A NARRATIVE STUDY OF THE SPOUSES OF TRAUMATIZED CANADIAN SOLDIERS

by

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Abstract

The purpose of this study is to provide an inclusive portrait of the experience of female spouses living with traumatized male Canadian soldiers healing from Posttraumatic Stress Disorder (PTSD). By facilitating the articulation of the spouses' stories this research gives a voice to and fosters appreciation for this neglected population. As well, this study helps clarify the needs and possible therapeutic interventions for spouses of soldiers in psychotherapy for PTSD. Although recently there has been an increased focus on addressing PTSD in soldiers, there has been comparatively little research and clinical attention given to the soldiers' families. For this study, in-depth interviews were conducted with six spouses of former peacekeeping Canadian soldiers who received group therapy for PTSD. Using the Life Story interview method, a spontaneous picture of the spouses' experiences was elicited as part of a comprehensive relationship narrative. This provided the opportunity for understanding the experience of living with a soldier in treatment for PTSD within a couple relationship and larger social context. Narrative summaries were created from the interviews and follow-up was conducted with each participant to gain feedback on these narratives. Kvale's (1996) method for analysis was then used to analyze for themes across narratives. Participants were also given the opportunity to read each other's narratives and discuss their impressions. The narrative summaries are presented along with thematic results. The participants' stories revealed instances of aggression, primary trauma and problems related to their husbands' periods of alcohol abuse, so Figley's model of Secondary Traumatic Stress was not the best conceptual fit to explain the experiences of these women. Limited support was found, however, for Hobfoll's (1998) model of a loss spiral to help describe the descent into chronic disability associated with combat-related PTSD as well as the difficulties soldiers experience in their transition from military service. This study's implications for practice include recommendations for groups for military spouses; the need to address the iatrogenic suffering of soldiers and their spouses; treatment recommendations for soldiers with PTSD. Future research also needs to include delivery and evaluation of a group-based counselling intervention for the spouses of traumatized soldiers.

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CHAPTER I

The Problem

Sometimes our stories are just too much for anyone else to endure. Yet our stories need to be told.

~ Rev. Amy L. Snow, The Endless Tour,
Wife of a Vietnam Veteran

1.1 Introduction

Casualties do not end with the conclusion of military tours of duty. Many Canadian soldiers who do not die in conflicts develop debilitating stress reactions as a result of their military service, and suffer emotional and spiritual deaths at home (Matsakis, 1996). "The cost of caring" for those who live with and love these soldiers has only recently begun to be appreciated (Figley, 1995). The general intention of this study is to encourage the spouses of soldiers who have struggled with Posttraumatic Stress Disorder (PTSD) to narrate their lived experiences, with the hope of increasing appreciation and sensitivity to this group of people whose stories have historically been marginalized. By focusing on the spouses of soldiers who have been in treatment for PTSD, I have elicited the needs of these spouses and what will be helpful in improving treatment interventions for soldiers with PTSD and their families. In this chapter I provide the background and rationale for this research study as well as its purpose, definitions of terms used, and my research approach.

1.2 Background and Rationale

Posttraumatic Stress Disorder (PTSD) is an often chronic and debilitating condition that can follow real experiences that are psychologically overwhelming. The experience may be life threatening or may threaten the person's integrity as a human being (American Psychiatric Association, 2000). Canadian soldiers are exposed to distressing and potentially traumatizing events and are at great risk for developing PTSD (Friedman, Worfe & Mwiti, 2003). Research has shown that as many as 35% of soldiers deployed on overseas missions will develop PTSD (Bartone, 1998). In fact, soldiers have a greater chance of developing PTSD than they do of being fired upon, physically injured or killed; thus it has been argued that PTSD presents the greatest health risk that soldiers face on tours of duty (Rosebush, 1998).

Soldiers who develop PTSD from their military service are likely to subsequently develop a range of physical and social problems. PTSD is associated with increases in aggressive behaviour, substance use, poor functioning in relationships, social withdrawal and depression (Herman, 1997; Wilson, 2004). In addition, veterans with PTSD have been found to be ten times more likely to be unemployed than other veterans, and to be earning 22% less per

hour than their veteran peers without PTSD (Fairbank, Ebert & Johnson, 1999). Veterans with PTSD are more likely to report problems with marital functioning and are significantly more likely to divorce than veterans without PTSD (Riggs, Byrne, Weathers & Litz, 1998). Studies of veterans with PTSD have also found that they are at an increased risk for perpetrating domestic violence (Street, King, King & Riggs, 2003).

In fact, clinical reports and a growing number of studies suggest that living with a soldier with PTSD is associated with increased distress and negative outcomes for spouses (Dekel, Solomon & Bleich, 2005; Figley, 1998; Matsakis, 1996). However, while the direct impact of experiencing psychological trauma has been studied extensively over the last quarter century, the secondary impact of living with an individual suffering from PTSD is a far less developed field of inquiry (Galovski & Lyons, 2004). In addition, quantitative research currently dominates the literature investigating these issues. It is essential that qualitative studies are undertaken that honour the richness of peoples' lived experience, and identify key experiences to increase our understanding of families of soldiers struggling with PTSD. Without the benefit of the spouses' subjective experiences and stories our understanding in this area is extremely limited.

Furthermore, current therapeutic interventions for soldiers with PTSD have generally neglected to include family members in treatment. Issues related to the distress the family members may be experiencing, and high risk for violence in these families, makes the inclusion of family members in soldiers' treatment for PTSD a challenge. By studying the experiences of spouses of soldiers who have engaged in a group-based program for treatment of PTSD I have sought the information necessary to help develop an appropriate and effective means by which to increase the inclusion of family members in therapeutic interventions.

1.3 Purpose of the Study

The purpose of this research is to provide a detailed and inclusive portrait of the subjective experience of the spouses of soldiers in the process of healing from trauma. By facilitating the articulation of the spouse's stories I hope to bring attention to this much neglected topic. As well, through this research I clarify the needs and possible service interventions for spouses of soldiers in treatment for PTSD. The research question guiding this project is: What is the experience of spouses living with military personnel who have participated in a group-based counselling intervention for Posttraumatic Stress Disorder (PTSD)? Other related secondary questions addressed by this study include: What does the spouse identify as different, if anything, in terms of herself, the couple relationship and overall

family functioning before, during and following treatment participation? What would be helpful for other couples and families of soldiers during and after treatment for PTSD?

The anticipated benefits of this research project and application of the research results include identifying ways to intervene and support families of soldiers in treatment for PTSD. This project will help sensitize practitioners and policy makers to the unique needs of military families, help in the design of efficacious programs to assist these at-risk families, and prevent the implementation of further costly and poorly received intervention efforts (Drummet, Coleman & Cable, 2003). This research also has implications for practitioners working with people and their families with other types of chronic illnesses and problems.

1.4 Definition of Terms

Trauma. For the purpose of this study when I use the term "trauma" I am referring specifically to an emotional shock that has lasting effects on the person experiencing it – a psychological as opposed to physical injury.

Families. As summarized by Rothausen (1999), the word "family" actually comes from the Latin word "familia," meaning "household," including kin (one's relations) and any servants of the householder. Common experiences of family, however, no longer relate to household as in the past. Our popular understandings of family are mainly based on the Western cultural model of the monogamus, patriarchical family which is defined as a family headed by a man permanently married to his wife and living with her as well as their children. Often referred to as a "traditional" or "nuclear" family, Rothausen (1999) asserts that "patriarchical nuclear family" is a more descriptive definition, especially given that this family was not truly "traditional" before the industrial revolution.

In addition, demographic data indicate that such families are an increasingly smaller percentage of all families in Canada and the United States; for example, they constitute less than 25% of American people's experience (Harvey & Weber, 2002). Still, the term family continues in Western culture to be equated with the patriarchical nuclear form. I agree with Rothausen (1999) that these common assumptions privilege this form of family, making it 'normal,' and other forms of family somehow 'less than'. Indeed, the use of the prefixes 'dual-career,' 'single-parent,' 'blended,' and 'gay and lesbian' imply that these types of families are special cases of families in general, that the patriarchical nuclear family is the ideal or norm to which all others are to be compared. I delve into this issue at length here because I endeavor not to perpetuate this bias in my own work. I would prefer that the words "family" or "families" be taken to mean all forms of people's varied and subjective experience of family -

different constellations of people including those who are not necessarily biologically or matrimonially related. However, the reader needs to be aware that the limited research with soldiers with PTSD has generally defined "family" in the patriarchical nuclear form.

Spouse. As highlighted above, there are many different constellations of relationships. I wish to acknowledge the sacrifices and struggles of male partners, husbands, fathers and brothers of those who have, and continue to serve, in the Canadian Forces. This study is about the experience of women. These women are in romantic, committed relationships with male soldiers with PTSD. Therefore, I use the term "spouse" to refer to an adult female living in a committed, heterosexual relationship.

Soldiers. Currently-serving members of the Canadian Forces often simply refer to themselves as "soldiers" and I use this terminology in this research. Canadian Veterans also tend to refer to themselves as "soldiers," so at times I use this term interchangeably with "veteran" when referring to former members of the Canadian Forces.

Peacekeeping

> We watched as the devil took control of paradise on earth
> and fed on the blood of the people we were supposed to protect.
>
> ~L.Gen.Romeo Dallaire

General Dallaire's medical release from the military for PTSD and his best-selling book of his experiences in Rwanda, has undoubtedly helped bring attention to the trauma soldiers on peacekeeping missions can face. In addition, with increasing coverage of soldier casualties in the war in Afghanistan, and Canada's renewed commitment to this mission, one can expect that the Canadian public is becoming more aware and sensitized to the risks that our soldiers undertake. Still, it should be acknowledged that the general public has limited awareness of what "peacekeeping" missions involve and in the words of Carol Off (2004), "as a nation we are colossally deluded about what the role really entails" (p. 287). Many soldiers involved in peacekeeping missions, until very recently, received no acknowledgement from the Canadian government or the public of their service (Off, 2004).

Among military personnel, the term "peacekeeper" is not typically used (Off, 2004). Soldiers on peacekeeping missions are personnel who are participating in military actions implemented by international organizations such as the United Nations (Benton, 1996). Over time, different types of peacekeeping operations have developed, including United Nations presence, observer missions, peacekeeping missions, and peace enforcement operations, and all of these interventions are characterized by varying degrees of the use of military force

(Dirkzwager, Bramsen, Ader & van der Ploeg, 2005). In contrast to traditional combat, when soldiers are engaged in peacekeeping operations their use of weapons is severely restricted, and yet hostilities may be directed towards them from any of the factions involved. Dirkzwager et al. (2005) note that during deployment soldiers on peacekeeping missions may be exposed to such potentially traumatizing war zone situations as being held hostage, shootings, deaths of friends and comrades, sniper attacks, and mines.

As summarized by Benton (1996), for most of United Nations history, peacekeeping missions involved situations of interstate conflict, with the soldiers' mandate to monitor cease-fires and buffer zones between disciplined armies. However, most of today's conflicts are within countries, fought not only by regular armies but also by militia and armed civilians with ill-defined chains of command. In the words of Benton (1996), "Cease-fire agreements tend to be fragile and humanitarian emergencies are commonplace, exacerbated by a tendency of the warring parties to obstruct relief efforts" (p. 3). Soldiers on peacekeeping missions may provide humanitarian aid and may witness human distress, such as starving, sick or wounded people. So, although peacekeeping duty may or may not involve active combat, one should remember that soldiers on peacekeeping missions can witness atrocities and torture, and are often involved in the casualty handling of civilian adults and children, and the retrieval and disposal of human remains (MacDonald, Chamberlain, Long, Pereira-Laird & Mirfin, 1998). It is clear that "peacekeeping" is a misleading term, and our soldiers do the best that they can in often appalling situations (Benton, 1996).

