a guy that made it to the call without a scratch, a dent, no problem at intersections and yet when he got there it's like the adrenalin just cut off and out he came. I mean, I can laugh about it because nothing happened . . . if . . . I'd be sick and because I'm conscientious I . . . I mean I was always aware that we were having fun, you know, it just seemed to be the perfect fit. It was debriefing . . . I mean, there was no debriefing back then . . . I'm only using that word because it's sort of fun, right. I mean, I've never had a debriefing. Never had a formal debriefing other than when I went to Boston.

Yah, so after a heavy call, we come back to the hall and have a drink. It was how we came down from it. If we didn't sit down and have a drink, we'd just carry on, you know, just get back into it. It was way more common to go out after work and stuff. Like when we were downtown we would phone the guys at # 2, #6, #8 and whoever and we would say we are all
meeting at the strip bar or whatever. I had my first beer at six months . . . it was the day I did my practical exam for my probation. The guys really liked me, they were happy with my performance and everything and you wouldn’t drink on probation . . . you haven’t been accepted into the club type of thing and so right after I passed, they pulled me upstairs and had a cold beer with me. Kinda like an initiation. I mean my first night that I spent in the fire hall, I was studying until ten o’clock at night down in the watch room and I went upstairs and all the senior firefighters were standing together, all nude with a big jar of vaseline . . . they were all, you know . . . we think you’re cute, you know, and . . . I just turned around and went back down and studied. I think I slept in a chair . . . I was hoping this was a joke, but I wasn’t totally sure. I was new to the city, even though I was born here, we moved back to Ontario, came out, I was in the city for a year when I got hired and I had heard all about the west end and here’s all these firemen.

I was definitely drinking more as my symptoms got worse. It’s hard to say . . . I had always been drinking. I was working at a hall where all shifts participated in drinking . . . this was between twelve to fifteen years on . . . and there was a whole bunch of us around the same era and we were really fit . . . we worked out a lot . . . it was a really good, fit crew and we loved the social part of the job. We’d work out and play volleyball. We did a lot of that. We always had really good meals and you know, about three o’clock in the afternoon after volleyball . . . I mean, you didn’t drink until you were finished working out . . . and you’d have a couple of cold ones, you know, I mean? I remember carrying on after a shift one night . . . we went right through from four o’clock until 9 o’clock. We stayed upstairs in the hall and they were having a meeting downstairs with this equal opportunity employer, you know, and she was with one of the Chiefs and they were going in for a night drill and we decided to go out for something to eat so
we cleaned up the locker and we were leaving . . . but we were all hammered . . . like I remember being hammered then, off shift, but I don’t ever remember being falling down drunk on shift. We went downstairs and I remember being boiled . . . and I met face to face with this woman. We just left and nothing was ever said.

The Culture: A Love/Hate Relationship

I would say that old culture is far superior. I respect the work ethic of the guys that preceded me. I don’t like what I see now. And I don’t know if it’s getting progressively worse . . . I don’t know. Today I asked one of the guys I was working with “Who is the junior guy today?” and he said, “What do you mean?” I said, “Well, who is the junior guy? How come the clocks aren’t changed properly?” Because back then, it was a MUST that if there’s anything out of place or wrong at the fire hall you always blamed the rookie. Nowadays guys get away with murder. I think in the 1960’s, guys who started then are the men of all men. They definitely weren’t conscious about overall health . . . emotional stuff, but they were big strong guys, you know, that’s the way I look at them . . . guys from the war . . . those were the smoke eaters, they didn’t have masks, wouldn’t wear them. There’s such coolness, such strength . . . I wanted to be like them. Guys wear their mask to change their shoes now. Back then, if there are no flames, you took your mask off. You know, there’s worse smoke after a fire than there is during a fire. Nobody gave a shit, right, because . . . so what? So what if I get sick, you know, I’d rather do my job. It wasn’t very long before I started they had plastic helmets, they didn’t have any night pants or rubber boots, you know. They wore their leather boots and it’s like they are closer to danger and made it tougher. Like now a days it’s like, we’ve got special firefighting gloves and all this nomex you know, and one thing that comes to mind is even though I would probably be disallowed claims, I never wore my nomex hood. I have been in fires where I’ve pulled guys
down to the ground because it’s getting way too hot to be in there and they don’t feel it... I’m feeling it and I’d much rather singe the back of my neck... I want to know I can feel when it gets hot. But you get so bundled up in this new safety equipment you don’t feel.

The image of the perfect firefighter. OK... there’s the picture of the true fireman over here. He’s got a belly, I know that... he’s got two or three day’s growth... somewhat unkempt and gruff... and over here, nowhere near it, is the guys on the calendar. Right? And, don’t get me wrong... I’ve been in the calendar. The good thing is it was just my head shot with my helmet on. I wasn’t Mr. Bare chest or anything. No, I see that as two ends of the spectrum. Let me put it this way. The visual I see, you know, of a true fireman... just before I started, I think it ended in ’82... that was when you came out of a fire, you got cigarettes. The R & S Rescue, well it used to be called Rescue and Safety, it used to carry cigarettes. You come out of the fire, you have a cigarette. That’s what you do after a fire, you sit down and have a smoke... ah, the good ole days.

But what’s interesting is I can’t tell you anything about the mental health of the guys I idolize. Hmmm, I see them as overall strong people. You know, this is a weird thing to say... but I see them as angry and I see them as um... loving spouses, but troubled spouses. I see them as having fights at home and stuff... I see them having a real hard time at home. If they aren’t having trouble on the job, which they’re not, they’re having trouble at home, because you gotta have trouble somewhere, right? You’re not living if you don’t have trouble... particularly this job... something has got to give. And they are having bacon and eggs. Old school... meat and potatoes... gruff. These are the guys that would never call for a debriefing. My ideal firefighter would never call for a debriefing. I hate to say it... I don’t even know if I believe in debriefing. I never had one on the job, with my peers, and I still don’t know.
See, I don’t see myself like those guys. In many ways, I wish I could be like them. One guy, he’s retired now, he used to tell me self praise isn’t praise at all. Right. And I agree with that. I will also say I think I’m as tough as any fireman that’s been. I know I have that in me. I’m not afraid of doing stuff - I don’t have fear of heights or, you know, whatever it took you did. Most guys are like that. The odd guy you’ll hear say “I’m not going up that ladder”... yet, I don’t stack up to what I believe is the old school. I’ve been affected mentally and I know that’s because of what I’ve seen... I don’t think I would ever see myself as how I envisioned the old school fireman. Even if I was never affected or anything like that... I don’t think I could put myself on the same level... I mean, I put those guys on pedestals. There’s just something special about them. Invincible.

You know these old school guys, they wouldn’t understand if I went to them and said I was struggling... having mental health difficulties. That said, my gut feeling is that 95% of them would respect what I said. Yah, I think for some reason the word polished comes into my mind. My reputation as a firefighter is solid... I’m respected. You know, I’m really happy to say that I’ve got a good following and I keep getting told that especially now that I’m back. I think I was respected as a firefighter for almost twenty years before I was really impacted, but I also think that I’m respected because I’m speaking out. Maybe not everyone... not everyone understands. I do think I’m doing this to help other guys. There would definitely be some other guys that might not have as easy of a time letting this out to the guys. You know, if I was this wimpy guy, I’d be having a pretty tough go of it... socially, culturally. I’ve talked to a lot of guys who have also been impacted yet they haven’t talked to anybody else. I think again, self praise is no praise at all... but I think I’ve earned respect on this job, and I think because I am so open about it, like I’m not hiding anything... and I think it’s opened the door. I’m trying to
open this up . . . make it more acceptable to talk about . . . break new ground. That’s what I hope to do. I just think it’s important to be open and if it helps somebody else. They might not talk about it but they might have a realization that it’s not that abnormal to have emotions and things wrapped around what you do for a living.

I know it’s kind of interesting . . . idolizing the old-school part of the culture yet wanting people not to suffer and being open about how I’ve been impacted. But I think I can do both. I can be strong and tough and empathetic. I am. I didn’t process for years, and I think this messed me up. I can say this, yet I do acknowledge that there is still a cultural belief that it is not OK to have negative and traumatic emotions around work stuff. Lots of firefighters still believe that this would be weak. It’s an evolution, right? We’re becoming more aware of all this stuff. We have to acknowledge that brave tough men get impacted. We all do. We’re human. Yet, this is a hard one. We talk about trying to change culture just to make people healthier . . . by encouraging people to talk about their feelings, their experiences. Yet I idolize guys who would never talk about such things. I think . . . I was brought up in that culture and that’s what I grew up in as a man but now I strongly believe there’s another part to the puzzle. It is hard to reconcile, but I think it’s bridging the past and the present. You can still be tough and masculine, and talk about your feelings. Others would disagree . . . I think . . . you know, it’s like hoping you have air bags on an Edsel. There where no air bags back then. Now a day you don’t buy a car that doesn’t have them.

I think I’ve been blessed too because I . . . I would like to think it’s my character but I really haven’t had any run in with guys. One time a guy came in drunk and I was washing the dishes . . . it was just after probation, and this guy was working on our shift and he came in with this frozen goose roast and threw it and hit me in the back. It really hurt and so I got angry right
away just because of the pain and I turned around and he was pissed drunk and he said “hey Rookie, you had better fucking cook that roast properly or I’m gonna have you”... I thought I could eat this guy for my breakfast but he was one of the... they used to be called the mafia. The Fire Department Mafia. It just seemed there were a few guys... it was like they were in the mafia or something... they had control and if they said anything it would affect your whole career and I knew that at that time, and I was young... so I looked at this guy thinking if I beat him up I’m not going to be any further ahead. If he beats me up... you know... so I just walked right by him without even looking at him and I went into the tower and I counted to 50 or 100 or something, put my arms against the wall and just tried to calm down.

Makes me think of a friend of mine that I just remembered. There was five of us; three or four firemen, on a fishing trip. If you opened up Herman, that’s what my friend looked like. He scared the shit out of rookies... he was this big, loud, boisterous, bravado fireman... big hairy-assed fireman we liked to call him. Right? But, just get to know him and he was this teddy bear. But at the fire hall he was this big, loud, never let anyone get away with anything type of guy and I loved him. He had a great character and a great sense of humour and we were on the floor laughing and he just switched. The switch hit him and he just started talking about this car accident... how this girl got impaled on a post and we were waiting for him to tell the joke part and it never... he just went totally blank faced... and that’s when I realized if it can happen to him it can happen to anybody. And I think in some ways it kind of made me feel what I was starting to feel is OK. I’ve never been able to talk to him about it. No. He’s very approachable but not on that subject. But in a sense he was my opening. I have to believe that there are guys on the job who think that I’m too sensitive or whatever words you want to use. Now that they know. They never would have said that before. People were surprised this happened to me. I
don’t know, I mean there’s got to be somebody who thinks, you know, he’s a nice guy but he’s too sensitive. I’m just assuming. But what I do know is that we are human and we do get affected . . . we self medicate in many different ways.

The very first afternoon I came back to work after one of my leaves, we were sitting around the fire hall and one of the guys who’s really kind of a loud, outspoken, you know, bullshit kind of guy, doesn’t let anything slide . . . they were talking about somebody that was affected by something and a couple of them said yah, I guess you gotta hide all the razor blades and ropes. And I was sitting right there and I had mixed emotions right then because I thought well that’s the way it is . . . I kind of had to take a check to see if it affected me and it didn’t. It wasn’t about me, it was more about the guy they were talking about. But how insensitive. They were definitely trashing him for being impacted. Right in front of me. I mean, I don’t want any special privileges or anything like that. It’s not just the fire hall, I mean that’s the way people talk. The way guys talk. And if I had said . . . “hang on here,” you know, I’ve never done that and I wouldn’t want to change the way guys perceive me. I mean, that’s them, I’m not going to change them. I’d like to open it up so they can become more aware but that doesn’t mean they are going to change the way they act. I’d like to think it could change, but I don’t think it’s going to. You’d have to have a course . . . and sit these guys down. But even then . . . firemen have scared harassment lecturers out of the fire hall. They are in there teaching harassment and they leave because they can’t take it. Seriously have scared . . . harassed the lecturers out of the halls. And then they write letters to the Chief saying your guys are totally unacceptable and, you know, what are they going to do? Makes me laugh. You’re the head harassment officer and you can’t take it.
But as an organization, we need to get it . . . we need to understand. It just encourages people to not come out and if they don’t talk about it then they just hold it in . . . and you hold it in and then this is what happens. I don’t want others to experience my hell. There’s no awareness, there’s no nothing. Yet they would say we have CISD and EAP and depression screening but no one is going to go . . . it’s not culturally OK.

So . . . skip to present day. Because I’ve been so open and honest about my experience . . . my pain, and all my mental health symptoms, I get demoted . . . I lost my position as a firefighter. Other people are shit faced at work, but I loose my position. Yah, I don’t know . . . I have mixed emotions on being so open because . . . that’s the way I am, right, but I am definitely eating it now because of it, there’s no doubt about that. I also wanted to go off legitimately, as opposed to booking off on some physical issue. I just hope that being open has helped other guys . . . I think so, but in terms of my job, it’s hurt me. It’s a funny situation, there’s no doubt about it . . . I mean, they are not allowing me to do much. At this point I don’t know where I’ll be . . . but not in any safety sensitive position. Just the other day I was compared to another Guy . . . his nickname was Space . . . like he would leave the fire hall and go to the Library and he’d disappear for about three hours and nobody would know where he was. Like he definitely had some kind of a problem mentally and people are comparing me to that and I’m saying “hey, I’m depressed, or suffer from post traumatic stress, but I’m not insane.” People just don’t get it and maybe they never will get it. I don’t blame people for not initially understanding . . . but I do blame them for not listening. But I guess there are people who will just never get it.

It’s like people who yell at people in wheelchairs. You know, my brother is in a wheelchair, and when I introduce people to him, some have yelled at him thinking that his disability "must" include hearing loss. Same is happening to me. It seems very clear that people
really don't take the time to understand disabilities until they are affected by one in some way. Am I retarded???? No, I'm not, but I sure get treated by some that way. If I get mad or forget something, it's related to my "Mental Illness." It's unbelievable. The ignorance! I've had people say, "Put the ropes away" when they see me . . . that's the culture, and I understand that culture. It still hits a chord. I could have a harassment case against the Fire Department in a heartbeat. I don't document anything, it's not my style. But the stuff I've heard by both management and the guys . . .

*The Cumulative Impact . . .*

I haven't had anything really to offer anybody for about two to three years . . . wife, kids, dogs, work, nothing, right. But the downfall started years ago. I look at what happened to me and I would say physically one of the first things that happened was my stomach, gastrointestinal discomfort, and cognitively you just started to not be able to focus. It started out with sleep problems, everything from not being able to fall asleep sleep, both at home and at the fire hall, or after calls. With one call in the night, I might be able to get back to sleep; two, no, I was up for the night. For the longest time I thought it was just a sleep problem, right. You don't really know it's a problem. The other thing is my fighting weight is probably 200 pounds. I mean, we all gain weight over the years but I started the job at 185 and 220 is a good weight for me now and this summer I went up to 274. Binging. The meds were definitely a weight gain issue but you know I was definitely . . . I would say there were addictions issues as well. Some reports say I have a problem with alcohol. I had never considered that and I still don't because I just quit and there's no problem. But I definitely self medicated with food, sex and booze, without a doubt. Binging, it would be easy to knock off three or four cheese burgers. And then there
would be times that you don't eat and you just cram a bunch of unhealthy stuff... I mean, you just don't care anymore.

It was about year 15... the video tape that I didn’t know existed started to play... at inopportune times. Reliving, going over in my head. I would say my agoraphobia was sneaking in as well. The questioning, the worrying. Yah, and in 1990 or 1991... I moved out of the city. I mean a big part of it was that I just loved it there but I needed out of the city... I was not settled here. I am better now that I don’t live here. Just too close to the reminders I think. I’ve never really been able to put a finger on it, you know, what drove me out of here but I knew there was no way I could live here anymore... and I was isolating myself. Well, it was probably earlier than I think. Even at eight years on I had a lot of anxiety. I was having stomach troubles then and I got diagnosed with Crohns sometime back then and I was also diagnosed with agoraphobia... I was isolating myself, I couldn’t go to restaurants, I had a hard time in bank line ups. And I wasn’t really ok at work. No, not really. My first sign of any anxiety... I just wanted to sleep. I was always cooking, but I couldn’t sit down with the guys and eat. Like I’d go to the washroom and wash my face... like social phobia. Everyone says I don’t have it because I’m so open but nobody really knows how much I hide and how difficult it is for me. I definitely still feel the anxiety going into work. Particularly sitting around eating with the guys. It’s very difficult still today.

Yeah, the anxiety is the core... came before the depression... definitely. The other thing that came and it’s definitely a point that needs to be looked at... my anger. What I’ve learned in the last few months is that depression is anger turned inward and I thought, you know, that’s weird because no one has ever talked to me about this. I was kind of shocked, you know. I do harbour anger. I am actually taking an anger management course right now. I don’t come
across like an angry guy and maybe once in the fire hall in twenty-five years have I been angry. A couple people have seen it in my family. My wife will not put up with it anymore; she has given me an ultimatum. About once a month or once every two months my anger flares and it lasts five seconds . . . explosive . . . and I say nasty things and I am apologizing before I even get it out of my mouth, but it’s too late. You know what, with this anger management course I have been learning more about it and I don’t feel it . . . I know I’m suppose to feel it coming, but I just don’t feel the build. We did this balloon thing two weeks ago where you blew in your emotions and then we tied it up and wrote all our feelings on the balloon. A lot of guys were saying Yah, I could feel myself blowing . . . and . . . mine sort of comes out of nowhere. Like I feel frustrated or something. I think I get anxious before I get angry but not the way I get anxious when I am in public. It’s a different feeling altogether.

Headaches, lot of headaches and I was definitely addicted to coffee, pounding coffee back too. I wasn’t sure if it was the coffee or you know, but you just wake up with downers. I talked to my psychiatrist too because I’ve had Crohnes, Irritable Bowel syndrome and gastritis. Gastritis seems to be gone, hopefully, or in remission but Crohnes and Irritable Bowel are definitely still . . . and along with that came the bloating. No sex drive. And the sweating is unbelievable . . . yah, even now. It’s probably worse than it’s ever been now. It’s like all of a sudden for no reason it’s like a downpour. Well maybe it’s not no reason . . . I guess I feel anxious. That’s what I talked to the psychiatrist about this week because like I said my stomach’s a mess again . . . yah, the demotion was hard on me. I don’t know why this is but my hands kept falling asleep on me, my right more than anything when I’m anxious. I have sleep apnea so that goes back to the sleep problem. The sweating, well because I sweat from my head and my face, well there’s no hiding it.
Well, this one is hard to admit but I still don’t groom myself properly... bathing and looking after myself. I don’t know if it’s the effort... it doesn’t seem like effort... it seems more psychological. I don’t mean I’m dirty... I used to shower twice a day because I enjoyed it. I’d have a shower when I woke up and then when I was going to bed or after a workout or after a fire or whatever. Now it’s like... whatever... it’s bizarre because I don’t understand it. Because... like my house is tidily. It’s not about cleanliness, it’s something else, like I don’t matter, or something, you know. It’s a funny one... I mean it disgusts me when I think about it. The really weird thing about this whole thing is that I’m totally fastidious when it comes to my hands. I wash my hands more than anybody. Like my wife would even say to me... like it wasn’t smell or anything... she would say to me... do your best to try to have a shower. Thinking about this I know I’ve come a long way.

This goes without saying but I was so tired... that’s the wrong word... I was exhausted and there was no reason. I just wasn’t getting out of bed. Well, even now, we’re planning... six or eight firemen are going on this fishing trip. I mean I told one of my friends on the fire department that I was taking my son fishing and he kinda went “Yah, I’d love to go.” And I thought yah that would be fine. And then the next phone call I got was that there are six other guys coming. So I find that I’m playing a game being excited about it... I’m pushing myself to do this, right, just to go fishing. I keep thinking if I just force myself... fake it till you make it.

My first suicide attempt... it was an OD. I was off with depression; I don’t know when I booked off then. I know I was having flashbacks and the memories and stuff but I don’t think I was depressed until around that time and I knew my cognitions weren’t right. I wasn’t thinking clearly and I wasn’t able to function properly and I know I was sleep deprived. One thing that really messed me up was... it was just a garage fire... it took a Captain to come over and ask
me what was going on... he was a really nice guy otherwise he would have probably given me shit. I was really tunnelled out and I couldn’t get water to the guys at the fire. Thank god it wasn’t an interior attack... and I know that really scared me because I knew that I just couldn’t think clearly. Shortly after that I booked off. I had a little diesel boat at the time and that was my plan to get in the boat and take a little cruise... just drift off into the sunrise. It’s always sunrise, not sunset... I don’t know why that is. It was Monday morning, like I had planned. I didn’t dwell on anything over the weekend; I had this thought, right. Monday morning, I got up, then my wife and kid woke up, we had coffee, we made sandwiches for their lunches and all that kind of stuff, and saw them out. I then turned on all the Christmas lights in the house... I did something to make it holy, or something. I just... like I didn’t sit there and think yah, I’ll do it now... it just happened. I just did it at the house. I took just about everything that was there... sleeping pills... anti-depressants.

A friend said he might come and visit me but didn’t say what day or anything like that. Three friends of mine – two of them might see each other once in a while but to see all three of them together is odd. The three of them came all the way over from the city together to see me, to take me out for lunch or whatever and my truck was there, my dog was there so they knew I hadn’t gone for a walk. They said they came down the driveway, knocked on the door and no answer and then they got into the back slider and were calling for me. They thought I was snoring, but I was gasping for air. I was out... I don’t remember them coming at all. So they phoned my wife and they phoned the ambulance from what I was told. Apparently I quit breathing on the way in to the hospital. So it was definitely close. I was in hospital in ICU. I didn’t want to stay in the psychiatric ward. My surrogate Dad and had just died in July and I know that his death was really troublesome to me because I had never really had that “guy”
relationship with my Dad and my surrogate Dad and I were pals and did everything so when he passed away that was a real downer for me. He had been in that same hospital . . . Alzheimer’s and he was terribly drugged and just a mess so I didn’t want to be there. I convinced the doctors to release me to my wife and my Dad’s care.

I think I was back to work by January, not too long after. They wouldn’t let me be a fireman, so I did extinguishers and I wrote my Officers exam and . . . it’s amazing how bad my memory is now. After all the ECT’s. I might have been back a year . . . don’t know. I think it was ’02 when I went into the Mood Disorder Clinic . . . voluntarily. I saw psychologists and psychiatrists, we just talked behavioural therapy. God, time wise, I’m so lost. I really should try to write this down just so I can report it. I was seeing a GP and I was on anti-depressants for quite a while actually. I was also diagnosed with agoraphobia back in ’90. I was really having a hard time being in crowds and that never went away. I was thinking my MD . . . this guy is taking me nowhere quick and so I went to our family doctor . . . my son’s and my wife’s doctor and the first day she saw me for me I collapsed on the floor. It was like a week before I had my first attempt back in ’01 and she said “are you going to be able to hang on.” She was great, she just sat there and talked to me and let me cry and I know a lot of it was spilling my guts. And I was really worried about what the guys in New York after 911 . . . I just had a feeling that there was going to be a lot of guys killing themselves for what they saw and what happened and I was just thinking about it. I also went to see a psychologist and he put me in the hospital. I mean, I’d been open about my feeling and stuff and I told him . . . like I have such a hard time driving through the forest . . . because I have this thing I didn’t know if I was going to make it home because I thought I was going to drive into one of those trees. So he put me in the hospital there
for five days. I’ve been in various hospitals, at least five times, sometimes for overdoses. Once I went voluntary because I knew I had to be somewhere safe, then this last time . . . six weeks.

Boston was June ’07 and then there was another suicide attempt after that. Another psychiatrist . . . after I went to see her when I got out of the hospital she said it didn’t surprise her. Boston was a really good breath of fresh air but it didn’t last . . . it was so up and down. It’s hard for me to say this, I guess who I am . . . listening to the other people that were spewing their guts . . . I became a care giver . . . I couldn’t . . . I mean even though I was open and spewing . . . I still had a hard time because I found myself caring for everyone else. Listening to their pain. At some level, it’s not good to focus on me.

