

**COMBAT TRAUMA FROM A CHILD'S PERSPECTIVE: THROUGH THE EYES
OF AN ADULT**

by

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Abstract

Using narrative analysis, this in depth case study explores and gains a better understanding of the experience of being a child of a traumatized combat veteran. One adult male participant was recruited for the study. Five themes were extracted from the data: (1) After the War; (2) Distant Father, Prominent Mother; (3) Having a Distant Father; (4) Residual Effects of Trauma; and (5) Being Different. These findings suggest the difficulties that children in families face when a parent suffers from untreated combat trauma. These findings may help practitioners in their support of this unique population.

Preface

Chapter 3 and 4 is based on the research conducted by Dr. Marla Buchanan and Martine Diamond. With the guidance of Dr. Buchanan, I was responsible for designing the methods used to conduct the research. I was responsible for contacting various agencies for I conducted the interview with the participant and analyzed the data. Dr. Buchanan provided constant support and supervision during the steps in the process. The research study was approved by the University of British Columbia's Behavioural Research Ethics Board. The title for the approval was "Military Life: Adolescent's Experience of their Parent's Deployment and Return" and the approval number is H10-02571.

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1 Introduction

On any one day, thousands of Canadian Forces personnel are preparing for, engaged in, or returning from deployment overseas (National Defence and the Canadian Forces, 2008). Many of these men and women are leaving behind their spouses and children. Currently there are 62,000 Regular Force members and 25,000 Reserve Force members in the Canadian Forces. Since 2000, over 4,600 Primary Reservists have been deployed overseas. In 2008, Canadian Forces had over 2,500 military personnel stationed in Afghanistan. However, research is only beginning to understand the complicated intricacies of this experience on military personnel and their families.

1.1 Overview of the Topic

Current researchers have indicated that a disproportionate number of men and women are suffering from posttraumatic stress disorder (PTSD) following their deployment (Ferrier-Auerbach, Erbes, Polusny, Rath, & Sponheim, 2010; Malashenko, Laskov, & Pogosov, 2010; Smith et al., 2008; Thomas et al., 2010). Furthermore, even individuals who do not meet the threshold for PTSD diagnosis are experiencing a variety of mental and physical health problems such as depression or neurological compromise (Hoge, Auchterlonie, & Milliken, 2006; Malashenko et al., 2010; Vasterling et al., 2006).

Other researchers have found that spouses of military personnel are also suffering from mental health problems such as secondary traumatization (Dirkzwagner, Bramsen, Adèr, & van der Ploeg, 2005) and depression (Chartrand, Frank, White, & Shope, 2008), among others, at a significantly higher rate than the general population. The outcome of research in this area shows deployment to be a time of increased stress and disruption in families.

Additional studies have shown that deployment and the resulting separation in military families creates a time of increased stress and psychosocial dysfunction in the children who are left behind (Chartrand, Frank, White, & Shope, 2008; Flake, Davis, Johnson, & Middleton, 2009). Moreover, studies have shown that children from single parent households have a higher prevalence of adverse effects such as higher rates of emotional and behavioural problems and mental health issues (Clark, Sawyer, Nguyen, Baghurst, 1993; Moilanen & Rantakallio, 1988). Lastly, researchers have linked adolescent delinquency to family disruption (Nichols, Graber, Brooks-Gunn, & Botvin, 2005).

Other recent research on the return from deployment and experience for spouses of military personnel has found this transition time to be significantly difficult (Gorbaty, L. 2009). These spouses reported specifics about their experience such as feeling isolated and worrying about their spouse during the deployment and trouble re-negotiating family roles after their spouses return from deployment. Other researchers have found spouses reporting re-integration difficulties when their military spouse returned from deployment (Faber, Willerton, Clymer, MacDermid, & Weiss, 2008).

One other study indicated that parents report children are also verbalizing difficulty with the experience during various stages of the deployment cycle (Barker & Berry, 2009). At the deployment stage, parents report that their child is fearful their deployed parent won't return and sadness that their deployed parent will be missing events such as Christmas and birthdays. Once reunited, parents expressed that their children struggle in areas such as the variation in parenting roles and lack of connection with the parent who has returned from deployment.

1.2 Statement of Problem and Rationale

In light of the above research, it can be concluded that military involvement can be a significant experience for the children of military personnel. However, after conducting a thorough search of the literature, little research was found with information on this experience from the child's perspective. The current research indicating effects related to children is quantitative in nature, taken from the perspective of the parent, and focused on the time of the deployment not the return or after the return. This indicates a severe lack in knowledge regarding children's experiences of the return process. Research has yet to identify what happens for these children when the military parent returns home and reintegrates into the family. In addition, all of the noted literature is from the United States of America (USA). Although Canadians share cultural resemblance to Americans, Canada is a different country with vast dissimilarities from the USA, especially with regards to the military.

1.3 Significance of the Study for Particular Audiences

The researchers and supporting community, such as counselors, school personnel, and parents, can be unaware of the details of this experience for children from their perspective. Therefore, there is missing information related to the social costs and benefits as well as the perceived risk and resiliency factors for these children. Currently, the experience from the child's perspective of having a military parent who was deployed has been ignored by the research community. Without this knowledge it is difficult to create and implement effective support strategies to aid children of military personnel when their parent has returned from deployment.

Families of military personnel have not shared their insight in to what the experience is like for the children. Without this insight it is difficult to adequately plan for and assist children during the various stages of the deployment cycle.

1.4 Purpose

When looking at the above noted research and lack of information it became evident that it is imperative that further research be conducted to understand the experience of having a parent who fought with the Canadian Armed Forces, from the perspective of the child. As a result, the purpose of this in depth case study is to explore the story of a person who grew up as a child of a traumatized World War II veteran.

1.5 Research Question

Looking at the current available research literature, there is a noticeable gap in knowledge. Currently the scholarly community is aware of the devastating effects of military deployment on military personnel and their families. However, information on children of military personnel has only included the parent's perspective and understanding of what the child is experiencing or has experienced. The literature does not address the unique experience of having a veteran parent.

The proposed study intends to answer the following question: What is the experience of a child of a veteran who has suffered a significant war trauma? Using what is already known about children of military personnel, the current study intends to identify and understand the experience in depth from the perspective of the child.

1.6 Definition of Terms

Deployment Cycle: For the purpose of this study, the term deployment cycle refers to the time when the military employee hears that he or she will be deployed until after he

or she returns and is reintegrated in to the family (Pincus, House, Christenson, & Adler 2009).

Posttraumatic Stress Disorder (PTSD): For the purpose of this study, the term PTSD refers to the DSM-V (American Psychiatric Association, 2013) definition of “the development of characteristic symptoms following the exposure to one or more traumatic events” (p.274). The diagnosis of PTSD depends of meeting the diagnostic criteria under eight sections: (1) exposure to an event; (2) presence of intrusion symptoms associated with the traumatic event; (3) avoidance of stimuli associated with the traumatic event; (4) negative alteration in cognitions and mood associated with the traumatic event; (5) alterations in arousal and reactivity associated with the traumatic event; (6) duration of disturbance of at least one month; (7) the disturbance causes clinically significant distress or impairment in functioning; and (8) the disturbance is not attributed to the physiological effects of a substance or other medical condition. These eight criteria in the DSM-V include descriptive and clear measures for diagnosis.

2 Literature Review

In order to assess the significance of the topic, a thorough examination of the current literature on the topic was conducted. This section will begin with literature on the effects of deployment on military personnel and their families. Theorized risk and resiliency variables of the impact of military life on military families will then be discussed. This will be followed by an explanation of the deployment cycle and its traditional experiences of military families during each phase of the cycle. An understanding of the experience of military spouses will then be covered. Finally, the theoretical framework that was used to provide a conceptual model for the study will be introduced and explained.

2.1 Deployment Cycle

Five stages of deployment have been proposed by Pincus, House, Christenson, and Adler (2009). In order, these stages are pre-deployment, deployment, sustainment, re-deployment, and post-deployment. These authors suggest that each stage is accompanied by an emotional cycle that is experienced by military families. The stages are important to keep in mind as they give insight in the complex experiences and emotions of military families.

The first stage, pre-deployment, begins when the soldier hears about his or her deployment and ends when he or she actually leaves (Pincus et al., 2009). This stage varies in length, lasting from five weeks to more than a year. During this stage military families experience anticipation of loss versus denial, mental and physical distance, arguments, the military spouse spending long hours away training, and getting affairs in order before the departure.

The deployment stage lasts for one month (Pincus et al., 2009). It begins when the soldier departs from home and ends after his or her first month away. During this time strong mixed emotions and relief are experienced by military families. Often, they feel disorientated, overwhelmed, numb, sad, and alone. According to Pincus et al., it is also not uncommon for the families to experience sleep difficulties and worries over security issues.

After the first month of deployment, military families enter into the sustainment stage (Pincus et al., 2009). This stage varies in length from three months to over a year, depending on length of deployment. It begins in the second month and families remain in this stage until one month before the soldier is to return home. At this time new routines and sources of support are established. This leads to military spouses beginning to feel more in control, independent, and confident in their abilities to deal with their spouse's absence.