Medak Pocket. The Medak Pocket is a relatively small area of Croatia where in September 1993, Canadian soldiers intervened between war-torn Serbs and an advancing Croatian army. The Canadian soldiers were attacked, and, according to Off (2004), fought in the most intense combat that Canadian Forces had engaged in since the Korean War. They stemmed the advance and saved the UN protected zone but as they searched for survivors in surrounding villages, found only the results of ethnic cleansing (Off, 2004). This mission is referred to by Carol Off as "Canada's secret war." It was not until December 1, 2002, nine years later, that the soldiers involved were finally officially recognized for their service and acknowledged by the Canadian public.

Secondary Traumatic Stress (STS). There are three terms used most often in the research literature to describe the deleterious emotional effects on family, friends and helping professionals in contact with sufferers of PTSD - including secondary traumatic stress, compassion fatigue and vicarious trauma (Arvay & Uhlemann, 1996; Figley, 1995). These

terms describe a phenomenon whereby those who empathically engage with a survivor of trauma can develop their own traumatic symptoms: Intrusive imagery, irritability, anxiety, depression, inability to concentrate, social withdrawal and various somatic complaints including fatigue, sleep difficulties, headaches, gastrointestinal distress and heart palpitations (Dutton & Rubinstein, 1995).

Because all three above terms have been used somewhat interchangeably in literature to describe this phenomenon, there has been some professional confusion as to if or how to distinguish among them (Rothschild, 2006). Although secondary traumatic stress and compassion fatigue are agreed to be the same thing, some researchers distinguish these terms and the term 'vicarious trauma' in relation to the population concerned (family members/spouses or helping professionals) or onset of symptoms (e.g., Figley, 1995; Rothschild, 2006). In the opinion of Arvay (2001), both vicarious traumatization and compassion fatigue/secondary traumatic stress refer to the same phenomenon - the development of symptoms paralleling those most often associated with Post-traumatic Stress Disorder without primary exposure to the traumatic event. Therefore, for ease of understanding, I use the term Secondary Traumatic Stress (STS) in this study to describe this phenomenon.

Caregiver Burden. The term 'caregiver burden' is used in the literature to describe the demands of caring for someone with a chronic illness such as emotional strain, financial difficulties, and constricted social life/neighbour relations (Dekel, Solomon & Bleich, 2005). Caregiver burden was first associated with the experience of family members caring for those with medical illnesses such as dementia (Calhoun, Beckham & Bosworth, 2002). It is a more encompassing term than STS (describing more than emotional/physiological symptoms and behaviours), and not necessarily associated with exposure to someone who has experienced trauma or PTSD.

Treatment Program. Unless otherwise specified, the term "treatment" as used in relation to the study participants refers to the Transition Program for Canadian Soldiers. Although the participants' husbands may have received other forms of intervention, all had participated in the Transition Program as part of a larger research project. The Transition Program was developed and evaluated at the University of British Columbia by Dr. Marv Westwood and his colleagues with funding from the Royal Canadian Legion and the Social Sciences and Humanities Research Council of Canada (SSHRC). Through these research

endeavors, the Transition Program was delivered to more than 50 soldiers between 1999 and 2004.

Full description of the Transition Program and related research is described elsewhere (Cave, 2003; Cave & McLean, 2006; Westwood, Black & McLean, 2002; Westwood, McLean & Cave, 2004). In brief, the Transition program was designed to facilitate soldiers' personal and career re-adjustment by utilizing group-based life review and therapeutic enactment as specific treatment interventions for PTSD within a comprehensive program. The Transition Program includes residential aspects, communication skills training and the teaching of self-care strategies. The "Starting Points" career exploration module is used to introduce career competencies and exploration of life goals, and family awareness evenings were also included. The family awareness evenings involved education, modeling of scenarios and the opportunity for the couples to engage in communication skills practice. Although this did not happen for all the Transition Program groups, at one of the family awareness sessions the spouses had a breakout group of their own with program facilitators.

1.5 Research Approach

My research project is a narrative study using the Life Story Interview method described by Atkinson (1993), Lieblich, Tuval-Mashiach and Zilber (1998), and Murray (2003) to elicit a spontaneous picture of the spouses' experiences as part of a comprehensive relationship narrative. This provided the means to understand the experience of living with a spouse in treatment for PTSD as embedded in the couple relationship and larger social context. One semi-structured, in-depth individual interview was conducted with six spouses of traumatized soldiers who participated in treatment for PTSD. I created narrative summaries from the interviews and engaged in follow-up with each participant to gain feedback on these narratives. I then used Kvale's (1996) method for analysis of themes across narratives. Participants were also given the opportunity to read each other's narratives and discuss their impressions with me. Two participants engaged in this stage of the study. The resulting final themes are presented along with the narrative summaries. In the next two chapters I provide a review of the relevant literature as well as a more detailed explication of my mode of inquiry, followed by chapters presenting the research results and discussion.

CHAPTER II

Literature Review

Trauma is promiscuous.

~Rachel Yehuda

2.1 Introduction

Trauma is not exclusively associated with Posttraumatic Stress Disorder (PTSD) nor is it exclusive to the person directly affected. Recently the pendulum of general opinion has swung towards recognizing the impact of trauma in the genesis of other psychiatric problems, but PTSD remains the primary diagnosis related to its repercussions (Klein & Schermer, 2000). In addition, even with the rapid explosion of research – with well over 20,000 annotated and indexed articles on PTSD in the database "Published International Literature on Traumatic Stress" (Wilson, Friedman & Lindy, 2001) - there is still relatively little attention to the family members of those with PTSD. In the first section of this chapter I turn to the history of trauma before reviewing the relevant literature on PTSD including prevalence, diagnostic criteria, chronicity, co-morbidity and etiology, with brief reference to psychobiological studies, as well as social relatedness and PTSD. I also provide an overview of the literature related to family violence and PTSD and end this section with a critique of PTSD research in these areas. Next, I review the literature related to Secondary Traumatic Stress (STS) and end this chapter with a section of literature specific to military families and their relationships.

2.2 History of Trauma

Increased clinical and empirical attention has been given to trauma in the past two decades since Posttraumatic Stress Disorder (PTSD) became a formal psychiatric diagnosis (Van der Kolk, McFarlance & Weisaeth, 1996). In the United States this interest intensified following the terrorist attacks on the World Trade Center towers on September 11, 2001 (Wilson, 2004). However, the study of trauma actually has a long history of cycles of passionate interest and subsequent withdrawal that seem to mirror the 'fight or flight' hyper-arousal symptoms characteristic of PTSD. Van der Kolk, Weisaeth and Van der Hart (1996) as well as Herman (1997) comment on this curious history of the study of trauma that has a rich tradition that is periodically abandoned and must be periodically reclaimed. In addition, even when trauma enjoys renewed research interest there are still symptoms of "dissociation" within the community of mental health professionals and public at large, particularly related to acknowledging effects of traumatic events (Van der Kolk, Weisaeth et al., 1996). Indeed, not only tacit dismissal, but active challenge to the acceptability of traumatic stress reactions and

the genuineness of people's suffering is a theme that emerges throughout the history of trauma and continues to this day.

In this section I will not review the whole history of trauma and I refer the reader to detailed summaries provided in Flora (2002), Herman (1997) and Van der Kolk, Weisaeth et al. (1996). I will however briefly discuss the identification of "Nostalgia" that is not discussed in these summaries, as well as "Sub-Mariner's Wives Syndrome" that I believe illustrates the above themes particularly well.

2.21 Nostalgia

The earliest antecedent to our current understanding of Posttraumatic Stress Disorder is found in the medical literature of the late seventeenth century in reference to the illness "Nostalgia" (English, 1999). According to Boym (2001), Nostalgia was considered a "disease of an afflicted imagination" and "incapacitated body" (p. 4). In 1688, Swiss physician Johannes Hofer identified this new medical syndrome among various displaced Swiss, noting a high prevalence among Swiss soldiers serving in France. Sufferers were described as having taken on a lifeless or haggard appearance, becoming indifferent to their surroundings, confusing past and present, and struggling with hallucinations. As quoted by Boym (2001), Hofer found the course of the illness "mysterious"; it "spread along uncommon routes through the untouched course of the channels of brain to the body," resulting in "an uncommon and ever-present idea of the recalled native land in mind" (p. 4). Hofer hypothesized that longing for home exhausted "the vital spirits," causing nausea, loss of appetite, pathological changes in the lungs, brain inflammation, cardiac arrests, high fever, as well as a "propensity for suicide" (as cited in Boym, 2001, p. 4). Hofer also noted that individuals so afflicted had an amazing capacity for remembering sensations and sensitivity, and particular sounds (such as cowbells) were especially conducive to triggering sudden "nostalgic" reactions in soldiers. At the time this was believed to be because these sounds reminded the soldiers of home. Nostalgia came to be known as "the sadness caused by leaving one's country and a desire to return to it" (Boym, 2001, p. 3), and to this day the word nostalgia is associated with "homesickness." Most modern clinicians, however, would recognize the symptoms of 'Nostalgia' as not unlike those apparent in PTSD.

Soon after it was identified there was thought to be a dangerous epidemic of Nostalgia among the general population in the late seventeenth and eighteenth centuries and an even more dangerous epidemic of "feigned Nostalgia" among soldiers (Boym, 2001). According to Boym, although purging, leeches, warm hypnotic emulsions, and opium were used to try to

cure Nostalgia, the best remedy appeared to be "a return to the Alps"; in other words, being sent home. Still, setting the tone for the treatment of soldiers struggling with traumatic stress reactions throughout the history of trauma, empathic understanding and sympathetic care was hardly the norm in these early times. Boym (2001), in fact, relates the story of an eighteenth century Russian army officer who allegedly found a "cure" for Nostalgia among his troops by burying an afflicted soldier alive, foreshadowing the hundreds of public executions of soldiers during both World Wars for "cowardice" (Van der Kolk, Weisath et al., 1996). So, regardless of Nostalgia's acceptance as a recognizable disease at the time, questioning of the legitimacy of soldiers' distress remained.

Even today clinicians are strongly warned to be alert to the problem of "malingered posttrauma reactions" (Rosen, 2004, p. 85). According to DeViva and Bloem (2003), clinicians often maintain biased assumptions regarding the legitimacy of veterans' distress despite the evidence to the contrary. For example, there has been no relationship demonstrated in the research literature between extreme scores on self-report instruments (e.g. MMPI-2, BDI-II) and veterans exaggerating for the purpose of compensation-seeking, yet clinicians regularly assume malingering in such cases (DeViva & Bloem, 2003). The association between traumatic stress reactions and "compensation neuroses," "false memories" and suspected faking or "malingering," has continued into modern times (Van der Kolk, McFarlane et al., 1996).

2.22 Submariner's Wives Syndrome

If the impact of trauma on the person directly affected has been questioned throughout history, one can argue that indirect consequences for the person's family, friends and community are even more likely to be overlooked. Indeed, in the recent past, difficulties that now might be described in terms of PTSD or Secondary Traumatic Stress (STS) were attributed to pre-existing disorders in the family members. One such disorder can be found in the psychological research literature of the late 1960s. "Submariners' Wives Syndrome" is described as a stress and depressive reaction occurring among wives of submariners shortly before or after the husband's return from extended absence (Isay, 1968). Wives with this illness were said to have severe dysphoria, uncontrollable weeping, irritability, sleep disturbance and/or loss of appetite. The primary etiological factor of the disorder was determined to be "rage over desertion" by the husband, and depressive symptoms exhibited by the spouse were proposed by Isay (1968) to constitute "retaliation" for the husband's absence. At the same time, one or more "gratifications" provided by lengthy separations were hypothesized by Dr. Isay to contribute to the disorder including "resumed dependency on

parent or parental figures, opportunity to assume masculine or shared responsibilities, and the avoidance of physical and emotional intimacy with the marital partner" (Isay, 1968, p. 647).

Mirroring the early treatment of soldiers with "Nostalgia", no empathy was provided for these women who could be struggling with the consequences of trauma or abuse. Psychotherapy provided for "Submariner's Wives Syndrome" was aimed at "helping patients to verbalize their anger, recognize their neediness and demandingness, and gain understanding of the retaliatory aspects of their symptoms" (Isay, 1968, p. 652).