And the anxiety is still controlling. I’m panicking about my nephew’s wedding in July. I don’t know a lot of the people . . . the whole situation is awful for me. When I was talking to my doctor I told him when I go into anything like a social function my back goes to the wall. I’m constantly looking at everything that is going on around me. To have someone walk behind me or anything like that . . . puts me into panic. Always thinking about what they think of me. This is a funny example . . . I ate with the guys today at the hall. Haven’t done this much . . . too much anxiety. Today I was anxious because I haven’t seen this one guy that was there for a long time and because I’m an officer now you sit at one end of the table and people walk by me to get to their seat and because you are an officer you eat first. Anyway, when I got there I was late today and the only seat available was back to the wall down at the junior end of the table and it was like this huge relief because that’s where I have always been comfortable . . . at that end of the table . . . your back to the wall and I could see everybody and you know what’s going on. You know, it’s amazing how you can go off instantly. I’ve got so much tension in my body . . . jerk-like movements.
So, the other two, the last two on the list and I don’t know why I never got this checked out but I suffer a lot of chest pains. I certainly wouldn’t associate it with a problem other than I’ll find myself kind of slumped in like this . . . it’s like a sharp...but that has been in the last little while. It’s random. And the drinking . . . I’ve never thought I had a drinking problem. I mean, I really enjoy . . . and yes, I self medicated. There’s no doubt about that. It’s funny, because I did pour myself a rum and coke . . . it’s the first one since August and ended up taking about three sips and chucking it down the sink because I didn’t enjoy it. Which is fine. Last week the guys had planned to go for a beer after work and I told the guys “I can’t, because I know if I have one or two with you guys, it would probably be six.” I know I would have pounded some back and so I just had to say no. The funny thing was I had already made plans with my brother I had kind of forgot about and so it was kind of nice because I said I can’t and then my brother phoned and said “are you coming, cause I’m here” so I had to go and see him and my buddy came with me instead of going out with the guys. We had one drink each. I said I’m having one just to, you know, just to ease . . . take the edge off, then that’s it. So there are issues. I never would have even thought that I had any kind of issues around drinking . . . never. Because some people think if you have more than one a day. As a kid, yah, you’d just finish whatever you got. Bought a bottle . . . you never thought well I’ll just have a drink out of it. And even still, you know this fishing trip we’re going on, right. I look at that and I know I’m going to save a lot of money because I’m not taking anything with me. I might take six beers for the four days I’m out there, right. I might. Because I know I can’t get into it.

Like I said, I haven’t had anything really to offer anybody for about two to three years. But the downfall started years ago. There’s no doubt for me . . . I am this way because I’m a firefighter. Because of everything I’ve seen . . . I’ve participated in . . . witnessing human
suffering. It’s what we do. And I care . . . I care deeply. And this impacted me. The culture? In talking, I can tell I have some conflicting views on the culture . . . it’s my identity, and I feel supported, yet I also know aspects of the culture hurt me. I mean, I wasn’t aware I was being impacted! This wasn’t something that was even an option. But it happened. I slid . . . I look at it like being in a sewer pipe and there’s nothing to hang on to and it’s black and slippery and once you slide into that pipe and nobody can see you falling . . . and I didn’t know I was falling until it was too late.

_Bennett_

While I was active in my career I was diagnosed with PTSD and taken off work. Subsequent upon my immediate retirement I had some PTSD fallout as a result of leaving. So I got treated by a psychiatrist before we even knew what CIS stood for, let alone what it was . . . when my first diagnoses of PTSD occurred. Here’s the summary version. I was off for several months the first time I had PTSD. And later on, when I was an Officer, I went off on stress. And then after my retirement, it hit me again. I thought I had worked everything out, and then a whole other series of other symptoms came up. My wife just finally gave me a smack across my head because nothing was going right and said “listen to you, look how you are treating me” and I just bawled. I literally broke down and did not know. I had three distinct stress reactions over many years, and with each of them, I was unaware until it was too late. So that’s when I went and saw who I saw and had some sessions. But that was a diagnosis of PTSD again having retired and not having dealt with some crap . . . so we dealt with the crap! And life is good again.
The Accumulation

So . . . the first time I was diagnosed with PTSD . . . I must have been ten years on the job. So, my goal right from the beginning was to get on Rescue. I wanted to be on that rig, we only had two in the city at that time . . . this is back in the old days. I started in the mid 1970’s. So the job as it was then . . . with all the drunken captains, alcoholics from the war. You know, don’t point fingers at them; it’s not their fault, that kind of stuff. So I worked through that.

That show . . . Emergency! was the thing that had the biggest influence on me wanting to become a firefighter. Squad 51 . . . I’ll be very honest . . . there was a glamour aspect, right? I wanted to be a paramedic at the time . . . someone to pump drugs, I wanted to save people. OK. And then when I came to the City, of course, the paramedic system wasn’t in place and clearly paramedics were not going to come to Fire service like in many American jurisdictions. So I accepted that and realized what the real aspects of our Rescue rig looked like and I said OK, let’s rock and roll. I took the job.

Then my first five years are not on Rescue and I’m getting a taste of firefighting and I’m loving it. All right. I’m going into burning buildings while everyone else is running out. It was a rush, man. I love going into fires. There’s the adrenalin rush, there’s the risk. The goal for me was if there’s someone to save, I’m going to save that person. I want to save people. Service the community. Do good and holy crap, make money at the same time? Fun! I was not a jock. I mean I worked out, I stayed fit. I didn’t play hockey, I mean I played hockey as a kid in school but I was not on a hockey team or the soccer team or the lacrosse team. None of that was ever with the fire department. So I tried to have a life outside of the fire department. And I did . . . I did not associate at that time socially with firemen.
So I got on Rescue four years on the job. Boom... I got what I wanted. There were two Rescue teams in the city at that time: one downtown and the other in mid-city. So I went to one of the Rescues in my fifth year and I was there for seven years and... OK so here we go... this will bring you to a more accurate determination of my PTSD. So I was on there for seven years. Life is good. I was working in the poor area of the City, and I was wanting to stay but without any warning... shit... they yanked me... I called the Chief I said “what the fuck is going on?” I was sent to a super quiet hall – and I was told it was going to be for a while. I said OK... I didn’t want to go. I loved this job! My partner and I were nicknamed after the TV show Emergency!

I’m out at that quiet hall for one set of shifts. One set of shifts. I phoned the Chief, and I said “thank you.” I realized that when I was on Rescue, I was starting to beat up on my patients, I’m exaggerating, but the care and attention and treatment would be short and abrupt and I guess someone told someone, didn’t tell me but this was back in the day when you wouldn’t have this one on one, you deal with the problem or they ship you out... and I got shipped out. Not to make excuses but my treatment was directly related to the clientele... I was working with poor drug addicted people. What am I doing, all through the night, every night shift... picking up drunks, patching them up, and loading them into an ambulance. They are going to go to the tank or to the hospital to get stitches and you get back to the station and you’re lucky if you get an hour sleep boom you’re punched out for another call that could be the same guy... we used to get that all the time when Narcan came in. So they get high, they OD, they get Narced up, they get back to the hospital and an hour or few later they’re back on the street and they yell at you for wrecking their high and you just want to punch them in the face... stupid ass. They say don’t take me to the hospital and thankfully the protocol with the ambulance was if you get
narcaned up you gotta go. But in three or four hours or the next night, the same fuckin’ asshole again . . . so that’s what happened.

So I get three years at that slow hall. I said “thanks, I needed that. The light came on. I did a set of shifts and I’m going “I slept through the night.” I didn’t have to deal with bleeding, drunken, stinky bums. I didn’t have to go into these fleabag hotels ridden with cockroaches . . . I mean the cockroaches were so bad in some of the rooms when you come and flip the bed to do CPR on the guy, the floor moves. Holy crap! Its wall to wall cockroaches moving and you thought the floor moved. And I’m not exaggerating! There are certain blocks of that neighbourhood that I just as soon drive around -- I was thinking of Blood Alley -- stabbings, OD’s. There are certain smells . . .

While I was at the slow hall, one of the Chiefs phones and says “I got both my guys on Rescue 3 going on vacation at the same time and I don’t have anyone with the experience to transfer . . . would you do a vacation transfer for me -- 2 months?” I had been at there for about a year, year and a half. So I did it. But I said, “You owe me.” He said “deal.” So I did it and it was cool and I came back. So, my three years are up and I want to go back to Rescue. So I call in my favour. But I don’t want to go to downtown. I want the next opening. He says “Deal.” I did eight years on the other Rescue. I was in my first year there, maybe second, I get a series in about three or four months . . . um . . . like, like, like the classic NFL call, 15-yards for piling on. Right. I had some horrendous calls, a whole bunch of them in a short period of time. In three weeks I had 2 SIDS. Brutal . . . I ran this auto extrication, this call back from the coroner at 3 o’clock in the morning, to come to cut out the body of the car. Like they don’t want to touch the scene until the coroner was done and then we had to come back to cut out the body. Right. But the icing on the cake, so to speak, was we get a motor vehicle accident to a young couple to be
married that weekend, I find out at the scene, of course. They got cut off, piled the car up against a pole, the picture is vivid as if I am there right now, I can walk you to the spot . . . it’s on the Westside. Westbound . . . It’s a four door sedan and the passenger door is wrapped around the light post, the fiancé, the bride to be, in the passenger seat and the pole is here and her head is here . . . had it been off by a matter of inches . . . smack . . . her head would have been smashed against the pole and she would have been dead. She survived, but she’s trapped in the car. Alive and conscious and he’s OK. It took us 40 minutes to get her out of the car. I am in the back seat. All my years on Rescue, I was the senior Rescue, so pretty well you’re directing. Right. Your partner is so good, though, he knows what you need. There’s just the two of us and an officer. So, anyway, I am now in the back seat not holding her head but more caressing her head and then she grabs my right hand and squeezes, she doesn’t let go for 40 minutes. I am using my other hand to direct the spreaders to move this seat out, cut that away . . . ’cause my partner could hardly see to make some room to finally get her out. The car is totally wrapped around . . . I think she ended up with some broken legs or bones in her feet or something. But she totally survived but I’m sure the wedding was delayed . . . they had stuff for the wedding in the trunk of the car. It was like midweek and they were getting married that weekend.

So we finally get her out - but it took about 35 or 40 minutes to get her out. And that’s what happened and the whole time she’s . . . Another good save. Right . . . she’s cut and . . . boom . . . she’s gone with the Ambulance. We start loading our stuff back on the rig. I get to the back of the rig, I put the spreaders, the compressor back and . . . I could feel it in my body . . . this major lump in my chest . . . I couldn’t talk. At first, I couldn’t believe it. That never happened to me before . . . so, I now go sit on the curb and I’m crying . . . I get a little choked up talking about it now. The Captain sees me and says “You all right?” “Yah, I’m fine . . . it’s just
the adrenalin you know”... but that was a little bit of a light bulb for me. My Dad’s a doctor... talking to Dad... I explain what’s been happening saying this, that and the other thing and I say “You know, I’m wondering if I should see someone?” That’s all I said. And he said, “Son, if you are wondering if you need to see someone I suggest you do it.”

As it happened, I was scheduled within moments of that time to take a transfer to Fire Investigation. I did relief work... I wouldn’t do it full time, but I’d go in a month, 2 months vacation transfer at a time. I wanted the experience, because it was neat and analytical and all that kind of stuff... I wanted the training but I didn’t want to go full time because I loved the Rescue. Everything kept me back to Rescue. I did Dispatch... I wanted the experience to do Dispatch... punch out rigs and all that creating. I did that and I was the relieving dispatcher for several years but not full time because I wanted to work in Rescue. So... I was going to do a stint in Investigations and at the same time I made an appointment with our own city doctor. So he examined me, took my blood pressure... it was elevated, pulse slightly elevated and I’m stable as a rock... have been all my life, even today 120/80... and he talked to me... talking... and I break down. Oh yeah. He says OK, hang tough. He phones the City psychiatrist who dealt only with police and fire. He says alright, I’ll see him at 9:00 tomorrow morning. He looked at it and says it was acute PTSD. This was within days of that car accident... but it had been accumulating over several months if not years, from the SIDS, the extrication... this was the icing on the cake... this was the one that got me shaking, that got me to go... O.K..

Previous to that, the classic, unrecognized at the time, but in reflection, at that moment I went... it all came together. I sleep like a baby – I wasn’t sleeping... headaches, I don’t get headaches. Classic! Flashbacks when I was triggered. Major difficulty sleeping, several awakenings, etc. I had the headaches, being short with people, like my previous wife at the time. My body told me.
But I wasn’t aware of it at that time. Not in the moment. The triggers would be... I’d see a commercial. I’d have an odour that would come from somewhere. A rescue show, taking a body to ER would trigger something. The most difficult ones were certain commercials, odours, and when I would drive by an intersection or a house where something had happened as I’m going... there’s one I am envisioning right now as I speak. Brutal intersection for me. I had a tremendous... very dramatic incident there... an old couple... bashed up beyond belief. I think she lost her foot... car crash... boom... I forget how long it took us to get her out... as we are speaking I had the vision of me being with the bride in the car. So... he asked the right questions. The first two visits I was a bowl of jelly on the floor, wallowing in my own tears... bawling my eyes out. There was no outlet in real life.

There’s a little piece I used to say to the young guys coming on. “Understand that at the moment you join the fire service, implanted in your brain is a carousel slide tray. Through the course of your career slides are going to populate some of those slots. The challenge is No. 1 to never fill it up. No. 2, if you come close to filling it up, you had better figure that out and let someone know because we better get you some help to make space because there’s more coming. And here’s how it’s going to happen. And as you populate those slots on occasion for whatever reason being... an odor, a commercial, driving by an event that took place at that particular location, that’s when one of those slides will drop right in front of your eyes just like you were there. The challenge... we have is to make sure you have the tools of how to deal with it when that happens.”

And I didn’t have the tools at the time... when I was impacted. So I stayed on duty because I had two months as an Investigator followed by two months vacation. So I had like three or four sessions... we sorted a few things out as good as they did in those days. I did not
go on meds. He said, had I not been going on Investigation for two months, he would have been booking me off. I didn’t want to get booked off. I didn’t want to be booked off because of the stigma . . . absolutely, we’re in the middle 80’s here, we don’t know what Critical Incident Stress is yet and all of this, right. Otherwise he would have booked me off sick or . . . you go on vacation and we’ll see you in two months and assess if you get the opportunity to go back to work or not. So I had a two month break in Investigations and a two month break on holidays. And being in investigations was a break. Absolutely, you’re not dealing with bodies, blood, guts, none of that . . . you’re coming in after the fact, when it’s been overhauled and you’re wearing gumboots, coveralls and a hard hat. And your analytical mind is taking over, your training is coming into play and you’re gathering evidence, sending it to the lab for analysis . . . it’s all cool. It was a really good break and then you go on two months vacation. And then I went back to Rescue. That was my spot, right. And then I went back. I was fine. And I’ll be the first to tell you that . . . it would never happen to me. Even when I had the symptoms and wouldn’t recognize them . . . all three times. I know better. I knew about PTSD. I spent three years in the States during the Vietnam era. One of my friends didn’t come back – he died and as you know, of course, that’s when the PTSD thing came up and so I learned what it was, what the symptoms were just from my buddies from the States . . . it just wasn’t going to happen to me.

So, I was full . . . the psychiatrist did his magic and I was empty now. Or at least I thought I was. So I was good to go. Right, let’s get back to work, life is great! So I did a total of thirteen years on Rescue . . . between the two halls. It’s a different world now. Because they have eight rescues or seven . . . and that’s a big difference. We had two Rescues. The city was cut in half . . . we responded to half of all cardiac arrests and working fires in the City . . . plus whatever was in your actual district. And the auto extrication calls . . . lots of them . . . we got
those tools ... the Jaws of Life when I was on Rescue. All of us at the time were the ones who field tested and got trained on Mitchell Island ... we’d go to Ralph’s Auto and a few other places arranged for us to go for wrecks and cut them up and open the manual. That was our auto rescue training ... it’s a lot different now. Pop the door open, get the body out. The Rescue’s were the only halls that had the auto extrication gear. So every motor vehicle accident ... one of us would be there. If another one was busy, you came in. Wherever it was, you were there.

As I speak, for example I have a slide of my first fire ... 21-year old girl with burns down her whole body, and we missed saving her literally by 30 seconds. Had we been there 30 seconds earlier, a minute earlier, we would have got her out. I can see her position; I can see exactly where she was with relation to her bed, the wall and it’s just ... there’s the slide. Right? As we’re talking about auto-ex with the old couple, it connects to the one I had ... a cyclist heading out to UBC, which was a terrible incident. Not that I have them all the time, but when I have this kind of discussion, dialogue with respect to that ... they, they, they come ... I can see them. The good news is ... I’m not going to go home and be a mess tonight. I’m in a different space. I don’t have to go on shift tonight. I don’t have to do this anymore. Could I go back and do it again? Not as a field firefighter but as an Officer maybe. Yah, I’m lifetime full. I’ll speak and teach now but I won’t do it anymore.

So yah, I suppose my slideshow was full ... I guess it must have filled up. I write it up to just pure numbers ... the number of horrific calls I responded to. The amount of shit I saw. That’s what I write it up to ... I truly believe that a written policy should be in place that whether you like it or not, you go in knowing it is five years on Rescue max and you’re off ... that’s it for your career. And I say this loving the Rescue and wanting to have spent my career on it. Oh yah, Oh absolutely. But that’s what did me in. It was too much. I saw too much. I’m
talking about the way it was structured then. There were only two Rescues. Having that kind of coverage and we had fires like there was no tomorrow.

And sleep was an issue. As a rule, I’d say I got, on average a couple, three hours a night, maybe on a good night. Must take its toll, eh . . . oh, of course. And I loved the shift work . . . my body loved the shift work . . . the human body is not meant to do that, but I relished it, I loved it. I did not like the routine. I like having odd days off . . . weekdays. Weekends and me don’t get along. I’d rather work weekends so that I could get Monday/Tuesday off to do whatever, shop or travel, whatever. Anyone want to take off Christmas? I’ll work Christmas for you. Once that word got out, the guys would ask me for next year, right.

So I guess all of that just really fit for me. There would be nights when I can remember we’d come in at 5:30 or 6 o’clock, make your bed, have a cup of coffee, the bell hits and we’d never get in . . . wouldn’t see the hall or your bed. I remember coming back . . . this is a slide . . . coming back, I can tell you exactly where we were on Hamilton Street . . . two blocks from the fire hall . . . it’s about two or three in the morning. I can even remember the dispatcher . . . we had just cleared a call at a bus stop . . . a drunken bum. The dispatcher says, “Rescue return to quarters.” He then comes back on the radio and says . . . and we’d been up and down all friggin’ night long . . . third or fourth call in a row, not having got back to the hall yet . . . going from one to another . . . and I remember saying we’re going back to the hall . . . and all we hear is . . . “oh no you’re not” . . . he was a funny guy . . . “no you’re not.” We’re thinking . . . fuck you, we’re two blocks from the hall, we’re gonna make it . . . “no you’re not” . . . so we finally did make it back and we spent the rest of the night in the office doing paper work.

So, your first day off was a day to recover from your shifts. So really, we get three days off, not four. I realized early on Rescue that I had to and I did and I think that’s what probably
helped me make thirteen years on Rescue. You know, I should have been a mess after 13 years, and I was for a while. ‘Till I got fixed. My body told me I was in trouble . . . and that’s when the other symptoms which we spoke of worsened. They were already there and I didn’t accept them as what they were. Because I’m the tough guy . . .

So, here I am retired. And so I am now a year and a half into retirement and my wife grabbed me by the shoulders and gives my head a shake. I’ve been short, I have anger and rage at times, not getting enough sleep, suddenly stupid little things just set me off. And I didn’t know I was doing this. No awareness. I cherish my wife, she’s my world, we’re best friends, all the rest of it . . . married 15 years in May. The fire department destroyed my first marriage, in part. So, when she threw that realization in front of me, I broke down. I did not know, it crept up and she had finally had enough . . . that’s what it boiled down to. And so, I was a wreck . . . again . . . I actually said to myself maybe this would be a better place for you if I wasn’t here . . . thinking suicide, you know. If I died the mortgage is paid off, she gets the pension . . . I’ve had a good life . . . oh all these things . . . oh yah . . . yah yah . . . from her saying “Do you realize how you have been treating me? Do you realize how you have been behaving? Do you realize you’ve been treating me this way?” And as she’s talking and giving me examples, I’m a mess.

Interestingly enough, during that time I was undertaking some training/education in shamanism by a psychologist. My wife says maybe I should go see her, the psychologist, and her specialty is CIS and PTSD and it was just the natural next phone call. So I said yah, obviously we need to do something because this cannot go on. Well, the realization was like a sledgehammer, literally. I had no idea until she mentioned it . . . and I guess I had to come to that point in my life again.
So I made that appointment and I guess we had about three, maybe four sessions and the first one was quite a tune-up and I was a blithering idiot and all the rest of it and we just went along, dialoguing back and forth and just revisiting all the shit in the fire department that I thought I had handled. Something that to this day is still with me is . . . I had a very bad habit, which I have, thankfully, recognized in my current job and I would get involved in things above my pay rate to try and FIX the assholes up there. Right. And that is what led me to go off on stress and see another therapist . . . my frustration with the Executive. To this day the Department has no leadership . . . whatever is up there is totally incompetent, inept . . . has no idea as to what is really going on in the rest of the world, let alone their own Fire Department. And so I was saying . . . “I gotta fix this.” Obviously I couldn’t and it led me to headaches and lack of sleep and I went off and saw a therapist. I was off for four months, on stress leave . . . at the end of my career. Came back going . . . fuck you guys, I’ve got my work to do, my domain and my wife and I had an understanding, that if ever I start to impinge on crossing that line onto their domain she’d reel me back in because I can’t go there. With that said, my thirty years came up . . . I’m out of here.

Nope, if I wasn’t so pissed off with our leaders, I wouldn’t have retired at my 30-year mark. I was 51 years old. But when all that shit started to happen . . . I decided I needed to do my 30-yers . . . I want my 30. But, clearly, at fifty-one, I could have stayed on at least another three or four years had it not been for that crap. So, this is all coming up now and so I’m speaking with the therapist and she says “what’s the baggage?” . . . what’s still lingering, so I thought I’d dealt with all the street stuff. There were a few little episodes that were there but most of it was dealing with those idiots . . . and I think it was our second session . . . I can still visualize what happened, and I know that will stay with me the rest of my life . . . it will be a tool
that I have used since and I will continue to use . . . and that is . . . she had me sit in a chair, with my feet on the ground . . . totally grounded . . . we had talked about how my container was full. O.K . . . visualize this container and as we are speaking I can visualize this container . . . O.K. “What’s inside?” I could see black . . . O.K . . . put a tap or spigot of any kind at the bottom of this container. I’ve got to tell you this, the sensation of that moment has come back and I physically felt the draining and visualized the blackness coming out of that spigot and going away. And all of a sudden the inside of that container was clean like it was . . . mine was a ceramic bowl, straight sides to a flat top with painted flowers all over it . . . that was my container. Inside it was all black. And it was a colouring of the old Jerusalem stone. And that was my turning point . . . that was my cure . . . such a simple tool, such a simple visualization. It was just amazing to me to have that experience, to have that physical feeling go through me. I knew I was empty. We came back again and, you know, I had a couple sessions after that . . . again, “sit there and visualize how your container is?” I don’t know, a bit of junk at the bottom, but pretty good. “Just remember that . . . when you get in a situation . . . sit there, visualize, open it.”

So that was my post-Fire Service PTSD . . . when we had the discussion of what my wife pointed out and the physical symptoms I had not recognized. She had said I had PTSD and we can fix it. So yeah, it was a little bit of the old street stuff, more of the feelings of anger and disrespect for the Executive. All the bullshit in my final years on the job. I thought I had dealt with it with when I went off on stress, when clearly I hadn’t. I’m guessing . . . Looking back that got me to a point where I was good to go back to work but obviously it hadn’t cured everything. So yeah, it had built up three times . . . and three times I didn’t know I was wrecked until I was totally wrecked. I missed the warning signs.
The Unique Culture

I was certainly influenced by the culture of the fire department. Well, you’ve heard about black humour from the culture. They’d come back from a fire, you’ve had a burnt, dead body, you couldn’t get him out and he’s a crispy critter . . . right . . . and you’re joking about it. That was the black humour around the coffee table . . . having a coffee at three o’clock in the morning, bullshit about this and get a couple hours sleep before you get up and go home in the morning. That was it. That was our Critical Incident Stress routine . . . black humour around the table . . . that was it. And if you had someone who had difficulty with it or wanted to cry about what they saw, whatever . . . you sucked it up . . . you held it in . . . you sure as hell didn’t do it at the fire hall. If you went home and had a fight with your wife, no one would ever know. If someone had broken down in the halls . . . in front of the crew . . . “What the fuck is the matter with you; what the hell kind of fireman are you?” Oh yah, that would be it. That would be the line. So, you know, that would have been the response. Guaranteed. You never saw it, but that would have been the response.