Families are in the re-deployment stage for the month before the soldier is to return home (Pincus et al., 2009). During this time, families experience the intense anticipation of the homecoming and bursts of energy with rushes to complete undone tasks. Typically, they will also feel mixed emotions of apprehension and excitement. It is not uncommon for families to have difficulties making decisions at this time as well as they are now anticipating the other spouses choices.

The final stage, post-deployment, begins when the soldier returns home and lasts for about three to six months depending on the family (Pincus, 2009). There is a complicated 'honeymoon' period in which families feel excited yet a sense of awkwardness as they reconnect emotionally. Roles and routines are renegotiated and the

soldier reintegrates into the family. A feeling of loss of independence can also be exhibited by families during this stage.

Several insights and recommendations regarding children of military personnel during the deployment cycle are also discussed by the authors (Pincus et al., 2009). However, their recommendations could possibly be extended to use in other stages of deployment as well.

Infants, age less than one year old, may refuse to eat and may become listless. Suggestions for remedying this are additional support or counselling for the parent and consulting a pediatrician to ensure the child is on track for healthy development. During reunion, infants may cry when held as they may not know the returning soldier.

Toddlers, aged one to three years old, may become irritable and sad and may cry and have tantrums (Pincus et al., 2009). In dealing with this, the authors suggest giving the child increased attention and additional physical contact. At this age, toddlers may take time to warm up to the parent returning from deployment.

Preschool aged children, aged three to six years old, may exhibit clingy behaviors and regression in developmental achievements such as potty training and thumb sucking. Emotions experienced by this group are irritability and sadness and the authors again suggest giving the child more attention and physical closeness. When the parent returns from deployment, preschool aged children may have feelings of guilt and fear over the separation.

Typical behaviours of school aged children, aged six to twelve years old, are whining, body aches, irritableness, and acting out (Pincus et al., 2009). This age group also experiences sadness and other depressive symptoms. School aged children tend to respond

well to parents spending time with them and maintained routines. During the reunion phase, school aged children may demand a lot of attention from the returning parent.

Finally, teenagers, aged 15 to 18 years old, may isolate themselves, become irritable, show depressive symptoms, or take part in rebellious activities such as fighting, promiscuity, and alcohol and drugs use (Pincus et al., 2009). They also may exhibit increased anger and apathy. The authors suggest being patient with teenagers, setting clear limits, maintaining routines, and referring them to counselling. Teenagers may exhibit mood swings and act apathetic about their parent's return.

2.2 Effects of Military Deployment

2.2.1 Military personnel

Military personnel returning from deployment suffer from PTSD at significantly higher rates than the general population (Hoge, Auchterlonie, & Milliken, 2006; Hoge, Terhakopian, Castro, Messer, & Engel, 2007; Smith et al., 2008; Yarvis & Schiess, 2008). Several correlates of post-deployment PTSD, such as alcohol use, depression, and health problems, have also been identified (Yarvis & Schiess, 2008). A publication from the Parliament of Canada discusses the high rates of PTSD and other mental health struggles with military members by saying, “with the end of combat operations in Afghanistan, between 25,000 and 35,000 military members will have been released from the CF between 2011 and 2016. At least 2,750 of them can be expected to suffer from a severe form of PTSD, and at least 5,900 will suffer from a mental health problem diagnosed by a health professional” (2012). This number is higher than rates in the general population which are estimated to be at about 2.4% in the current Canadian population (Van Ameringen, Mancini, Patterson, & Boyle, 2008).

In 2011, researchers looked at PTSD and combat-induced stress reaction (CSR) in relation to parenting functioning and attachment (Cohen, Zerach, & Solomon, 2011). Veteran parents suffering from PTSD had lower levels of parental functioning and parental satisfaction than veterans who were not suffering from PTSD.

Other researchers have indicated that a significant number of military personnel returning from combat who do not meet the clinical criteria for PTSD diagnosis are still at risk for a number of other mental and physical health problems. Research has also shown that alcohol use and depression rates among returning military personnel with sub-clinical PTSD scores are also elevated (Yarvis & Schiess, 2008). Researchers have also found a significant number of returning military personnel met the criteria for at least one mental health concern (Hoge, Auchterlonie, & Milliken, 2006).

Several researchers investigated alcohol use following deployment (Jacobson et al., 2008). Their study looked at three specific alcohol problems: heavy weekly drinking, binge drinking, and alcohol related problems. In the inclusion criteria for this study, only participants who did not initially meet any of the three criteria were included in the study. Prevalence of the three drinking outcomes was highest among military personnel who had experienced combat related exposure during deployment as opposed to those who had not experienced combat related exposure or who had not been deployed.

Researchers have also focussed on rates of suicide attempts in Canadian military personnel (Belik, Stein, Asmundson, & Sareen, 2009). These researchers found that suicide attempts were associated with sexual and other traumas. The results indicated that the number of traumatic events was positively correlated with an increased risk of suicide

attempts. They concluded a dose-response type of effect of trauma exposure and suicide attempts.

Finally, researchers have shown the detrimental neuropsychological outcomes following military deployment (Vasterling et al., 2006). In this study, participants were measured both before and after deployment on neuropsychological functioning variables and the data were analyzed to look at whether there were any differences in scores following deployment. Scores on measures of sustained attention, verbal learning, and visual-spatial memory were significantly more deficient following military deployment. Reports of confusion and tension were also higher following deployment. In contrast, scores on measures of reaction time showed to improve after deployment. The noted post-deployment effects remained the same even after controlling for stress, depression, and head injury during deployment.

Returning from military deployment is a challenging time for military personnel. They are at a higher risk for many mental and physical health problems such as depression, PTSD, and memory deficits. As well, they may show struggles in their parental satisfaction as well. Knowing these risks indicates the importance of research and better understanding in this area.

2.3 Experiences of Military Families

In a recent phenomenological study, Gorbaty (2009) investigated the experience of military spouses. The researcher acknowledged several themes identified by the participants during each phase of deployment. Two pre-deployment themes were found. The first pre-deployment theme was the expectations about deployment. Spouses in the study discussed that they did not expect that their spouse would be deployed to a war zone

and were surprised when he was. Also, during pre-deployment spouses, identified that their husbands were extremely busy with pre-deployment preparation and that they wished they would leave sooner so they could return sooner as they did not have much time to spend together anyway.

Three deployment phase themes were identified in the qualitative data (Gorbaty, 2009). The spouses reported ongoing feelings of worry and anxiety about not knowing where their husband was and what his status was. When their husbands were deployed, the spouses also identified experiencing changes in their household roles and responsibilities. Faber et al. (2008) also identified this role ambiguity and change during the deployment phase. Women in Gorbaty's study also discussed that their spouses had missed major life events while he was deployed, such as illnesses, family deaths, and other stressful life events as well as positive life events. Withholding of information and the devastating effects of the media were identified as a very significant theme throughout both studies (Faber et al., 2008; Gorbaty, 2009). Level of outside social support and health issues for both spouses and children were also deemed to be significant to the spouses during deployment (Gorbaty, 2009).

Many reunion themes were reported by spouses and discussed in detail (Faber et al., 2008; Gorbaty, 2009). During the transitioning of their military spouse home, many wives experienced difficulties such as role changes, loss of independence, and routine changes. The spouses also discussed communication changes with their husbands after he returned from deployment and concern over their husbands being deployed again overseas.

All of the wives in the study expressed at least some concern over their spouses' mental or physical health after their reunion (Gorbaty, 2009). It must be noted that some spouses reported successful transitions after their husbands had returned from deployment.

Several final experiences were also noted although not labeled themes as they were only discussed by one or two spouses (Gorbaty, 2009). Noteworthy ones are marrying due to war, worry about children enlisting, and having various loved ones deployed at the same time.

2.4 Reintegration as a Parent

In most instances parenting was difficult for the fathers once they returned from deployment. Some of the children had grown and young ones, who did not have much time with the fathers before their deployment, did not recognize their fathers (Gorbaty, 2009). Additionally, servicemen suffering from PTSD were reported by their spouses as having increased difficulties parenting upon their return from deployment. Mothers reported that their children exhibited anger and confusion over their father's return.

2.5 Spouses of Military Personnel

Researchers looking at the effects of post-deployment PTSD on spouses have shown that there are detrimental effects. Several studies have shown that spouses of military personnel suffering from PTSD suffer from secondary traumatization at a significantly higher rate than the general population (Dirkzwagner, Bramsen, Adèr, & van der Ploeg, 2005; Frančišković et al., 2007). Dirkzwagner et al. also found that wives with husbands suffering from PTSD report higher rates of other symptoms including sleeping difficulties, somatic complaints, negative social support from partner, as well as lower ratings of the marital relationship.

Qualitative researchers were able to further explain the experience of living with a war veteran suffering from PTSD (Dekel, Goldblatt, Keidar, Solomon, & Polliack, 2005). These researchers discovered five themes revolving around living with a military war veteran suffering from PTSD. The first theme found is that the illness controls the physical and emotional lives of the wives. Also, identified was the difficulty maintaining personal space and individualization. Wives also discussed the difficulty of having their husbands physically present but psychologically absent. Additionally, the theme of not being able to separate or divorce their husbands because of moral commitment was reported. Finally, the theme of wives seeing their husbands as empowering was highlighted as a positive aspect of the experience.