The history of trauma in general shows a pattern of disbelief at its impact, and several writers comment on the apparent need to deny trauma in Western culture (e.g., Van der Kolk, Weisaeth et al., 1996). Citing a 1993 poll by the Roper Organization of 992 adults and 506 highschool students, Higgins (1994) refers to the finding that 22 percent of the adults and 20 percent of the adolescents said that it seemed possible that the Holocaust never took place. She concludes, "If such uncertainty exists in the face of organized, abundantly documented evil, it is no wonder that less centralized abuses are overlooked" (Higgins, 1994, p. 10). Unfortunately it seems that the multifaceted and complex interest in denying human potential for violence, exploitation and cruelty means that it is unlikely that "amnesias and dissociations" related to the acknowledgment of the reality and impact of trauma will be things of the past (Van der Kolk, Weisaeth et al., 1996).

2.3 Posttraumatic Stress Disorder

2.31 Prevalence

Posttraumatic Stress Disorder represents an extreme and enduring reaction to psychologically traumatic events (Schnurr, Friedman & Bernardy, 2002). In Western culture we tend to use the term traumatic loosely to describe upsetting experiences but life stresses are not psychological trauma (Terr, 1990). Truly traumatic events are typically so horrible and terrifying that the person experiencing the event feels overwhelmed, absolutely no control, and completely powerless (Herman, 1997). Although we would like to believe that such events are relatively rare, research has shown that this is unfortunately not the case. National surveys in the United States, for example, generally have reported that approximately 60% of American men and 50% of women will experience a traumatic event at some point in their lifetime and a vast majority of people will experience more than one (Kessler, Sonnega, Bromet, Hughes & Nelson, 1995). Although these same surveys have found that a minority of people in the general population develop PTSD (e.g. approximately 8% of adults in the United States; American Psychiatric Association, 2000), studies of soldiers and other individuals considered

at high-risk for exposure to trauma reveal the occurrence of PTSD at much higher rates (Foa, Keane & Friedman, 2000). As highlighted by Foa et al. (2000), for example, the National Vietnam Veterans Readjustment Study found that 30% of the 3.1 million Vietnam veterans developed PTSD at some time following the war.

2.32 Diagnosis

Diagnostic criteria for PTSD are found in the Diagnostic and Statistical Manual for Mental Disorders, 4th Edition, Text Revision (DSM-IV-TR; American Psychological Association, 2000). PTSD symptoms develop after a traumatic event and involve new psychological, physiological, and behavioural patterns of reactivity that were not present before the trauma occurred (Wilson, 2004). Along with the core triad of symptoms presented in the DSM-IV-TR (e.g., persistent re-experiencing of the traumatic event; avoidance of stimuli associated with the trauma and numbing of general responsiveness; persistent symptoms of increased arousal), Wilson (2004) adds "injuries to the self-structure, attachment, intimacy and interpersonal relations" (p. 34). Wilson (2004) thus promotes a tetrahedral model of PTSD with five symptom clusters: Re-experiencing (traumatic memory), avoidance/numbing (coping), hyperarousal (physiological), self (ego processes and identity), and interpersonal (affiliation and attachment).

In describing symptoms related to damaged self processes, Wilson (2004) highlights that a person with PTSD may "manifest a profound loss or altered sense of continuity in personal identity" with no sense of self-sameness from the past and a feeling of "interrupted life sequence," as well as an inner experience of him or herself as "empty or dead" (p. 35). Wilson also notes that the DSM-IV-TR lists other symptoms of PTSD under 'associated descriptive features and mental disorders' such as interference in relationships, marital conflict, and poor job performance; however, he asserts that "although these are useful observations, it is possible to gain greater conceptual and diagnostic clarity by specifying the domain of PTSD symptoms that represent traumatic damage to attachment, intimacy, sexuality, and interpersonal relationships" (p. 36). He lists 13 symptoms for this criterion that include mistrust, guardedness, secretive behaviours; inability to relax, receive nurturing, affection or physical touching from others; impaired sensuality and sexual drive; problems with establishing or maintaining boundaries in relationships; anxiety over abandonment or loss of loved ones. Wilson maintains that it is critical to recognize that PTSD manifests in damage to the inner self, "the very soul of the person" as well as his or her ability to be in relationship with others (p. 32).

2.33 Chronicity

Chronic PTSD is assumed if symptoms persist for more than three months (Schnurr, Lunney & Sengupta, 2004), and this is the case in roughly 90% of cases with 70% of people with PTSD still struggling with the disorder after one year (Kessler et al., 1995). Very few people spontaneously recover from PTSD without therapeutic intervention (Schnurr, Friedman & Bernardy, 2002) and most cases of PTSD do not resolve quickly, even with treatment. According to a review by Schnurr et al. (2002), median time to remission (the time by which 50% of cases recovered) was 36 months among individuals who received treatment, significantly longer for those who did not. In addition, likelihood of unresolved symptoms is higher for those exposed to combat than for other traumas (Schnurr et al., 2004). As highlighted by Foa et al. (2000), the National Vietnam Veterans Readjustment Study showed that 15% of soldiers who developed PTSD following the war still had PTSD 15 years after the war concluded. As well, chronic PTSD may develop many years following a traumatic event. Solomon and Mikulincer (2006) concluded from their longitudinal research with Israeli veterans that the "chronic nature of PTSD renders trauma victims vulnerable for life, and midlife is a particularly high-risk period for either delayed onset or reactivated PTSD" (p.664).

2.34 Co-morbidity

Once exposed to trauma and the onset of PTSD, the individual is also at substantial risk to develop other psychiatric disorders and health problems (Wilson, 2004; Yehuda, 2002). In fact, 80% of clients with PTSD also suffer with depression, another anxiety disorder, or chemical abuse/dependency (Foa et al., 2000). Koenen et al. (2003) investigated whether the association between combat-related PTSD and likelihood for other mental disorders and substance use could be an artifact of shared familial vulnerability (either through environment or shared genetic factors). They studied monozygotic twins from the Vietnam Era Twin Registry assembled by the Department of Defense in the United States (n= 1874 twin pairs) and found that for each specific psychiatric diagnosis the twin with the diagnosis had a higher mean level of combat exposure and a higher prevalence of PTSD than the twin without the diagnosis. Researchers have concluded that comorbid disorders associated with combat-related PTSD cannot be accounted for by shared vulnerability.

In addition, Schnurr et al. (2002) highlight that it is important to consider medical as well as psychiatric co-morbidity among individuals with PTSD. Studies have shown that those with PTSD use more medical services, and are more likely to have hypertension, asthma, and chronic pain syndromes than those without PTSD (Yehuda, 2002), and veterans with PTSD are

at greater risk than peers matched on age and other demographic variables for premature death (Buckley, Green & Schnurr, 2004). Drescher, Rosen, Burling and Foy (2003) followed 1866 soldiers consecutively admitted as patients to a VA PTSD residential rehabilitation center in the United States from 1990 to 1998, examining mortality status and patterns among patients who were identified as deceased prior to 1999. Drescher et al. (2003) found that a significantly higher than expected number of patients died as compared to the general population of men matched on demographic variables, and there were far more accidents, intentional deaths and deaths from chronic substance use than would be expected among the patients. For those patients who died, the average time from discharge from treatment until death was only 4 years.

2.35 Etiology

Researchers have studied the characteristics of traumatic events, looking for differences that might contribute to severity of post-event stress reactions. These types of analysis have generally found that certain dimensions of events appear to be associated with more severe outcomes. Traumatic events that involve an individual exposed as opposed to an entire community, that are intentional (e.g. rape, torture) or human-made (e.g. war, terrorist attack), as opposed to unintentional (e.g. motor vehicle accident) or natural events (e.g. hurricane) generally see higher rates of PTSD among survivors (Fullerton, Ursano, Norwood & Holloway, 2003). In examining different types of events and PTSD, Breslau et al. (1998) found that violent assault was associated with the highest rate of PTSD of all the traumatic events measured. Still, not all individuals exposed to such events go on to develop PTSD. Andrews, Brewin, Rose and Kirk (2000) found that feelings of shame measured one month following a traumatic event predicted a greater number of PTSD symptoms six months later, a finding that Schnurr et al. (2004) highlight is consistent with their more recent findings. Indeed, the generally held opinion in the literature is that although the traumatic event itself is necessary for the induction of PTSD, it is not a sufficient explanation for the emergence of the syndrome (McFarlane, Yehuda & Clark, 2002).

It is also apparent that PTSD is more complex than simply an extension of normal stress response (McFarlane et al., 2002). Acute stress reactions following traumatic events are actually very common (Bryant, 2004). Van der Kolk and McFarlane (1996) highlight that after exposure to traumatic events, most people become preoccupied with their experience. Intrusive memories are considered a natural way of responding to and integrating awful events. The replaying of upsetting memories over and over mitigates the emotions associated with the traumatic event and in most cases creates a tolerance for the content of the memories.

However, with the passage of time, some people remain continually haunted by the memory of their experience and start to develop the specific patterns of avoidance and hyper-arousal that are associated with PTSD. Posttraumatic Stress Disorder is thus conceptualized as stemming from a failure to recover from traumatic events or, in the words of Van der Kolk and McFarlane (1996), in some sense "a failure of time to heal all wounds" (p. 7).

The implication of the current understandings of PTSD as a failure to recover from trauma exposure is the search for pre- and post-trauma factors that inhibit recovery. Two basic lines of research currently dominate the literature: Neuroimaging and neurobiological studies that compare PTSD biology with normal stress/fear responses to provide insight into how PTSD responses may differ from others (see reviews by Orr, Metzer, Miller & Kalouper, 2004; Kaufman, Aikins & Krystal, 2004), and longitudinal studies to identify different social and environmental factors involved in development and maintenance of PTSD (e.g. Schnurr et al., 2004).

2.36 Psychobiology of PTSD

A complete discussion of the psychobiological literature in relation to PTSD is beyond the scope of this work. The subject of biological changes which occur when a person is exposed to trauma is complex, involving changes in functioning of neurotransmitters and other biochemical changes. Knight and Taft (2004) highlight that current interest in understanding how brain functioning relates to PTSD is a natural progression in the field following the development of stable PTSD diagnostic criteria, standardized assessment methods, and advances in neuroimaging technologies that offer fine-grained analysis of brain structures using MRI devices. On the other hand, one can argue that psychobiological research also suits the continuing social need to find evidence for "The Predisposition Theory" (Matsakis, 1996, p. 46). The Predisposition Theory does not deny that military personnel are exposed to traumatic events, but the veteran's present psychological problems are attributed primarily to pre-trauma biological functioning. Schnurr et al. (2002), for example, in their review state that individuals with PTSD may exhibit abnormalities in brain structure and function and cite fMRI studies showing reduced hippocampal volume in adults with PTSD. However, in their recent review Kaufman, Aikins and Krystal (2004) point out that the four studies at the time with children and adolescents with PTSD have failed to replicate these findings, contradicting support for pre-trauma abnormalities.

Indeed, results of neuroimaging studies in PTSD are contentious when used to implicate pre-dispositional factors in the etiology in PTSD. Although the fact that the environment of an

organism affects its function has long been known, proof that even subtle changes in input from the outside world can affect the actual anatomy of the brain is relatively new (Huttenlocher, 2002). The ability of the brain to mold itself in response to changed environmental conditions does not end with puberty. In fact, fascinating studies have shown differences in brain morphology in people in different professions. As cited in Huttenlocher (2002), Maguire et al. (2000) obtained fMRI scans of a group of London taxi drivers, compared them to matched peers and found that the posterior hippocampus (an area concerned with processing spatial memory) was significantly increased in volume in the taxi drivers, with the increase greatest in taxi drivers with the longest periods on the job. Thus, as highlighted by Kaufman, Aikins and Krystal (2004), neuroimaging studies in PTSD cannot tell us whether any changes observed in the brain are primary or secondary to the persistence of the disorder or even to the onset of co-morbid conditions (e.g. history of alcohol dependence) and related environmental factors.