I get it because I lived it, but if I hadn’t, could I understand it? There is something else about the culture and it will come tumbling out but I’m going to say it anyway. The culture of the Fire Service is unique . . . it does not exist anywhere else and it is absolutely fantastic! It’s unbelievable. When I speak of family . . . I say I’ve had two families. We had some issues that were both killing and hurting firefighters in the Fire Service . . . we gotta change. Guys not wearing seat belts . . . guys blowin’ stop sign and red lights . . . guys eating the way they are at the fire halls and putting on weight after five years on the job and not staying fit. And not doing proper accountability at the fire scene and proper incident command.
People talk about changing the culture of the fire department...we gotta change the
culture of the Fire Service...woe...only half right. You are missing a word. You need to
change the safety culture of the Fire Service and differentiate...alright...the safety culture.
Make sure you are wearing a damn seat belt. Make sure you are monitoring your air supply
when you’re going into a fire so you know how much air you have left because they are getting
better protection, we are going in deeper...you can’t rely on your audible alarm so make sure
you have enough air to get out. So you bloody well better know how much air you have or at
least where you are in the building. The incident commander needs to know where everybody is
so if he’s gotta go to the defence, he knows where to go to yell at everybody to get out before the
damn thing collapses. Right. You guys gotta be fit to fight a fire. You gotta eat right, stay fit.
Stay hydrated. Check the Blood pressure, temperature...you’re good to go. After fifteen
minutes have another bottle of water. So what is that? That’s safety culture.

I can go anywhere in the world...be lost...walk into a fire hall, and I tell them who I
am...My wife on our honeymoon...we get off the plane, get our rental jeep and our first stop
on our way to the hotel is the fire hall. I just say hello, how are you, tell them why we are here,
we’re on our honeymoon. Come on in...we spend an hour in the fire hall...they tell us all
their stuff and where to go. We didn’t go into one single tourist joint; we’re hanging out with the
locals. If I was in trouble, if I broke a leg, if I had a heart attack...as soon as anybody sees this
guy is a firefighter, retired or otherwise...roll out the red carpet, what do you need...can I
take your wife out of the hotel, she’s staying with me. I’m sorry, you are not going to get that
anywhere...and I can be anywhere in the world. So there is a family component. So when I
was speaking to groups as well, I say...we have two families. Talk about culture and family.
Home has two meanings...home in the fire hall and home where my wife and kids are. So
when we talk about everyone goes home we want to make sure everyone goes home . . . back to the fire hall after every alarm. And everyone goes home to their other home at the end of the shift. That speaks to the culture, the two families, the two homes. That’s the unique part of the Fire Service that does not exist anywhere else. And I will speak to it ad nauseam to people who just don’t get it. If you can’t understand it, I just can’t help you, but let me try and show you. And that’s what it is. When we talk about changing the culture, we need to change the safety culture but the rest of the culture is awesome. Don’t change it, nurture it. It is . . . at some points falling apart by some of the new hires we have, the recruits who don’t get it . . . where are we pulling these people from . . . it is slowly being eroded, somewhat and we need to try and get it back and nurture it.

You ask me about the bullying that went on. When I started around the early 70’s, 80’s . . . the hazings . . . huge, brutal, terrible. If you let down your armor just a little bit and they find a little chink in the armour . . . they would just dig and dig and dig to see if they could break you. Right . . . brutal . . . terrible. I hated it. As a new recruit I hated it. And yes, I think that it had negative implications for mental health. It messed people up. Does that exist anywhere else to the degree that it did when I joined the Fire Service? Perhaps one other place and they’ve disbanded that . . . you know what I mean . . . the military. That got out there and holy crap . . . if people knew the kind of crap that goes on. I don’t know. I know it’s no where near as bad, but I bet it’s still happening to a certain level. So, I got bullied, or chastised or hazed or whatever as any other new recruit that comes in . . . that’s your room . . . the shitter . . . you clean that toilet . . . I want you to do that . . . rar, rar, rar, . . . you are the guy that goes to the store . . . you are nothing . . . you better get the phone on the second ring . . . don’t let anyone get in the way . . . it was just . . . boom, boom, boom, boom, boom. That’s the way it was.
Firefighters are people too. We care for each other... we support each other. You know, I can think back and even within the people I was with there were a few who understood, who you could talk to, that shared a tear with if you needed to without having a bottle of scotch between you. So there are some. They are the ones who you could go and sit in a corner and share a tear with. They are there. The family unit was in the Fire Service. The way we treat each other, look after each other. But the stupid things we do and still do also need to be brought up and changed. And one of the biggest challenges is... if you’re the one suggesting changes, you have to be respected or it’s worth nothing. If there was someone perceived as Joe Schmuck who was sitting there buckling up your seat belt it would have zero effect.

It shouldn’t have to be so difficult to talk about mental health stuff. Glen Taylor, the guy who blew his head off... And where did that come from? Nobody knew... nobody saw it coming. How much of that was Fire Service culture versus his upbringing, his... but you gotta know there’s something to it... the Fire Service culture likely had an effect because he was twenty years on the job and writing. Right. So he’s been around the block a few times.

OK... so here you are not going to like what I have to say because you know what my immediate reaction is when I think about firefighters who are impacted after a call... If it only takes one call for a firefighter to develop PTSD, you shouldn’t be in the Fire Service. I had put it out there that I would speak with and counsel any wannabes for a number of years... I have spoken with several... “I wanna be a firefighter”... “Why?”... “Well, duhh”... “O.K. tell you what... why don’t we go and grab a coffee and bring your wife.” We would sit there for an hour or two and I would say... “O.K. now here’s what you are going to see... here’s the shit you are going to have to put up with the first five years on the job. O.K. On top of that this is what you are going to see. Are you prepared for this? You are going to walk into someone’s
kitchen and they will have taken a shot gun to their head and you are going to look at the front of their face and they will have this little . . . and the back of their head will be totally blown off on the back of the wall behind them. You are going to go to a MVA into a lumber mill or what have you and the guy’s had his leg sawed off . . . all these slides are popping up as I’m talking to this individual. And then you will have to home in the morning, stinky . . . like soot and smoke and everything and you’ve got to have two showers . . . you can’t get rid of that . . . and you’re going to want to crawl into bed with your wife and hug your kids and she might ask you . . . are you O.K. what’s wrong? So, understand what you are going to see and understand what you are going to deal with and I understand that you have a wife and kids to go home to and they have to deal with it too. Still want to be a firefighter? Believe it or not, I think I only talked one out of it. A lot of them were grateful . . . you don’t get that in rookie school . . . you don’t get that at the Justice Institute. A lot of these people need to be told. Does this information help them? I don’t know . . . but at least it’s a warning.

Cross Narrative Themes – The Shared Story

This section marks the beginning of the meta-narrative of common themes that emerged from an analysis of participant interviews. Although each participant’s story is distinctive, a number of similarities emerged in listening to and engaging with each person and the story they told. Many of the themes below are integrally interrelated, with significant overlap, varying among participants. The interconnectedness of the themes is not surprising given the participants are describing their mental health, which by definition is complex, multidimensional, and expansive. The themes generated below are but one of the many possible perspectives. Another person may have conceptualized the themes differently. The text is laid out so that each major category of themes is reflected in the title of each section. I differentiated between areas where
participants are in agreement in their description of a particular concept or experience, and areas where a subset of participants introduce contradictory ideas or offer a different perspective. Excerpts from the participant’s stories are used to offer readers additional insight into each theme. I invite readers to consider the following analysis of themes that I found to be particularly salient within and across the research narratives of individual participants.

The major themes are divided into two broad categories: Mental Health Impact of Doing the Work and Impact of Working in the Fire Department Culture. Within these broad themes, several subcategories emerged. Taken together, these themes provide some insight into the impact, usually painful and often hidden, experienced by the six participants who are urban firefighters. Together, these themes give voice to their inner worlds, punctuated by the frequent witnessing of human suffering and cultural codes of silence, yet rooted in strength and resilience and a desire to heal.

The Mental Health Impact of Doing the Work

This overarching category refers to the impact that the participants experienced in their day to day tasks associated with the occupation of fire fighting. That is, all of the participants reported that in the course of doing the work required of them, their mental health had been impacted in detrimental ways. The vast majority of experiences were related to their responding to a traumatic call, either fire related, or medical. For five of the six participants, this impact was significant, resulting in psychological distress which clearly impaired their functioning in profound ways. One of the participants reported that he did not believe that the traumatic calls had a negative impact on his mental health. He admitted to numerous psychological and emotional difficulties, yet claimed they were mainly attributable to the culture of the fire department, as opposed to the demands of the job, including responding to traumatic calls.
There is much overlap amongst these themes. It follows that because my understanding, both empirically and clinically, of mental health symptoms is complex, fluid, and interconnected, so too are the themes below. In some ways, the act of parsing them into distinct discrete categories may come at a cost of diminishing their intricacy. Yet separating them into themes also allows the reader to consider and understand their significance. My hope is these common themes create a shared story elucidating how participants’ mental health has been profoundly and complexly impacted resulting from repeated exposure to traumatic events experienced as a part of the participant’s every day work as firefighters.

Some of the participants attributed most or all of their mental health issues to job requirements, specifically responding to traumatic calls. Hank stated, “I attribute all – 100% of my mental health issues to the job . . . to what I saw. All of it.” Similarly, when asked how many calls are on his “video” of traumatic calls that replay on him, Curtis responded: “I’ve got a list at home. I did it when I was in the Mood Disorder Clinic at UBC . . . there are 77 and that included a few personal things . . . probably 80-90% were fire department related and some were scenes off the job like car accidents that I stopped to assist.”

Psychological Distress - Post Traumatic Stress Reactions

Five of the six participants had either been diagnosed with Post Traumatic Stress Disorder (PTSD), or believed they met or previously had met the criteria for PTSD or a related stress response diagnosis. In the context of the research, I also inquired about specific stress related symptoms and all of the participants endorsed numerous criteria related to acute stress or post traumatic stress disorder. Dozens of pages in the participant’s stories depicted the traumatic events they felt had impacted them significantly. Bennett summarizes his experience with post traumatic stress, describing many of the themes described below.
The psychiatrist, he looked at it and says it was acute PTSD. This was within days of that car accident . . . but it had been accumulating over several months if not years, from the SIDS, the extrication . . . this was the icing on the cake . . . this was the one that got me shaking, that got me to go . . . O.K. Previous to that, the classic symptoms, unrecognized at the time, but in reflection, at that moment I went . . . It all came together. I sleep like a baby — I wasn’t sleeping . . . headaches, I don’t get headaches. Classic! Flashbacks when I was triggered. Major difficulty sleeping, several awakenings, etc. I had the headaches, being short with people, like my previous wife at the time. My body told me. But I wasn’t aware of it at that time. Not in the moment. The triggers would be . . . I’d see a commercial. I’d have an odor that would come from somewhere . . . A rescue show, taking a body to ER would trigger something. The most difficult ones were certain commercials, odors, and when I would drive by an intersection or a house where something had happened as I’m going . . . there’s one I am envisioning right now as I speak . . . it’s on the corner of 33rd. That is a brutal intersection for me. I had a tremendous . . . very dramatic incident there . . . an old couple . . . bashed up beyond belief.

Similarly in reflection of his career, David believes he had PTSD, although wasn’t aware of it at the time. He stated:

If you ask me that question now — what was my experience of being a firefighter - six years later, when I’ve had time to reflect, then my experience of the Fire department was probably not as good as I thought it was. I’ve had time to think, and having suffered what I think was post traumatic stress syndrome, coming to the realization that because of some of the stuff I did during those 32 years, to insulate myself, to numb myself . . . I closed myself off and I . . . I hurt myself. I hurt me and my vocation hurt me.
Elliott also describes how he suffered, and although he has processed a lot of the calls, he continues to somatically experience the trauma:

Although I’ve never been diagnosed with PTSD, I think I could have been. I certainly know I’ve had some pretty significant traumatic calls that have stayed with me. I had flashbacks. As I think about these incidents now, I can feel my throat constrict and dry-up. I have way more awareness today than in the past. Yet it’s strange that my body reacts, after all these years.

Witnessing human suffering. All of the seven participants spoke about the difficulty of responding to calls that involved human suffering. Horrific and visually scarring traffic accidents: the mini van full of preschoolers; the passenger’s head missing the telephone pole by an inch after being hit by a drunk driver; holding a person together, both mentally and physically, as your partner cuts the car apart. Emotionally wrenching medical calls: responding to, helping, witnessing, consoling victims and loved ones burned, bleeding, dying. The alarm goes before getting back to the hall - the next emergency. For many, responding to calls involving children – children traumatized, sometimes intentionally, by adults – are instantly triggering. Crib deaths, toddlers choking, hysterical mother’s helplessly watching. Other times, it’s the victim that looks like a participant’s deceased sister, responding to the basement fire 30 seconds too late, or the eyes of the family watching as they try to resuscitate grandma at Christmas dinner that sticks . . . that builds, filling, filling until full. Bursting. Having suffered significant post traumatic stress reactions, anxiety, and depressive symptoms, Hank bluntly explains that 100% of his mental health deterioration is attributable to the traumatic calls and bearing witness to human suffering that he has responded to on the job:
You know, you are going to be dealing with human suffering and 99.9% of the population just doesn’t and won’t understand. Most people . . . they might have one dealing with the ambulance or one dealing with the police or one with the Fire Department their whole entire life. Where that’s what we’ve got to do every day we work. Nobody . . . Nobody’s untouched. All we see is human suffering . . . it’s all we’ve ever done . . . it’s all we do.

Human suffering also came in the form of responding to calls in the oldest and poorest area in the City. A few participants made specific statements of how homelessness, infectious diseases, shocking poverty, mental illness, prostitution, and sky-rocketing crime rates added another level to an already demanding job. Bennett commented that, in retrospect, he knew he needed off the Rescue that serviced this area when he started to become overly “abrupt and short.” Compassion in the midst of such suffering was something difficult for him to muster:

. . . picking up drunks, patching them up, load them into an ambulance. They are going to go to the tank or to the hospital to get stitches and you get back to the station and you’re lucky if you get an hour sleep boom you’re punched out for another call that could be the same guy . . . we used to get that all the time when Narcan came in. So they get high, they’d OD, they get Narced up, they get back to the hospital and an hour or few later they’re back on the street and they yell at you for wrecking their high and you just want to punch them in the face . . . stupid ass. They say don’t take me to the hospital and thankfully the protocol with the ambulance was if you get narcaned up you gotta go. But in three or four hours or the next night, the same fuckin’ asshole again . . . There are certain blocks that I just as soon drive around. I was thinking of Blood Alley . . . the stabbings & OD’s. There are certain smells . . .
Cumulative impact. Of the five participants who endorsed that the work requirements contributed to them experiencing mental health symptoms, all of them stated that the impact was cumulative in nature. For the majority of participants, they began to feel the impact of witnessing and responding to human suffering around the fifteen year mark, although this ranged from 10 to 20 years. They acknowledged that difficult calls could "speed up" this trajectory, as would the number of calls responded to, yet still maintained that the build up was cumulative, based loosely on years of service.

It should also be mentioned that the three participants who had been formally diagnosed with Post Traumatic Stress Syndrome all had worked on the Rescue team for extended periods of time. This team responds to more emergency calls than non-Rescue rigs. These three individuals all had taken extended leaves from work. As such, it is also seems likely that cumulative impact refers to the prevalence of difficult or traumatic calls, and for some, this may accumulate earlier in one's career.

David describes the build-up of his PTSD symptoms and retrospective awareness of his mental health deterioration:

I think my overall mental health was hugely impacted by the work I did as a firefighter. The calls . . . the shit I saw. But I didn't know it at the time. I think it had a cumulative effect . . . which I didn't realize was happening. I really thought I could handle everything that was coming my way. But it did impact me . . . and I think it does for almost everyone.

Curtis tries to summarize the cumulative impact, and slow deterioration of his mental health. He has some difficulty summarizing the progression, which speaks to not only his gaps in memory (due to some extent from numerous ECT's), but also the slow confusing personal deterioration:
It was about year 15... the video tape that I didn't know existed started to play... at inopportune times. Reliving, going over in my head. I would say my agoraphobia was sneaking in as well. The questioning, the worrying. Yah, and in 1990 or 1991... I moved to the Island. I mean a big part of it was that I just loved it there but I needed out of the city... I was not settled here. I am better now that I don't live here. Just too close to the reminders I think. I've never really been able to put a finger on it, you know, what drove me out of here but I knew there was no way I could live here anymore... and I was isolating myself. Well, it was probably earlier than I think. Even at eight years on I had a lot of anxiety. I was having stomach troubles then and I got diagnosed with Crohn's sometime back then and I was also diagnosed with agoraphobia... I was isolating myself, I couldn’t go to restaurants, I had a hard time in bank line ups. And I wasn't really ok at work. No, not really. My first sign of any anxiety... I just wanted to sleep. Like I remember... I was always cooking, but I couldn’t sit down with the guys and eat. Like I'd go to the washroom and wash my face... like social phobia. Everyone says I don’t have it because I’m so open but nobody really knows how much I hide and how difficult it is for me. I definitely still feel the anxiety going into work. Particularly sitting around eating with the guys. It's very difficult still today.

Lack of awareness until psychological distress significant

This theme – lack of awareness that they were being impacted – is inextricably linked to the previous theme – cumulative impact. All of the participants acknowledged that they were not aware that their mental health was deteriorating until it reached a critical level. In retrospect, the participants all agreed that the impact was slowing building, accumulating, over time, yet they weren’t aware it was happening in them. Some of the men were aware that they were having
physical aches and pains, although there was no connection between the physicality of their symptoms and their emotional, psychologically, and cognitive health. As Curtis stated, “I just didn’t see it coming . . . I guess it was so cumulative . . . just over time it built up and built up.”

The following quote by Hank summarizes this point, and also shows how the many themes intersect. He stated:

I shoved this stuff down far enough for years . . . it’s the anxiety that came up. I knew I was screwed. I was cooked. Done. I remember seeing the fear in my doctors’ eyes . . . because I was so gone. Maybe that’s from shoving all this stuff for so long. You don’t know you’re screwed up until then. I didn’t know what was going on! Yet when it hit, I knew I couldn’t ignore it any more.

Bennett commented that even though he experienced three distinct periods of time when he had an escalation of PTSD symptoms, he still lacked awareness that his behaviour and emotional state was changing:

And so I am now a year and a half into retirement and my wife grabbed me by the shoulders and gives my head a shake . . . I’ve been short, I have anger and rage at times, not getting enough sleep, suddenly stupid little things just set me off. And I didn’t know I was doing this. No awareness. I cherish my wife, she’s my world, we’re best friends, all the rest of it . . . married 15-years in May. The fire department destroyed my first marriage, in part. So, when she threw that realization in front of me, I broke down. I did not know, it crept up again and she had finally had enough . . . that’s what it boiled down to. And so, I was a wreck . . . again . . . I actually said to myself maybe this would be a better place for you if I wasn’t here . . . thinking suicide . . . you know, if I died the mortgage is paid off, she gets the pension . . . I’ve had a good life . . . oh all these things . . . oh yah . . . yah yah .
... from her saying “Do you realize how you have been treating me? Do you realize how you have been behaving? Do you realize you’ve been treating me this way?” And as she’s talking and giving me examples, I am a mess... So yeah, it had built up three times... and three times I didn’t know I was wrecked until I was totally wrecked. I missed the warning signs.

Similarly, in reflecting on his lack of cognitive awareness of his suffering, David stated:

I was finished, I was overloaded, I was done. I had no more room. And when you’re loaded up, I think even as you load up, there’s no room for things like emotion, for love... positive emotion, there’s no room. I got really negative. I never felt suicidal. I never felt depression. I felt angry, numb, lots of body aches and pains... But I think that’s what it was... some piece of depression... lots of pieces of trauma. I didn’t recognize any of those signs at the time... because the culture is to be stoic. They always assume you can handle this stuff... and I never assumed otherwise. It just wasn’t an option.

As the preceding comments suggest, the lack of awareness that the participants had been affected by their work resulted in an accumulation of a variety of symptoms that eventually impacted their functioning in devastating ways. Significantly, if the participants had had the awareness - somatic, psychological, cognitive and emotional - that they were beginning to experience the effects of the trauma they were responding to and witnessing, it is probable that the extreme deterioration experienced could have been prevented.

The slide show plays. Five of the six participants talked about experiencing a slide show or a video tape of the traumatic incidents that when triggered, automatically starts and is difficult to turn off. When triggered, the participants were having flashbacks and reliving their traumatic histories. The trigger or “on” switch for the slide show/video tape varied amongst participants,
and for most of them, there were numerous reasons the slide show started. Other times, the slide show would start without the participants understanding why. For some, the trigger was a reminder of the incident, often responding to a similar call, seeing someone who resembled the victim, driving by the intersection or house, smelling an odour, or having a memory. A few of the participants stated that thinking about their most distressing call(s) often triggered a grouping of them to “play.” Three participants specifically mentioned that the question, “What’s the worst thing you’ve seen?” starts their slideshow.

In five of the six interviews, it was visible to me that the participants were “in” their slideshow, reexperiencing the traumatic incidents as they spoke about them. When describing some of the traumatic calls he responded to, Curtis stated, “the video tape just clicked on me. Why would I just think . . . this is what’s weird . . . obviously it’s opening up, right? Talking about these memories . . . I just had two flashes . . . one . . . is a jumper that went from the twelfth floor.” Similarly, it is evident from Elliott’s narrative how his traumatic memories are connected:

Yeah, my job was to hold . . . try to hold her body together – hold her together as best I could as we scooped her onto the stretcher. Oh god, that just rolls into another one. There was this stabbing at a woman’s halfway house. I guess this woman’s boyfriend had come to see her and she stabbed him in the chest. When we got there he had this small stab wound in his chest. We’re treating him, he’s talking to us . . . we’re taking all the usual precautions but he’s talking to us . . . and boom, he just went down. His heart stopped and he died, you know, from talking to us to dead. Oh, and another one . . . This guy had chest pains . . . he’s talking to us then just went downhill fast. He had a full heart attack, full
arrest. We worked on him . . . wow, all these scenes, these images, are coming back to me. Yeah, never go into the bathroom if you’re choking. Had a few of those . . .

Expressing similar experiences, Bennett stated:

As I speak, for example I have a slide of my first fire . . . 21 year old girl with burns down her whole body, and we missed saving her literally by 30 seconds. Had we been there 30 seconds earlier, a minute earlier, we would have got her out. I can see her position, I can see exactly where she was with relation to her bed, the wall and it’s just . . . there’s the slide. Right? As we’re talking about auto-ex and 33rd and Fraser it connects to the one I had . . . a cyclist heading out to UBC, which was a terrible incident. Not that I have them all the time, but when I have this kind of discussion, dialogue with respect to that . . . they, they, they come . . . I can see them.

The participants’ comments reflect the instantaneous discomfort and unexpected and unfortunate timing of intrusive imagery, a significant indication of PTSD.

Being “full.” Related to the above theme of lack of awareness that traumatic stress and other mental health symptoms are accumulating, many of the participants reported feeling “full.” Most of the participants didn’t know they were “full” until their functioning was significantly impacted, with the majority of the men feeling unable to work. The following quote exemplifies how the themes overlap: how Bennett’s slideshow cumulatively built up over time, without his awareness, until he became “full.” It wasn’t until he was “full” that he recognized he was in significant distress, and that it was related to the traumatic calls he had responded to.

Yeah, I’m lifetime full . . . I suppose my slideshow was full . . . I guess it must have filled up by the time I had to go see the City psychiatrist. I write it up to just pure numbers . . .
the number of horrific calls I responded to. The amount of shit I saw. That’s what I write it up to.”