Other researchers looked at rates of burden and emotional distress in wives of military war veterans (Ben Arzi, Solomon, & Dekel, 2000). These researchers compared wives of war veterans suffering from PTSD with healthy controls. The results of the study indicate that wives of war veterans suffering from PTSD suffered from higher rates of burden and emotional distress than the control group.

Several studies have investigated mental health of wives with currently deployed spouses. Researchers have found that wives of currently deployed military personnel experience higher stress and somatization scores than their non-deployed counterparts (Burton, Farley, & Rhea, 2009). Another study has also linked having a military partner deployed to higher rates of anxiety and depression (Eaton et al., 2008). Chartrand, Frank, White, and Shope also indicated spouses to have higher rates of depression when their husbands were deployed in comparison to non-deployed military wives (2008). In 1996, researchers found the same elevated depression scores in military spouses when their

husbands were deployed (Jensen, Martin, & Watanabe, 1996). In this study, the elevated depression scores were still found even after controlling for pre-existing depression scores.

The military cycle is difficult for spouses of military personnel as well. They are also faced with many challenges including physical and mental health concerns and relational issues.

2.6 Children of Military Personnel

Recently researchers have looked at the psychosocial effects of military deployment on young children aged one and a half to five years old (Chartrand, Frank, White, & Shope, 2008). They found that children aged three to five years old with a deployed military parent had significantly higher total and externalizing scores on the Child Behavior Checklist (CBCL) and Child Behavior Checklist–Teacher Report Form (CBCL-TRF). However, children aged one and a half to two years eleven months did not show any adverse effects.

Also in 2009, researchers have found devastating effects of deployment on older children of military personnel (Flake, Davis, Johnson, & Middleton, 2009). Using the Pediatric Symptom Checklist (PSC), these researchers found that one third of children aged five to twelve with a deployed military parent were at ‘high risk’ for psychosocial morbidity. This is two and a half time more than the national norms for the measure.

Older research supports these findings. Using the Child Behavior Checklist (CBCL) and Children’s Depression Inventory (CDI) researchers found that children with a deployed parent had significantly higher rates of depression when compared to children without a deployed parent (Jensen, Martin, & Watanabe, 1996). However, these researchers did not find the same elevated internalizing and externalizing scores. This

could have been due to these researchers not separating out various age groups as their study covered children aged four to seventeen. These authors further note that although there was a significant difference between the two groups, the children's scores in the deployed parent group were not at a pathological level.

In contrast, preliminary research conducted on Canadian youth compared adolescents of a Canadian Forces community and nearby civilian adolescents (Harrison, Robson, Albanese, Sanders, & Newburn-Cook, 2011). They examined mental health and well-being of both groups and found few statistically significant differences between the two groups. Using qualitative measures, the researchers further investigated the findings and found that the lack of differences could possibly be explained by the civilian adolescents having similar scores due to their close proximity to the Canadian Forces adolescents.

One study looked specifically at the effects on children when mothers are absent due to Navy military induced separation (Kelly et al., 2001). These researchers looked at the outcome on children aged eight months to eight years. Results of the study found children of deployed Navy mothers to experience significantly higher levels of internalizing behaviors in comparison to children with non-deployed Navy mothers. Additionally, children with deployed Navy mothers were more likely to suffer clinical levels of internalizing behaviours. The outcome of this study provides further support for the difficulties experienced by military children.

In 1992, research on Canadian children experiencing separation from their fathers due to a military deployment or training activities was conducted (Hiew, 1992). The results indicated that children experience highest levels of stress during the actual absence

of the father. Also, higher social support was correlated with better classroom adjustment, less acting out, and fewer learning and academic problems.

Recently research has also looked at the effects of deployment on both observed child behaviour responses and child intense attachment behaviours in children of military personnel (Barker & Berry, 2009). Children expressed significantly more dysfunctional behaviour following their parents' deployment. Intense attachment behaviours were also significantly elevated at reunion after deployment.

Although the children in these studies experienced the actual deployment of their parent this information is still relevant. The now adult child in the present study grew up in a home where there were residual effects of his father's deployment. Information from the research above gives perspective as to what the participant in the present study may have experienced or may continue to experience.

Although the children in these studies most often did not meet pathological criteria for mental health disorders, their elevated levels of psychosocial dysfunction must still raise concern for parents, school personnel, and the psychological community. Also, it is most common for caregivers to underestimate the degree of children's distress (Schonfeld & Gurwitch, 2008). Even when children do not meet clinical diagnostic criteria for mental health disorders they may still be in need of additional support. However, supplementary information from additional research is beneficial in identifying what supports are most needed and beneficial for this population.

No research has focused specifically on the experiences of children. However, one study has included parent reports of what their children are going through (Barker & Berry, 2009). Mothers in this study reported various examples of what their children have said to

them with regards to the deployment. This includes such things as fears over fathers not returning and questions about when he will return. Also, during reunion children were reported to experience trouble with changing parental roles and slowness to warm up to their father after his return, among others. These seven studies noted above indicate the unique challenges that children of military personnel face.

2.7 Risk and Resiliency

Researchers have also proposed theorized risk and resiliency variables in military families (Cozza, Chun, & Polo, 2005; Palmer, 2008). They argue that military families are often stereotyped and that a better understanding of the intricacies involved in military life must be explored. In his article, Palmer suggests that there is currently no data to judge whether military life has detrimental effects on children and families. He proposes that it is not military life directly affecting the outcome for these children. From his gathered information on military families he puts forward a theory on the issue of child outcome in military families.

In his theory, Palmer (2008) suggests that risk and resiliency variables work together on a pathway that affects the parent-child relationship and interactions. This parent-child relationship and interactions outcome pathway affects child outcome. He argues that support for his theory can be found in the research literature that indicates numerous military variables impacting parents but a gap in the literature showing a direct path to child outcome.

Palmer (2008) advocates for several well researched risk variables and adds in information on how parent attitude and outcome interact with these variables. The risk variables he includes in his article are relocation, posttraumatic stress disorder,

deployment, and the post-deployment reunion. Barker and Berry (2009) also found frequent moves to be a risk factor for developmental problems in military children.

Cozza, Chun, and Polo (2005) and Barker and Berry (2009) both discuss mental and physical health of the returning military parent as a variable in family functioning after deployment. These researchers also discuss that keeping of secrets regarding parental mental and physical health is also problematic. They highlight the important balance of sharing information in an age appropriate level with children as too little or too much information is damaging to both the child and the parent-child relationship. The researchers also emphasize death of a parent during military deployment as a devastating risk variable in military families. Other researchers have found that older children, longer deployments, and higher number of deployments to be risk factors to child wellness outcomes (Barker & Berry, 2009)

Resiliency factors are explained in one article to be hypothesized but highly understudied (Palmer, 2008). Intervention inferences the author proposes are using additional military support during the difficult times of deployment and reunion as well as efforts to create better parent-child relationships and interactions. However, he notes that further research is needed to investigate this.

Although these risk and resiliency variables seem well supported by research, a better understanding of the experience in military families is needed. This additional information will be most useful in working with children of military personnel. Using this theory in research with military families gives appreciated awareness when studying this population.

Including risk and resiliency variables that interact on parent-child relationships followed by child outcomes does give insight into possible prevention and intervention techniques. However, the risk variables are directly related to military life and most often unavoidable for military families. Therefore, focus should be paid to the later arguments by the author regarding the need for further research on resiliency factors in military families. More specifically, researchers could investigate what the children experience as beneficial and feel they need to best cope with the difficulties of being a military child.

2.8 Theoretical Background for the Study

For this study, the theoretical framework of attachment theory (Ainsworth, 1989; Bowlby, 1969) will be used to provide a conceptual model for this research. This will also include understanding of how parental trauma can effect attachment. Attachment theory is a signature in the field of children and trauma. Most importantly, the theory will assist in understanding how children experience having a parent who had experienced a combat trauma.

2.8.1 Attachment theory

According to Bowlby (1969) attachment takes place quite easily for children. However, frequent caregiver disruptions or lack of caregiver involvement can cause attachment problems in children and difficulties later in life. For normal development, attachment theory postulates that children need to have at least one attachment to a caregiver. During a child's development, attachment behaviours change and are highly reliant on the bidirectional adult-child interaction that has taken place.

Separation from a primary caregiver creates distress for children (Bowlby, 2005b). Anxiety, depression, and suicide are common mental health concerns that are traceable to

separation or loss of a loved attachment figure. Children with frequent or long separations commonly grow up developing anxious attachment patterns (Bowlby, 2005a). This indicates that children who do not grow up with stability and closeness of their primary caregivers are more likely to develop unhealthy attachment patterns and possible mental health concerns.

Certain social behaviour patterns are established early in life (Bowlby, 2005a). Beginning early on, the developments in family life play an important role in how children develop in their social behaviour patterns. Behaviour patterns exhibited by children tend to reflect what is happening in the family, both positively and negatively. The well-being of parents is reflected in the attachment and well-being of their children. This is another important note to the importance of family in how children develop. It can be understood that adverse experiences at any age during childhood can have grave effects on a child's development, mental health, developed attachment patterns, and social behaviour patterns.