The wide spectrum of psychobiological abnormalities proposed in individuals with PTSD has no doubt contributed substantially to our conceptual understanding of PTSD. Yet most PTSD-related abnormalities are generally found within the normal clinical range, can be detected only in comparison with non-PTSD control groups, and thus rarely have direct value for individual sufferers of PTSD or their families (Friedman, 2004; Orr et al., 2004). According to Orr et al. (2004) little effort has been devoted to the translation of psychobiological research findings into clinically relevant applications. These authors assert, for example, that such studies "provide little guidance for determining whether the physiological responses of a given individual are 'heightened,' represent an 'exaggerated' startle response, or reflect 'disturbed' attention" (p. 330). They maintain that there is a considerable need for increased effort to translate such laboratory and preclinical research into useful clinical advances. If psychobiological research has seemed to focus on pre-dispositional factors in the development of PTSD, social-relatedness research has tended to highlight social factors following trauma exposure in the development of PTSD, which I discuss next.

2.37 Social Relatedness and PTSD

The considerable research literature on social relationships and health have demonstrated that the more socially isolated or less socially integrated individuals are the less healthy, physically and psychologically; they also tend to die younger (House, Landis & Umberson, 2003). As reviewed by House et al. (2003), large scale studies are remarkably consistent in finding that social relationships predict mortality for men and women in a wide range of populations even after adjustments for demographic, biomedical and self-reported risk

factors such as physical exercise, smoking and chronic health concerns. In fact these authors assert that evidence regarding social relationships and health increasingly approximate evidence in the 1964 Surgeon General's report that established cigarette smoking as a cause or risk factor for mortality and morbidity for a range of diseases. Clinical and laboratory results have revealed that the simple presence of, or physical contact with, another person can modulate human cardiovascular activity and reactivity in general, and the adverse impact of lack of adequate social relationships on development of human and animal infants is well established. House et al. (2003) conclude that the consequences of social relationships for health and wellness go beyond the capacity to buffer effects of stress or other health risks; sociobiological theories suggest that the sense of relatedness with another being may have direct motivational, emotional and neuroendocrinal effects that promote health.

Studies investigating environmental and social factors associated with PTSD have consistently shown that intact social supports and positive homecoming experiences are associated with positive psychological adjustment in soldiers (Bolton, Glenn, Orsillo, Roemer & Litz, 2003; Brewin, Andrew, & Valentine, 2000; Koenen, Stellman, Stellman & Sommer, 2003; Schnurret al., 2004). Bolton et al. (2003) have studied reports of American soldiers involved in peacekeeping missions in Somalia and determined that supportive interactions with partners, family and friends ameliorated the negative effects of traumatic exposure. The researchers found that soldiers who self-disclosed about their experiences on tours of duty to their partners, friends or family members and received positive reactions had fewer PTSD symptoms, while those who did not disclose to anyone or who received negative reactions to self disclosures had more severe PTSD symptoms. Through their studies, these researchers have come to the conclusion that veterans of peacekeeping operations "suffer when their families and communities do not extend themselves to these soldiers on their return" (Bolton et al., 2002, p. 249).

Nonetheless, the relationship between PTSD and social relatedness is likely to be dynamic and complex (Schnurr et al., 2004). The various symptoms of PTSD that include irritability and angry outbursts likely erode the very support systems and intimate relationships that are considered essential for recovery. Benotsch et al. (2000) conducted a longitudinal study of 348 non-treatment seeking Gulf War returnees and found that greater PTSD symptoms at 14 months following return from tour was associated with reductions in family cohesion even after accounting for pre-existing family cohesion. Although most of the participants in this research were not experiencing clinically significant symptoms at the time of the study,

high initial PTSD symptoms were associated with more avoidance coping and less family cohesion over time, even after accounting for previously assessed avoidance and cohesion. These researchers point out that the high levels of emotional distress and avoidant behaviour characteristic of people struggling with PTSD may affect the ability of the family to engage in continuing support, depriving the person who is experiencing PTSD symptoms of healthy social relatedness. Their research helps better elucidate previous findings by Riggs, Byrne, Weathers and Litz (1998) that veterans with PTSD seem to erode existing support systems and intimate relationships, reporting more problems with marital functioning and being significantly more likely to divorce than veterans without PTSD.

Moreover, Benotsch et al. (2000) utilize Hobfoll's (1998) stress and coping theory of 'loss spiral' to explain the results of their findings. They suggest "a cyclical pathological process between increasing PTSD and diminishing resources: Fewer personal and environmental resources may result in increases in PTSD symptomatology, which may further diminish available resources" (p.211). These researchers propose that PTSD symptoms disrupt the sufferers' social relationships, causing further stress as well as loss of subsequent available social support to manage new sources of stress. They view this as a possible explanation for the descent into chronic disability frequently seen in those struggling with PTSD; however, more research is needed to better elucidate this process.

2.38 PTSD and Family Violence

Marshall, Panuzio and Taft (2005) point out that interest in violence in military families has increased in recent years due in part to well-publicized domestic homicides among currently-serving American soldiers. At Fort Bragg, North Carolina, for example, four soldiers killed their wives between June and July 2002. Three of those cases involved Special Operations soldiers who had served in Afghanistan; one had been back from overseas just two days when he shot his wife, then himself. Mercier (2000) points out that, because the military is a closed system, conducting research on these issues with currently-serving soldiers and their families is particularly difficult. Although domestic violence statistics comparing civilian and currently-serving military families are limited, the research that has been done suggests that military families are particularly at risk for family violence (Mercier, 2000). Moderate intimate partner violence is defined as: Threw something that could hurt, pushed, grabbed, or shoved; slapped; kicked, bit or hit with a fist. Severe intimate partner violence is defined as: Beat up, choked, threatened with a knife or gun, or used a knife or gun, against his or her partner. Marshall et al. (2005) state that compared to demographically matched civilian wives, wives of

actively serving American Army personnel reported significantly higher rates of moderate and severe husband to wife violence, and 60% of the wives reported being physically injured. In summary, American military couples report higher rates of violence against women, greater severity of violence against women, and greater risk of victim injury compared to civilian counterparts (Marshall et al., 2005; Street, King, King & Riggs, 2003).

Flemming (2002) and Truscott (2002) have attempted to capture a portrait of domestic violence among the Canadian Forces (CF). These researchers found that violence is evident across all segments of the CF but is more prevalent among younger, non-commissioned members, most often attached to Land Forces Command. Flemming (2002) found that the rate of 500 to 700 cases of family violence per year reported to military police (between 1991 and 1994) to be less than he would predict from other studies of the prevalence of family violence in Canada and the United States. Still, Truscott (2002) stresses that many members live off base in civilian communities and cases may not be reported to military authorities. In addition, as cited by Dutton, Kilpatrick, Friedman and Patel (2003) the United Nations Global Report on Crime and Justice (1999) indicated that less than one in three female victims of violence report their victimization to the police. Matsakis (1996) also stresses that military wives are unlikely to report abuse for fear that it will jeopardize not only her husband's career, but her own financial security as a military dependent as well.

Research with former soldiers struggling with PTSD reveals that veterans often bring violence into their own families. Taft et al. (2005) highlight that during military training and during combat, violent behaviour is frequently reinforced and modeled and is often considered a necessary means for resolving disputes. Given these contingencies, and that PTSD typically involves irritability as well as outbursts of anger and aggression (Wilson, 2004), it is not surprising that several studies have demonstrated increased intimate partner violence committed by veterans with PTSD symptoms (Orcutt, King & King, 2003).

Utilizing data from 376 male veterans and their spouses from the National Vietnam Veterans Re-adjustment Study (NVVRS; Kulka et al., 1990), Orcutt et al. (2003) found that PTSD directly increased the risk of a veteran perpetrating violence against his spouse. The veterans' childhood histories of family dysfunction (e.g. family turmoil, severe punishment, witnessing inter-parental violence, and early trauma exposure) was not directly related to current intimate partner violence but indirectly through childhood antisocial behaviour and current PTSD symptom severity. Furthermore, the greater number of reported current PTSD symptoms, the ultimately more likely the veteran was to have perpetrated domestic violence.

Also utilizing NVVRS data, Marshall et al. (2005), highlight that 13.5% of veterans without PTSD had perpetrated intimate partner violence during the past year compared to 33% of veterans with PTSD. Street et al. (2003) assert that perpetration of domestic violence is prevalent among veterans with PTSD; even sub-diagnostic levels of PTSD place veterans at increased risk for violence against their spouses.

2.39 Critique of PTSD Research

I think that it is important at this point to highlight that although studies have been conducted with Gulf War returnees and former peacekeeping soldiers, with Israeli, Australian and Dutch soldiers, the vast majority of research investigating PTSD related to military service has been with treatment-seeking American Vietnam War veterans. There has been some debate in the literature as to whether this population differs from other veterans struggling with PTSD in important ways (Benotsch et al., 2000). Evans, McHugh, Hopwood and Watt (2003) note Vietnam Veterans now seeking help are a chronically ill group, likely with many comorbid symptoms. Matsakis (1996) also summarizes the unique contextual issues related to the war in Vietnam: The average age of soldiers was 19 while in previous conflicts the average age of soldiers was 26 years of age, and for many of these young men it was not only their first exposure to death but first time away from home; upon returning, Vietnam War veterans were greeted not just with apathy but often outright hostility - viewed by significant segments of society as deranged, drug abusing "baby killers." In the words of Matsakis (1996), there was no societal absolution for the killing that happened in Vietnam.

In addition, we as Canadians accept research from the United States as representative of a Canadian experience even when our countries and cultures differ. For example, the United States is larger than Canada in terms of sheer population size. The United States and Canada also differ in terms of economic and social influence globally, language and acceptance of multiculturalism as well as access to publicly-funded health care.

Lastly, current research using quantitative methods, particularly to investigate relational aspects of PTSD, is unlikely to help us understand these processes fully. Paralleling studies of loneliness that, as remarked by Josselson (1992), tell us very little about the people who are lonely or how they are lonely, quantitative studies are limited to suggesting possible causes or correlates of a phenomenon and can tell us little about people's subjective experiences. Qualitative studies that honour the depth of people's lived experience, and help to identify key experiences, can extend our understanding of soldiers and their families' struggle with PTSD and how best to help them in this process.

2.4 Secondary Traumatic Stress

Figley (1998) describes Secondary Traumatic Stress (STS) as the "natural consequent behaviours and emotions resulting from knowledge about a stressful event experienced by a significant other (e.g. family members); it is the stress that results from helping or wanting to help a traumatized person" (p. 7). STS was first identified by Figley in 1983 and further articulated by Zahava Solomon and her colleagues in a series of studies with Israeli soldiers and their families in the early 1990s (as cited in Figley, 1998). Solomon's studies concluded that the poor mental health found in veteran's wives was a consequence, not an antecedent, of the husband's psychopathology (Galovski & Lyons, 2004). As noted by Rothschild (2006), STS then entered the therapist vocabulary as a descriptor of the negative effects noticed in psychotherapists who worked with traumatized clients (e.g. Arvay, 1996; Schauben & Frazier, 1995), and later as an occupational hazard for those in other care-giving professions such as nurses (e.g., Badger, 2001).

Although there is a well-documented connection between the experience of traumatic events and subsequent development of psychological difficulties (McFarlane & Van der Kolk, 1996), there is comparatively little research attention devoted to STS (Arvay, 2001). The concept of 'family stress' originated with Reuben Hill's classic study of post-deployment adjustment of World War II veteran's families in 1949; however, Terr (1990) in her studies of traumatized children was likely the first to observe that a family member's experience could traumatize another family member. In 1976, in what came to be known as the Chowchilla school bus kidnapping ordeal, twenty-six children were kidnapped and buried alive. All survived, but Terr (1990) found several years later that some of the victims' brothers and sisters seemed to have "caught" the fears, behaviours, play and nightmares of their kidnapped siblings. As stated by Figley (1995), there seems to be a "trauma transmission conundrum": How is it that symptoms of traumatic stress first found in one person who experienced a traumatic event, are then found in a family member who didn't?