David’s experience was similar:

Like all of a sudden, it just spilled out. It was like there was no other place for anything to go. The spill out . . . the emotions, now the runs started bothering me, nightmares, started thinking about some of the worst runs I had . . . there was no more place to load it. The traumatic events are being stored in everyone . . . in me. And at some point, there’s no more room. I’m full . . . we’re full. You’re done.

Again, reflecting on the process of “filling up,” Hank stated:

You don’t go home and talk to the wife about all the awful incredibly sad things you dealt with the night before. At that point in time, you know . . . it’s just the baby’s sick and she’s tired and, you know, it wouldn’t be right. You sit down and have a couple beer and . . . Yah, that stuff plays . . . on and on and on and, you know, as the tape gets filled up, right, you’ve got lots of room and then you slowly get less and less and less. You don’t have enough room.

Most of the participants were experiencing significant trauma symptoms around fifteen years of service. This suggests that not only are these men resilient, given the amount of trauma they are witnessing and experience, but also that PTSD symptoms are not only about acute distress, but can accumulate in the body over time.

*Sensory nature of the calls*

The participants tried to make sense of the calls that were most traumatic for them. These were almost always the calls that they re-experienced repeatedly. Many of the participants noted that the most difficult calls were often highly sensory in nature. Years later, they could often
recall specific sensory detail about the call, often involving more than one of their senses. For some, the odor of the building or decaying body was most striking. For others, the tactile sensation of holding a victim’s body. And for others, the screams of distress or the horrifying visuals were what seemed to “stick” within the participants. For example, in trying to sort out his perceptions, David stated: “You know, in thinking about it, the calls that were most traumatic to me were very sensory...smells, visuals, sounds. They were all...all certainly visually...very visual...” Curtis responded similarly stating, “these calls, they stick in your mind. And I experience it, experience it now saying it aloud. Many of these calls are still with me...so sticky.”

Elliott described the sensory and experiential nature of the calls, not only in terms of the actual call content, but also in the remembering. He stated:

OK, so there a few calls that definitely stand out. We were called to a possible garage fire but it was actually a human on fire. This guy was putting up a hand radio antennae in his backyard and inadvertently touched the high voltage line. There was nothing we could do but watch him burn. Fried. The image is pretty vivid. That one definitely got the ick factor. Another one that is really vivid. I was working for a guy, switched a shift, and we got called to an accident. There’s my throat constricting again. This impaired guy driving a Volkswagen van – the kind with the really flat front – caught a 13-year old girl between the front of the van and a steel pole. He pinched her with the van and literally ripped her left leg and buttock off. She was conscious when we got there, and she survived, but she ended up loosing her leg and buttock. Yeah, my job was to hold...try to hold her body together – hold her together as best I could as we scooped her onto the stretcher. I am there, so sensory, as I’m remembering...
All of the participants retold, in detail, the calls that were most distressing to them. Without fail, the scenes depicted were vivid, engaging all of the participants' senses. Significantly, in telling the stories, many of the participants noticed somatic sensations of anxiety. For others, smells and images came rushing back as they were remembering.

*Lack of emotional processing – retrospective appreciation of importance.* All of the participants acknowledged that they didn’t allow themselves to emotionally process the traumatic events they were seeing in the line of duty. There were numerous reasons for not processing the traumatic material, including lack of somatic awareness, denial and personal and cultural norms actively encouraging suppression of emotions and the use of defense mechanisms such as avoidance and numbing. Discussing the importance of emotional processing, which can’t happen if there isn’t an awareness that you’re being impacted, David stated:

I think unless you can find a way to unload, debrief, I don’t even think debriefing is the right word, but you need to find some way to defuse it, otherwise it just gets buried. Because before you do anything about that last one, you have another one, then another one, then another one. But you can’t do this if we’re not aware.

Reflecting on years of denying and suppressing his emotional pain after seeing traumatic situations, Hank realized the importance of emotional processing: “because you are not getting enough venting! Ventilation, you know, you have to vent. We have to process this stuff... get it out.”

In the hope of preventing new recruits from developing PTSD, Bennett shares with the trainees his personal experiences of the negative consequences of not appropriately recognizing being full of traumatic memories and the consequences of not processing the material he encountered on the job.
Understand that at the moment you join the fire service, implanted in your brain is a carousel slide tray. Through the course of your career slides are going to populate some of those slots. The challenge is No. 1 to never fill it up. No. 2, if you come close to filling it up, you had better figure that out and let someone know because we better get you some help to make space because there’s more coming. And here’s how it’s going to happen. And as you populate those slots on occasion for whatever reason being... an odour, a commercial, driving by an event that took place at that particular location, that’s one of those slides that will drop right in front of your eyes just like you were there. The challenge... we have is to make sure you have the tools of how to deal with it when that happens.

Retraumatization – interaction with administration. Three participants reported that they felt retraumatized following interactions with administration/executive staff. All three of these incidents related to the way in which senior staff interacted with them after booking off from regular duty due to mental health issues. In particular, they felt that the leaders of the department didn’t respect the members and the policies reflected this lack of support, understanding and care. This theme was categorized as traumatic stress because the participants reflected on it this way. Regardless, it reflects psychological and emotional suffering that the participants felt was attributable to disrespectful and insensitive communication and treatment with senior executives in the department. Hank described the second time he went off on stress feeling misunderstood and disrespected by one of the Chiefs:

So, the second time I was off... I did put a piece of wire around my neck once... A lot of that stems from my very first counselling day at EAP. I walked in the door and the receptionist goes, “You have to phone home right away,” which is never a good thing. I
phone home and my wife is in tears. One of the Chiefs at the time phoned and instead of saying... we got a problem, can you phone me back please, we didn’t get your form. Nope, the Chief said, we haven’t received this form and your benefits will be cut off this date. This is when I’m a mess already. Yes, I’m screwed. So, I was screwed, my wife is crying, I’ve got this fucking asshole, who I thought was a nice guy. So, phone, phone, voice mail, voice mail. It was eight or nine times. Enough. O.K. If he doesn’t phone, I’m going down there. Finally he answers the phone... I said, “What thefuck is this phone call for? Do you have any idea of what I am off with?” He says, “No... oh you’re off with stress.” Thanks a lot, you fucking asshole, I’m having the worst time of my life and you are insensitive enough to phone me and leave that kind of fucking message... because this fucked me up later on. It really did, because that’s when it really started eating me... going... they don’t care... I’m a number. And I think that is when I realized I was just a number. Just a job... and they don’t give a shit about me... I’m not off with a hang nail, I’m not off with my back, I’m off with my mind and that’s where the culture goes... they don’t get it. I really think the second time I booked off I was a total mess because of the phone call from the Chief. Because I would just sit there... I would play that conversation back in my mind all the time, all the time... and it just grew into...

Resentment! You know, we got signs in the hall... People care about you. Right. But who cares about us? I know we always get voted that we are most respected and all that kind of crap but... care about my wellbeing? No.

Near the end of his career, Bennett feels his stress reactions were reactivated due to his frustration with the leaders of the department:
I had a very bad habit, which I have, thankfully, recognized in my current job and I would get involved in things above my pay rate to try and FIX the assholes up there. Right. And that is what led me to go off on stress and see another therapist . . . my frustration with the Executive. To this day the Department has no leadership . . . whatever is up there is totally incompetent, inept . . . has no idea as to what is really going on in the rest of the world, let alone their own Fire Department. And so I was saying . . . “I gotta fix this.” Obviously I couldn’t and it led me to headaches and lack of sleep and I went off and saw a therapist . . . I was off for four months . . . on stress leave . . . at the end of my career.

Hank describes the actions of the Chiefs after a fire that killed a family of six that he and his crew responded to:

. . . we got nothing. No support whatsoever. I don’t think it crosses their mind. Where’s the humanity? You know, that’s one thing I’m looking for . . . the human aspect of human resources. There is no such thing. There is none whatsoever. First we get traumatized by what we see, then we get re-traumatized by the lack of care and humanity. It wouldn’t take much. Even a simple statement . . . “thanks a lot guys, good job.”

The participants feeling revictimized by the administration, to whom they are looking to for understanding, speaks to the importance of having an organizational culture that is supportive, and acts as a buffer. Indeed, much of the research on first responder mental health speaks to the essential role that organizations play in promoting resilience and reducing the inevitable cost of first responder work.
Beyond PTSD - Non-PTSD Mental Health Symptoms

Six of the seven participants reported experiencing debilitating anxiety that seemed to “live” within them either in addition to or distinct from the above mentioned Post Traumatic Stress symptoms. In categorizing and parsing out the participants mental health symptoms, there was an appreciation that trauma impacts the body, mind and spirit in many ways and goes beyond the narrow definition of PTSD. There are certainly “blurry” lines among mental health symptom categories, particularly the anxiety spectrum disorders. The separation of these mental health symptoms into “non-PTSD” categories was conceptualized this way in part because the participants discussed these symptoms distinct from the PTSD symptoms. Despite the separation, it is my belief that trauma impacts individuals along a complex and often broad continuum, beyond the classic triad of PTSD symptoms. Indeed, the participants all spoke at length about feeling a great deal of anxiety, depression, anger that they believed was related to the type of work they did. That is, the majority of participants linked their non-PTSD symptoms to their work. Two participants also experienced significant anxiety, depression and addiction behaviours that they did not believe were related to witnessing traumatic stress, instead suggesting that the culture of the fire department caused their distress. Again, it is impossible to make clear divisions in these themes as they inherently overlap. This category does not include addiction disorders.

Elliott’s description of the clustering of his symptoms is representative of the participants’ experiences as well as my clinical understanding of the impact of trauma:

I think I have struggled with depression for most of my years on the fire-department. I tried a variety of medications. Lots of anxiety, particularly at work. My addictions were self-soothing . . . definitely. And definite sleep issues. I was never one of those guys
who could sleep at work very well. Although I’ve never been diagnosed with PTSD, I think I could have been. I certainly know I’ve had some pretty significant traumatic calls that have stayed with me. I had flashbacks. As I think about these incidents now, I can feel my throat constrict and dry-up. I have way more awareness today than in the past. Yet it’s strange that my body reacts, after all these years.

Anxiety. All of the participants reported that they struggled with anxiety at one point while they were employed as a firefighter. Again, the distinction between anxiety symptoms and post traumatic stress symptoms can be vague, with panic symptoms leading to post traumatic stress disorder, and vice versa. Numerous other interactions are possible as well (e.g., traumatic stress and phobias). Nonetheless, participants found the anxiety issues that stemmed from experiencing and witnessing traumatic events on the job particularly debilitating. Five participants had experienced panic attacks; a few mentioned traits of agoraphobia, two had clear indicators of social anxiety, two had obsessive compulsive disorder traits, including intrusive thinking, and one was quite phobic of certain situations. In describing the debilitating and lasting impact of the traumatic calls that goes beyond post traumatic stress disorder criteria, Hank reflected:

...some poor sap that got dragged by a cement truck...we were first on the scene...poor sap was still alive. That was...and we just went back and had lunch...and that was just old school type stuff. And my partner at the time...you know, we are talking about stuff and I just looked at him and would say “Ocean Cement.” I didn’t know that call did me in...No, not until years later...because I was really afraid of driving...I had panic attacks driving. I was still driving the fire truck, although I didn’t really like it too much. The anxiety would come up usually when we were going somewhere. Like,
we’re on a call, right . . . Just . . . I could hear the churning of the cement truck . . . orn . . . orn . . . orn. I still drove, you know, but with a lot of anxiety . . . The thing is I have to take a ferry to get home . . . how the hell am I going to get out of here? I was really afraid of feeling trapped . . . you know, trapped in a vehicle . . . trapped . . . and that’s before I knew a lot about the anxiety. I remember my first anxiety attack like it was yesterday.

Although less frequently reported, anxiety was also the by-product of non-trauma related work duties. As can be expected, distinguishing “life” stress from work stress is difficult, and typically ran together for participants. Scott describes this interaction:

Work stress, school stress, family stress, there was a lot of stress. It was a litmus test for me . . . if I can make it through this, with all these things going on, I can handle stress. I was just piling it on . . . It’s hard when I’m on an up note to remember and talk about how extreme my symptoms were . . . how incredibly awful I felt. In my last position, I had anxiety through the roof moments. Totally loosing my mind and having to keep it together was even worse. I’d be in a meeting in full panic.

Depression & anger. Many of the participants described feeling anger as the dominant emotion. For most of them, although at the time they were not aware that they were starting to deteriorate psychologically, in retrospect, anger and irritability were among the first signs that they were being impacted by their work. My sense is anger was the prominent emotion for a variety of reasons, the foremost being that for men in our society, and in particular traditionally masculine cultures such as the fire department, anger is more acceptable than other emotions. Furthermore, recent research suggests that depression in men looks quite distinct from women who suffer from depression, with anger, irritability being key symptoms in men. Knowing the
participants, the anger they describe seems connected to other depressive symptoms. As such, depression and anger were combined in this section. Hank describes this interaction:

I lost perspective on everything. I lost sight of so much . . . I lost sight of everything . . . absolutely everything, I lost sight of . . . I lost five years of my kids growing up . . . of going . . . oh shit, Dad’s home . . . angry.

David reflected on the interaction between his anger and his work culture depressive symptoms:

Yeah, and when I wasn’t stoned, I was a very angry man There’s a persona for firemen . . . ultra masculinity . . . an image to uphold . . . you know, tough, fearless, brave, playboy, nothing impacts me, hard worker, but kind hearted because we’ll take your cat of the tree. Kind to the public, but not kind to each other or ourselves. Definitely not gentle . . . or emotional. In the fire hall nobody showed emotion . . . come on, what was that? The only emotion I ever saw from firemen was anger. That certainly applied to me.

Making the link between depression and anger, Curtis stated:

. . . my anger. What I’ve learned in the last few months is that depression is anger turned inward and I thought, you know, that’s weird because no one has ever talked to me about this. I was kind of shocked, you know, I do harbour anger. I am actually taking an anger management course right now. I don’t come across like an angry guy and maybe once in the fire hall in twenty-five years have I been angry. A couple people have seen it in my family. My wife will not put up with it anymore; she has given me an ultimatum. About once a month or once every two months my anger flares and it lasts five seconds . . . explosive . . . and I say nasty things and I am apologizing before I even get it out of my mouth, but it’s too late.
Suicidality

Two participants reported that they had attempted suicide at least once, while three others reported suicidal ideations and some intent, although had not made attempts at ending their lives. The other participant admitted to feeling suicidal when his first wife left him, although doesn’t attribute these feelings to being a firefighter. The participants all described their suicidal ideations and intent as a piece in the complex mental health puzzle that included symptoms of depression, trauma, anxiety, addictions and relationship issues. Said another way, suicidality is highly comorbid with a host of other mental health diagnoses and symptoms. The following quote by Curtis captures this comorbidity at the time of his first suicide attempt:

My first suicide attempt . . . it was an OD. I was off with depression. I don’t know when I booked off then. I know I was having flashbacks and the memories and stuff but I don’t think I was depressed until around that time and I knew my cognitions weren’t right. I wasn’t thinking clearly and I wasn’t able to function properly and I know I was sleep deprived. One thing that really messed me up was . . . it was just a garage fire . . . it took a Captain to come over and ask me what was going on . . . he was a really nice guy otherwise he would have probably given me shit. I was really tunnelled out and I couldn’t get water to the guys at the fire. Thank god it wasn’t an interior attack . . . and I know that really scared me because I knew that I just couldn’t think clearly. Shortly after that I booked off. I had a little diesel boat at the time and that was my plan to get in the boat and take a little cruise . . . just drift off into the sunrise. It’s always sunrise, not sunset . . . I don’t know why that is. It was Monday morning, like I had planned. I didn’t dwell on anything over the weekend; I had this thought, right. Monday morning, I got up, then my wife and kid woke up, we had coffee, we made sandwiches for their lunches and all that kind of stuff, and saw them out. I
then turned on all the Christmas lights in the house... I did something to make it holy, or something. I just... like I didn’t sit there and think yah, I’ll do it now... it just happened. I just did it at the house. I took just about everything that was there... sleeping pills... anti-depressants.

Scott recollects on the intersection between his addiction and suicidal behaviour: He stated:

This is an interesting piece... about 17-years go, I was going to kill myself... I had been on the job about six or seven years. I had sat down this night and had a case of beer... and I knew I was going to kill myself. There was no doubt in my mind. So I sat down and thought, tomorrow morning, this will be over. So I got drunk and fell asleep... and when I woke up I called this guy. I ended up in this therapy group, and this woman, this therapist said to me, “Why do you drink?” I said, “To get drunk.” She said, “Well it sounds like you’re an alcoholic.” But that was the first... I had never really thought about it. Numbed out, I didn’t want to think about it.

Fifteen years later, Scott was again having suicidal ideations, and described his feelings, having done so much work, yet being in a similar place:

I remember thinking; this is terrible, I want to kill myself... so I went to see my Doctor about it. I said, “It’s not that I really want to kill myself, but I was really thinking about killing myself.” I was wrecked... just a mess of tears. He referred me to a psychiatrist. But the point is, I’m kinda reaching this thing, 15-years through this journey, why am I here again? I’ve been fighting this battle now for a lot of years. Putting the pieces together of the alcoholism, being through numerous therapists... I really want to be whole.

Similarly, Elliott describes hitting bottom and climbing out:
I hit bottom two years ago, and like all addicts I felt like I was totally insane. Just before hitting bottom I was suicidal. This was just after my marriage to my second wife. We’re still married, but that hasn’t been easy. I started seeing a psychiatrist. I was a mess. I felt absolutely insane. What the fuck, my life looked fine . . . I had an amazing wife, on the surface work was going well . . . yet I was suicidal, depressed, numbed out, isolating myself and I felt totally unsafe and trapped. I had been putting on a brave face for too long and the mask needed to come off. It’s off, it’s been a lot of work, but I’m doing it.

The high rates of suicidal ideations and intent in the participants reflect many of the themes described. Indeed, suicidality is related to not only depression, but also extreme anxiety, including posttraumatic stress symptoms. Coupled with a lack of awareness as to the reasons they are feeling so disturbed, it is not surprising the participants find themselves suffering so profoundly, contemplating suicide and engaging in serious suicidal behaviours.

*Emotional baggage participant’s arrive with.* Some of the participants acknowledged that they started their career with mental health “baggage.” Using the metaphor of “being full” offered above, some of the participants suggest that they were filling up before the job started. As part of Scott’s healing and recovery, it was essential that he take ownership of the emotional health he started the job with. He stated:

So, as I think about my mental health, and how being a firefighter impacted me . . . makes sense that we go back in time. What’s important for me is to acknowledge that I showed up with my own baggage . . . my own stuff, and maybe mine “got fuller” than the guy next to me because . . . you know mine was fairly full by the time I got there. And I admit that. Yeah, I had tons of baggage by the time I showed up, then tons more got piled on.
David reflected on the impact of the childhood trauma he experienced and the internal struggle he felt:

I always use to tell people, my biggest problem then, and I explored it a lot when I was at the center, and have been exploring it ever since, was learning to love myself. Feelings of worth...self worth. That’s when I started feeling. It’s been a constant struggle. I have this mantra...it’s in my day-timer and I see it every time I open it...I forgive myself for thinking I ever did something wrong...I have to constantly remind myself...to forgive myself, and I think if a child goes through all that stuff that I did, they blame themselves...I was constantly reminded that everything was my fault...my mother wasn’t happy because of me...the reason my father wasn’t happy was because of me. It took me a long, long time. And then I decided to be a firefighter...wrong job...wrong job for me...I didn’t go into the job healthy. And the trauma that I was exposed to, not only the stuff I saw on the job, which I’ll call secondary trauma, but also for me, some primary trauma from my past.

Sleep issues. The majority of the participants reported that sleep disturbances were often an early warning sign that other symptoms were developing. Indeed, sleep is the cornerstone to good mental health and the ability to be resilient when exposed to frequent trauma. Sleep difficulties tend to make an individual more vulnerable, both physically and emotionally. Scott talked specifically about how shift work resulted in sleep difficulties, which he believed contributed to his mental health deterioration. He suggested:

I think the sleep patterns of shift work played a role too. I remember reaching the tipping point. I wasn’t sleeping any time...not on the job or off. Anxiety, shift work, depression
... all of it. I was sitting there with my doctor and he said, “If you don’t stop working
shifts I’m going to take you off working shifts.”

David also described how the traumatic calls and the job requirements of being a firefighter
impacted his ability to sleep:

How do you go out at 2:00 in the morning and have a crib death, and then come back and
try to go to sleep. Your stress responses ... huge rush of adrenaline and cortisol, you
were asleep, trying to get dressed to get to a call as quick as possible, and knowing what
you got before you get there, deal with the situation, then go back to bed. How does any
sane ... any normal ... any well person deal with a crib death? Children ... fatal car
accidents. Fire calls when you know somebody is still in the building. Or you have a
frantic mother because their baby ... then go back to the fire hall and you don’t discuss
it, you don’t do anything about it, you don’t sit around the kitchen table ... and even if
you think you can process it on your own, even if you think you are processing it in some
way or another, during the process, which could take a long time, there’s something else.
And now there’s a new stress. So by the time you get home in the morning, and there’s
always a stress, even when you are in bed sleeping, it’s not good sleep because your
senses are really tuned. You’re always waiting ... I never had a good sleep in a fire hall.
Because you’re waiting, tuned-in. You don’t want to sleep through it.

These comments clearly show the importance that a healthy sleep routine has on one’s
mental health. Not only are firefighters awake for some or all of the night, they are woken
suddenly and expected to be at an emergency within minutes, taxing their autonomic nervous
systems resulting in a more vulnerable physiology.
Addiction. Five of the six participants admitted to struggling with an addiction at some point in their career and these participants spoke at length about their addictions. All of them were in recovery at the time of the interview, although this didn’t necessarily mean abstinence. A variety of addictions were described by the participants, including abuse and misuse of alcohol, marijuana, as well as other illicit substances. Participants also mentioned misusing gambling, food, and sex. The majority of the participants reported that at the height of their addiction, they didn’t believe they had a problem. It was typically only in retrospect that the participants realized that the addictive behaviour was related to stresses associated with their occupation. All of the participants who endorsed having an addiction issue believed, in retrospect, that the addictive behaviour was self-soothing. Although not a separate category, some of the participants admitted to using substances (alcohol and marijuana) while working, reflecting its social acceptance. Curtis was the most vocal about the relationship between alcohol and firefighting:

Drinking was a very prevalent part of my career. I mean, I was taught that’s what you do, you know, you have a fire, you have a beer. I mean it was . . . ummm . . . it was a debriefer, you know, bonding . . . if you worked hard at a fire, you deserved a cold one and to this day I still say we should be entitled to a couple beers after fires ‘cause it’s way more than finishing a hockey, soccer, or a football game. You have totally given all physically, mentally and . . . water doesn’t cut it. I’ve been there. A nice cold beer is . . . every fireman deserves it. I’ll go to my grave knowing that ‘cause I’ve been there and I’ve had that celebratory drink, or whatever you want to call it. I’ve also . . . you know . . . I know I finished a bottle of rum at work one night, well definitely more than one night. If there was more than one of us, there would be more than one bottle. I never drank on my own. You
know, I’ve seen the Fire Bird, 64,000 pounds of fire truck pull up to a fire scene, you know, and the driver falls out of the front seat. You know, its old school fire fighting. And I can’t actually say that I think it’s dangerous. Yah, you know what, I can’t say that. There’s something about the bell hitting and the adrenalin rush. I guess I could say this professionally or personally . . . it’s the only thing you worry about is somebody at the house or EHS smelling alcohol on your breath. But you are functioning. I definitely piled some away some nights, not that often but it certainly wasn’t uncommon to drink everyday. I mean, I never did drugs . . . you know, I’m not trying to say what I did was right. I’m trying to wrap my head around this . . . socially now a day it’s not right.

After commenting that “firefighters don’t allow themselves to say I’m fucked up,” Hank described what he did instead:

I guess I just started self medicating myself and I became an addict, I guess. You know, heroes aren’t supposed to be fucked up. We’re not supposed to be impacted by what we see and do. That’s the belief. Firefighters don’t allow themselves to say “I’m fucked up.” It took me years and years and years. I guess I just started self medicating myself and I became an addict, I guess. I’m not a drinker, I liked smoking pot but unfortunately, that too started impacting me . . . making my anxiety worse. Mostly, I could take a couple of tokes and the thoughts . . . the images would go away. I had done it on the job, but mostly off. I didn’t smoke after a stressful call or bad night . . . No. But at home, the only way I was livable for my wife and kids was to be stoned. I didn’t seem as angry.