Current research indicates what a significant experience military involvement and deployment is for military members and their families. Veterans suffer from higher rates of PTSD (Ferrier-Auerbach, Erbes, Polusny, Rath, & Sponheim, 2010; Malashenko, Laskov, & Pogosov, 2010; Smith et al., 2008; Thomas et al., 2010) and other physical and mental health problems such as alcohol use (Jacobson et al., 2008) and neurological deficits (Vasterling et al., 2006) than the civilian population. Spouses and children of military members face struggles as well such as secondary traumatization (Dirkzwagner, Bramsen, Adèr, & van der Ploeg, 2005; Frančišković et al., 2007) and externalizing behaviours (Chartrand, Frank, White, & Shope, 2008). The result of the research on this topic demonstrates deployment and military involvement to be a significant and often

disruptive experience for military members and their families. Using the theoretical framework of attachment theory, the current study aimed to further investigate the topic using the perspective of a child in a family where a parent has suffered a combat trauma.

3 Methods

3.1 Introduction

Using in depth case study research and narrative analysis, this study aims to answer the following question: What is the experience of a child who has a father who experienced a significant combat related traumatic experience?

Case study research is designed to capture the complexity of a single case (Stake, 1995). The method is chosen when a case in itself is of special interest. This results in the researcher looking for detail and understanding of the single case. A case can represent an individual person or program under investigation. The researcher enters into the study with a desire to learn how the case functions in aspects of being. The term “bounded system” is used to describe how cases are unique objects with boundaries that must be set, defined, and understood.

Case study research is not a good basis for generalizations (Stake, 1995). A case study is an individual and specific example under analysis, making grand generalizations not ideal and should then be avoided. Stake does note that generalizations can be refined or modified through case study research. Case study research places the researcher in the field to observe the complexity of the case through various means of gathering data. The researcher examines the meaning of the case and refines and substantiates those meanings. This can even result in research questions being modified or replaced during the course the study.

3.2 Participant

Using purposeful criterion sampling, one participant was recruited for the study. The participant was self-selected indicating that he had a parent who returned from

military combat experiencing a significant trauma and that this experience was important to him.

3.2.1 Selection criteria

Eligibility for participation in the study was based on four facets of inclusion: (1) participant was between the ages of 19 to 69, indicating the adult years; (2) he had a parent (biological or not) who returned from military deployment experiencing a significant trauma; (3) he lived at home with this parent growing up; and (4) he was able to communicate his experience in English.

3.2.2 Recruitment

Recruitment was attempted in three ways, including (1) invitations to participate in the study posted at various clinics and support agencies for military personnel and their families, (see appendix A for complete proof); (2) advertisements inviting participation at military support and other websites (see appendix B for complete proof); and (3) posting in the Military Family Resource Centre flyer (see appendix A for complete proof).

Initial recruitment aimed to have about eight participants. Recruitment began with attempts through various agencies, posters, and online postings. No individuals identified for participation in the study. Ethical approval for the research was obtained through the DGMPRA Social Science Research Review Board, in accordance with CANFORGEN 198/08. Following approval through the DGMPRA Social Science Research Review Board the study was assigned a sponsor through the Canadian Forces to aid with recruitment. Military bases in British Columbia and Alberta were reviewed and several bases were omitted due to the concern of over-researching or requesting too much information from them as they recently participated in other research. Due to the

possibility of negative impacts, research on military members and their families is most often spread out with suggested delays of several years between studies. After attempting recruitment on the remaining bases only one participant was recruited after nearly a year.

3.3 Procedures

From the recruitment, the participant was contacted by the researcher and participated in the ‘Telephone Interview Protocol’ (see appendix C for complete proof) to ensure he met the selection criteria for participation. Selection criteria were met and the researcher arranged a date and time to meet the participant for the ‘Initial Meeting’ and ‘Data Collection Interview’ to discuss the study further, to discuss and sign the informed consent form, and participate in the interview.

Finally, at the conclusion of this telephone conversation the researcher asked the participant to think about the topic and journal any thoughts that may have come up from now until the interview date. He was also encouraged to bring visual representations of his parent, such as art or objects, and what the experience means to them. This was an option for the participant to reveal at the research interview if it would help him in sharing his experience but they were entirely optional and not necessary for participation. The journal notes and other items were used for discussion and reflection during the Data Collection Interview. These additional data sources added to the study’s trustworthiness as well.

The ‘Initial Meeting’ and ‘Data Collection Interview’ took place at a preferred location of the participant’s selection. Upon meeting the participant in the ‘Initial Meeting’ the researcher reviewed and discussed the study, the participant’s role in the study, and the co-investigator’s role in the study. At this time, the researcher went over and discussed the ‘Participant Consent Form’ (see appendix D for complete proof) and had

the form signed by the participant. Once the participant signed the 'Participant Consent Form' the researcher gave him resources for assistance and/or counselling (see appendix G for complete proof) if the research triggered intense emotions or should he need any further consultation after he have participated in the study. This resource was attached to the participant's copy of the 'Participant Consent Form.'

In the 'Initial Meeting' the co-investigator collected demographic information and explained the optional 'Participant Check Procedure' (see appendix F for complete proof), and the participant's roles in this process should they want to take part in it.

Once consent was obtained, the co-investigator conducted a two hour long interview with the participant. The Data Collection Interview was conducted using the 'Data Collection Interview Protocol' (see appendix E for complete proof). It followed an open-ended interview format using additional probing and questioning to draw out additional information. The two hour long interview was audio recorded for later transcription. The participant consented to audio recording.

3.4 Data Storage

All identifying participant information is confidential. A pseudonym has been assigned to the participant and was used throughout the research procedures. The data and audiotapes are password protected with only the Principal Investigator and the Co-Investigator having access. Computer hard disks containing data records are protected by a password to ensure security of the computer record will be maintained. Only the Principal Investigator and Co-Investigator have access to this information.

3.5 Reflexivity

Before the study begins, the researcher self-reflected on the topic under investigation and identified her opinions, values, and beliefs about the subject. The Co-Investigator has no personal connection or experience to the topic under investigation. Her interest in the topic arises from a desire to work as a Child Psychologist working with special populations.

During the data collection and analysis period the researcher remained neutral and was reflective of the researcher's biases and forms of reference in order to attain the participants experience without any influence from the researcher. The interviewer bracketed her opinions, values, and beliefs about the subject matter and remained aware of possible biases and its impact during the research process. Questions were also phrased neutrally to ensure not to indicate or create any positive or negative framing.

3.6 Analysis

Once the interview was complete the interview recording was transcribed and then analyzed using Sharan's (1988) method according to narrative content analysis. The transcript was broken into meaning units and each meaning unit was assigned a code. The codes were then taken and grouped into the emerging themes. These themes described the participant's narrative experience as conveyed during the interview.

After the data was analyzed according to narrative content analysis, the researcher contacted the participant and he took part in the "Participant Check Procedure" to ensure accuracy of the data and extracted meaning. The outcome meaning data was peer expert reviewed and validation of the themes and pragmatic value was given from an expert in the field of military trauma.

3.7 Trustworthiness and Rigour

Maintaining rigour and trustworthiness in the study was addressed in several ways. First, multiple data sources, journal notes and visual representations, were obtained in order to triangulate the information.

Once the data was analyzed, the participant was able to check the interpreted data and the accuracy of the themes in the “Participant Check Procedure.” The participant noted it conveyed the experience well and was difficult to read indicating that it was poignant and gives good evidence of the resonance of the themes. The analyzed data was also assessed using Peer Expert Review in which an expert in the field of military trauma reviewed the themes for content, accuracy, and pragmatic value.

3.8 Ethical Considerations

Two ethical issues can be identified in the current research study. First, this study may have brought up strong emotions, as it required personal reflection and deep insight for the participant. To ensure the participant felt he had the support to deal with any emotions or problems arising from his participation in the study he was given a list of counselling and support resources before his participation (see appendix G for complete proof.)

Also, there is the issue of the researcher as a scientist-practitioner. This was addressed to ensure clear understanding of the researcher’s role of collecting data not providing counselling during the research process. During interviews, the researcher was able to use the counselling skills of paraphrasing, reflection of feeling, summarizing, and interpretation to draw out the participant’s experience. However, skills beyond those were not used. The researcher maintained the understanding during data collection that her

counselling skills must only be used for the benefit of the participant as a participant in a research study.

4 Results

4.1 Contextual Information

John was born and raised in the Metro-Vancouver area. He is the only birth child of his mother and father. He has two adopted siblings, a brother who is about 6 years younger and a sister who is about 9 younger. John has been married 4 times and has a 9-year-old daughter with his current wife. He continues to live in the Metro-Vancouver area.

John's father fought for the Canadian Armed Forces during World War II. He was a Lancaster pilot, a large bomber aircraft with a crew of seven that predominately only flies at night. During his 26th mission he was shot down resulting in two of his crew dying. He attempted to keep the burning aircraft in the air as long as possible trying to ensure his crew was able to evacuate. He managed to escape just before the aircraft blew up.

His surviving crewmates indicated that the two non-surviving crew members died on impact of the initial strike and there was nothing he could have done. However, John's father seemed to blame himself for the losses. Subsequent to his escape from being shot down the French underground hid him for about 5 months until D-Day in late November.