Figley (1999) notes that 'contagion' phenomena parallel to STS have long been reported in the medical and social science literature. For example, 'Couvade' is identified when fathers-to-be exhibit the symptoms of pregnancy (morning sickness, fatigue, weight gain) when their partners are expecting a baby. It has also been well-documented that cohabitating partners of depressed individuals are at increased risk for depression themselves (Jeglic et al., 2005). Stamm (1999) highlights that there are descriptions in the research and clinical

literature of these types of phenomena, but there is an absence of conceptual consensus in this area.

Family systems theory may provide an epistemology for these phenomena and STS (Figley, 2005). There is a long held postulation by family systems theorists of "reciprocal causality" – the notion that disruptions introduced by one member of a family have repercussions on the others, and the consequence distress then further aggravates the system leading to more disruption (Goldenberg & Goldenberg, 2000). In Figley's (1995) Trauma Transmission Model, members of a family system, in an effort to generate an understanding of the traumatized member, are motivated to empathically engage with the victim and his suffering. The family members attempt to answer for themselves, "What happened? Why did it happen? Why did I act as I did then? Why have I acted as I have since? If it happens again, will I be able to cope?" (Figley, 1995, p. 249) In the process, the family member experiences the emotions of the victim as they visualize the victim's trauma, or are exposed to his or her symptoms, or both. Figley's model thus suggests that STS is due, in part, to one's empathic ability: Compassion stress results from empathy with the victim, actions one takes toward the victim, and the inability to find relief from one's actions through depersonalization and a sense of satisfaction for helping to relieve suffering. STS then results from prolonged exposure to compassion stress, ongoing sense of responsibility for the care of the sufferer and the suffering over a protracted period of time.

Figley's (1995) theory is compelling; however, to date, knowledge related to STS in spouses of traumatized soldiers has been based on few studies and mainly clinical observations (Dirkzwager, Bramsen, Ader & van der Ploeg, 2005). Dirkzwager et al. (2005) aimed to investigate the issue of the secondary transmission of PTSD symptoms by examining whether signs of STS exist among spouses of former peacekeeping soldiers. As part of a large scale study of former Dutch peacekeeping soldiers (n=1476), they found that spouses of soldiers with PTSD reported significantly more PTSD symptoms themselves than spouses of soldiers without PTSD. Spouses of soldiers with PTSD also appraised their relationship as less favorable and reported a more problematic relationship. The researchers concluded that signs of STS existed in the spouses of soldiers with PTSD; however, because soldiers with PTSD are more likely to display aggressive and violent behaviour, the researchers note that they could not rule out domestic violence acting as a primary trauma for the spouses of soldiers with PTSD.

Several earlier efforts also support the notion that family members of veterans with PTSD may themselves develop psychological symptoms, but researchers have not been able to

conclude that traumatic stress symptoms were secondarily transmitted to family members. Beckham, Lytle and Feldman (1996) found that distress among the spouses of Vietnam veterans with PTSD was strongly associated with the severity of symptoms reported by the veterans. In a study of 71 male veterans seeking help for PTSD and their spouses, Calhoun, Beckham and Bosworth (2002) had similar results. Spouses of veterans with PTSD had poorer psychological adjustment as compared to spouses of veterans without PTSD, specifically, greater depression, anxiety, hostility and obsessive-compulsive symptoms than other spouses. However, Calhoun, Beckham and Bosworth (2002) concluded that PTSD symptom severity in the veterans was not uniquely related to psychological adjustment in the spouse after accounting for level of caregiver burden and interpersonal violence.

As noted above, STS is considered to be nearly identical to PTSD except in terms of direct versus indirect exposure to the traumatic event. It is very difficult to differentiate between stress-related reactions due to direct or indirect exposure to trauma if the family environment itself can be described as threatening (Stamm, 1999). Are some spouses of soldiers with PTSD struggling with symptoms themselves because of exposure to their soldier-partner's suffering; or are they struggling because of serious threats of violence in the home and exposure to situations that are particularly distressing and dangerous? It is clear that much remains to be learned about STS, and more study is needed specifically in reference to the experience of spouses of soldiers with PTSD.

2.5 Treatment for Posttraumatic Stress Disorder

Studies have shown that a majority of former military personnel who develop PTSD do not receive specialized mental health treatment for their symptoms and high drop-out rates from treatment interventions are the norm (Foa, Keane & Friedman, 2000; Johnson & Lubin, 2000). Kutter, Wolf and McKeever (2004), for example, found that of 740 male veterans evaluated at a National Center for PTSD and other affiliated clinics between the years 1995 and 2001, 188 of these veterans began the recommended treatment and only 35 completed a full program. Foa et al. (2000) remind us that high rates for non-completion of treatment need to be considered when looking at studies of interventions for PTSD.

Although some researchers think that veterans with PTSD are also less responsive to intervention and poor prognosis is to be expected (Creamer, Morris, Biddle & Elliot, 1999), there is no conclusive evidence at this time that PTSD following military service is especially resistant to psychotherapy (Foa et al., 2000). Solomon and Johnson (2002) reviewed the intervention research for PTSD and found the strongest support for the use of psychotherapy

that combines cognitive and behavioural techniques, particularly when exposure techniques are used. Exposure typically involves guiding the client through a vivid remembering of a traumatic event (or fear stimulus) repeatedly until the client's emotional responses decrease through habituation (Schnurr et al., 2003). Individual approaches are often recommended, at least initially, for PTSD (e.g., Herman, 1997) and various individual PTSD intervention models that involve some form of exposure therapy are evident in the literature. However, one of the limitations of individual approaches is that support from peers has to be sought outside of the intervention program.

In addition, Glynn et al. (1999) point out that soldiers' interpersonal difficulties do not necessarily improve with individual exposure therapy. This highlights what Johnson and Lubin (2000) stress is the unproven assumption of individual approaches, namely that reduction of primary PTSD symptoms should also enhance the veteran's recovery in other areas of their lives. In fact, group-based approaches may hold more promise for the comprehensive treatment of military service-related PTSD. However, so far it has been challenging for researchers to demonstrate the effectiveness of group therapies for treating PTSD (Schnurr et al., 2003). In their recent large-scale study of American veterans receiving group intervention from the VA healthcare system, Schnurr et al. (2003) found that 40% of the participating veterans showed clinically significant improvements. It should be noted that not unlike other PTSD intervention studies, there was a 30% participant drop-out rate. As summarized by Foa et al. (2000), positive therapeutic outcomes have been reported with group-based approaches but it is generally agreed that more research in this area is critically needed.

Furthermore, support for partners of military personnel with PTSD is offered in some therapeutic settings, but comparatively few researchers or clinicians have included partners and family members of veterans in their intervention programs (Calhoun et al., 2002; Hendrix, Erdmann & Briggs, 1998). For example, Schnurr et al.'s (2003) group-based program referred to above did not include partners or family members. Despite the evidence that PTSD is implicated in creating substantial disruptions in family relationships, most intervention programs for PTSD continue to have a focus on the individual suffering with PTSD and not family members.

On the other hand, it is also apparent that effective inclusion of spouses in therapy has challenges. Glynn et al. (1999) offered behavioural family therapy (BFT) to the spouses and Vietnam veterans who were already receiving individual exposure therapy for PTSD with what they report to be disappointing results. They found that not only did the BFT not contribute to

further reduction in any PTSD symptoms, but that "in many couples we recruited, the relationship was obviously fragile and the foundation for making assumptions of cooperation, commitment and positive feelings on the spouse's part was tenuous at best"(p. 249). In attempts to bring spouses of soldiers with PTSD into the therapeutic process, it needs to be recognized that they may be in significant distress themselves. Also it is apparent that researchers have not routinely assessed for the occurrence of domestic violence in the family before inviting family members into therapy. Riggs (2000) notes that there is considerable debate as to the appropriateness of couple or family therapy when there is intimate partner violence, and advises clinicians to "proceed cautiously in applying marital and family therapy in trauma-related cases where violence is occurring within the family" (p. 296). Appropriate and effective means clearly need to be found to include family members in therapeutic interventions for soldiers with PTSD.

In addition, individual or group intervention for spouses of the soldiers in therapy is rarely offered. Sherman et al. (2005) conducted a telephone survey of spouses of Vietnam Veterans who were receiving outpatient therapy for PTSD. The women in this study expressed a strong desire for both family and individual intervention, but only 28% reported that they had received any mental health care in the previous six months. The researchers reported that the most commonly requested service was a women-only group, and concluded that "there is a large gap between perceived needs of these partners and the services provided" (p. 1152).

In summary, there is a disappointing lack of empirical validation of most models of trauma intervention which, as highlighted by Klein and Schermer (2000), represents an important challenge to the field – especially in light of the current demand for empirical support of effectiveness. It is generally held that some intervention approaches are more amenable to randomized clinical trials, and "the absence of evidence for a technique or approach does not imply that it does not work" (Foa et al., 2000, p.13). Still, more comprehensive models are needed that include both peers and family members in interventions for PTSD. It is also evident that how this can best be accomplished has not been determined. Finally, intervention directed at the spouses who may be suffering with symptoms appears to be wanted and sorely needed.

2.6 Military Families

Families are important to the well being and effectiveness of military personnel (Norwood, Fullerton, & Hagen, 1996). Figley (1993) reports that soldiers interviewed during the Gulf War were most concerned about the welfare of their families, tended to perform with

greater competence if they believed their families were being well taken care of at home, and were more likely to indicate that they planned to make military service a career if they had a family. However, maintaining a healthy and balanced family life in the military can be challenging. As asserted by Nice (1993), a military career is not based on taking a job but on joining a total institution for a contracted portion of one's life, and the realities of military life become stressors for the entire family. Spouses of military personnel have the multiple role dilemmas experienced by most other working women with families, but the spouses of military personnel are expected to adapt to the norms and values of the military as well (Drummet, Coleman & Cable, 2003; Matsakis, 1996). According to Matsakis (1996), military wives are, among other things, expected to: Always put their husband's career above her own needs and needs of the family; never expose her husband's weaknesses, and always conform to group expectations or orders from 'higher ups' so as not to endanger her husband's status or potential for promotion.

Furthermore, military families experience unique demands compared to civilian families. Jessup (1996) highlights several of the stressful aspects of military family life. Firstly, the profession of arms obviously carries with it an above-average risk of injury or death. Although it can be assumed that since military service personnel have chosen this particular career for themselves they have achieved at least some degree of personal equanimity in the face of the potential risks, having a partner and children undoubtedly brings a different perspective on personal danger. In addition, members of military families, particularly children, are unlikely to share the same degree of acceptance towards the threats intrinsic in military occupations. Secondly, military families endure far more frequent geographical moves than civilian families. Moving is considerably stressful and likely becomes less desirable for family members as they become older and perceive greater losses in leaving an established environment. Thirdly, military personnel are far more likely to be separated from their families for extended periods of time because of professional commitments than is the case with most civilian families. Military service personnel are expected to take part in training exercises and courses as well as unaccompanied postings and tours of duty. Separations may amount to no more than a few days, or in the case of sea-time or unaccompanied deployment overseas, four to six months. The constant interruption of marital, parental and domestic roles can be a source of resentment for military spouses and friction in family relationships (Jessup, 1996; Matsakis, 1996; Yerkes & Holloway, 1996).

In addition, Jessup (1996) summarizes the features related to military life that make establishing intimate relationships difficult to begin with. Several aspects of military service obstruct the patterns of courtship and partner choice that are typically followed by civilians in Western culture. Military communities, for example, do not parallel the trend in the civilian population for older age at marriage. Jessup (1996) asserts that there are elements of military life that incite hasty marriage choices, including the desire to escape communal life in the barracks or training block for family housing, and the discontinuities of mobility and training requirements. The courtship lengths for service personnel are typically brief by civilian standards; according to Jessup (1996) the vast majority of courtships are less than twelve months. The development of in-depth relationships before marriage is hampered by the limited frequency of possible face-to-face contact and shared experience. In sum, the employment and training patterns of military service which complicate or prevent couples from knowing about each other in-depth before marriage likely only increase the risk of subsequent difficulties during the marriage.