Scott described the role alcohol and marijuana played in his life:

My drinking started before I got on the job . . . but the job really allowed me, it allowed that behaviour to perpetuate because it was socially accepted . . . on and off the job.
Marijuana and alcohol. I don’t think I was abusing substances to deal with the trauma piece. No, I don’t think so. I think, more than anything, I just need to medicate myself to get through the day. Just to make it through life. Yeah, to cope with the job. I would, at the end of my two day shifts, go get drunk. Then there was only two days until I could drink for three or four days. This is an interesting piece . . . about 17-years go, I was going to kill myself . . . I had been on the job about six or seven years. I had sat down this night and had a case of beer and I knew I was going to kill myself. There was no doubt in my mind. So I sat down and thought, tomorrow morning, this will be over. So I got drunk and fell asleep . . . and when I woke up I called this guy. I ended up in this therapy group, and this woman, this therapist said to me, “Why do you drink?” I said, “To get drunk.” She said, “Well it sounds like you’re an alcoholic.” But that was the first . . . I had never really thought about it. Numbed out, I didn’t want to think about it. I’ve been sober 15-years. I don’t go to AA . . . it was just the beginning for me. Too much dog-and-pony-show for me . . . and you keep going back in time. My healing is about being in the moment . . . I’m sober right now.

David described the role marijuana played for him:

I was numbing myself. Not much alcohol . . . but smoking . . . smoking . . . I probably started smoking marijuana within a year or two of starting with the fire department. I wouldn’t say it was a problem then . . . it became a problem probably when my first marriage fell apart . . . I had been on the job just under ten years. The trouble with any of that sort of stuff . . . the highs aren’t as high and the lows become lower. So, to avoid the really lows, you have more . . . was a really vicious roller coaster ride for a number of years. I think, in retrospect, the cumulative effect of the stuff that I saw on the fire department
was starting to take its toll. And I think I started to realize more and more, mainly because of my children . . . I started to realize how dysfunctional my upbringing was. And that was because my first wife insisted we did parenting courses . . . Dreikurs courses . . . so the more I learned about being a parent the more I realized how screwed up my parents were . . . how cruel they were to me. I got little attention, and the attention I got was negative. Realizing these things made me smoke more . . . more numbing, more escape. On top of that, I was a different guy stoned . . . Mr. Happy, Mr. Friendly . . . talk to anybody . . . confident, escaping but Mr. Chatterbox. Happy. Yeah, and when I wasn’t stoned, I was a very angry man. And I didn’t want to be that way . . . Not sure it worked, but it hid my pain.

The prevalence of addictive behaviours described by the participants speaks to the extent they were attempting, both consciously and subconsciously, to escape the numerous symptoms they were experiencing. Specially, given the prevalence of PTSD among the participants, the alcohol and drug abuse by the participants can be viewed as avoidance symptoms necessary for a PTSD diagnosis.

Essentially, given the high levels of trauma exposure resulting in hyperarousal that the participants weren’t consciously aware of, they were numbing, trying to escape the distressing somatic sensations and psychological ruminations.

*The Mental Health Impact of Working in the Fire Department Culture*

This overarching category refers to the impact that the participants experienced working in the fire department culture, which includes both the explicit and more formalized norms, as well as the more tacit expectations and values inherent to this work environment. It should not be assumed that all fire department cultures reflect the themes described below. Everyone in the
department may not think or express the same views. Yet, these themes stem directly from the participants in this study, suggesting that the culture of the fire department in which they all work (or worked) impacted their mental health in significant ways.

Akin to the themes reflecting the participants’ experience of “doing the work,” the themes in this section are overlapping. Unlike the themes in the previous section, for some of the subthemes there is a lack of consistency, and some significant divergence in the opinions expressed by the participants. In other subthemes, there is 100% agreement. Although all commented that some part of the occupational culture was detrimental to their wellness, the degree to which the participants felt that the culture impacted them varied. There are also inconsistencies within participants stories related to the culture and how their work environment impacted their mental health. This was most often evident in individuals who continue to grapple with the potential explanations of their mental health deterioration and who held their occupation in high regard.

In summary, some of the participants spoke of how the culture caused them significant mental health issues, while other’s defended parts of the culture while at the same time suggesting that specific norms within the culture were detrimental to them.

Both Elliott and Scott reported that the occupational culture they experienced in the fire halls was profoundly distressing and impactful to them. Many of the subthemes related to the impact of the culture on mental health are summarized in Elliott’s statement:

Really . . . despite some of the horrific calls staying with me, I know the job is great, but it’s the culture, the people that suck. And it’s hard to believe this and not be able to talk about it. You start to believe you’re the only one. Yet, I know I’m not the only one. I know that the there are many extremely unhealthy people in our work culture. There are people like me who suffer trying to conform, some who are blatantly victimized. But the
bullies . . . they can’t be healthy either. I personally think that a lot of the bullies are a mess . . . likely addicts among other problems. We’re an organization, a culture of unhealthy people. We’re a culture that victimizes on many levels. We can’t admit that the work is hard at times, and our culture condones and encourages dysfunction and aggression and victimization. Some brotherhood . . . what a mess. Thankfully, I’m doing my work . . . I’m working hard on myself. I’m being myself . . . and it’s about time.

He continued, definitively stating:

I have been with the fire department for twenty five plus years. The date of hire is one of those important things in a culture that revolves almost exclusively around seniority. It’s one of the issues that make the environment difficult, very difficult. I would actually say I hate the culture. I don’t hate the work – it’s never been the work that I’ve hated – it’s the interaction, it’s the people, it’s the pecking order . . . it’s the culture. So destructive.

Expressing a similar resentment towards his occupations culture, Scott does not hesitate when attributing the reasons for his mental health issues:

I’ve always said, even now, the toughest part of being a firefighter is the culture. The job itself has never been the issue. I don’t think for the most part, the traumatic events that I saw as a firefighter impacted me hugely. If there was ever going to be any anxiety generated, and there was, it was going to be around the workplace. When you come on the job you don’t know there’s a game being played until the game is over. You’re a junior guy and you walk into the game and you have no idea the game is on. By the time it’s over, they’ve assessed you, packaged you, and determined where you’re going to be. Then after that, the only way the guys on the job have a way of gaining notoriety is through sports, women, and drinking. You see it . . . I remember one guy that was hired.
I really liked the guy, family, kids... he was so energetic. Within a year he’s divorced, on the calendar. What happened to him... what buttons do we push in some guy that makes him change... next thing you know he’s divorced...

A Culture of Silence

One of the most prominent themes across and within participants’ narratives is that of silence – on many levels. Individually, none of the participants had told their stories aloud of how their mental health had been impacted. In particular, few of the participants had discussed how working in the fire department culture had silenced them. Some had given much thought to how the culture exacerbated or encouraged unhealthy behaviour and discouraged emotional processing, whereas others had not given the influence of the culture much thought. Those who had not thought about the role the culture played in their mental health had mixed feelings, endorsing that it wouldn’t be “acceptable” to talk about how they were detrimentally impacted by their work, yet defending other aspects of the culture (such as the paramilitary structure including harsh treatment of junior firefighters). At a broader level, participants spoke about how society’s expectation of men, particularly heroes, had silenced their distress, believing they weren’t being strong enough if they were impacted or suffering.

There are many implications of existing in a culture that encourages silencing and discouraging disclosure. Strikingly, all the participants were unaware that they were developing mental health symptoms until they were “full.” That is, they were all suffering from addictions and a myriad of debilitating mental health symptoms before they reported being aware that they had been impacted. For some, the escalation and build up of mental health symptoms without conscious awareness happened on more than one occasion. One explanation for this unawareness is that mental health is not on the occupational culture radar for these firefighters.
That is, there were strong and clear messages that: a) being impacted and b) discussing psychological and emotional issues were both signs of weakness. Every participant reported that the cultural message to not be impacted or affected, both by witnessing and responding to traumatic calls or by relational issues in the fire hall, was pervasive and powerful, as can be seen by the following quotes.

David shows how many of the “Silencing” subthemes interconnect. He stated:

I also worked with some real idiots . . . made me totally uncomfortable and I couldn’t wait to get off the shift. Disrespecting women . . . were cheating on their wives. Disgusting stuff. There were definitely crews I worked on that made me not look forward to going to work. I remember one particular shift, about seven years before I retired, it was a slow fire hall, and I was the only guy on shift who wasn’t drinking. And I was getting a huge amount of pressure. If there one’s guy on shift that isn’t drinking, they’re just going to put the pressure on because they’re worried about that one guy. It was horrible. Couldn’t wait to get off that crew. I put in request after request to get out of that hall, but I couldn’t say it was because of the drinking. Absolutely not. You’re a whistle blower, you’re . . . no. God no, that would have been suicidal. I don’t think in those days if somebody had gone and done that . . . they would have probably let it out that I had squealed, knowing what would come to bear. It would be like I’d come out to flat tires on my car . . . I don’t think I would have ever worn a dry uniform . . . they would find ways to get into my locker. It would have driven me crazy . . . it wouldn’t have mattered where I went on the job, any fire hall . . . I would have worn that label. It would have been horrible. I wouldn’t even have contemplated it. The Captain’s nick name was hard-rock. You know . . . it’s this mask of masculinity. They thought they could go drink a case and beer and still put out that fire.
The fire halls reek of testosterone. It’s huge. They didn’t play volleyball to play the sport; they played volleyball to destroy the other side. It was all about winning. Oh my god yeah. So much . . . yeah, so much testosterone. That image . . . tough, fearless . . . you know, it really strikes me that I couldn’t be myself . . . not that I necessarily knew who I was early on in my career. And the fire department certainly wasn’t a place to find yourself. Shit no. I became them!

*Organizational silencing – tacit messages regarding mental health.* Historically, the fire department hired many men after World War II. Participants all agreed that the occupational culture stems, in part, from the attitudes and behaviours of these men. One of the most salient attitudes is the expectation that “real firefighters” are not emotionally impacted by the work. The stigma and shaming that took place when someone seemed to be emotional is highlighted in the many quotes from the participants that follow. They highlight the fact that all the participants commented on the negative impact of their workplace culture. This is a topic rarely discussed, either in the culture itself, or in the research literature. Most of the participants believed little has changed since that time, even though society and most other organizations have continued to change and become more progressive, over the years. David explained:

When I started on the fire department, all the Captains were men who had been in the war. And they were all really hard living guys. Smokers, drinkers . . . you know, there wasn’t one guy I worked with who wasn’t fooling around on his wife . . . lots of family problems. They were the kind of guys who would leave the fire halls and disappear for two or three days. It was scary working with these guys. They were rough, tough men. It was scary. You know, if I had a bad day . . . there was never, and I mean never, an opportunity to say I was having a crappy day, or that the call impacted me. No Never. One of my first runs in
the fire hall, there was a guy, he was driving a garbage truck for the city, he got in a car accident and he got thrown out of the truck and the truck continued to roll right over him. . . . His truck, the truck he was driving kept going and it rolled right over him. And he was covered up. We were right in the middle of lunch when it happened. And I remember this guy, he went over and pulled the blanket back to look at this guy . . . whose head was now about five times it’s normal size . . . because the truck had pushed all the blood up into his head . . . it was one of the ugliest sights I have ever seen. And I can still see it . . . oh yeah. And we went back to the fire hall, and the other two guys who were there with me, they sat down and started eating and described to these other guys who didn’t go on the run, exactly what happened and what they saw. And I went into the bathroom and puked . . . and I got a really, really bad time for that. They . . . you know, called me a candy ass . . . “You better learn how to handle it, you’re going to get lots of it.” You know they didn’t have to pull the blanket back. I had no idea that seeing all these things . . . these horrors . . . would be traumatic and impact me. I was told the opposite. The goal was to be this tough well respected fitting in kind of guy. By definition, that kind of guy doesn’t get impacted by his job. No, nothing much fazes him. Therefore, I wasn’t “allowed” to be impacted. It wasn’t even an option. No. And there was no education . . . nothing.

Having thought extensively about the impact of the culture on his mental health, Elliott expressed his views bluntly and without apology:

We’re not a culture where it’s safe or acceptable to say “I’m hurting” or “I need help.”

You can’t say, “Hey I’m fucked up over here” . . . you can’t cry or say you’re damaged in any way. You know, as a culture we should be able to say that being impacted from these tragic calls would be a natural human response. And yet, even today, we can’t say this.
Being impacted after seeing such horror can’t be normalized. Sure we have Critical Incident Stress teams, but in general, it’s still not OK to admit that you’ve been impacted. Would mean you’re not strong enough . . . not man enough. Men don’t cry . . . not in our culture. It’s rare for people to take stress leave . . . they relate it to their back or another acceptable injury. In that sense, our culture is enabling unhealthy, dysfunctional behaviour because we aren’t allowed . . . it’s not ok to say “I’m fucked up and I need some help.” Makes me think how risky this is even talking, telling my story and expressing my opinions. What a mess.

Bennett echo’s this sentiment:

If you had someone who had difficulty with something or wanted to cry about what they saw, whatever . . . you sucked it up . . . you held it in . . . you sure as hell didn’t do it at the fire hall. If you went home and had a fight with your wife, no one would ever know. If someone had broken down in the halls . . . in front of the crew . . . “What the fuck is the matter with you, what the hell kind of fireman are you?” Oh yah, that would be it. That would be the line. So, you know, that would have been the response. Guaranteed. You never saw it, but that would have been the response.

Curtis also reflected on how traumatic stress and the tacit messages and expectations from the culture interplay:

Like I said, I haven’t had anything really to offer anybody for about two to three years . . . wife, kids, dogs, work, nothing, right. But the downfall started years ago. There’s no doubt for me . . . I am this way because I’m a firefighter. Because of everything I’ve seen . . . I’ve participated in . . . witnessing human suffering. It’s what we do. And I care . . . I care deeply. And this impacted me. The culture? In talking, I can tell I have some
conflicting views on the culture . . . it’s my identity, and I feel supported, yet I also know aspects of the culture hurt me. I mean, I wasn’t aware I was being impacted! This wasn’t something that was even an option. But it happened. I slid . . . I look at it like being in a sewer pipe and there’s nothing to hang on to and it’s black and slippery and once you slide into that pipe and nobody can see you falling . . . and I didn’t know I was falling until it was too late . . . As an organization, we need to get it . . . we need to understand. It just encourages people to not come out and if they don’t talk about it then they just hold it in . . . and you hold it in and then this is what happens. I don’t want other’s to experience my hell. There’s no awareness, there’s no nothing. Yet they would say we have CISD and EAP and depression screening but no one is going to go . . . it’s not culturally OK.

Having been open and disclosive about the fact that he was experiencing significant mental health issues, Curtis reflected on how his advocacy for mental health has hurt him occupationally:

So . . . skip to present day. Because I’ve been so open and honest about my experience . . . my pain, and all my mental health symptoms, I get demoted . . . I lost my position as a firefighter. Other people are shit faced at work, but I loose my position. Yah, I don’t know . . . I have mixed emotions on being so open because . . . that’s the way I am, right, but I am definitely eating it now because of it, there’s no doubt about that. I also wanted to go off legitimately, as opposed to booking off on some physical issue. I just hope that being open has helped other guys . . . I think so, but in terms of my job, it’s hurt me.
After taking stress leave, Hank commented about his apprehension about returning to work and facing the guys. He has some ideas about how to change the culture to prevent other’s from suffering as he did:

I did think I would be stigmatized. I assumed people would see me... I guess there’s that weakness aspect of it and, I guess, coming back of, you know, does he have all his marbles again? You know the department has to do something. They aren’t doing anything right now. Anything would be better. There are so many examples, recent examples, of how the system fails us. It’s so frustrating... I’m so frustrated. Personally, and in general for the guys. Why can’t... come on! It’s simple. A little bit of support, and communication... caring. They’re failing us. We need to admit we’re human... it’s OK to feel that way; it’s OK to have feelings. It’s OK. And anyone who says this stuff doesn’t impact them is a liar. I do my best, because I care. I care about what I do. I don’t know if I’m successful or not. It’s a small shift in perspective that’s needed. A shift to say, yes, we’re human.

In breaking the silence, the participants spoke about the impact the tacit firefighter culture – the culture of the collective – had on their mental health. In essence, due to the silencing and suppression of healthy processing stemming from the trauma they experience in the course of doing the work, in addition to promoting traditional masculine norms, the culture encourages its members to deny, avoid, and numb themselves, thereby increasing their suffering.

The Hierarchy – Bullying, Hazing, & Harassment

Those participants who reported they felt bullied while on the job, and believed that the junior firefighters shouldn’t be treated as they are, also believed there were some problems with the paramilitary hierarchy system. Others did not express concern with the organization paramilitary structure of the department, nor did these individuals feel they were bullied.
Elliott reflected on the realization that he was working in a culture that was detrimental to his health:

About two years after I got hired, I started being transferred around to other crews, that I noticed how selfish, how self-centered, how entitled other people were. When I worked with different crew . . . with different people, I felt taken advantage of. I got acknowledgement from doing good work, but I just really felt taken advantage of. You know, it’s when I first started to notice the immense sense of entitlement that lots of the guys had. “Hey kid, I’m senior to you, pour my damn coffee, you better get up early to make the muffins, and don’t forget to bring dinner in, or go to six different places for take-out, depending on what we want.” Without a sense of appreciation. It’s that sense of entitlement . . . just because I have less seniority . . . I’m the junior guy and because of that I’m a peon in this culture. Because of that, it’s ok to be disrespected . . . They knew I worked a second job and that it was past the time where we can go to bed. Yet here were these buffoons in there talking. I would say, “Hey do you guys mind going somewhere else?” . . . to which they would reply, “Oh no, we’ll be a while.” Total disrespect. No consideration. It’s like, because we’re senior, we’re entitled to do whatever we want. And you just have to live with it. What a power trip. What bullies. Straight up bullies.

Further elaborating on the bullies on the job, Elliott reflected:

Makes me remember that there was this crew that were going to get t-shirts made up that had sharks and blood in the water. They might have been the same guys that drove a young probationer off the job. They ate him up. That was their goal . . . they would set up little tests to see if he would rat out the culture and see how far they could push him . . . what his tolerance was. He quit within six month and the crew were just so proud of himself
because they drove him off the job. I’ve heard the rationale for this behaviour is to assess how someone is going to respond in crisis. I think that line of reasoning is bullshit. It’s a lie . . . it’s just bullies being bullies. There’s no other rationale for me.

David also commented on the personalities of many of the men he worked with:

It wasn’t only the bad calls that were difficult . . . that impacted it. It was also the stuff that was going on in the fire halls . . . the culture. Hiding of the drunk guys, the girls in the halls . . . some of the stuff that went on . . . and some of the guys just got such a bad time . . . bullies . . . they drove some guys off the job. Guys with very short fuses. The abuse . . . yeah, not to me thankfully . . . but still, to be exposed to it.

Although typically supportive of the culture, Curtis recollected an incident early on in his career:

One time a guy came in drunk and I was washing the dishes . . . it was just after probation, and this guy was working on our shift and he came in with this frozen goose roast and threw it and hit me in the back. It really hurt and so I got angry right away just because of the pain and I turned around and he was pissed drunk and he said “hey Rookie, you had better fucking cook that roast properly or I’m gonna have you.” I thought I could eat this guy for my breakfast but he was one of the . . . they used to be called the mafia. The Fire Department Mafia. It just seemed there were a few guys . . . it was like they were in the mafia or something . . . they had control and if they said anything it would affect your whole career.

Scott reflected on the irony of bullying in a “caring profession,” as well as the hypervigilence that sets in as he was impacted over time – cumulatively.
I was thinking about that coming over here tonight... some of those really mean people.

Before I came on the job I had a naïve expectation, although this really shouldn’t be naïve, it should be a real expectation when you come into a workplace... Particularly a workplace like firefighting. Firefighting is one of those caring professions - helpers - where we’re suppose to care for each other, you know! I would come across some of these people and I could never understand why people would want to be mean – how we could treat each other that way. It’s hard to come to terms with this... it’s so engrained in us, makes me wonder if this is an inherent and necessary part of our culture. When you end up on the receiving end of the meanness... of the bullying, your mindset shifts into that mode... this is not a safe place for me to be... that everybody is imposing. We begin to see, even what might be interpreted as even the slightest aggression towards us, it strikes fear into us. That anxiety level builds. It built for years. Cumulatively damaging...

The preceding comments by the participants are an inside view into a culture that is typically hidden from outside perspectives. When society hears about firefighters, it is typically related to their heroic or the brotherhood that exists within departments. It seems the harassment, bullying, and assaultive behaviour by some members on others is destructive and contributes to suffering. Instead of providing the social supports needed in a stressful occupation, the participants comments suggest the firefighter culture is more harmful than helpful in regards to mental health functioning.

Condoning and Encouraging Inappropriate Behaviour

Many of the participants expressed views that the fire department culture collectively seemed to condone inappropriate behaviour. It was acknowledged that there were some individuals who would actively encourage such behaviour, although it seemed to be more
harmful that the culture as a whole actually turned a blind-eye to many attitudes and behaviours that contributed to suffering. Elliott commented on how he felt the mismatch between himself and the culture, although at times he also resembled aspects of the culture he most despised:

At work, in the culture, I couldn’t be myself much of the time. There are so many people on our job who are like square pegs trying to fit into round holes. To a large extent, I was - still am - one of these guys. I’ve always felt, until I came into recovery, that I’ve been a chameleon on the job. That I’ve fit in where I’ve needed to fit in, in a way that I felt I needed to. This was a coping response, but because of it, there were times the culture totally took me over. It’s shameful, but I’ve certainly said my share of derogatory, misogynistic, or bigoted comments. For me, living this way . . . behaving in a way that wasn’t consistent with who I was . . . who I am, was very damaging . . . very harmful to my mental health. I believe that the fire department culture — the secret society boys club — feed my addictive behaviours. It feeds addictive behaviour. It’s about lying to yourself and your family, objectifying women, feeling that as men we should be able to do what we want and having to numb yourself because of the shit you see and the shit you have to put up with. Addictive behaviour is about being dishonest. Living, breathing in a culture where I was encouraged - enabled to delude myself into thinking my behaviour . . . my thinking was normal. And it was . . . it was deluded behaviour. It’s about hiding behaviour . . . using the addiction to hide or mask who you are. When you go into recovery for an addiction, it’s about being honest, completely honest. And when you can’t be completely honest in your life, because of the inherent - sometimes explicit sometimes implicit - pressures of a secret society to conform and fit it, then what does it do? For me, it undermined my important relationships, and ate away at my self-worth . . . at the real me.
I, without knowing I was doing it, made the culture more important than my loved ones . . . more important than me.

Generally supportive of many aspects of the culture, Curtis described becoming one of the guys:

I had my first beer at six months . . . it was the day I did my practical exam for my probation. The guys really liked me, they were happy with my performance and everything and you wouldn’t drink on probation . . . you haven’t been accepted into the club type of thing and so right after I passed, they pulled me upstairs and had a cold beer with me. Kinda like an initiation.

Scott also believed his work culture allowed his alcoholism to flourish:

My drinking started before I got on the job . . . but the job really allowed me, it allowed that behaviour to perpetuate because it was socially accepted . . . on and off the job. Marijuana and alcohol. I don’t think I was abusing substances to deal with the trauma piece. No, I don’t think so. I think, more than anything, I just need to medicate myself to get through the day. Just to make it through life. Yeah, to cope with the job.