4.2 After the War

4.2.1 Remembering or forgetting

Regardless of their opinion of the military, civilians generally applaud service men and women returning from conflict and veterans of all conflicts are honoured on Remembrance Day. For their part, veterans generally take pride in showing their service awards and in speaking of their experiences. As well, many veterans retain their service

identity through active involvement in the Royal Canadian Legion or other armed services organizations.

However, not all veterans want to remember. Some want to forget. They don't attend events, they don't participate in service related organizations, they don't have any service related memorabilia or photos on display in their homes, and they don't want to talk about their time in the military. John's father was one of these who wanted to forget. John recalls, "He was contrary to a lot of guys at that time; he had nothing to do with it. Like Remembrance Day would come around and there was no 'Let's go to the Legion.' "

4.2.2 Pressure to move on

World War II was a conflict that affected the entire population of our country in one way or another. Most people had family members in the military and civilians at home supported the war effort in both their paid and voluntary work. When the war ended, everyone celebrated as a collective and then the momentum was toward the future. Ex-servicemen and women were expected to reintegrate and move forward in their lives – get jobs, establish businesses, finish their education. Government support emphasized economic progress, not personal recovery from extremely stressful or traumatic war experiences.

John thinks that his father's words are revealing. John recalls, "He said, 'We all came back, we all had to get on with our lives and that's what we did.' " These words suggest that John's father recognized and accepted this ethos to move on. But he also knew his struggle with this ethos wasn't unique. John remembers, "My father said, 'I wasn't the only one', right? " "That's what he said, 'I wasn't the only one.'" John's father realized

that moving on wasn't easy or perhaps even possible for him or others, but he and they felt the pressure to dismiss their troubles as insignificant.

4.2.3 Not dealing with the trauma

The ethos of moving on and leaving negative war experiences behind was not only felt from without but also from within. Veterans such as John's father really did want to move on and forget. They thought they should be able to leave trauma behind. Post traumatic stress disorder had not been identified when WWII or the Korean War ended. Veterans who were extremely incapacitated were considered 'shell shocked' due to some individual vulnerabilities and were simply considered mentally ill. Without the concept of PTSD or even knowledge about trauma and transitions, veterans from these conflicts had no recourse. Their traumatic experiences were not acknowledged and worked through in any way – they were disregarded, dismissed, and ignored. The 'shell shocked' often weren't even understood by their families. A generation of PTSD victims were left not only untreated and, at best, treated sympathetically or, at worst, avoided and shamed.

John talks about his father's experience of dealing with the trauma saying, "So, you put it in a box, tie it, lock it up, bury it somewhere and that's it. Because you know, how can you go back and tell people what you went through?" He details how his father pushed the memories deep down in an attempt to bury and forget them. Of course, his trauma couldn't be buried or forgotten and it infiltrated his life and that of every member of his family.

John explains, "I know that the war continued to play a toll on his life. I mean my mother would say 'Well, dad woke up again last night.' " She was referring to his father experiencing nightmares common in people suffering from posttraumatic stress disorder.

In speaking of his father's trauma John notes, "Well his experience of that night was obvious – as I said, he was crying into his late sixties so it was still very, very, very, very traumatic for him." John deeply regrets that, after over 40 years, his father still felt the immediacy of the event and his feelings around it seemed always to remain fresh and intense.

4.3 Distant Father, Prominent Mother

4.3.1 Emotionally distant

Memories of extreme trauma are suppressed because the accompanying feelings and emotions are overwhelming and threatening to the person. During the original event(s), the person had no control over his/her emotions of fear or rage and was overtaken by them. After the event, the person has to ensure control and cannot trust any emotion or memory whatsoever. Even positive emotions, because they are outside the zone of neutrality, so to speak, and involve 'letting go', have the potential to trigger intense and uncontrollable emotions. Being emotionally numb or disassociating is the safest way for the individual to protect him/herself and family members from dangerous reactions.

Veterans suppressing trauma thus appear emotionally distant and detached from themselves and their family. They are 'there, but not there'. They are physically present but emotionally absent. There is little or no emotional engagement with the family.

Referring to his father, John expresses this emotional distance in physical terms, "He just kind of circled around the family, circled around me." John goes on to say that he personally had no connection with his father, "We just never talked about anything. He wasn't approachable."

4.3.2 Parenting role

Distant fathers are not only emotionally absent but also fail to fulfill any parenting responsibilities. They do not participate in any but the most superficial tasks involved with being part of a family and raising children. They are not involved in their children's daily activities within or outside of the home. They provide little guidance or support for their children's school or extracurricular activities and are unlikely to even provide feedback or give their input into issues concerning their children or their daily routines.

John recalls that his father didn't participate in his or his siblings' upbringing, "He wasn't involved with us kids." John said, "the big thing that I saw was dad never interceded in anything" and "It was always my mother's doing." John reflects on his father's failure in terms of his elementary schooling, "I often wonder why he didn't say anything after I failed Grade 1 and I certainly wonder why he didn't say anything after I failed Grade 5." John also remembers getting no guidance as an adolescent, "And then as I was growing up as a teenager he never encouraged me to pursue this or pursue that, what do you think of this, what do you think of that?"

John also observes that his father wasn't able to show affection, even nonverbally, "He just wasn't able to embrace any of us. He was more towards the end, but certainly not growing up. I don't have any – I have kind memories of him but I have no fond memories of him." John thought his father was peaceful and kind but not warm and loving.

4.3.3 Mother as both parents

When fathers are not active in the family, mothers have to fulfill both parenting roles. They become dominant because all the family decisions, planning, organizing, and

maintenance become the mothers' responsibility. Mothers run the house and family. Leadership may be shared with children, but not with fathers who remain distant and passive.

John says his father didn't want a family, "He even told my mother 'I don't want kids.' " However, his mother wanted lots of children, "my mother wanted a big family...my dad just went along with it." They had three children. In general, John recognizes his mother's pivotal role in the family, "My mother was the mainstay of the family" and "my mother was, again, the dominating force in the marriage." John's mother essentially performed the tasks of both parents.

4.4 Having a Distant Father

4.4.1 Attempts to connect

Children will partake in various conscious and unconscious efforts to get close to their fathers. For example, they may choose interests and hobbies that appeal to their fathers so that they can bond with them over these pursuits – just as John chose flying. Despite years of disappointment from unsuccessful attempts to be recognized by their fathers, children may continue to seek reassurance into their adult years and continue to feel conflicting emotions when that acceptance and approval is denied. Adult children may attempt to please their fathers by following in their footsteps such as pursuing the same educational and career path as their fathers did.

At several points in John's life, he took overt actions to follow his father's career path. Referring to when he was a young adult, John mentions, "at some point I actually applied for the military but they turned me down." Another attempt John made was obtaining his pilot's license. John states, "I wanted to fly so I got a private pilot's

license...I got a commercial pilot's license and was kind of pursuing that." Unfortunately, the response he received from his father was not what he had hoped. Referring to a conversation he had with his father regarding flying airplanes John recalls, "He came up to me and said 'you know, any fool can fly an airplane.' So that was the end of that." After being deterred from flying, John made another attempt to follow his father's career path by considering a law degree. He speaks about this saying, "When I gave up the idea of flying, I was going to go in to law and I was absolutely discouraged into going into law."

4.4.2 Emotional effect on children

The effect of distant fathers on their children is profound. While John's mother acted as both mother and father, she could not truly 'be' both parents in every sense of the word. She could not be a father to her daughter or, and possibly more important, her sons.

Children of distant fathers have a longing for connection with their fathers, a yearning for connection. The intensity of this need varies at different developmental stages but these children feel sadness over their fathers' lack of interest and involvement and, throughout their childhood and youth, they make attempts to connect with their fathers. These attempts are unsuccessful. Connection is not possible. The effect on the children is immeasurable.

John talks about, as a young adult, the effect of a failed attempt to get closer to his father, "I had just got my private license. I took them [mother and father] out to Pitt Meadows and took dad up flying and he wasn't interested at all. I said 'Here dad, take it, play around for awhile' ... 'no interest.' " John laments their failure to connect, "I think it's sad, I mean sad for me, maybe it wasn't sad for my father, we never really discussed it. But there's so much we could have done together, I think, and we could have talked about

and never did.” John mourns the lack of relationship with his father with feelings of emptiness, sadness, anger, and loss among others.

4.5 Residual Effects of Trauma

4.5.1 Attempts to understand

As mentioned earlier, when individuals experience trauma they can become emotionally numb and display few, if any emotions. These individuals appear to lack a sense of caring and react to emotional events with superficial, practical responses.

John indicates his father’s lack of emotion in various parts of the interview. Describing his father, John said, “He was devoid,” referring to his father’s lack of connectedness and depth of emotion. John notes that his father struggled with being open when he said, “I don’t think he was able to really sit down and open up and go to that area, I think emotionally he was just gone,” and “I think he was emotionally spent.” Rather than seeing his father as suppressing emotions or being unable to access them, John’s understanding is that his father simply doesn’t have any emotions left. On the other hand, John seems to acknowledge that his father does have emotions but keeping them under control is his father’s means of coping, “I think it was safer to keep emotion out of it. It was just easier to not get emotionally involved.”