As reviewed by Norwood, Fullerton and Hagen (1996), military family research has been relatively limited given that these families are at risk for difficulties. Studies have examined the family's impact on decisions related to continuing in the military and choosing it as a career, the effects of father/son absence on the family, the family's concerns about the soldier's safety, and the effects of post-deployment reunion on the family. Special subpopulations of military families have also been investigated including families of prisoners of war and families in which the father is missing in action. The impact of the father's death or injury on his family has also been the subject of study and since the Gulf War there has been increasing interest in mothers in military service. As mentioned above, there has also been increased attention to the issue of domestic violence in military families more recently.

In general, however, lack of research has meant that military families and their needs have not been effectively addressed (Drummet, Coleman & Cable, 2003). Unmarried partnerships which are not acknowledged by military support systems are a particularly silenced segment of military family populations. Whether these partnerships are straight or gay couples, support from the military establishment is not available to them. Married partners of military personnel who qualify for needed support services either do not know about what is available for them or fail to access these services, and when they do participate in available programs, they are often dissatisfied. Flemming's (2002) research, for example, showed that many Canadian civilian spouses of military personnel had extremely limited contact with

Canadian Forces agencies and many were unaware of psychological and other support services available to them. According to Rotter and Boveja (1999), even when aware of services, career considerations and fear of reprisal make many soldiers' families wary of utilizing available psychological services when experiencing family difficulties. In addition, Drummet, Coleman and Cable (2003) highlight that the current programs for military families in the United States are poorly rated in terms of satisfaction and helpfulness. For example, the Family Readiness Support Groups (FRG) sponsored by the US Army that are designed to provide social support networks for families have seen only 25% of enlisted spouses participating and this low rate has not changed since 1995. Moreover, fewer than half the participating spouses found FRGs helpful or beneficial (Drummet et al., 2003).

So although programs have been instigated to help military families, these programs are underutilized, partly because of lack of information and the stigma of accessing services. It is also clear, however, that some of these costly initiatives are poorly received and underdeveloped due to lack of awareness of what is needed. Drummet et al. (2003) assert that more research has to be done to help determine what military families would find useful and what would make for viable and effective programs to assist these at-risk families.

2.7 Summary

This study is important because there is a pressing demand to clarify the needs and possible therapeutic interventions for struggling military families; in particular, there has been comparatively little research and clinical attention given to the spouses of traumatized Canadian soldiers. Figley (1995) has proposed a Trauma Transmission Model whereby spouses of traumatized soldiers develop PTSD symptoms mirroring their husbands' through a process of empathic engagement with their husbands' suffering. However, research in this area is limited, with conflicting findings. Spouses have not generally been included in therapeutic interventions for PTSD, and how best to include spouses of traumatized soldiers in the therapeutic process has presented a significant challenge for the field. Furthermore, qualitative studies are needed; there is a need to understand the experiences of spouses of soldiers with PTSD in order to know how to best help these families and prevent costly and poorly received intervention efforts.

CHAPTER III

Mode of Inquiry

We have entered a new age, the age of narrative; an interest that is sweeping a range of academic disciplines.

~Ruthellen Josselson

3.1 Introduction

Qualitative research approaches are currently enjoying a Zeitgeist. Researchers in counselling and psychology acknowledge that being limited to a restricted range of quantitative approaches to study, and creating what many call "methodolatry," has cost the field (Marecek, 2003). Recognized as important, legitimate and often preferable modes of inquiry, qualitative approaches allow researchers to witness people in all their complexity and depth of lived experiences. As much as qualitative research provides flexibility in mode of inquiry with "no canonical approach to interpretive work, no recipes and formulas" (Reissman, 1993, p.69), my goal in this chapter is to make this study's research design and procedures, including my epistemological assumptions and views on identity, as visible as possible.

3.2 Research Design

3.21 Overview and Rationale

This is a narrative research study using the Life Story interview method described by Atkinson (1993), Lieblich, Tuval-Mashiach and Zilber (1998), and Murray (2003). It involves a semi-structured interview with six spouses of soldiers who participated in treatment for PTSD, then the creation of narrative summaries from the interview data, and analysis of these summaries for the themes across narratives. The research question guiding this project is: What is the experience of spouses living with military personnel who have participated in a group-based counselling intervention for Posttraumatic Stress Disorder (PTSD)? Other related secondary questions addressed by this study include: What does the spouse identify as different, if anything, in terms of herself, the couple relationship and overall family functioning before, during and following treatment? What would be helpful for other couples and families of soldiers during and after treatment for PTSD? The purpose of this study is to facilitate the articulation of the spouses' lived experiences, thus giving voice to this under-appreciated topic, and elucidating the needs and possible service interventions for families of soldiers in the process of healing from trauma.

This narrative study using the Life story interview allows for a spontaneous picture of the spouses' experiences as part of a comprehensive relationship narrative. It provides an

opportunity for understanding the experience of living with a soldier who has been in treatment for PTSD within a couple relationship and larger social context. Using this method encouraged the participants to narrate an autobiographical story in chapter-like format and to consider the roles of other people in the family as well as the community during this process. The Life Story procedure has been used effectively to investigate other topics. For example, in Murray's (2003) study of the experience of living with chronic pain, the participants were encouraged to recount particular pain episodes and the role of different family members, rather than giving a single pain account. In this way it was possible for the researcher to explore how pain was integrated into their everyday lives. Using the Life Story interview allows for free and rich narratives, but at the same time, is a structured process. Narrative studies are also particularly appropriate when effort is being taken to write, interpret and disseminate the experience of people who represent groups whose stories have historically been squelched, marginalized, or ignored (McAdams, Josselson & Lieblich, 2001). Because my own epistemological assumptions exert a powerful influence in this work (Arvay, 2002), in the next section I briefly delineate these assumptions that I believe align best with a social constructivist perspective.

3.22 Paradigm of Science: Social Constructivism

> To know what you are doing, you need to know how your model of knowing affects what you are doing.
>
> ~Miles & Huberman, 1984

> Many psychologists swim in the waters of logical positivism, empiricism, realism and quantification without knowing they are wet.
>
> ~Maracek, 2003.

The narrative inquiry that I have undertaken is positioned within a social constructivist paradigm of science. As highlighted by Gergen (2001), the scientific paradigm that dominated psychology until relatively recently is the positivist paradigm based on an exogenic perspective of science. This view proposes a reality of physical objects and processes independent of human interests (exogenous or "originating outside" the organism). According to the exogenic perspective, reality is external to us; therefore, objects and processes in nature are independent of the language we use to describe them. Reality is said to exist "out there" and truth is a matter of correspondence between our words and the external world of objects and things. From this perspective there is a key assumption of a "God's eye view"; researchers investigating within this framework strive to put subjectivity aside and stand apart from the world in order to view it objectively from any place within it (Smith, 1989).

By contrast, the social constructivist paradigm is based on an endogenic perspective of science (as in endogenous or "originating from within" the organism). From this perspective reality is dependent on the cognitive, emotional and social processes of human beings. It is not independent of our interests and our intentions; reality is a product of the formative activities of our minds (Smith, 1989). In other words, reality is based on the meanings that we give to our lived experiences and observations in our environment. There is no "God's eye view" as assumed from the exogenic perspective; the processes that we seek to study in nature are constituted by the very language that we use to describe them (Gergen, 2001). From this perspective, I believe that subjective interpretations of reality cannot be separated from observed reality. As I categorize, label and interpret my environment, I also create it; thus the notion of a subject-object dualism asserted from the exogenic perspective does not exist (Smith, 1989).

For example, there was a study given some attention in the popular media a few years ago in which a researcher in Nevada had reportedly isolated the sound of dogs' "laughter." This researcher revealed evidence that the pant made by dogs during play is of a more complex sound frequency than the ordinary panting of dogs. She labeled this different frequency pant the "laugh-pant" in dogs. I think this is a dramatic illustration of how we as human beings make meaning of phenomena from our own perspective and construct "reality." In this case, social beliefs about "laughter" and "play," which are conceptualizations from human language and experience, are attributed to observed behaviour in dogs. The meaning given the observations is reflected in the researcher's choice of words and constitutes the reality of our shared experience (i.e., "there is evidence that dogs have the ability to laugh"). A social constructivist perspective acknowledges this unavoidable embedding of our minds and reality and how our use of language creates our world.

Although from a social constructivist perspective I believe that our interpretation of the world constitutes our reality, I do not deny the existence of a physical world. I believe there is a difference between research investigating physical objects that can be picked up and examined and "social objects" (e.g., identity, emotion, PTSD) that are in a sense hypothetical, with no existence outside our own social conceptualizations (Smith, 1989). If I return to the example above, the discovery of the laugh-pant in dogs is premised on differentiating the dog's observable behaviour into "play" and "not play." But what is "play"? In turning to an agreed social meaning, play can be defined as "something done to amuse oneself; fun; sport; recreation" (Canadian Oxford Dictionary). It is clear that this definition in turn is dependent on

my understanding of several other social constructs: "to amuse," "fun," "sport," and "recreation." Not to mention that regardless of dictionary definition, my own beliefs about what constitutes play may be different from someone else's (and most importantly a dog's). Individual experiences of "play" and other social constructs vary and they cannot be grabbed onto and measured in a literal sense like a table or the opening and closing of valves of a heart. This does not mean that social constructs cannot be investigated. However, I believe we must be careful to remember that we are not studying a "thing" that exists outside our interpretations.

The terms in which our world is understood are social artifacts, and as revealed by Gergen (2001), thus are products of historically situated interchanges among people. Negotiated understandings are very important in social life and sustain and support certain patterns to the exclusion of others. What we call scientific facts emerge from an array of interacting influences including what research proposals get funded, what studies get published, and ultimately whose understanding is accepted by other members of the scientific community. As commented by Gergen (2001), "Making friends in science is no less important than in politics" (p. 57). What prevails as scientific knowledge, then, is ultimately the product of social construction and convention, reflecting dominant social values.

In summary, I assume from a social constructivist perspective that reality is interpreted and dependent on social context – the result of the meaning people ascribe to their experiences and interactions with others. This does not mean that physical reality is an illusion or does not exist, it just means that the correspondence between our words used and world referents cannot be totally determined. Knowledge can never mirror nature in a direct or de-contextualized way and is sustained by social processes (Burr, 1995). My study thus does not have the goal of "proving" anything. The information obtained, however, can succeed in provoking debate and dialogue on issues of interest. As well, my research provides information on recurring patterns of social conduct and offers insight into possible intervention and public practices (Gergen, 1996).

3.23 Relational Perspective

> We know ourselves as separate only insofar as we live in connection with others.
>
> ~Carol Gilligan

According to Josselson (1992), people create their lives within a web of interactions with others; we grow with and through our connections with others. She highlights that there is a polarization in Western culture between autonomy and connection, but relatedness and individuality are not dichotomous concepts, human "action takes place only within a relational

matrix" (Josselson, 1992, p. 15). Development thus concerns both maintaining our ties to others and differentiating from them. Josselson (1992) asserts, therefore, that an important part of human experience is the ability to develop and maintain meaningful interpersonal relationships.

In her work, Ruthellen Josselson attempts to map the dimensions of how we relate to others and how our ability to relate progresses developmentally. Other prominent developmental theories in Western culture (e.g., Erickson, 1963) have stressed individual development toward action, competence, and comfort with aloneness whereas Josselson (1992) maintains that we can better understand human development from the viewpoint of a process of learning to be with others - movement towards greater and greater differentiated connection with others. I like Josselson's view that as we grow we become able to relate to others in more complex ways, meaning that the nature of our interaction with others becomes that much more multifaceted. Greater responsiveness and availability in and to relationships in turn change our conceptions of ourselves. Josselson (1992) asserts that "self" is not a fixed entity. "We must always revise our inner model of ourselves in light of our interpersonal experience. We know and realize ourselves only in, through, and with others" (p.19).