These comments suggest that not only can the firefighter culture inhibit healthy emotional processing due to the tacit cultural norms related to masculinity, but it also seems to encourage inappropriate behaviours such as addictions, that exacerbate and extend traumatic stress responses. Again, instead of acting as an agent for resilience, the collective culture seemed to increase individuals’ denial and use of harmful behaviours, thereby increasing the symptomatology.
Heroics: Living up to an Uber-Masculine Image

One of the strongest themes that came up in the participant’s narratives was the expectation of what and who a firefighter was — how traditionally masculine he was. This theme includes many facets, including the importance of being a hero and the participants feeling like they didn’t measure up or fit in. This seemed to incorporate both their own sense that they perceived themselves as a “hero” and needed to feel and behave accordingly, as well as society’s expectation of firefighters generally. Some of the participants also acknowledged that they became firefighters because they wanted to be seen as being heroic. There is an implicit connection between “hero” and “masculine” in the participants’ interpretations. Furthermore, as can be seen from the following quotes, participants believed that being impacted by either the calls or the culture “de-throned” them from “hero” status, stripping them of their masculinity and undermining their identity as a firefighter. For the majority of participants, the central and prominent aspect of their identity was of being a firefighter, and this included upholding and maintaining an image of “uber masculinity.” For all six of the participants, to varying degrees, upholding this image impacted their mental health in a myriad of ways.

David expressed this aspect of the culture early in the interview:

There’s a persona for firemen . . . ultra masculinity . . . an image to uphold . . . you know, tough, fearless, brave, playboy, nothing impacts me, hard worker, but kind hearted because we’ll take your cat of the tree. Kind to the public, but not kind to each other or ourselves. Definitely not gentle . . . or emotional. In the fire hall nobody showed emotion . . . come on, what was that? The only emotion I ever saw from firemen was anger. That certainly applied to me. So the message was big . . . big and clear. Firemen were tough. The message to me early on was I’m just not tough enough. You’re not tough enough.
Toughen up! You can’t let that stuff bother you. “When I came back from the war I saw all kinds of shit . . . that’s nothing.” And if it bothers me, the message was clear . . . I shouldn’t be here. “You’ve got to learn to handle that stuff. You’re going to see lots of it” . . . and handling it means it just shouldn’t bother you. You’re a fireman. You were hired, you’re going to see that stuff and you’ve got to roll with it. It can’t bother you. You’re a fireman! You know, you’re a professional firefighter. You don’t have any human traits. You don’t cry, you can’t be emotional . . . heaven forbid if you were in a fire hall and they had a sad movie on and you shed a tear. Look out. I would never be in that room when the lights came on. The “rules” were black and white . . . no doubt about it. I doubt if it’s changed very much . . . maybe a little . . . but it was pretty rough.

David also commented on the motivation for becoming a firefighter:

I think they get on the job because they want to be heroes. They like being looked up at. They like being put on a pedestal. They like, or need perhaps, it’s fulfilling for them in that way. That’s the way I felt . . . I maintained this status, yet it came with consequences. Playing rugby for 20-years, that’s an extremely violent sport. And I was constantly hurt . . . almost like I wore it like a badge. Sanctioned aggression. And I go into the fire hall and I’m a hero . . . I play Rugby, I’m playing for BC, I’ve got my ear half torn off, my collar bone is broken . . . I’m fit! I’m that man. I’m the man. And I got respect . . . rough tough, don’t mess with him. And I couldn’t have shown them both . . . tough guy who is hurting emotionally. Oh no . . . I don’t know . . . the only soft spot I had for many, many years was being a father. Being a father brought out a side of me of goodness . . . but it wasn’t enough. So you get that stress, then you go out and have these calls, then you go home and try to be a normal human being. You try to be a father, you
try to be a husband . . . it’s really tough. And you go from being a hero, to just an ordinary guy. You’re not a hero at home . . . your wife doesn’t necessarily think you’re a hero . . . she just wants you to be a father, a husband, the guy that fixes the table, an ordinary guy. And then you leave that and go back to the fire hall and you’re on that pedestal. The fire hall is not the normal world.

Hank expressed the dissention he experienced within himself believing he was a hero, yet knowing he was deteriorating upholding this image:

You know, heroes aren’t supposed to be fucked up. We’re not supposed to be impacted by what we see and do. That’s the belief. Firefighters don’t allow themselves to say “I’m fucked up.” It took me years and years and years. I guess I just started self medicating myself and I became an addict, I guess.

Scott described the anxiety that arose from feeling like he didn’t fit the typical firefighter personality mould:

Ever since I got into the department, there was always this feeling, this sense of whether I fit in, whether I was in the right place. I didn’t feel like I fit in. Not really ever. It took me about 10 years to feel somewhat comfortable on the job. Even then, there was always a lot of anxiety. There’s this other guy on the job, I’m sure he never came forward. We’d always drink together and talk about it . . . talk about that night before going back to work, lying in bed unable to go to sleep.

Upholding a rigid, “tough” masculine stance not only impacted individual’s mental health, there were also physical health implications. For example, although there were clear guidelines that wearing a mask into a fire was important, there was a great deal of cultural pressure to not. David described one of his first fires:
I got nothing but a bad time from the Captain because I had stopped to put a mask on. Consequently, over the years, I probably ate a lot more smoke because there was this macho-shit-thing... you might wear a mask to go into the fire but you got it off as soon as you can... because you were... "What are you doing, get that thing off... you’re not a man, you’re not tough enough."

The Brotherhood – Fact or Fiction

Results were mixed on whether participants believed that the fire department was a “brotherhood.” Most agreed that “brotherhood” implied having respectful, caring relationships. Even with this agreement, participants’ opinions of whether they belonged to a “brotherhood” varied. Although admitting that the culture of silence in terms of emotional expression hurt them, half the participants also had strong beliefs about the positive aspects of the fire department culture. The other three participants said very little about the positive aspects of the culture, finding their voice loud and clear about how harmful their work culture has been to them.

Elliott had strong opinions on the whether his work culture operated like a “brotherhood”:

You know, I’m quite tired of hearing about the brotherhood... how supportive and family-like we are. It’s a total lie. Really, guys go on and on about how much they love the job... love being part of the brotherhood. Yet out the other side of their mouth’s they are trash talking their brothers. Add that to a culture that hires a bunch of type-A personalities who come primarily from sports backgrounds, who believe they should win-at-any-cost. It’s a culture that lets bullies run ramped. There are no controls. No consequences. It’s expected that the people with strong personalities will be held on a pedestal. They’re the strong round pegs. The guy might be a great firefighter, but he’s a
prick. He’s a bully who makes other people’s lives miserable, but hey, he’s a good firefighter. It’s a thin veneer masking an ugly problem . . . a problem that few are willing to talk about aloud.

After years of believing that there was a brotherhood - needing to believe he was connected to a group – David came to a realization about the concept:

And this brotherhood concept. Ultimately, in the final analysis, we don’t help each other be well. We don’t help our brothers be well. We actually do the opposite . . . we hurt each other . . . we hurt ourselves. Sometimes intentionally and blatantly, and other times it’s what we don’t do . . . it’s more covert . . . our negligence . . . we hurt each other and ourselves . . . slowly, deeply, over time.

Although Scott implicated the culture in contributing to much of his anxiety, he appreciated that the culture was a group of individuals:

You know, it’s interesting. I’m painting this picture that everything is awful about the fire culture. In another interview with a city EEO consultant, I spoke very highly of the culture. If someone gets sick, we’ll work for them. If someone needs a shift off at the last minute, we’ll cover them. You know I worked on crews where I would laugh, so hard, all day long. There is a beautiful piece . . . a brotherhood. Maybe that’s the teaser that keeps some people there. And they want to belong. Yet that same place is what victimizes them. A good crew makes such a huge difference to mental health. Yet a bad crew . . . they’ll shit all over you.

For three participants, although they described and often underestimated the power of the cultural in terms of the messages to be stoic and masculine, and how these values and beliefs likely impeded their awareness of symptoms that developed in them, they also maintained the
culture had many positive qualities comparing the world-wide firefighter culture as a tight
"family-like" feeling. Bennett stated, "If I was in trouble, if I broke a leg, if I had a heart attack,
as soon as anybody sees this guy is a firefighter, retired or otherwise, roll out the red carpet, what
do you need. Anywhere in the world...”

The positive and negative aspects of the culture seem to reflect contradiction. How can a
brotherhood, defined as supportive and cohesive, also be abusive and disrespectful? I have
struggled to detangle these expressions and sentiments. At this point, my understanding is that
for the individuals who express extremely positive aspects of the culture have yet to fully
appreciate the importance of emotional processing, and the role the culture played related to their
mental health. These three are still very much trying to understand their journey, and two of
them continue to struggle daily. In addition, these seemingly contradictory sentiments also
reflect the complexity and uniqueness of the fire department culture. Some believe, including
half the participants, that pushing people to their limits helps individuals know how will respond
in dangerous situations. Although I understand the importance of trusting your co-workers,
particularly in potentially life or death situations, I inherently believe that we can learn, grow and
trust, even in the most dangerous of incidents, without the use of aggression, demoralizing,
demeaning, or disrespectful comments and behaviour. I don’t believe that people do their best
when they feel victimized. Yet I also acknowledge this is a contentious issue, and I am in
process in attempting to understand this complex system that I am not a member of. At this
point, it seems that in many areas, firefighters are supportive of one another. Yet in relation to
mental health, the values, beliefs and attitudes continue to reflect stigma and judgment,
ultimately harming those individuals who, because of the symptoms they manifest, are already
experiencing confusion, isolation, and pain.
Preventing Future Harms: A Shift in Culture?

Many of the participants had ideas and beliefs about how to shift the culture of the fire department to prevent and correct some of the issues that impact individual’s mental health. Although many had ideas, based on their own experience, few of them had expressed these beliefs aloud to fellow firefighters or to human resources or the administration. Based on his experiences and frustrations, Hank talked about the cultural changes that he believed should happen to help firefighters be healthier:

As an organization, we need to get it...we need to understand. It just encourages people to not come out and if they don’t talk about it then they just hold it in...and you hold it in and then this is what happens. I don’t want other’s to experience my hell. There’s no awareness, there’s no nothing. Yet they would say we have CISD and EAP and depression screening but no one is going to go...it’s not culturally OK.

Curtis grapples with the process of changing the occupational culture related to emotional processing. He tried to find the middle ground – acknowledging the importance of traditional masculine norms yet at the same time allowing for some significant personal and cultural shifts related to emotional processing. He stated:

I know it’s kind of interesting...idolizing the old-school part of the culture yet wanting people not to suffer and being open about how I’ve been impacted...but I think I can do both. I can be strong and tough...and empathetic. I am. I didn’t process for years, and I think this messed me up. I can say this, yet I do acknowledge that there is still a cultural belief that it is not OK to have negative and traumatic emotions around work stuff. Lots of firefighters still believe that this would be weak. It’s an evolution, right? We’re becoming more aware of all this stuff. We have to acknowledge that brave tough men get impacted.
We all do. We're human. Yet, this is a hard one. We talk about trying to change culture just to make people healthier . . . by encouraging people to talk about their feelings, their experiences. Yet I idolize guys who would never talk about such things. I think . . . I was brought up in that culture and that's what I grew up in as a man but now I strongly believe there's another part to the puzzle. It is hard to reconcile, but I think it's bridging the past and the present. You can still be tough and masculine, and talk about your feelings. Others would disagree . . . I think . . . you know, it's like hoping you have air bags on an Edsel. There where no air bags back then. Now a day you don't buy a car that doesn't have them.

Having spent a great deal of time and cognitive energy thinking about his workplace, particularly the cultural aspect that are harmful to wellness generally and socially and politically outdated, Scott insightfully reflects on how to shift the occupational culture of the fire department in a healthier direction:

. . . codes of ethics. For me, it's the key piece they're missing in the puzzle. We don't have a professional code of ethics! When you come into this job – you should be signing on this cultural code of ethics. If you violate this code of ethics, there would be consequences. I think this would impact the hiring process. Firefighters are going to tell you they don't want a person who is going to be an asshole around the fire hall; even if he has the biggest biceps . . . they don't want someone who is going to take away from the team. It's a stratified group of people . . . let's ask what is of value to them, and once you start tapping into what the existing cultural values are, you can start putting stuff together and hold people to it. Make people accountable for their behaviour! There would be a group of people who wouldn't agree, but the point is, the majority, or a group of people who come together from the department and identify “these are our values.” Having a code
of ethics that the members feel is meaningful would, to some extent, help shift the culture. That said, it’s time ... attrition of the old school needs to happen for significant change to happen. I think it is possible to change the culture ... the banter, the bullying. But I think it’s going to take time. It’s essential that we change the groups of people we bring on. You change the demographics of those groups of people you hire, and you change the code of ethics. It’s already happening. The guys that are being hired now ... over the past ten-years, lots of them are different. I see some of them not tolerating the bullying. You know, they’re a “me” generation now coming into the workforce. Maybe they’re saying, “fuck you, you can’t push me around and treat me like that.” I personally don’t know ... maybe that’s just workplace in transition and that transition is coming about because of external influences, but maybe some subtle internal ones as well. I’m really hoping that what will happen is that there will be a different set of hiring practices put into place. We need heart. Whether it’s the woman running laps after training is over for the day or a guy who is courteous and competent to his coworkers and the public alike. These are the people you want. And this is where we’re caught up in this process. We’re hiring our own image. We’re scared of change. When our hiring criterion was set up in 1984, we didn’t know any better ... but it hasn’t changed since. You know, the job description for a firefighter comes from 1957 ... I mean 1957, come on!

Conclusion

The two major themes – mental health impact of doing the work; and mental health impact of working in the fire department culture – and the numerous sub-themes were reflected by the participants as being significant in regards to how their mental health has been impacted. Although the participants are all quite different and distinct, their common experiences as
Firefighters are reflected in their narratives. Indeed, the themes seemed to jump from the page, both in terms of traditional trauma responses, but also related to the impact of their workplace culture - which is typically left unspoken - on their functioning.
CHAPTER V

Discussion

The purpose of this investigation was to explore, in-depth, individuals’ experiences of how being a firefighter impacts their mental health. Having examined in detail the findings of this study, I will contextualize the findings and consider their implications in this chapter. Reflecting upon the research question, the results of this research will be considered in light of the relevant existing research, highlighting the key findings that offer significant contributions to the field. In particular, the implications for counselling psychology, firefighters and other first responders will be discussed with emphasis on how to prevent acute mental health dysfunction and provide effective services for individuals experiencing symptomatology. In addition, the limitations of this study will be presented and suggestions for future research will be provided.

The Study Confirms and Adds Significantly to the Existing Literature

The narratives of participants in the current study not only reflect all of the major themes regarding the impact of responding to traumatic events and symptom expression in first responders found in the literature, they also add significant detail to the role work place culture has on the mental health of firefighters, individually and collectively. This research brings together previously identified issues as well as novel themes to form a comprehensive picture of how being a firefighter impacts mental health.

The findings of the current study contribute to an understanding of the complexity inherent to mental health for first responders. The interconnections between job requirements, namely responding to and witnessing ongoing trauma and suffering, and workplace cultural norms are highlighted and described in several unique ways. The current study is one of the first attempts to examine the experience of men speaking about how their mental health has been
impacted by their job as a firefighter. Specifically, it is also one of the first studies to provide an in-depth examination of how the formal and tacit norms of a paramilitary workplace culture directly and indirectly influence the functioning of its members. This study reflects and addresses gaps in the literature uniting the themes and outcomes evidenced by previous studies by providing descriptions of the difficult mental health experiences participants have had in their careers.

The cross-narrative themes generated from the participants' stories were separated into two distinct categories or themes: Mental Health Impact of Doing the Work and Mental Health Impact of Working in the Fire Department Culture. For the purpose of this chapter, discussing how the findings fit into the existing literature will also be presented using these two categories.

*Mental health impact of doing the work.* Under the general theme of mental health impact of doing the work, it was found that the participants experienced significant and profound symptoms consistent with post traumatic stress reactions, as well as other mental health symptoms that I categorized as non-PTSD symptoms. Again, it should be highlighted that exposure to trauma can impact an individual in a myriad of ways beyond the traditional triad of symptoms that are diagnostic for PTSD. These symptoms are often called the secondary adaptations to trauma (Briere, 2002; van der Kolk, McFarland & Weisaeth, 1996). The non-PTSD category of themes in this research is conceptualized in this regard. Overall, the findings from this are consistent with the literature regarding traumatic stress responses generally, and more specifically in first responders. No findings from this present study were inconsistent with the research reviewed. Instead, because of the depth gained by conducting qualitative interviews, the present research goes beyond statistical data and prevalence rates, thereby extending and deepening what is known about how firefighting impacts first responders.
Not surprisingly, participants disclosed that they found the content of the emergency calls that they responded to in the course of their work difficult and emotionally painful. Consistent with the research, the participants confirmed that a key component of the work of an urban firefighter is frequent exposure to human suffering. All of the research reviewed investigating PTSD rates for firefighters (and rescue workers generally) reported that firefighters are exposed to duty-related life-threatening situations and events involving human pain and suffering frequently, often on a daily basis (Beaton, Murphy, Johnson, Pike, & Corneil, 1999; Clohessy & Ehlers, 1999; Corneill & Beaton, 1999; Regehr & Bober, 2005). For example, to confirm that firefighters were indeed exposed to incidents that meet PTSD criteria (criteria A1), Beaton and Murphy (1995) surveyed 2000 firefighters. Not surprisingly, they found that over 90% were confronted with at least one distressing incident that met Criterion A1 for PTSD (including exposure to dead, dying, or severely injured persons within the previous year). The participants’ accounts of responding to gruesome and abusive situations, particularly those involving children, are consistent with the literature. It is also a common finding that these workers become hidden victims of disaster (Dean, Gow & Shakespeare-Finch, 2003; Regehr, Hill, & Glancy, 2000; Weiss, Marmar, Metzler & Ronfeldt, 1995), developing nightmares, hyperarousal and debilitating distress which is a significant although not novel finding in the present research.

Consistent with the literature, the findings in this research revealed that the participants experienced significant and profound mental health symptoms—both PTSD related and non-PTSD symptoms—due to their work requirements as a firefighter. Broadly speaking, findings from this study are consistent with research that has investigated the impact of traumatic calls on firefighter mental health (Beaton & Murphy, 1993; Corneil, 1995; Corneil et al., 1999; McFarlane, 1998). For example, five of the six participants clearly describe debilitating mental
health symptoms that they believed developed because of exposure to traumatic calls. Because the participants in this study were not given diagnostic rating scales for disorders, prevalence rates for diagnoses cannot be stated. That said, based on the detailed descriptions of their symptoms, as well as the participants reporting being diagnosed by doctors and psychiatrists, comparisons seems appropriate.

Quantitative studies investigating the prevalence rates of mental health disorders following traumatic events suggest that first responders are impacted at a rate beyond the regular population. Prevalence rates of PTSD in firefighters range from 16% to 50% depending on the population sampled (Beaton & Murphy, 1993; Corneil, 1995; McFarlane, 1998). For example, McFarlane (1987; 1992) found PTSD prevalence rates of 32%, 27%, and 30% in a sample of firefighters 4, 11, and 29 months after an Australian bushfire. Concerned with the lack of information about secondary traumatic stress among firefighters related to regular daily duty, (independent of a common critical incident) Wager, Heinrichs, and Elhert (1999) examined traumatic stress reactions in 318 German firefighters and found a prevalence rate of 18.2% for PTSD symptoms. They also found a high prevalence of comorbid psychiatric symptoms, such as depressive mood, social dysfunction, and substance abuse. Significantly 27% of the firefighters confirmed recurring and more intense bodily complaints than the general population, especially those related to general conditions like cardiovascular complaints, tension, and pain. Corneil et al (1999) found similar rates of PTSD in samples of Canadian and US firefighters (17% and 22% respectively). It should be noted that the majority of this research was conducted following a critical event such as a mass casualty (e.g., 911; Oklahoma City Bombing). Although PTSD was not assessed with a standardized scale, they reported diagnoses from medical doctors and psychologists as well as described classic PTSD symptoms in the interview, suggesting that the
participants' rates of diagnoses were at least comparable, if not higher than those reported in other studies. Perhaps the qualitative methodology utilized in the present study, with the guarantee of anonymity, facilitated more in-depth and potentially more reliable responses regarding level of distress. In addition, to participate in the present study participants had to comment on how they had been impacted by their work. Presumably, those who had been impacted or had suffered in some way were more likely to self-select to participate.

The results of this study are also consistent with the trauma literature generally regarding symptom expression after exposure to trauma. The majority of the participants were not aware of the criteria for PTSD, yet the participants described the classic triad of symptoms: re-experiencing traumatic events, avoidance and numbing, and increased arousal (APA, 2000). Although the participants did not use this language, the symptoms they described were normal responses to trauma. For example, in terms of re-experiencing traumatic events, the participants described how the “slide show” or “rolodex” of calls would “play” when triggered, particularly when they felt their carousel was “full.” Many of the participants described nightmares and were easily triggered into vividly reliving parts of calls (e.g., driving through an intersection).

In terms of avoidance or numbing, nearly all of the participants had abused drugs or alcohol and avoided thinking about, or emotionally processing what they had seen. Substance use and abuse has been associated with certain stress-related disorders, including PTSD, with the self-medication hypothesis suggested as a major causal pathway (Chilcoat & Breslau, 1998; Mitchell & Bray, 1999). Few studies have directly examined substance use and abuse among firefighters. Boxer and Wild (1993) reported that 29% of their sample of urban U.S. firefighters met or exceeded the screening scores on the Michigan Alcoholism Screen Test (MAST: Selzer, 1971), which is suggestive of alcohol abuse and/or dependence. Similarly, in a longitudinal
study on firefighter stress responses, Murphy, Beaton, Pike and Johnson (1999) found that urban firefighting is significantly associated with negative health outcomes, including the potential over reliance on alcohol abuse (between 36% and 30% depending on the time measured). In their study of firefighters following the Oklahoma City bombing, North et al., (2002) found 50% rates of lifetime and 25% rates of current alcohol use disorder. In their study, drinking alcohol was found to be the second most frequent coping method, after seeking interpersonal support. In addition, drinking to cope and post-disaster alcohol use disorders were significantly associated with indicators of poorer functioning. Again, the substance abuse rates in the present study, with five out of the six participants disclosing addiction issues, exceeded the rates found in the quantitative studies reviewed, again supporting and extending the research literature by offering details about the complexities of trauma, numbing, and denial.

In the present study, one of the reasons for this avoidance, among others, was that participants believed thinking about the incidents caused further distress both internally in terms of symptoms getting increasingly disruptive, as well as increased victimization in their work culture. Significantly, this research highlighted the exacerbating role that avoidance and lack of awareness plays in the development of mental health deterioration. Although discussed in the trauma literature (see Rachman, 2001; Saakvitne, 2002; Wastell, 2002), the high level of avoidance to obvious somatic, cognitive, and psychological symptoms and the related lack of emotional processing in this population was particularly striking and has numerous implications for prevention and treatment. Wastell's (2002) study examining the long-term effects of suppressing emotion reactions to exposure of trauma among ambulance officers are consistent with this present study. Specifically, Wastell (2002) found that the use of emotion-suppressing defenses (e.g., withdrawal or acting out) have a highly significant positive relationship with
physical and psychological stress symptoms. Alexithymia scores were also positively associated with stress symptoms. All of the participants in the present study reported that they lacked the awareness that their mental health was deteriorating and it was not until they were acutely suffering (i.e., suicidal, panic attacks, significant substance abuse, sleep disruptions, all symptoms of PTSD, etc) that they acknowledged suffering and sought help. Although alexithymia was not measured quantitatively, the lack of awareness the participants had of their suffering, and for some of them the continued difficulty finding language to express and convey what they continue to feel points to the role that alexithymia played for some of the participants. The role of the culture also had a profound impact on symptom awareness and avoidance, as will be discussed below.

The majority of the research investigating mental health symptoms in firefighters or other first responders was conducted following a critical event such as a mass casualty (e.g., 911; Oklahoma City Bombing) (Beaton et al., 1998) and has less often considered the cumulative effects of continued exposure to stressful or traumatic events even if some are considered more routine. Firefighters are exposed to the stress of the event itself (acute trauma), the stress of repeated or cumulative trauma, the stress of their role as a help provider (Raphael, 1986), as well as the stress of working in a culture that that discourages emotional responses. Although not inconsistent with the research literature, one significant finding of this study is the cumulative impact of the work on the participants. This is not to say that individuals were not impacted by specific critical events, as the majority of participants had lists of traumatic calls that would automatically “play” on them when triggered, suggesting that critical events were also impactful. Yet, in describing their mental health deterioration, the participants felt that it was the accumulation of these events, as opposed to one event itself that impacted them over the long-
term. The detailed descriptions the participants gave of slowly “filling up” – somatic, psychological, and cognitive symptoms developing over time, was a significant result that is found in the autobiographical literature on first responders, although is rarely found in the research literature and has implications for practice. It is also important to note that the majority of the participants were unaware that they were being impacted at the time, pointing to the cumulative “creeping in” of symptoms as opposed to acute effects. This also speaks to the participants’ lack of awareness of their own physical and mental health as well as a denial of the impact that their work could have on their functioning. This lack of awareness that they are being impacted by the work resulted in the participants not emotionally processing the incidents that were causing them cumulative distress.