In other areas of the discussion, John talks about his unhappiness with himself for not pressing his father to be open with him. John alludes to this when he says, “A bitter regret that I didn’t push him for his experiences. Like his diaries are devoid of emotion.” In his lifetime, John’s father spoke only once to John of his war experiences and it was the only time that John recalls his father crying. Speaking of it, John stated, “The only time I

remember him being emotional was when he told me what happened that night he was shot down. It's the only time I had seen him cry."

4.5.2 Alcohol use

Alcohol is commonly used as an escape mechanism for people who have not dealt with experiences that have traumatically affected them. Alcohol, in the short term, enables individuals to temporarily escape from their troubling emotions. It assists with the numbing out process.

John talks about his experience with alcohol in his family as a child while he was growing up. He observes, "alcohol was always big in my life." He also notes the changes in his father that were induced by his alcohol use. John states, "His wit was often rapier-like and sarcastic and he was very funny and it was always mitigated by alcohol." John is here referring to his father's engagement and openness while under the influence of alcohol as opposed to when he was not.

4.5.3 Father's persona

In addition to alcohol enabling a more animated affect in individuals suppressing traumatic memories, social opportunities outside of the family also afford a persona that appears more normal emotionally. These individuals present different socially than within the family because they know that the emotional depth of social encounters is limited and they can exercise control over these somewhat superficial interactions. Such individuals often wear a mask of affability and extroversion with outsiders which results in people outside the family in having a completely different view of them than that held by their family.

In describing his parents socially, he says, “they went out a lot; they were quite social.” John recalls his father’s outgoing personality in social situations, “He was there, he would crack jokes and he was very social, very outgoing that way, wonderful sense of humour, party animal.”

John even remembers how he thought about his father’s interactions with his cousins and states, “I would see him with my cousins thinking ‘wow, why aren’t you like that with us, or me?’ ” In reflecting on this experience John said, “he just seemed to be more involved with them, which makes sense now that I see that because his involvement was only very defined and limited, usually in the context of him giving advice or a party where he can be kind of jokingly fun and being kind of closed rather than emotionally vulnerable or intimate with kids. Makes sense but at the time, to me, it didn’t.”

4.6 Life Patterns of Children

4.6.1 Desire for fluidity and change

A desire for fluidity and change can be a predominant theme in the life patterns of children whose parent(s) were emotionally distant such as children of veterans with unresolved trauma. These children seek constant change and movement in both their work and personal lives. They are intrigued by new experiences and opportunities and have a tendency to change careers or career paths numerous times throughout their lives. They frequently have multiple romantic relationships and tend not to settle down with one person for long.

Throughout his life, John has changed careers and career paths many times. He took several entry level jobs as a teenager and young adult. John pursued his private and then commercial pilot’s license. He attempted to join the military and contemplated going

into law. He spent some years working for the ambulance service and then became a teacher. He left teaching to return to university to become a counsellor and then went on to become a psychologist working in various modalities. Motivated by a desire for change and new experiences, John has pursued multiple and varied careers.

Romantically, John has also had numerous relationships and has been married four times. He married his first wife when he was twenty-two. This marriage lasted three years with John indicating, “I just lost interest in her.” He married his second wife when he was twenty-nine and that marriage lasted longer – ten years - possibly due to the fact that they frequently lived in different cities. He met his third wife through a friend and they were married for about five or six years. John met his current wife through his post secondary schooling, they have been married for 11 years, and they have a nine-year-old daughter. John attributes the breakdown of his relationships to simply losing interest in his partners. In these various relationships John fails to gain the attachment paralleling the failed attachment with his father growing up.

4.6.2 Going against the grain

Some people are content to follow societal norms while others are driven to question these norms when such norms interfere with the unique course they want to explore. Invariably, the second type of individual struggles at times in school or in workplaces that they find too rule bound and confining. These individuals are not merely in opposition for the sake of it but are actually seeking pathways for their creativity.

John talks about his failures in school, “I failed grade 1” and “and then I failed grade 5” within the context of being unable to conform to school norms. He ended his

secondary education early on, “I dropped out in December and I never went back. So, formally, I had a Grade 8 education.” (Years later he did obtain a doctorate degree.)

In his work life, John also struggled with conforming and following directions. Throughout the interview, John recalls the many times he got fired from jobs during his teenage and young adult years. When asked about his changes in jobs, he replies, “I think I got fired, actually” referring to his job at a custom brokers office, “I got fired from that job” talking about his job at a car dealership, and “I think I got fired from that job” discussing his job with a janitorial service. When probed about what he believed led to being fired from so many jobs and his failing school, John reflects, “I liked to do things my own way and often rubbed against people.”

4.6.3 Wanting to be a different father

Thinking about growing up, many children hold that they will raise their own children differently from the way they were raised by their parents. They may aspire to be different from their parents in a variety of areas such as rules, openness, communication, time together, or financial support.

When speaking about raising his own daughter, John is clear and forthright about his intention to be different from his father. In talking about his father’s failure to support his goals and ambitions, John states, “Well I want not to do that with my daughter.” John knows the effect poor communication and lack of time spent with his father had on him and says, “so I don’t want to do that.” John goes further in his thoughts on wanting to be different as a father when he says, “I will support her in anything she does even if I don’t think it’s a good idea.” He notes that he wants to support his daughter in whatever she

strives for and will not extinguish any of the dreams she has for herself regardless of how he may feel about them.

John's experience growing up with his father who had suffered a combat trauma was filled with struggle and difficulties. John's father was not able to be a father and satisfy the needed roles and responsibilities that John needed from him. John attempted to connect and have a relationship with his father but was constantly met with rejection and disappointment. His life course was one riddled with fluidity and constant change with difficulties settling down. The above noted themes signify John's experience and his struggles with having a father who had suffered from a combat trauma.

5 Discussion and Conclusion

5.1 Links to the Literature

The findings of the current study indicate the difficulty children can face when they have a parent who suffers from combat trauma. John's father attempted to move on after the war but he didn't work through the trauma he had experienced. This failure to process the trauma hindered his ability to parent and to develop healthy connections with his children. John's unsuccessful attempts to get attention and approval from his father resulted in emotional difficulties throughout his developmental years. His adult life shows a typical pattern of children of traumatized parents in its series of dysfunctional relationships and multiple occupational shifts.

5.1.1 Struggles for military members and veterans

Previous studies have implicated the difficulties military members have faced following their return from deployment (Belik, Stein, Asmundson, & Sareen, 2009; Hoge, Auchterlonie, & Milliken, 2006; Hoge, Terhakopian, Castro, Messer, & Engel, 2007; Jacobson et al., 2008; Smith et al., 2008; Vasterling et al., 2006; Yarvis & Schiess, 2008). John's father displayed symptoms that are aligned with suffering from PTSD following his service with the Canadian military during World War II. Previous research also shows that men returning from combat deployments suffer from higher rates of PTSD (Hoge, Auchterlonie, & Milliken, 2006; Hoge, Terhakopian, Castro, Messer, & Engel, 2007; Smith et al., 2008; Yarvis & Schiess, 2008). Men and women who serve overseas are at higher risk for exposure to traumatic experiences

As well, even those combat veterans with sub-clinical scores for PTSD, face significant difficulties in adjustment (Yarvis & Schiess, 2008). These researchers showed

that even without clinical diagnosis of PTSD following return from deployment, participants had higher rates of depression and alcohol use. Another study showed higher rates of problem alcohol use following a combat related exposure during deployment (Jacobson et al., 2008). John states that his father used alcohol frequently and that alcohol was always an integral part of family life with his father. In the current study, John did not indicate depressive symptoms in his father, but his father was emotionally distant.

One aspect of the current study that is not clearly defined in the literature is the pressure John's father faced to simply dismiss his trauma and to move on after the war. The era following World War II saw an entire generation of men returning from combat without the supports we have in place today. After the war, these men suddenly found themselves back in a civilian life where they were expected to carry on without processing their combat experiences. They found jobs, got married, and had children and they, themselves, expected to be able to forget traumatizing war experiences. However, the trauma was not easily forgotten and, among, returning soldiers, there were high rates of untreated combat trauma. The development of comorbid symptoms like depression and substance abuse was common.

5.1.2 Families of military members and veterans

This study indicates the difficulties families encounter when one member has suffered from an untreated combat trauma. John's father did not participate in raising the children and did not form bonds with them. Due to his combat trauma and unresolved war issues, he was not able to be a successful parent to his children. This parenting problem aligns with previous research on the topic by Gorbaty in 2009. His research demonstrated how fathers suffering from PTSD following their return from deployment had notable

parenting difficulties. PTSD consumes such individuals and creates internal struggles that prevent close bonding with their families. They become emotionally distant and disconnected and often turn to substance use to further numb out difficult emotions.

John's father was not really present in the family. John described him as circling around the family with very limited involvement or engagement with the family. This phenomenon of disconnection was demonstrated in other research on the topic (Dekel, Goldblatt, Keidar, Solomon, & Polliack, 2005) in which husbands were suffering from PTSD and were described as physically present but psychologically absent. As with John's father, he was noted to be around but not truly present in or connected to the family.