3.3 Procedures

3.31 Selection of Participants

The participants in this research are six female spouses of soldiers who participated in treatment for PTSD. Narrative studies are typically conducted with small groups of individuals, but as asserted by Lieblich et al. (1998), "The quantity of data gathered in life stories is large" (p. 9). It is thus considered feasible to select from as few as one participant for a single case study (e.g., McRae, 1994) to ten participants (e.g., Etzion & Niv, 1994). Spouses of participants in the larger SSHRC-funded evaluation of the Transition Program for Canadian Soldiers had already participated in brief follow-up feedback interviews by telephone three to four months after their soldier-husband completed the program. Those who at that time indicated a desire to participate in any future research endeavors were sent a description of the research study via email (see Appendix A) and were invited to participate in this study. Six participants contacted me expressing a desire to participate. One of the women then decided to withdraw prior to our first interview because of scheduling difficulties. Another email with the study description was then sent by one of the program facilitators to spouses from other Transition program groups inviting them to contact me if they wished to participate. One more woman indicated an interest in participating in this project and was contacted. All six of the

women's husbands in this study had participated in the same treatment program. All but one of the women in this study had participated in the Family Awareness group component of the Transition Program.

3.32 Plan of Inquiry

The information for this study was collected using a moderated Life Story interview (Atkinson, 1993; Lieblichet al., 1998; Murray, 2003). This process involves one, two-hour semi-structured interview with each participant. As well there is follow-up contact with each participant individually to gain feedback on interview narratives. Finally, all participants were invited to read all six of the narrative summaries and discuss results. Two participants chose to participate in this final stage of the study. The research interviews first involved reading and discussing the study Consent Form, which details the purpose of the research: "To better understand the experiences of spouses living with currently serving or former Canadian Forces personnel who have participated in counselling for posttraumatic stress"; to allow the spouses' stories to be told, and to identify the best ways to intervene and support families of soldiers engaged in a process of healing (see Appendix B). Next, demographic information was collected and then the Life Story interview session begun (see Appendix C). The Life Story interview sessions were separated into four basic tasks. First, the participant was asked to think of their relationship with their husband-soldier as if writing a book, think of the chapters of this book and give the stages (chapters) titles. For example:

> People's relationships with each other can be written as a book. I would like you to think about your relationship with [soldier's name] as if you were now writing a book. First, think about the chapters of this book. I have here a page to help with this task. Start from when you first were aware of each other (e.g., heard about [soldier's name] or met). When did the first stage end? Indicate it here on the paper. Then go on to the next chapters and put down when each chapter begins and ends for you. Go on until you reach the present time. You can use any number of chapters or stages that you find suitable to your own relationship with [soldier's name].

The second task involved giving each chapter a title and preparing the participant for the next task. "Now, think about the title you would give each one of these chapters and write this title down. I will be asking you several questions about each one of the chapters you proposed." The third task involved eliciting a narrative description of each stage using the following questions:

1. Tell me about a significant episode or memory that you have about this chapter.
2. What kind of person were you during this chapter?

3. What was [Soldier's name] like at this time?
4. How would you describe your relationship?
5. Who were the other significant people in your lives at this time? Why?
6. What is your reason for choosing to terminate this chapter when you did?

When this entire task has been worked through, other questions were asked for further elaboration:

i. Future life expectations.

ii. For those participants who are parents- future expectations for their children.

As recommended by Lieblich et al. (1998), these Life Story interviews were semi-structured and strict formality was limited for the sake of authenticity.

3.33 Approach to Analysis

All the interviews conducted with the participants were audio-taped and transcribed. Through the transcription process I re-familiarized myself with the interview content (Miles & Huberman, 1994). There was some condensing of statements in the transcription process with the goal of giving a general impression of the participants' views and not necessarily fully verbatim accounts of all incidents described (Kvale, 1996). I recognize that the transcription process is both interpretive and constructive, and the transcripts I produced cannot be said to correspond directly to the conversations between the participants and myself in a complete way (Lapadat & Lindsay, 1999).

Descriptive summaries were then written from the transcriptions. In these narratives I endeavored to use as many of the participants' own words as possible and follow the original sequence of the interviews. Specific identifying information (unless the participant felt it to be critical to her story) was removed. Prior to feedback interviews I forwarded the draft summary to the individual participants. I then re-contacted the participants and asked each participant to indicate if the summary reflected her experience; if she wished to add anything; and to remove what she did not want included in final documentation. Because this method relies heavily on language and direct quotations as well as the fact that some participants may know each other from the Transition Program experience or in different contexts, there was a risk of participant identification despite steps taken to maintain confidentiality (e.g., names of people or places were not used). It is for these reasons, as well as seeking to increase confidence in my results, that I was particularly careful with this step in the process.

Following Lieblich et al. (1998), I conducted a type of qualitative content analysis of the narrative summaries for themes across all the narratives. Although Miles and Huberman

(1994) admit "the human mind finds patterns so quickly and easily that it needs no how-to-advice" (p. 246), they do recommend certain steps in the process. I followed Kvale's (199) method for analysis of themes referred to as "meaning condensation," which involves the abridgment of the meanings expressed in the stories into shorter formulations. The steps in this process are to first read through each individual summary, determining the natural "meaning units" as expressed by the participant. Then a theme that seems to dominate the meaning unit is stated as simply as possible. In other words: "Long statements are compressed into briefer statements in which the main sense of the text is rephrased in a few words" (p. 192). Next I looked at the themes in terms of my research questions; for example, "What does this statement tell me about the experience of spouses of soldiers struggling with PTSD?" In my last step in the analysis, I looked for the common themes across the participants' narratives as well as discrepancies or contradictions that occurred.

3.34 Criteria for Assessing Worth and Rigor

The quality of my work from a social constructivist perspective lies in my ability to inspire confidence in my conclusions and the extent to which my research makes a substantive contribution to human experience.

1. To inspire confidence in my conclusions my work needs to be credible. To address this need I have endeavored to:
    a. Impart sufficient information in terms of my method to allow readers of my work to see how the findings of my study were derived, thus making visible what I did to produce my results;
    b. Provide interpretation with supporting quotations for the thematic results;
    c. Make my work available to an expert in Secondary Traumatic Stress for her opinion; and
    d. Give participants two different opportunities to reflect on the results.
2. To make sure that my research work promotes discussion and makes a contribution to human experience, I have done the following:
    a. Asked participants in the feedback sessions how this project impacted them;
    b. Suggested an intervention for the spouses of soldiers based on the results of this project; and
    c. Submitted and presented my preliminary findings at the Canadian Psychological Association Annual Convention, June 8-10, 2006.

I also plan to submit my findings to other appropriate conventions and refereed journals and send summary reports to all participants as well as to Veterans Affairs Canada and the Royal Canadian Legion.

3.35 Researcher's Context

My presence is intricately woven into this study. Following the qualitative tradition and narrative framework, I recognize and openly acknowledge the impact of my background, beliefs and values at various levels in the study process. I developed this project through my experience assisting with the Transition Program groups, particularly after co-facilitating a family awareness session. I was struck by the stories that the women had to tell, and I was impressed with their courage and commitment to their relationships, in the face of tremendous struggle. I reviewed the literature and was truly shocked at the very little research related to spouses of traumatized soldiers and the total lack of inclusion of the women's own voices; in other words, their subjective experiences and stories.

3.36 Representation of Findings

The narrative summaries along with the thematic results are presented in this final documentation. Participants have been given the opportunity to verify their own individual narratives in the follow-up sessions as well as feedback on all the narrative summaries. In the next chapter I provide the results of this research.

CHAPTER IV

Results

Living with someone with PTSD does affect us on a day to day basis.

~ 'Dawn', Participant 6

4.1 Introduction

Atkinson (1993) highlights that it is impossible to anticipate what a Life Story interview will be like - not so much the method of the interview, as the power of the experience itself. I was moved by the willingness of these six women to share the story of their relationships with me and the candor with which they did so. In this chapter I give a brief demographic description of the participants, and their soldier-husbands' backgrounds, to help contextualize their stories. I then comment on the research process, followed by presentation of the six participants' stories and thematic results.

4.2 Participants

The participants are six women who ranged in age from 33 to 44 years old. All but two of the women were the second or third wife of their soldier-husband. All the women self-identified their culture as "Canadian" with three women also identifying a British, Spanish or Chinese family background. Two of the women in this study did not have children; both their husbands had children from previous marriage, but the children did not live with them. One of the women in this study had a single child; one of the women had two children; and two of the women had three children. Children ranged in age from less than a year old to adolescents. All the women in this study had completed high school, and two of the women had completed post-secondary study at college or university. Only one of the women was not working outside the home. Three of the women identified their living situation as 'rural' and three 'urban', and four of the families owned their own homes.

As mentioned previously, all the soldier-husbands of the women in this study had participated in the Transition Program for Canadian Soldiers treatment program for PTSD. Several of their wives identified a co-facilitator of the program as a continuing source of support for their husbands. According to their wives, two of the men continue to have follow-up individual counselling and/or group treatment, and two men are in the process of seeking treatment (e.g., on a waitlist, looking for a counsellor in his area). Five of the six men had been in the Regular Forces and one in Special Forces/Intelligence, and all but one of the soldier-husbands is no longer in the military. One of the men had 4 years experience in the military, one 11 years, while the rest had 15 years or more experience in the Canadian military. All six

men had been involved in various Canadian peacekeeping/special operations overseas including those in Kuwait, Cyprus, and Bosnia and Herzegovina/Croatia/the Federal Republic of Yugoslavia (Serbia and Montenegro). Two of the men had been in the Medak Pocket. Three of the men had been medically discharged from service and one of the men was in the process of being medically discharged. Along with PTSD, two of the men had sustained physical injuries during their military service.

4.3 Comments on Research Process

The narratives that follow cannot completely capture the conversations that the wives and I had during the research interviews. In particular, the emotional content of the stories is difficult to translate fully into meaningful text. The participants commented on having no difficulty delineating the chapters of their relationship stories. In fact, I observed them to be surprisingly clear on the number of chapters and chapter titles, which seemed to emerge spontaneously.

Participants reviewed the narrative summaries of the interviews and were given the opportunity to make revisions and provide feedback on the process. Participant reactions ranged from not wanting to change anything in their summary, to removing/changing a few words or sentences, to changing entire paragraphs. Participants most often changed their own wording, but kept the essence of the meaning of what they said. One participant wished to add more detail/clarification in relation to her reactions at one particular point in her narrative. Another participant wanted to add more detail related to the current context of their relationship, and removed all reference to physical acts of aggression by her husband.

All the study participants related that they liked being a part of the research project. They also commented that they found reading their own words a strange experience. Several related that they found telling their story "therapeutic." One of the women commented that thinking about others reading her story was a "weird feeling" but she hoped others would read it and find it helpful. Two participants read all the stories and one provided me with further feedback in a follow-up interview at this stage in the research process. This participant said that she had wanted to read all the stories to compare to hers, to see if she was "normal." She commented that reading all the stories was "amazing," like "sitting in group therapy" and she wanted to share the stories with her husband. An expert in the field of trauma also reviewed all the stories and concurred with the results of the thematic analysis across narratives. In the next section I provide the full narrative summaries, then the thematic results. In the following chapter a discussion is presented related to the research findings.

4.4 Narrative One: Patty

"Somehow we'll make it through."

I knew Luke before he first went overseas and we are still married after over a decade together. Luke struggled for many years, but he was not officially diagnosed with PTSD until 2003. Besides the Transition Program, he had therapy for depression through Mental Health for a couple of months as well as seeing a Psychologist. As far as counselling for myself, I participated as part of Luke's treatment when that was offered. I went in two times with different counsellors at Mental Health, just to see how the family was. They did follow-up with me, and I did the two times [spouse sessions] with the Transition Program. I also had a friend who is counsellor. Talking to her wasn't counselling or anything, just two friends talking, but I found it supportive. So I had somebody to talk to. And the Mental Health was good – how is Luke doing? How are you feeling about it? How are you? It was helpful but one session here and there doesn't do anything. Might give you a little bit of a tool to use but it's a matter of applying it.