One theory in the literature that fits with the present findings is that for individuals exposed to traumatic material to maintain their resilience, emotional processing of that material is necessary. Failure to do so results in PSTD related symptoms (Brewin, 2001; Brewin & Holmes, 2003; Ehlers & Clark, 2000; Foa & Riggs, 1993; Foa & Rothbaum, 1998; Rachman, 2001). Ehlers and Clark (2000) have proposed that memory disturbances arise from poor elaboration and contextualization, plus strong associative memories. Similarly, Rachman (1980; 2001) suggested that emotional processing results in cognitive and emotional reactions being “absorbed” so that exposure to the problematic cue no longer elicits a strong emotional reaction. When processing is blocked or thwarted, trauma related symptoms occur. In a workplace culture where suppression and denial of mental health symptoms are the norm, it is not surprising that individuals are not aware that they are being cumulatively impacted by the traumatic calls they respond to. Yet awareness is necessary for emotional processing to occur and PTSD symptoms
to be prevented and/or resolved. A work culture that suppresses emotional processing of traumatic events places its workers health in jeopardy.

Another theme that arose from the participants narratives was that of feeling unsupported by the administration of their department. The majority of the participants described a passive lack of support (e.g., feeling like the administration wasn’t being proactive in helping to keep firefighters from suffering). Three participants also reported feeling “retraumatized” by the insensitive interaction with human resources and the administration. These findings are consistent with the research for stressful workplaces in general. For example, in their study investigating traumatic stress in child welfare organizations, Regehr et al (2004) found that the strongest predictors of post traumatic stress symptoms included organizational factors including lack of management support. The research looking specifically at first responders also points to the lack of management support as being critical to stressors experienced by line-level employees (Violanti & Aron, 1994; Regehr et al., 2000). Indeed support from management is often cited as a primary protective factor in reducing post traumatic stress reactions in emergency responders. For example, from a resilience perspective, Johnston and Paton (2003) stress the importance of managers facilitating and sustaining staff adaptability and resilience, although they also comment that they often lack the capability and/or willingness to realize their potential in this context. Given the management or administrators of the fire department in the present study were typically front line firefighters first, they were “groomed” in the same occupational subculture that does not emphasize the need to promote mental health resilience. In a sense, for management to be supportive and sensitive to mental health issues in line level staff, wellness of staff must first become a priority. Given the cultural silence and stigma with regard to emotional processing, perhaps there is not the awareness that members are suffering to the extent that the
present findings suggest. A supportive management, reflected not only by openness and
compassion but also by shifting policies regarding mental health is an important component of a
healthy workplace and an implication to be discussed below.

Some of the participants described depressive symptoms that reflected more traditional
definitions of depression, including lack of energy and interest and feeling of hopelessness and
suicidality. All of the participants also described symptoms that are more consistent with recent
research on depressive symptom expression in men. Findings stemming from the present study
strongly support recent research and clinical findings that reveal that depression in men often
looks different than it does in women (Cochran & Rabinowitz, 2003). Men hide their pain, and
the emotions that are expressed are often irritability and anger, not typically considered “classic”
depression symptoms. Because few men seek help for psychological problems (Mahalik &
Addis, 2000), untreated depression and related mental health symptoms (particularly other
trauma related symptoms) may further diminish the quality of life and psychosocial adjustment
for many men. Scant research has examined depression and non-PTSD anxiety symptoms in
first responders. A study by Regehr et al (2000) is an exception. They found that many of the
firefighters (22.5%) in their study suffered from depressive symptoms. As such, the present
research findings support the literature on expanding criteria for depression in men, and extend
what is known about how first responders are impacted. It seems important to note that the
impetus for this study was Don Symington’s depression and suicidality. After one serious
attempt on his life, he was found by fellow firefighters who unexpectedly decided to visit him.
While in his hospital bed he remembers numerous firefighters disclosing their stories of personal
suffering, including suicide attempts and debilitating depression. All six participants in the
present study described experiencing symptoms consistent with clinical depression at one or
more points in their career. They all reported that at the time, they were unaware they were depressed. All six also reported suicidal ideations, and two participants had attempted suicide at least once.

The current study adds to the literature by documenting the extent to which participants have experienced non-PTSD related mental health symptoms. The majority of the research related to first responder mental health has focused on post traumatic stress reactions. The present findings go beyond traditional trauma symptoms and reflect a comprehensive picture of mental health for firefighters. In addition to the depression and addictions described above, participants described experiencing a host of anxiety symptoms including panic, phobias, and generalized anxiety concerns that impaired their daily functioning. One other theme that was expressed by the participants that further extends what is known about first responder mental health is the impact of their developmental histories on their functioning. Four of the six participants stated that their developmental histories were difficult and thus they felt that they had “emotional baggage” prior to starting the job. In this sense, they described the job stressors (both trauma related and cultural) as layering onto an already “damaged” system. Although the participants intuit that their developmental background impacts their functioning, there does not appear to be any literature on this population documenting this effect. In this sense, participants’ perspectives also add to the literature describing how their backgrounds have an interaction effect with work expectations and cultural biases. This finding has potential implications for training new recruits, helping them to increase their awareness that personal background and negative life experiences may be triggered by various aspects of the work.

Mental health impact of working in the fire department culture. Perhaps one of the most striking elements about participants’ experiences was that they not only felt impacted by the
nature of the calls they responded to, experiencing a multitude of mental health symptoms which were often extremely debilitating in nature, but they also experienced profound suffering due to various aspects of the workplace culture. In a sense, the collective fire culture has an identity – a workplace identity that had a significant impact on all of the participants. For a few of the participants, they explicitly stated that it was not so much the work that was difficult, instead suggesting that the occupational culture they experienced in the fire halls was profoundly distressing, negatively impacting them. There is scant research available regarding the impact of the workplace culture on firefighter mental health. This is interesting and noteworthy given that research is beginning to show that traumatic stress reactions in firefighters rarely result from single, devastating, catastrophic incidents. Rather, mental health symptoms are often the interplay between an event, the person encountering the event, the organization in which responders work, and the supports and life that they have outside the workplace (Regehr & Bober, 2005). Certainly traditional approaches for dealing with traumatic stress responses in military and paramilitary organizations tended to ignore the problem or attribute reactions to inherent character flaws in the person (Herman, 2002; Regehr & Bober, 2005; Scrignar, 1988). While some writing suggests that these approaches have changed, particularly administrative and union policy, the present study strongly suggests that stigma toward mental health issues in the firefighting culture continues to exist with often profoundly detrimental and exacerbating effects on individuals’ mental health. As one of the participants in this study stated, “it’s the fire department’s dirty little secret.” As such, the results of this study investigating the impact of the workplace culture on firefighter mental health contributes to the literature in significant and novel ways by hearing from, first hand, firefighters who broke the silence, and spoke in detail about the impact of the culture on their functioning.
Although some recent literature suggests that the workplace culture can be unhelpful in facilitating emotional wellness, detailed descriptions elucidating the inner experiences of this process is largely unknown. Regehr and Bober’s (2005) comprehensive book entitled “In the Line of Fire” wasn’t published until after this research was proposed, and their work has become a reference and benchmark for me. Significantly, despite the thorough, well research and clinically intuitive perspective, there are only two paragraphs written specifically on the intersection between the culture of emergency service organizations and mental health in their comprehensive book on trauma in the emergency services. They mention that emergency service organization often have strong attitudes toward emotional expression, tending to show little empathy for others’ feelings, although they do not cite specific research detailing how the culture of these organizations helps and/or hinders mental health functioning.

Although not specifically investigating collective workplace culture, research conducted by Regehr, Hemsworth, and Hill (2000) on individual predictors of posttraumatic distress in firefighters highlighted the notion that social networks are not necessarily positive, stressing that social support studies of persons facing stressful situations have often overlooked the potentially troublesome aspects of interpersonal relationships and the uncertain benefits of social support. In their study, individuals who had a lack of trust in relationships, were sensitive to rejection, had a tendency to be easily hurt by others, and had difficulty making friends (defined as relational capacity) perceived less support from those in their social networks following traumatic events. These individuals scored significantly higher on measures of depression and posttraumatic distress. Although relational capacity of the participants in the present study was not measured, the present research results support the findings of Regehr, Hemsworth and Hill (2000) highlighting the role that perceptions of others has on level of distress. In the present study, the
participants who felt the least amount of support from their coworkers also felt like they were out of place in the department. It is possible that these participants are more socially and emotionally sensitive than others on the job who perceive more support and experience less cultural distress. The present study extends these findings by suggesting that it is not necessarily that those who experience more distress do not have the capacity to form trusting relationships at all, but chose not to engage with their colleagues, instead developing trusting relationships outside their job. The participants who expressed the strongest negative feelings towards their workplace culture expressed the view that they were very different people than their coworkers ("square pegs trying to fit in round holes") and that aligning with the collective would encourage their own dysfunctional behaviours and increase and extend the denial of their distress.

There are a few recently published books authored by former firefighters that present a more complex picture of the intersection between the work and the workplace culture. Carol Chetkovich’s (1997) book based on her dissertation research entitled “Real Heat: Gender and Race in the Urban Fire Service” explores how the process of becoming a firefighter interacts with the dimensions of race and gender, supporting some and discouraging others. Although the focus was not mental health, it is one of the only books I have read that parallels the present findings related to cultural attitudes toward mental health, actively encouraging the repression of emotional displays, the brutality of hazing and initiation, the importance of reputation, and male “toughness.” Another example is Russell Wangersky’s (2008) autobiography entitled “Burning Down the House.” He frankly discloses the profound impact being a firefighter had on him, describing nightmares, depression, divorce and cultural silencing. It is a candid and honest Canadian account, describing what is typically kept silent. Paralleling the participants in this study, Wangersky (2008, p. xiii) stated:
What had been a dream became a kind of personal nightmare, as bit by bit the underpinnings of wonder and heroics fell away. I was left with horrors I still live with now, horrors that can, occasionally, sneak up on me when I don’t expect them, smashing my confidence and leaving me unable to control my temper or fears. . . I learned quickly that when I was with other firefighters, there were things I was allowed to talk about and ways that I was allowed to talk about them. There were other things I just wasn’t supposed to mention.

Another recent autobiography written by retired Canadian firefighter Jimmy Allen, tells story after story of gut-wrenching scenes he responded to during the course of his career. His words echo my participants, detailing the atrocities as well as triumphs he lived through. After forty years on the job, he began having nightmares and knew he needed help to deal with the horrors he had seen. The horrors he met were not without consequence, having responded to 17 deaths in the first year on the job. A psychologist he was seeing recommended he turn the torment into stories, and in 1997, a year before he retired, he began writing. His stories became a book that was published in 2007 and is entitled “Extreme Heat: A Firefighters Life.” One line in particular stuck me due to its simplicity yet complexity in understanding the culture: “During my career, more than fifty of his fellow firefighters took their own life, and I considered it.” Reaching out to fellow firefighters, encouraging them to recognize the signs and help each other, he learned “the firefighters who don’t cry, die.”

One of the most salient themes discussed by all of the participants in the study was that there were strong tacit messages in the workplace culture regarding mental health. Certainly, one of the most prominent themes and most significant and novel findings across and within participants’ narratives was that of silence – on many levels. The participants spoke at length
about the pressure to not show weakness, to not express emotions relating to being impacted by
the calls or the culture, and the condoning of inappropriate behaviours (e.g., addictions, bullying
on the job). Furthermore, all the participants, to varying degrees, described how displaying
masculinity – in a traditional sense – was rewarded and displaying emotions (besides anger) was
not culturally acceptable. In essence, all of the participants felt that there would be significant
cultural ramifications if they disclosed the extent of their suffering due to either the traumatic
nature of the calls, or the victimizing experiences of being in the culture. They also all stated
that although they did not necessarily agree with the norms in the culture, the pressures to
conform were overwhelming, and ultimately debilitating.

In terms of the theme of silencing, none of the participants had told their stories aloud of
how their mental health had been impacted before their interview in this research. In particular,
few of the participants had discussed how working in the fire department culture had silenced
them. All of the participants stated that acknowledging and admitting that they were suffering
from mental health symptoms, particularly if related to the work conducted as a firefighter, was
something that was actively discouraged in the workplace culture. Indeed, the participants’
stories strongly suggest that the stigma of acknowledging any psychological distress in the fire
department is profound and significant. Not only did they have apprehension about being seen
as not fit for duty, but wanted to prevent (at all costs) their fellow firefighters perceiving them as
“wimpy” (or anything else seen as traditionally un-masculine). If they are somehow perceived to
be different, “not fitting the mold”, a “rat” or “weak”, the participants commented that there
would be many repercussions inflicted by fellow members, including harassment and bullying.
A few participants noted that breaking the silence and speaking out against the inappropriate
behaviours would be akin to career suicide. Indeed, the participant that withdrew from the
present study after reading his story expressed anxiety and concern that if firefighters knew it was him speaking out strongly against much that he had experienced as a rookie, his career would be ultimately jeopardized.

There are a few studies that have alluded to similar findings. For example, Henry (2004) reported that police often disguise their emotions for fear of showing flaws that might render them inadequate or not measuring up to the image of the “tough guy” police officer. The current research literature does not explain how the culture impacts individuals so profoundly, nor does it show the process of becoming part of and conforming to the culture. However, the present research does extend the descriptions in the literature by reporting detailed narratives of the lived experience of being a firefighter, substantially filling in some gaps that existed and helping gain a clearer understanding of the complex factors underlying mental health in the fire service. Participants in this study provided a framework, articulating how their suffering either stemmed from or was exacerbated by the tacit cultural norms and expectations implicit to being a firefighter. Without reading their narratives, it would be difficult for someone who does not belong to a traditional hierarchical paramilitary organization comprised almost exclusively of men, to understand how powerful and persuasive the culture is. The participants in this study are all different, their occupation being the only tie that binds them. Yet all of them experienced increased suffering due to the norms and expectations of the culture. A few participants balanced the negative and harmful impact of the culture with more positive beliefs. For others, they believed that their prolonged suffering was due to the occupational subculture they felt disconnected from, yet unable to escape its harmful and suffocating grasp.
Reflections: Why the Dearth of Research in this Area?

Writing the proposal for this research, I was struck by the lack of detailed qualitative data describing the impact of fire fighting on mental health. The specific individual realities of firefighters were missing. Were they not talking? It seemed that without direct evidence via research, the mental health issues firefighters and other first responders experience were being ignored and/or disregarded. Paton (1996) surmises that there are a few reasons for this including the lack of recognition and acknowledgment of the existence and seriousness of mental health problems in these occupations (both generally and stemming from work related traumatic exposure). Another relates to personal and professional characteristics which result in the suppression or denial amongst staff of problems that are psychological or emotional in nature. Paton (1996) stressed that the stigma of psychological and emotional issues in critical occupations such as the fire department is not well understood.

I offer some personal situations to help explain why there is a dearth of literature critically describing and explaining first responder culture, particularly related to mental health. Five years ago, when Don Symington approached me to help him help firefighters, I started meeting with a group he formed to prevent other firefighters from experiencing debilitating mental health symptoms and from suffering in silence. Two deputy chiefs, the union president, the therapist from an Employee Assistance Program (EAP), the critical incident stress management captain, Don and I met monthly for about two years. During these meetings, I offered to develop an anonymous survey to collect data on the prevalence rates of their members’ mental health functioning. Because I wanted the survey to be relevant and useful, it was developed in close collaboration and consultation with this group of individuals. After many reviews and revisions, the survey was approved for circulation by both the administration
as well as the union. The week before the survey was to be mailed out to the members residences, I was told by the administration that the approval for the research had been quashed. The only reason I was given was that the City legal team had advised the Chief against conducting such research. I requested a meeting to help explain the survey, the goals of the research, as well as my commitment to helping firefighters. This request was refused. Despite me knocking loudly, I hit a wall of silence. Perhaps that was the problem. I was bringing attention to an issue that was important yet contentious. To this day, I don’t know exactly why the survey that was developed in direct collaboration with senior administration of the department was quashed. My guess, although not confirmed, was that there was anticipated fear of what the survey would reveal: that the members were suffering from significant and clinical mental health symptoms. From my view, this information would have helped treat and prevent further suffering. Given the silence, I am left to assume that the fear of negative publicity and potential costs that the city and/or department foresaw was the impetus for stopping the research. I understand this fear, yet as a mental health practitioner, I wish the goal was health and wellness, rather than fear and silencing.

Despite this personal experience, I was not expecting to hear the participants describe their workplace culture in such negative ways. As I was interviewing the participants, I was struck by the strong and damning opinions on how the workplace culture negatively impacted the participants. Heading back into the research, given the powerful statements the participants were relaying, I was surprised by the dearth of research findings in the literature regarding first responder culture generally, particularly related to mental health functioning. Having thought about this at length, there are many possible explanations as to why additional information regarding the negative impact of the firefighter workplace culture is not widely available.
It seems firefighters do not want to publicly express such blatant negative comments regarding their employment. Perhaps the reasons extend beyond the workplace culture and are impacted by the perceptions of the public. The fire department is consistently rated by the Canadian public as an occupation seen as trustworthy, heroic and reliable. For example, in a 2006 Ipsos-Reid survey investigating what professions the Canadian public trusts, 93% of the respondents Canadian population scored firefighters as the most trustworthy, integral, and reliable. They also scored the highest in an identical 2002 Ipsos-Reid survey. It seems firefighters have an image to uphold, and it is certainly probable that many firefighters, including some of the participants in this research, feel strongly that upholding and maintaining this image, both collectively and individually, is important.

This is also difficult research to conduct because it is risky for the participants. As one participant exclaimed, “no one talks about the culture – it’s akin to the Free Mason society.” Similarly, during our interview, one of the participants expressed how risky his participation was in the study:

Our culture is enabling unhealthy, dysfunctional behaviour because we aren’t allowed . . . it’s not ok to say “I’m fucked up and I need some help.” Makes me think how risky this is even talking, telling my story and expressing my opinions. What a mess.

Overall, the experiences and personal opinions expressed by the participants on how the culture impacted their mental health were not positive. And typically, the more processing and psychological “work” the participants had done, the more damning they were of the culture. Thankfully, these individuals were also the ones who had ideas on how to shift the culture to prevent future suffering. After the interviews, realizing how much they had said, a few participants expressed concern that if their anonymity was not protected, they would experience
significant ramifications at work. After reading his narrative, with all traces of his identity removed, one participant decided he was too fearful to have his story included in the study. He was scared particularly of retribution and ongoing harassment by senior members for describing the blatant bullying that he experienced during the first few years on the job, which resulted in high levels of anxiety that he continues to experience. This was despite him being described as a highly resilient, emotionally intelligent and capable firefighter in his narrative. His withdrawal from the study speaks volumes regarding the impact the culture has on its members. Ultimately, the culture silenced him.

The qualitative nature of this research also facilitated the creation of in-depth candid narratives. Although prevalence rates might have revealed significant psychological dysfunction, a quantitative study would not have captured the nuances that have impacted these participants. Mental health is complex, and as such, to fully explain and elucidate the process, which was an overarching goal in this research, the method had to facilitate this objective. Furthermore, the fact that I am a firefighters’ daughter and wife, and my overarching beliefs going into this research are that most firefighters are resilient individuals, may have facilitated the participants’ disclosures. Furthermore, one of my goals in conducting this research was to find ways to bolster this natural resilience, thereby improving firefighter mental health functioning. During the initial phone consultation, I explained my motives for wanting to conduct this research. My training as a counsellor was likely an additive in encouraging participants to express themselves freely and openly. The participants were certainly nervous at the outset, speaking to a stranger about private and deeply personal aspects of their lives that had, for some, never been spoken. Yet most of them spoke for hours, freely expressing a range of emotion, commenting that they felt lighter after sharing their story. Many were surprised how
Reflections on the Concept of a Brotherhood

As I read through the stories and the themes stemming from the narratives, I was struck by the negative and oppressive descriptions of the fire department culture. I remind myself that the themes stem directly from the participants' narratives – their experiences of their workplace culture on their mental health. As a read the literature, the concept of a brotherhood kept appearing. Some of the participants directly challenge the notion of firefighters being akin to a brotherhood, commenting that if it is a brotherhood, it is built on relationships that are hurtful and repressive, as opposed to supportive and respectful. Other participants, although they also expressed that the culture was not supportive of emotional disclosures and negatively impacted their functioning in numerous ways, also commented that there were positive aspects of the culture they felt were important enough to mention. In a sense, they were supporting aspects of the culture, and in a different sentence espousing how the culture repressed their awareness and discouraged their emotional processing, thus increasing their suffering.

The findings in the present study should not be inferred to suggest that there are not positive aspects of the firefighter culture. It should be assumed that the culture can and does have mechanisms (formal and tacit) that buffer the effects of work stress. These benefits can be found in the literature and often refer to the fire culture as “one big happy family.” I can think of several examples where firefighters have supported one another. The way in which firefighters came together following the death of firefighter Cindy Kampmeinert -- killed when her motorcycle was struck by a bus while traveling in India in early 2009 -- speaks to the potential for healthy emotionality and support. Of the seven hundred people who attended her
funeral, the majority of them were uniformed firefighters. My husband was a good friend of Cindy’s, and the numerous phone calls he received and made to others to connect, grieve, and support was powerful and healthy. There are numerous other examples of how the fire department reflects the notion of a brotherhood. They work for each other when a co-worker is in need, even when they know the shift won’t be repaid due to a longstanding physical disability issue. They sign up to take shifts at the last minute, in the middle of the night if necessary, so a firefighter can be with his wife who has gone into labour. As many have told me, a good crew makes a significant difference. I have certainly seen this in my family members. When the tone of a shift is negative and unsupportive, mood can be significantly impacted. Negativity is highly contagious. The tone of a shift not only impacts the individual, but also the family of the firefighter. That has certainly been my experience, both as a daughter and a wife.

As I try to make sense of the notion of brotherhood, and where the line is drawn in terms of support and mutual respect in the fire hall, I believe that mental health issues continue to be equated with weakness. In general, the mental health community has not done an effective job at educating the public about mental health and wellness. In the classes I teach at a local university, the majority of my students equate mental health issues with “crazy people.” The whole school term is constructed around shifting perspectives and building empathy, particularly considering half of them will at some point experience symptoms that are distressing and diagnosable. In addition, the majority of the students have chosen to work in the criminal justice system, a catchment for people with an assortment of mental health issues. I believe this misinformation is heightened in the fire department, a culture that is built around traditional masculinity, heroics, strength, and bravery. Ironically, these descriptors need not be opposites of health and wellness. For firefighters to be resilient, preventing and treating symptoms when they
develop, they must acknowledge that being impacted by trauma is human and inevitable. The results of this research suggest that awareness of mental health, processing emotion, and supporting each other in this process are important steps in keeping firefighters resilient.

The research that speaks to the supportive nature of first responder cultures is not typically studying mental health. There is scant research on how the “tacit” norms of the firefighter culture that encourage traditional masculinity, thereby discouraging emotional processing and help-seeking, detrimentally impact the experience of witnessing trauma, the acknowledgement of suffering, the course of symptoms, and overall mental health. One would think that a “big happy family” should want to facilitate wellness, not thwart it. Given the results of this research, it seems that support for one another is conditional, and does not extend to those individuals who are experiencing mental health issues or for those that for a variety of reasons don’t fit the mould of the typical firefighter.

Summary

The current study adds significantly to the existing literature on the impact of being a firefighter on mental health functioning. First, this research study builds on previous efforts in the field, reflecting many of the major themes identified in previous qualitative and quantitative work. The current study adds to the field by elaborating on the experiences of firefighters, specifically detailing how mental health symptoms develop over time due to the work requirements, and what exacerbates suffering and prolongs recovery. Significantly, the findings from this research fills in gaps in the literature by gathering rich descriptions of how the tacit and formal norms of the firefighter culture further impact functioning. Information on the workplace culture of such a closed insular group is difficult to gather, and as such, the results of this research challenge much that has been written on the unconditional supportive atmosphere in fire
halls. The fact that the participants disclosed such silenced opinions underlines the value of a close investigation of participants’ experiences of how their mental health has been impacted by virtue of being a firefighter.