When one parent is absent, the other parent is most often required to take on a somewhat double role in parenting. With both the roles of father and mother to fulfill, the one parent has to cope with all the responsibilities of child rearing along with dealing with the trauma victim. In John's case, his mother was the staple in the family doing most of the family duties alone. The prominence of his mother was notable to John. In Ben Arzi, Solomon, and Dekel's research, they studied burden and emotional distress in wives of combat veterans who were suffering from PTSD (2000). These researchers looked at caregiver burden and noted significantly higher ratings of burden and emotional distress in wives whose husband was suffering from PTSD and wives whose husbands were not. When one partner is not able to fully function in the family it creates difficulties for the other partner. In the current study, John did not discuss much about his mother or her experience in the family.

5.1.3 Children of military members and veterans

Research has primarily focused on children during their parent's deployment and return (Barker & Berry, 2009; Chartrand, Frank, White, & Shope, 2008; Flake, Davis, Johnson, & Middleton, 2009; Hiew, 1992; Jensen, Martin, & Watanabe, 1996). This previous research highlights the struggles that children face when their parent is absent from the home. In John's case he was not alive during his father's deployment and therefore did not experience the separation that would have resulted. However, he did experience his father's emotional absence from the family and did exhibit some of the externalizing behaviours noted in the above researched children.

John did not have a healthy relationship with his father. He struggled to find closeness and was always met with rejection in his attempts to connect with him. Parent-child interaction is suggested to be the mitigating factor when looking at child outcome in military families (Palmer, 2008). Palmer argues that it is not the deployment or military life that affects the children as much as it is the well-being of the parent and their involvement with the child that determines how well the child will fare. In John's situation, his father was not able to be there as a father for him which created lifelong issues for John. Palmer's research suggests the long-term effects from combat exposure on parent-child interaction.

Palmer also argues that an important resiliency variable for children of combat veterans is the use of available supports (2008). There are currently many supports and services that military members and their families are offered and encouraged to access. Specifically in Canada, there are Military Family Resource Centres that offer information and programs for military families. However, at the end of World War II, the traumatizing

effects of combat exposure were not acknowledged or researched and thus returning veterans faced little understanding and received no support. John's father would have benefited from the supports and services available today.

The current study was able to explore a first hand account of a child who grew up in a home with a distant father. John sought out attention and approval from his father but he was met with apathy and rejection. John made attempts to be close to his father by engaging in activities that his father had taken part in and looking into career choices that were relevant to his father. With each attempt, John was unable to get connected with his father and he never felt acceptance from him.

The implications of growing up in a family such as John's are also of importance. Through the current study, we can observe the longitudinal effects of unresolved trauma on a child. John struggled in school and, throughout his youth, he continued to have difficulties in school and at work. John made frequent changes in his private and work life and his life story is one of disrupted relationships and a series of different jobs. He was unsettled and often in transition. Now in late adulthood, John has found some contentment and is committed to being a different father than his own father was.

5.2 Concluding Remarks

The current study highlights the fallout from unresolved PTSD. Failure to deal with trauma can negatively impact, if not destroy, the overall well being of a family and all of its members. Having healthy and strong families and children depends on issues being addressed and supported in order to mediate and rectify any developing concerns.

There are many current supports for military members and their families in Canada. The Veterans Transition Program is a group based residential program to support soldiers

in returning and reintegrating in to civilian life. It is offered as weekend sessions and is free for all participants. The goal of the program is to assist soldiers by providing them tools to be successful in their transition. There is also the British Columbia Operational Stress Injury Clinic and other associated clinics in other provinces. These clinics are outpatient clinics that provide assessment and treatment for individuals suffering from operational stress injuries such as Canadian Forces members and veterans and their families. Finally, there are Military Family Resource Centres that are attached to military bases across Canada. These centres provide programs and services to military members and their families to offer support for the unique challenges they face and in order to enhance their quality of life.

5.3 Limitations of the Study

Four limitations have been identified for the present study. First, the study is qualitative in nature and only looked at the experience of the participant. Therefore, no interpretations surrounding effects of deployment and combat trauma were made from the present study.

Also, the research was conducted in Vancouver, British Columbia. This means that the experience that was extracted during the study only represented what it is like for a child of a deployed combat veteran living in this specific locality.

Next, the research only included a male participant. There may be a difference in how girls and boys experience their parent's combat trauma as well as differences the child's experience if it were a mother instead of a father suffering from combat trauma.

Finally, the research included a participant that only experienced a veteran father living after the war and his father's combat experience. Again, there may be differences in

the experiences of individuals with parents with current or only historical combat experience as well as living on or off base. Nevertheless, since the researcher looked for the overarching experience, the experience of the phenomenon is discussed generally.

5.4 Implications for Counselling Psychology

Results from the current study contribute significantly to counselling psychology. Knowledge gained from this study is from the perspective of a child of a deployed combat veteran. We get a lifespan perspective with this particular participant offering an in depth and life span perspective. Comprehension of the experience from the perspective of the child aids in understanding what a group of returning veterans may need following their return. Also highlighted is the importance of supporting combat veterans once they return in order to assist in their processing and working through any trauma they experience. Beginning with work on the trauma while including the family in the treatment and supports. Of interest for counselling and support professionals may be the book “Absent Fathers, Lost Sons: The Search for Masculine Identity” by Guy Corneau. This book gives insight into the experience of young men who grow up without a present father.

5.5 Future Research

The spectrum of understanding of the topic is extensive and multifaceted. To develop full insight into children of military members and veterans, much more research will need to be conducted. Research furthering the comprehension of the risk and resiliency factors that play into healthy child development and success of children of military members and veterans will be beneficial to the families and supporting communities. In addition, research that comes from a child’s perspective is highly

valuable. This type of knowledge will give significant awareness in to the needs of this special and unique population.

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Appendices

Appendix A: Recruitment Poster

Adult and Teenage Children of Military Members needed!

Is/was your parent in the military? Has he/she been deployed and returned from deployment? What was this experience like for you? **Reflect back and tell us your story!**

You are invited to participate in a research study on adolescents and adults who have/had a parent in the military who has returned from deployment. The study's goal is to understand from the children's perspective the experience of having a parent leave and then return to reintegrate in to the family. Your participation will help us to better understand and serve the needs of teenagers and adults just like you.

You can participate in the study if you meet all of the following:

- Aged 15-29
- Have a parent who has returned from military deployment between 2002 and 2011
- Living at home during your parent's absence and return from military deployment
- Parental consent to participate if under 19 years old

You will be invited to:

- An initial meeting and interview (approximately 60-90 minutes)

Your identity, personal information, and interview data will be kept **strictly confidential**.

Participants will receive **\$20 cash** as a token of appreciation.

If you are interested or want to find out more about this research, please contact:

Martine Diamond, M.A student
Department of Counselling Psychology
Faculty of Education
The University of British Columbia
Email: experiences.UBC@gmail.com
Telephone: 604-418-6648

Appendix B: Online Posting

Subject heading:

Adult and Teenage Children of Military Members needed!

Body of posting:

Adult and Teenage Children of Military Members needed!

Is/was your parent in the military? Has he/she been deployed and returned from deployment? What was this experience like for you? **Reflect back and tell us your story!**

You are invited to participate in a research study on adolescents and adults who have/had a parent in the military who has returned from deployment. The study's goal is to understand from the children's perspective the experience of having a parent leave and then return to reintegrate in to the family. Your participation will help us to better understand and serve the needs of teenagers and adults just like you.

You can participate in the study if you meet all of the following:

Aged 15-69

Have a parent who has returned from military deployment between 2002 and 2011

Living at home during their parent's absence and return from military deployment

Parental consent to participate if under 19 years old

You will be invited to:

An initial meeting and interview (approximately 60-90 minutes)

Your identity, personal information, and interview data will be kept **strictly confidential**.

Participants will receive **\$20 cash** as a token of appreciation.

If you are interested or want to find out more about this research, please contact:

Martine Diamond, M.A student

Department of Counselling Psychology

Faculty of Education

The University of British Columbia

Email: experiences.UBC@gmail.com

Telephone: 604-418-6648



Appendix C: Telephone Interview and Initial Meeting Protocol

Step 1 – Initial Greeting

“Thank you for your interest in the study. My name is Martine Diamond and I am a graduate student at the University of British Columbia. Using information from people like you we hope to gain a better understanding of what it is like to have a parent who has served in the military. In order to ensure you fit the criteria for participation I will have to ask you four questions and then explain your role in the study if you choose to participate. This will only take five minutes. Please let me know if you have any questions while we go over this information”

Step 2 – Inclusion Questions

“How old are you?”

(15-69 years old): _____

“Do you have a parent that served in the military?”

(yes): _____

“Did you live at home with this parent growing up?”

(yes): _____

Step 3 – Explanation of Participation

“If you agree to participate you will be required to sign a consent form. After you’ve signed the consent form, you will take part in an approximately one and a half hour long interview and will consist of questions about your life as a child of a military veteran. Do you have any questions?”

If yes – answer questions, and then proceed to Step 4

If no – proceed to step 4

Step 4 – Participation

“Would you like to participate in the study?”

If yes – proceed to Step 5

If no – “Thank you for your time anyway. Please feel free to contact me if you have any questions.”

Step 5 – Consent Procedures

“I will be emailing you information on your informed consent to participate. It will include information on the research process, your role, and my role. Please review this information with your parent prior to our meeting. If you have any questions please call or email me. We will also review and discuss this information at our initial meeting before the interview.”