In summary, contributions of this study include: (a) providing insights into how firefighters experience their work, both in terms of the job requirements as well as the occupational culture in which they work, (b) offering personal descriptions and thus a deeper description of traumatic related symptoms related to fire fighting, (c) providing a window into a largely closed culture and how the overt and tacit norms in the fire department impact the firefighters mental health, (d) by speaking, the participants have started the process of breaking the silence that seems to plague the fire service related to disclosing mental health symptoms.

Acknowledgement comes before acceptance which precedes treatment and healing, the ultimate goal. By capturing the experiences of male firefighters with a broad range of mental health issues, the study encompasses the spectrum of concerns of first responder clients that a counsellor or counselling psychologist may be expected to see in community practice. As one of the first studies to collect in depth accounts of how firefighters’ mental health has been impacted by their occupation, this study offers concrete new information on the role that counselling can and does play in relationship to trauma and healing for this distinct and often guarded population.

Therefore the study not only adds to the development of the empirical literature and the construction of theory in the area of trauma, masculinity and health, and occupational culture, it also provides practitioners with empirically-based information on how clients who are detrimentally impacted from being a first responder can best be served.
Implications for Counselling Psychology

Many firefighters, including the participants in this study, have expressed frustration after meeting with counsellors who do not understand what it is like to be a firefighter. They have commented that the counsellors do not understand the lingo, the work, or the culture, and as such, feel they need to explain as opposed to reflect, process, and do their own work. It is hoped that the present research will aid counselling psychologists and other mental health professionals who work with first responders. Indeed, by capturing the experiences of male firefighters with a broad range of mental health issues, the study encompasses the spectrum of concerns of first responder clients that a counsellor or counselling psychologist may be expected to see in community practice.

Working with first responders is not for all counselling psychologists. At the outset, because of many of the issues revealed in this research, the client, the firefighter, may be experiencing severe symptoms, including suicidality and addictions, yet may be ambivalent or resistant to being in counselling, processing the traumatic material, or disclosing the victimization they have experienced on the job by their coworkers and administrators. Many of the difficulties of working with men holding traditional values, particularly around emotionality, are heightened in this population. This work takes patience and understanding, yet it is important and rewarding for those who make the investment. Reflective in the findings of this research, as well as my clinical experience working with first responders, is if trust and understanding can be established, these men have the capacity to engage in deep, profound and very healing work. All of the participants in this study have at one point, been in counselling. Some of the participants, particularly the individuals who have reflected the most and have engaged in ongoing counselling, credit counselling and their therapists to helping them find
perspective and the path towards healing. I truly believe that first responders are resilient, and counselling psychologists can play a facilitative role in this regard.

As a field, counselling psychology involves itself with many of the issues reflected in this research, including trauma and healing, depression, addictions, as well as career and vocation. This study provides detailed descriptions of the lived experiences of firefighters who have experienced debilitating mental health symptoms, and worked in a culture they found silencing, thereby exacerbating and prolonging their symptomatology.

Shifting perspective, the participants in this study offered compelling narratives into what they believed interfered with their healing and recovery of posttraumatic stress, namely lacking awareness of symptom expression, lack of emotional processing, and the slow creeping cumulative impact of witnessing and responding to trauma. The language participants utilized is not found in the DSM-IV-R, yet the meaning of their descriptions parallels the symptoms of many disorders. This is important learning for counselling psychologists, and provides a window into the experience of first responders who are reluctant to disclose that they are suffering from mental health symptoms. The more information studies such as this can provide psychologists and other mental health professionals, the better equipped psychologists will be to meet the variety of needs of firefighters and other first responders in their community.

This study found a strong connection between workplace culture, including the formal and tacit norms and values, and mental health. The fire department is a hierarchical organization where employees wear uniforms, where promotion and rank is based exclusively on seniority, and where more senior members are to be treated with respect due to their rank. There is a long history of traditions, stemming from the war veterans and beyond, and is certainly a closed system that has not developed in tandem with society in general with respect to various modern
values and views. The collective culture is powerful and pervasive and certainly stronger and more commanding than the sum of its parts. Given some people spend up to forty years of their life immersed in such a setting, it is important the field of counselling psychology better understand how organizations such as fire departments impact the development, identity, and functioning of its members.

The results of this study also have implications for the discipline of counselling psychology in how we present ourselves to clients. Counselling psychology, and indeed most mental health orientations, value and encourage disclosure and emotionality in more traditionally feminine ways. Individuals who adhere to traditionally masculine norms are often less emotionally aware, more reserved regarding psychological disclosure, and feel that counseling directly challenges their masculinity. It is no wonder that many of these individuals struggle in traditional counseling settings. If the goal is to be effective with all clients, the results of this research challenge counseling psychology as a discipline to shift our orientation and beliefs, and to modify our practices. Changing the way we work – by adapting language and expectations of what a counseling session needs to look like – will help people who are more traditionally masculine, feel more comfortable in seeking the help they need. Given the outpouring of intimate, painful, and taboo information the participants disclosed in the interviews for this research, and the positive benefits to their mood they reported afterwards, inviting stories may be an effective way of effecting change. I believe mental health organizations and occupations have a significant role to play in preventing unnecessary suffering. I don’t believe we can wait for the fire department culture to change itself. Yet we also need to look at our practices, be sensitive to subcultural differences, and see how we can best serve this population.
This study will have implications beyond counselling psychology. It will inform other disciplines dedicated to providing assistance and guidance to individuals, such as clinical psychologists, social workers, and pastoral counsellors. In addition, this research can inform occupational development and organizational theory, which concerns itself with workplace health. In terms of applied settings, the findings can have an impact on organizations such as the military, police departments, emergency services, as well as other fire departments, both urban and rural. In addition, the results and implications from this study are relevant to other occupations that are exposed to or bear witness to traumatic situations at high rates, such as correctional officers, hospital workers who serve the front line, including emergency doctors and nurses, and mental health workers including social workers and psychologists and journalists who report on traumatic events. Though clearly the fire department has unique and distinct characteristics, as has been noted, at more general levels, the implications in this study will make a meaningful contribution to understanding the experience of men who suffer from mental health symptoms.

Implications for Fire Departments and other First Responder Organizations

This research study came into existence because of a request by a firefighter who had experienced profound post traumatic stress disorder, as well as numerous secondary disorders, and wanted to prevent and protect other firefighters from suffering as he did. For over two years, I collaborated with all levels of the department, assessing their needs and developed a survey accordingly. As mentioned, that research was thwarted, and at that point, the support and connection to the formal department disappeared. It is not known at this time, if the department in question is interested in the results of this study. A summary document will be written, and I will send it uninvited to the individuals who were sitting around the table, as well as others who
have expressed interest. The intended goal in circulating the document to the department would be to raise awareness in the hopes it would effect change. The voices of the participants speak loud and clear about the myriad of issues that have impacted them. Some of it will not be easy for a department or its members to hear. Much of what was said is blaming, blunt, and speaks of unnecessary suffering.

The most novel and significant findings in this research were the participants’ reflections on how the collective culture of the fire department intentionally and tacitly impacted their functioning. Descriptions of oppressive silencing, lack of recognition that suffering is inevitable in the face of trauma, the blatant bullying and victimization that participants experienced, the condoning and encouraging of inappropriate and dysfunctional behaviours and upholding unhealthy masculine norms were themes that reflect how the culture of the fire department impacts the mental health functioning of its members. For optimal resilience and health for individuals in critical occupations, it is vital that the environment and culture provide a supportive context. Unfortunately, reflective in this research, in many male dominant paramilitary organizations, the cultures are often counterproductive to the mental health of individuals, and members are faced with the ongoing interpersonal stressors in the workplace. Instead of acting as an agent for resilience, the collective culture seemed to increase individuals’ denial and use of harmful behaviours, thereby increasing the symptomatology. Some of these stressors are similar to those in other organizations, whereas other stressors relate to more tacit “norms” in the firefighter culture.

If the participants in this study are at all reflective of the collective, many individuals are suffering unnecessarily. I know some individuals want this reality to change, as they care deeply for one another and want to prevent others from experiencing the pain and debilitating symptoms
that they endured, typically for years. It is unknown at this time whether the department as a whole – the administration, the union and collective conscious of the department will be open to listening. Shifting paramilitary culture housed in tradition is not simple nor will it be swift. Yet for any significant change to transpire the motivation and thrust must come from within. An outside agency cannot shift tacit cultural norms alone. It is the members themselves, as well as strong leadership, both formal and informal, that can effect change and help members prevent debilitating symptoms, thereby bolstering the natural resilience in the department. Change can happen in a variety of ways. Some of the participants spoke about how the new recruits – the “new breed” – are more educated, older and less malleable than recruits hired decades ago. Perhaps change will come slowly, as the “old guard” retires, and with it, many of the tacit norms and values that stemmed from the wartime will also disappear. Only time will tell.

Unfortunately, if change happens only through attrition, there are many individuals who will suffer in the years to come. And this pain is preventable and unnecessary. From my perspective, it seems unethical and negligent not to be proactive in improving mental health functioning for firefighters. I strongly believe that if the fire department collectively values the overall wellness of its members, especially emotional and psychological health, various policies and strategies could be put into place that would enhance members’ wellbeing.

It is acknowledged that there are mental health services available to firefighters, such as the employee assistance program, critical incident stress debriefing, and a depression screening service. The only mention of these programs from participants was the reluctance to use them given fear of the stigma they felt was associated with the public displays of emotion. All of the participants believed the programs were of value, yet believed they were being under-utilized for a variety of reasons, particularly due to the cultural norms discussed. Before additional services
and programs are initiated, it would be advisable to conduct research to gain a clearer understanding of what services are being used, what the members find effective, and assess what might be of better use. Ultimately, the service needs to be a good fit with the members, honouring the need for confidentiality and professionalism, and be marketed effectively and comprehensively.

Being optimistic and assuming the department is invested in supporting its members be as healthy as possible, as it moves ahead in its efforts to create a healthy workplace, it now has more information to consider in making decisions, creating policy, and developing or augmenting programs. I do believe that the department and City are already doing some things right, yet given the participants’ disclosures there is more that can be done to facilitate wellness. Building on the strengths that exist will require the administration and the union to work collectively for the benefit of its members.

Stemming from the results of this research, as well as examining programs that seem to be beneficial to firefighters in other jurisdictions, a few suggestions for future services aimed at educating firefighters about mental health symptoms as well as providing counselling services if and when firefighters feel they are experiencing symptoms are put forth. There are some examples, particularly in the United States, where psychologists have teamed closely with fire departments and offered a host of services, ranging from mind-body health awareness (Newman, 2007), to on-scene crisis intervention and follow-up. Usually, these psychologists or counsellors have, over time, built trusting relationships with the fire departments and its members.

Recognizing the high rates of stress related disorders of first responders in their jurisdiction of New Jersey, the reluctance of this population to seek traditional treatment, and a series of police suicides in the region, a group of community leaders lobbied the legislature to
create Bill 1801, which funded a helpline for law enforcement officers known as COP-2-COP. The educational and support service provides clinical assessment, peer support, referrals, and counselling session, utilizing both peer support and professionals and stresses confidentiality and integrity. It is a 24-hour toll-free telephone hotline, and in its first year, COP-2-COP received over 1,700 phone calls. There was a 300% increase in the calls recorded in the months following 9/11. It seems the success of the program is the collaborative approach of peer supporters, the majority of whom are retired officers, and therapists, psychologists and psychiatrists with expertise and interest in working with this population (Ussery, & Waters, 2006). Given the results of this research highlighting both the impact of the work on mental health, the lack of awareness that they are being impacted, as well as the many issues related to a culture, including the reluctance to seek and receive services for fear of stigmatization by coworkers, a service such as the COP-2-COP model seems like it may serve a useful purpose.

A few of the participants in this study also suggested a support group for firefighters who have or continue to experience a variety of mental health issues, including PTSD, depression, anxiety, relationship difficulties, anger and impulse control disorders, and addictions. They suggested that a psychologist with training in mental health and trauma as well as an acute awareness of the workplace culture, be at the group and assist in facilitating, educating and supporting as needed. Again, relationships between firefighters and mental health professionals could help break the silence and shift the stigma associated with mental health, thereby strengthening firefighters' ability to cope with the demands of their job. There are therapeutic techniques that work with traumatized individuals. Ideally, a close partnership between firefighters and a dedicated psychologist could make significant contributions to the health and wellness of firefighters. Concerns were raised by the participants that at the outset, the support
group may be small, although over time they believed that select individuals may warm to the idea, particularly if other firefighters who were experiencing similar issues were sitting in the circle with them. Certainly, if facilitated successfully, in contrast to individual therapy, a support group would encourage the members to feel they are not the only ones with these issues, and could help the culture move away from the conspiracy of silence typical of firefighters experiencing mental health symptoms. Good facilitation skills would be required so that the silencing and stigma associated with mental health in the fire department culture would not get played out in the group.

The findings of this research also have specific implications for training and education, at various stages of firefighters’ careers. Ensuring time and attention is spent during initial training educating new recruits on current and relevant trauma theory – specifically how the work can impact their functioning should be stressed. This should be more than an add-on, and needs to be conducted in a manner that is impactful and relevant. Although there are a variety of ways this could be accomplished, co-facilitation by a firefighter who has first hand knowledge of post traumatic stress and other mental health symptoms, and a psychologist may be most effective. In addition, ongoing educational reminders for the members about the symptoms to be aware of in themselves and their coworkers would be beneficial to help prevent and treat symptoms in supportive and efficient ways. Given the difficult work they do, I strongly believe individual firefighters are resilient under optimal conditions. At this point, given the findings from this research, the culture appears to be hindering emotional wellness, as opposed to providing much needed support. A brotherhood – or close knit group – should support each other unconditionally. If the individuals in the culture could do this, fewer “brothers” would suffer unnecessarily. It is my hope that the voices of the firefighters who committed their time and
energy to this project did not do so in vain. If their stories can shed some light on these issues, and encourage someone to seek assistance, or supportively invite a dialogue with a co-worker who seems to be suffering, I am sure they would feel their efforts were worthy. It would take preventing one suicide attempt, or one family breaking apart due to unexplained addiction. Yet my goals and expectations are broader. I hope that the participants' voices have started the process of breaking the silence, and that this opening will have a ripple effect bringing hope and healing to many who are suffering.

Limitations of the Study

Although the results of this study revealed several important findings, these findings are limited by the factors that exist both within the very nature of qualitative research as well as the individual differences inherent to mental health symptomatology generally and firefighter mental health specifically. What narrative methodology offers in facilitating a depth of understanding, it correspondingly sacrifices in capturing a breadth of experiences. Because the data for the current study reflects the experience of six participants identified through purposive sampling, the extent to which these findings are transferable to a broader population is undetermined. The prevalence rates of firefighters experiencing significant mental health impairment in the department studied is unknown at this time. Furthermore, the thoughts and opinions of the members of the department regarding how the norms and values of the workplace culture impact mental health functioning is a mystery. Given a requirement of this research was for participants to be open to discussing mental health it is likely that the participants had given thought to the issues inherent to their health, including the role of the culture, and thus may not be reflective of firefighters generally. While I did not exclude people with positive experiences of mental health or who expressed positive views of the culture, the direction of the research questions
predisposed the study towards capturing narrative experiences of distress, suffering and healing. Despite the fact that I made every effort to elicit a diverse range of experiences, the study is oriented to generating an in-depth view of how participants' mental health has been impacted by their work, suggesting a critical view.

Even within the small sample in this study, opinions regarding the extent that the culture was detrimental to them varied. It can be assumed that there are firefighters who would only espouse all aspects of the job, including the culture. Opinions of the over 800 firefighters regarding the culture in the department are truly unknown. Does the collective believe that there should be a code of ethics and that some change is necessary to protect and improve the health and wellness of firefighters in their department? Again, although the six participants certainly started the discussion, honestly and richly expressing their views, future research is needed to ascertain how generalizable their opinions are.

Although the ethnicity of the sample closely resembled the homogeneous ethnic demographic of the department, all of the participants were Caucasian and had been living in Canada for most of their lives. In addition, the participants had all been employed as a firefighter for at least twenty years. Consequently, these results do not reflect age, years of service, gender, or cultural diversity and thus represent a homogeneous group that limits the ability to generalize these findings.

**Recommendations for Future Research**

My goal in conducting this research was to explore, in-depth, the experiences of firefighters and gather detailed information regarding how their mental health had been impacted by their employment. Because of the small number of participants in this research study, generalized claims about the representativeness of their experiences are unknown. While the
current study offers rich descriptions of the lived experiences of these six firefighters related to their mental health functioning, it is only a bare beginning. The current study provides a rich resource of information upon which future research can build. The findings also suggest the utility of employing a narrative methodology to capture the intricacies inherent to mental health functioning. There are many areas unexplored in the research that qualitative research could begin to address. For example, a qualitative research study with new recruits exploring their expectations of how their employment could impact them would be beneficial, particularly in developing an education component for new recruits on the inevitable costs of witnessing and responding to high levels of trauma. Given that the majority of the participants described a cumulative effect of trauma, it would also be intuitive to unravel this process, gathering information from firefighters at various stages in their careers. The fire department is hiring individuals who are typically older, more educated, and often had previous careers before being hired. At this point, it is not known how these individuals are responding to the more traditional and potentially oppressive and politically incorrect aspects of the job. How do they, for example, experience and respond to the bullying and hazing that the participants reported happens? Is the culture shifting because these individuals do not hold these values and beliefs? Furthermore, although there are less than ten female firefighters, it would be instrumental to understand their experiences of the work and the culture. Although this research would be highly valuable, giving an additional perspective to the impact of trauma as well as their experiences in a male dominant culture, it would also be difficult given that guaranteeing the female firefighters anonymity would be impossible at this time.

It can be assumed that there are firefighters who, despite witnessing high levels of trauma and who have also existed in the same firefighter culture, somehow maintain their resilience, and
do not experience debilitating mental health symptoms. Recent research is beginning to shed
light on the factors that increase resilience in first responders, such as spirituality (Cadell, Regehr
& Hemsworth, 2002), social support (Cadell, Regehr & Hemsworth, 2002; Regehr, Hemsworth,
& Hill, 2000), coping style (Leblanc, Regehr, Jelley, & Barath, 2008), relational capacity
(Regehr, Hemsworth, & Hill, 2000), and work satisfaction (North et al., 2002) yet additional
research is needed in this area. In particular, in relation to the findings of this research,
examining the relations between emotional processing, adherence to traditional masculine norms
and mental health symptoms and/or resilience would be informative.

Cadell, Regehr & Hemsworth's (2002) research exploring the relationships among
exposure to human tragedy, empathy, and trauma in Ambulance Paramedics suggested that
individuals who experienced the highest levels of distress were more likely to demonstrate the
most benefit after trauma. In contrast, those who evidenced little stress were unlikely to grow
after suffering. What is happening here? This research spikes my curiosity and given the
findings in this study, makes me wonder about the role of emotional processing and stress. Are
the individuals who are admitting and feeling high levels of distress more likely to emotionally
process the traumatic and distressing incidents that they have experienced? Are they more likely
to seek help? Future research unraveling the complex relationships between emotionality and
distress is needed.

The findings of this study also provide a basis for quantitative work. The prevalence
rates of various mental health problems are unknown for firefighters in this region. Given the
results of this research, additional questions designed to gain more insight into the role of the fire
department culture could be included in a survey. Some of the participants suggested that
change in the culture is possible, and that a cultural code of ethics based on members
expectations of their coworkers would be a starting point. At this time, it is not known what the collective culture believes or values, if they would want cultural change in the department, or if they are satisfied with status quo. These answers have significant implications for change, particularly if the department is interested and invested in developing policy and programming based on the experiences of all of its members.
References


Clinical Psychology Review, 23(3), 339-376.


roles and nurturant roles. Social Science and Medicine, 19, 77-84.


Herman, J. (1997). *Trauma and recovery: The aftermath of violence from domestic abuse to political terror*. NY: Basic Books.

Herman, J. (1992). *Trauma and recovery: The aftermath of violence from domestic abuse to political terror*. NY: Basic Books.


Symposium conducted at the annual meeting of the American Psychological Association, Washington, DC.


APPENDIX A

Participant Consent Form
PARTICIPANT CONSENT FORM

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Co-Investigator: Lisa Robinson Kitt, Ph.D (Candidate)
Department of Counselling Psychology,
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This research is being conducted as one of the requirements for Lisa Robinson Kitt to complete a Doctorate of Philosophy degree in Counselling Psychology. The purpose of this study is to investigate the impact of being a firefighter on individual’s mental health. You are being asked to act as a participant in this study because of your experiences in this area.

If you choose to participate, you will be interviewed by the co-investigator about your experiences being a firefighter, focusing on how being a firefighter has impacted your mental health. The results of this study will contribute to a better understanding of the factors that help and hurt firefighters. The entire interview will be approximately two hours long. Following our interview, I will gather the information I received from each participant and analyze it according to the significant themes and patterns that emerged. Once this process is complete, I will ask you to validate the data and provide you with an opportunity to clarify and/or offer any further information.

In the event that any unexpected emotions arise as a result of this research, both my research supervisor and I will be available to you to contact at the phone numbers listed above. If however, you have any concerns about your treatment or rights as a research subject, you may telephone the Research Subject Information Line in the Office of Research Services at the University of British Columbia, at 604-822-8598.

Strict confidentiality will be maintained through the use of a pseudonym. All tapes and documents relating to this study will be kept in a locked filing cabinet to which only the co-investigator will have access. All data will be destroyed five years after my dissertation defense.

Your participation in this study is completely voluntary and you may refuse to participate or withdraw from the study at any time without jeopardy. You have the right to refuse to answer any questions and/or provide any information.
APPENDIX B

Interview Protocol
Exploring the Impact of Being a Firefighter on Men's Mental Health

INTERVIEW PROTOCOL

The purpose of this research is to investigate the impact of being a firefighter on mental health functioning. I recognize that your experiences as a firefighter, particularly related to how your job has impacted your mental health, may be very personal and that there may be aspects of your stop that you may not wish to share. I acknowledge the sensitivity of this research topic and will respect and understand any decision you may have to stop, pause, or end the interview.

The following is a loose outline of how our interview will be structured and the kinds of questions that may be asked. The outline is only a guide, and what actually transpires in the interview will be more fluid, dictated by you. This outline will provide you with an opportunity to review the kinds of questions I will ask before our meeting and help you obtain a better sense of what our interview will be like.

The interview will be approximately two hours in length. This is only a guess, and will depend on you and your story. With permission, it will be audio-taped. All information obtained will remain strictly confidential. Your name and any identifying characteristics will not be included. You will get a chance to review all material I produce, ensuring it is accurate and that your anonymity has been maintained.

The Interview: Types of Questions:

My goal is to gain an in-depth understanding of firefighter mental health, from a firefighter's perspective. As such, I want to explore the personal experiences of firefighters'. I'm interested in understanding the impact of your employment – firefighting – on your mental health. I would like to hear your story.
Tell me about your overall experience as a firefighter.

I’m going to ask you some questions about your wellbeing or mental health. Do you know what I mean by this?

How was your mental health impacted by the work expectations (your job description)?
How was your mental health impacted by your work culture?

You witnessed a lot of trauma. What was the impact on you?

Research shows that one stays healthier if they are able to emotional process – engaged exposure. Can you comment on this?

What was particularly difficult about being a firefighter? What hurt you? What hindered you doing “well”?

In what way has your work context/culture facilitated wellness or hindered?

What helped you cope? What were protective factors?

Let’s talk about masculinity? Tell me about the importance of “enacting masculinity” in the fire department? Are there masculine norms that “must” be adhered to?

What is your opinion about the role of emotional expression?
APPENDIX C

UBC Research Ethics Board Certificate of Approval
The application for ethical review of the above-named project has been reviewed and the procedures were found to be acceptable on ethical grounds for research involving human subjects.

Approved on behalf of the Behavioural Research Ethics Board by one of the following:
Dr. Peter Suedfeld, Chair,
Dr. Susan Rowley, Associate Chair
Dr. Jim Rupert, Associate Chair

This Certificate of Approval is valid for the above term provided there is no change in the experimental procedures.