Step 6 – Final Remarks

“The initial meeting and interview will take place at 2125 Main Mall at the University of British Columbia. If you have another location you would prefer please let me know and I will see whether it would be possible to meet there instead (e.g. their school or home). What day and time would you like to have your initial meeting?”

(Date & time): _____

(Location must be private to ensure confidentiality): _____

“What is your email address I can send you at map and the Participant Consent Form to review before our initial meeting?

(Email address): _____

“Some people find that journaling about the topic or drawing a picture that represents what the experience of having a veteran parent has meant to them helps them reflect on the experience prior to our meeting. Feel free to do so if you think it may assist in your reflection. You may also bring any memorabilia or items you feel will help me understand you. However, this is not necessary for participation.”

“See you on _____ (date) at _____ (time) at _____ (location). Thank you and feel free to call me if you have any questions.”

Step 7 – email

Subject line: “RE: study participation”

Body of email:

“Hello _____ (name).

Thank you again for agreeing to participate in the study. I have attached the ‘Participant Consent Form’ for you to review. Also, I have attached the map of where to meet me for your interview and how to get there (if at UBC).

See you on _____ (date) at _____ (time) at _____ (location). Please call or email me if you have any questions. Thanks!

Martine Diamond, M.A student
Department of Counselling Psychology
Faculty of Education
The University of British Columbia
Email: experiences.UBC@gmail.com
Telephone: 604-418-6648

*Attach map (if meeting at UBC) and Participant Consent Form

Step 8 – Initial Meeting with Participant

Review information about the study and researchers role. Discuss the participant’s role and consent information. Ensure participant knows and understands what their participation and consent to participate means. Explain follow-up procedure. Have participant sign consent form. Give participant counselling and support resource sheet attached to their copy of consent form and discuss.

Step 9 – Final Initial Meeting Remarks

“Do you have any questions? We may now begin the Interview”

Appendix D: Participant Consent Form

THE UNIVERSITY OF BRITISH COLUMBIA Faculty of Education



Participant Consent Form

Military Life: The Child's Experience of their Parent's Deployment and Return

Principal Investigator:

Marla Buchanan, PhD

University of British Columbia Department of Education and Counselling Psychology and Special Education

Contact telephone: 604-822-4625

Co-Investigator:

Martine Diamond

University of British Columbia Department of Education and Counselling Psychology and Special Education Counselling Psychology Master's student

Contact telephone: 604-418-6648

This research is being conducted for a graduate degree as part of a thesis (public document).

SSRRB Coordination Number:

This interview has been coordinated through the DGMPRA Social Science Review Board, in accordance with CANFORGEN 198/09. Approval number 1147/12-F.

Purpose:

The purpose of this study is to explore the meaning and experience children of military personnel attach to the experience of the deployment, return, and reintegration of their deployed parent. You have been invited to take part in this research study because your parent has recently returned from deployment in the military.

Study Procedures:

During the initial meeting we will discuss participation. At this time you and your parent will have the opportunity to ask questions about the study.

If you choose to participate you will be asked to complete a one hour audio recorded interview with a researcher. If you wish to opt-out of audio recording please indicate by initialling: (Choose A or B)

You consent to audio recording. _____

You do not wish to be audio recorded. _____

Follow-up procedures give you the opportunity to review your interview data to ensure it adequately reflects your experience. This will take an additional 15 minutes of your time and is entirely optional for participation.

I would like to take part in the follow-up procedures (yes or no): _____

Potential Risks:

Possible risks include psychological distress from thinking about your answers to the questions and new found thought about your experience.

Appropriate measures will be taken to minimize your discomfort and you will be provided a list of referrals for your personal use should you experience a degree of unease during or after the interview.

You will not be required to respond to any question that you feel may cause discomfort and, should you choose not to respond, there will be no negative consequences for you.

Potential Benefits:

Possible benefits are the opportunity to participate in a study, the educational experience it provides, and providing information that may help military families and their children.

You will be given the option to provide the researcher with your email or mail address if you would like to be provided with a copy of the results of the study.

Confidentiality:

Your entire personal information, including identity, will be kept strictly confidential. All documents will be identified only by pseudonym and kept in a locked filing cabinet. The interview audio recordings will also be kept in a locked file cabinet. Participants will not be identified by name in any reports of the completed study. Data records that are kept on a computer hard disk will be protected by a password to ensure that the security of the computer record will be maintained. Only the primary researcher and co-researcher will have access to the confidential information.

ATIP Considerations:

You are aware that under the Access to Information Act, Canadian citizens are entitled to obtain copies of research reports and research information (including the database pertaining to this project) held in Federal government files. Similarly, under the Privacy Act, Canadian citizens are entitled to copies of all information concerning them that is held in Federal government files including research databases. Prior to releasing requested information, the Directorate of Access to Information and Privacy (DAIP) screens the information to ensure that individual identities are not disclosed.

Remuneration/Compensation:

In order to defray the costs of inconvenience and transportation each participant will receive an honorarium in the amount of \$20 upon registering to participate in the study to offset time and transportation costs.

Contact for information about the study:

If you have any questions or desire further information with respect to this study, you may contact Dr. Marla Buchanan or one of her associates at 604-822-4625 or Ms. Martine Diamond, the co-investigator at 604-418-6648.

Contact for concerns about the rights of research subjects:

If you have any concerns about your treatment or rights as a research subject, you may contact the Research Subject Information Line in the UBC Office of Research Services at 604-822-8598 or if long distance, e-mail to RSIL@ors.ubc.ca.

What if you change your mind about participating?

You may withdraw from the study at any time without penalty – participation is completely voluntary. If you decide you no longer wish to take part after the information has been collected you have the option to have your information removed from consideration for up to two months from your interview.

Consent:

Your participation in this study is entirely voluntary and you may refuse to participate or withdraw yourself from the study at any time without penalty to you. At any point for up to two months after your interview, if you choose to withdraw from the study your data can be destroyed and removed from the study information.

Your signature below indicates that you 1) understand to your satisfaction the information provided to you about your participation in this research project, 2) agree to participate as a research participant, and 3) have received a copy of this consent form for your own records.

In no way does this waive your legal rights nor release the researcher, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from this research project at any time. You should feel free to ask for clarification or new information throughout your participation.

'I consent/I do not consent (circle one) to participation in this study.'

Participant Signature

Date

Name of Participant (please print)

Researcher Signature

Date

Name of researcher (please print)

Appendix E: Data Collection Interview Protocol

Step 1 – Initial Information.

Participant Informed consent was obtained first during the ‘Initial Meeting’ portion of the meeting. The participant was given counselling and support resources he may use following participation. Research interviewer discussed confidentiality with participant. Finally, he was reminded his participation is voluntary and he may withdraw from the study at any time.

Step 2 – The Research Question

What is the experience of having a parent who served in the military? How did this experience infiltrate your life? Can you describe your experience in chronological order?

Probing questions:

Siblings (order and gender)?

How long was your father in the military?

Reserve or Regular Force?

How many deployments did your father experienced?

Did your mother work outside the home? explain

What did your father do prior to being deployed?

What was your mother and father’s relationship like?

What was your father’s upbringing like?

What did he do for work after he returned?

Do you have other family members in the military?

What was/is your relationship like with your father? What role did your mother play?

What was it like growing up? Timeline

Young child?

Attachment relationship? With father? With mother?

Emotionally detached?

First memory of your father?

Elementary School age?

High school?

Work? Choice of career?

Relationship with partner?

Being a father?

How does your parenting differ from your father? How is it the same?

First understanding of your father’s experience?

Most memorable experience with your father?

What was a difficult experience with your father?

Is there anything else you feel is important that I should know about your experience?

Is there anything else you would like to add?

Probing will be used to draw out additional information and reflection.

Step 4 – final notes

*If the participant has not requested the follow-up procedure:

“Thank you for your participation in the study. Do you have any questions or comments? Feel free to call me if you have any questions.”

*If the participant has requested the follow-up procedure:

“Thank you for your participation in the study. After the interview is over, the audio tape recording will be transcribed. I will email you once the information has been analyzed and you will be able to review the final themes for accuracy and we can discuss this on the telephone if you need. Do you have any questions or comments? Feel free to call me if you have any questions.”

Appendix F: Participant Check Procedure

Step 1 – Message

Subject line: “Member Check”

Body of email:

“Hello (name).

I have attached a copy of the themes I identified from your interview. Please read them over and check that the themes accurately reflect your experience. You may mark areas you would like to discuss further with me. Please email the document back to me by (date two weeks from date of email) with your comments. Also please remember, your participation is voluntary and you may withdraw from the study at any time without penalty. If you have any questions or concerns please feel free to contact me at the email or telephone number listed below.

Thank you.

Martine

Email: experiences.UBC@gmail.com

Telephone: 604-418-6648”

Step 2 – Thank You Email

Participants will be sent a thank you message for their participation with information about notification if the results are submitted for publication.

Appendix G: Assistance and Counselling Resources

General resources for support:

Crisis Intervention and Suicide Prevention Centre – 1-800-784-2433

Crisis Line – 1-877-820-7444

Family Services of Greater Vancouver – 604-874-2938

Oak Counselling – 604-266-5611