I had just gotten out of a serious long term relationship when Luke and I started dating. I met Luke before he went on his very first tour and at the time he was engaged to his first wife. We would run into each other at various functions occasionally after that time. After Luke and his first wife split up a few years later we got together. We went on our first, I guess, our first date - Regimental Dance. Big Christmas dance and then he went home for Christmas and in January we started dating.

I understand why Luke's first marriage did not work out. He was never home for his marriage; he was gone. He was maybe there four months out of a year and a half that he was actually married to his ex-wife. He was never around. I think that is why he was so clear with me about his lifestyle when we got together. Luke wrote me a letter while he was overseas and he really put it on the line, what being married to him would be like. This is the way I am, this is the type of life you are in for and do you accept it or not. You have to understand what you are in for. Won't be easy being married to a military guy and this is who I am, take me as I am. Luke gave me time to think it over and decide whether this was what I wanted or not. It was not really a difficult decision for me because I knew what being married to someone in the military is all about. My father's an engineer and my grandfather's an engineer. Military combat engineer. So I am third generation military combat engineer…I knew the lifestyle and that type of thing. But I am very independent so that didn't bother me.

The absences that are a part of military lifestyle weren't really a problem for me. I was used to being on my own and this was fine with me. It didn't bother me at all. I took care of the house, the bills, everything, the dog. And he would come and go. It was weirder for me when he came back from being away. It was even more difficult when Luke got sick. That was a huge transition in our relationship, from him being home and gone for periods of time, to Luke being around home all the time. It's like, can't you go away? Can't you leave for a week? I was used to being on my own for periods of time and then all of a sudden he's around all the time. It's like, what are you doing here? Go exercise, go work for 12 hours.

When Luke and I first met he had a good sense of humour, a caring person and typical army guy. The majority, at least Luke and his friends, very self-confident, got everything, for the most part, you know. They go to their job, they like what they are doing, they are happy. Um but military in general are known to be, well I grew up with them being pigs - bad jokes, crude language, that type of stuff. All the bad language, the jokes...Innuendoes all that stuff. That's very typical of a military guy. On the other hand, Luke's got such a big heart and such a gentleman. Open doors for you, you know the whole nine yards. So he was a nice balance between them.

Describe myself? I was independent when we started dating. I didn't need anything, had my own place, own car, took care of myself and was happy with my life: Working, going out with my good friends, spending time with my brother, hiking. I wasn't looking for a serious relationship and neither was Luke, but we clicked. Luke had just quit drinking for six months when we started dating and he was regularly attending AA. He didn't have any money because of bills that his ex-wife had left him with. It took him a whole tour overseas to pay all his ex-wife's bills. He had enough gas to drive in to see me a couple times a week or I took the bus to see him and that was fine with me. I actually kind of liked the situation because I got to do my own thing...and we'd see each other a couple of times a week, so it was nice.

Early in our relationship Luke went away for a couple of months and followed that with a six month tour overseas. So our relationship became long distance. I think this was a time that we really got to know each other. Every week you just look forward to your phone call, and you wait all week just to get that phone call from overseas, and letters, just to get the letter. Even when we were together we only had such a short time and he would be gone again. Especially getting ready to go overseas, he was always on exercise, always getting ready to do stuff. So you try to squish it all in, in a little time. When Luke was away on tour it gave me a lot of time to think and cemented our relationship. 'Cause both of us were just coming out of

relationships, are we doing the right thing? You know, the whole moving in together, are we just doing it to, just to have someone again that type of thing. Like having the distance for that many months, I could have blown him off overseas anytime if I wanted to.

When Luke and I first lived together, after the dating stage of our relationship, Luke wasn't around very much. He was on course, on exercise and bug outs, and weekends, going 4x4 ing or diving. So it was a busy time. In fact, all in the space of one year, we moved with the Regiment, bought our first house together and got married. Luke was climbing life then - he was at his peak, getting re-promoted with his drinking days starting to leave him because his drinking had followed him, promotion-wise and that kind of stuff. At the time Luke was also getting ready to go back overseas and he was just flowing at the Regiment, he was doing really well. And I was happy. I was working and we got a dog and we had a good life!

While Luke was overseas my two best friends from high school were always encouraging me to do things and supporting me. They were always, come on let's go somewhere, let's go do something, you know. My best friend had also moved at a similar time and we maintained a long distance relationship. We've always had a very good long distance relationship. So no matter where I was, we always talked on the phone...usually once a week, talking to each other. Our move had taken me away from my family, which was an adjustment, but I also still spoke to my mother all the time. I am very close to my family, very close to my parents, we do a lot. I have always done a lot with my parents. My parents were always there for me. No matter where I live my parents are always my rock. I am lucky, the way I was raised. My parents fostered a lot of children and my mother ran a daycare so there were many kids running through our house. I gained an appreciation for how other people live. I have seen a lot growing up. I think that had an impact. I don't live in a little bubble and I have gotten to see what is out there. We never hid from stuff in our house, stuff was pretty open. We knew that other people had it worse than we did. I think we were blessed with my parents staying together and although they fought, they were not big fights and they always made up.

My mum made my dad quit the military because she did not want to live that life. She had it as a child and hated it. My mother had difficulties in school and didn't get the help she needed because they were always moving from base to base. Both my mum and dad came from very abusive, alcoholic families, both of them. So they didn't want that for their kids. Drinking was part of the military life - mandatory beer calls, that type of stuff, it was normal. That has been phased out and is taboo now but even when Luke was in the service that was commonplace. Every Friday afternoon, you have to go or else you are going to be AWOL, if

you don't go to beer call. I am amazed that Luke doesn't drink. Yeah, can you imagine being six months sober and having to go to the bar? Even a month sober, and having to sit in the bar? With all your friends? There was a point where I thought that Luke may be close to going back to drinking, he talked about it, but he has been 11 ½ years sober now. It's amazing with everything that he has been through...pretty strong.

The next chapter in our relationship started a couple of years later when Luke got sick and it was the beginning of him being medically released from the army. That was an incredible blow to Luke, to his self-esteem and everything else...He was fighting medical category, too sick to work, too stubborn to get help. You can't do this, you can't do that, 'cause you are sick. He was on category, so he's being told: You can't do that. Well, why can't I? You are giving me all this responsibility for everything before it, but you won't let me do it? And just getting out was big. Because he would have been in for years, he loves the military. He loved it. Luke was very keen for the military. His brothers, his grandfather, he had a very long line of military service in the family. It was something that he identified with growing up as a child.

Luke was still pretty happy go lucky during this period in our relationship. Luke's sense of humour will take him through a lot and he used it as a pretty good shield. He would joke around and still pretend to be the fun-loving party guy. Not that we partied during this time. We had really good friends, we didn't party. We didn't do any of that, right from the time we got together, we weren't into the party scene. We weren't into any of that. I didn't have time for that or the gossip that happens on base, I stay away from it as far as possible. I would never live on base, I told him that. We never did. I refuse to live on military base. We did a lot together and we still do. We spend a lot of time together. Most of our time is together and with the family. During this chapter I would describe our relationship as good. I wouldn't say that we didn't have any problems at all. You know, the normal stuff. But nothing, we were getting ready to have a kid, we were excited for that. Finally being married was good. Also Luke starting to get sick at this point wasn't affecting our relationship to the extent that it did later on. It was a very good time in our life.

It was the next chapter in our relationship when I would say things started getting very difficult for us. Our first child was born and six months later Luke was released from the military and we moved in with my parents. And that was a big thing. We sold our house, our independence. We actually lived in my parents' house. We didn't have a suite. We didn't have anything. We lived as a whole in this one house and shared one house. And that was tough.

That was tough for Luke to swallow I think too. We made the move because Luke was sick and he needed to go back to school for retraining. In some ways we were lucky to have this situation because we only had my part time work and Luke's pension to live on, long term disability denied him. You're sick but you are not totally sick, you can still pump gas. It was a stressful time for us both. He had a $16,000 student loan, and our car payment and a baby; so all that and then moving with my parents. Luke began having panic attacks, taking trips to the hospital thinking it was his lungs, and then he started to stay in bed all day. We spent some alone time together by taking the baby and going for long drives to look at open houses. When Luke went back to school he really didn't care for what he was doing. What else can you do? Can't do anything physical, you can't do a labour job. And he started to like computers.

Those were really tough times and our relationship was strenuous. I was lucky when the children were born to have it go relatively easily because Luke was so depressed. I was very blessed with both my pregnancies. I had no depression after. No moodiness during my pregnancies, no moodiness after. I had good babies, good deliveries. I was very blessed with that. My biggest stress was him not getting up out of bed, that was the start of him like 'get out of bed, get your ass up, let's do something'. Also being in my parent's house left us with no privacy and it was the start of Luke just not giving a crap about anything. So that was kind of tough, that was trying and all that. But looking back on it now, nothing like the past few years.

During the next chapter, things started going good for Luke and me. He was working again. We had a house and we were in our own space again. Luke had his ups and downs being depressed but not full blown. His motivation was there and not there. However, a year later it was the start of his full blown depression. He just didn't care, nothing mattered to him. Nothing mattered to him. That was hard for me and our relationship. 'Cause you want to do stuff, you want to, come on, let's go somewhere. I need help with the kids, can you do this? But he would hibernate in his little computer room. Or just doesn't get out of bed. You could yell, scream, you could do anything. Didn't make a difference to him - didn't matter. Still like that today.

In many ways Luke doesn't have to worry; everything will get done because I am there. I just get so mad that I will just do it myself, or I just get to the point of 'why ask for you to do something?' And I got to that point years ago. 'Why ask?' If I ask nothing will get done, so just easier to do it myself. Luke's memory also goes on him and I can ask him to do something and he just forgets. Not that he doesn't want to do it, he just forgets to do it and that's tough. But it has been easier in the last year because I am able to be at home more. Before the kids would

need to go to school and Luke just wouldn't get out of bed to take them. My parents used to help out but Luke didn't like that either. For him it was very much a pride thing. These are my children - I shouldn't have to have someone babysitting when I am at home. But the thing is he'd sleep all day. I did enlist my parents to help when I was worried about Luke's mood. I would be calling home sometimes from work, to see how things are going, and sometimes just in his voice I could tell, so I would have to call over to my Mum's house, 'send Dad over to get the kids' cause I could just tell he was on edge. When he was talking to me or talking to the kids in the background, you could just hear it in him.

Before we moved to the town we are in now, it was a trying time. I would come home from a very stressful day at work and there would be dishes on the table, nothing done, see him on the computer, kids watching T.V. all day long, not getting any quality time. I don't know how I coped with it all. One day at a time. That's all I can say. I can get through tomorrow. One day at a time and that's the way I did it. I think medication may have been helpful when I was feeling depressed at the time but I didn't want to be on it and I made it through.

On the whole, I think the family is better now since our recent move, because I am happier. I am not cranky coming home because everything is not done, or that type of stuff. Stuff that you would assume would be done and you have every right to expect that little things like that would be done, even by someone who is depressed. You know? Luke and I could be closer and he still needs me way too much - I still have to do everything. There are some changes like he will take the kids to their swimming, and if I ask him to pick something up he will do it. Two years ago, you wouldn't have found that. He wouldn't have done that. Like he's done a lot, he's done little baby steps. He spends time with the kids and they are very important to him. I am also important to him and everyday Luke tells me that he loves me.

In our new hometown I wasn't supposed to be working at all. That was the plan at least. I told my kids I wouldn't work. Not going to work. Mum's going to be home with you all the time to help you. Make sure you are at school - that dad's not sleeping in and you are not going to school. And you are fed at proper times and all that type of stuff. However, I decided to put my resume in at a local office and told them if someone is sick or has holidays, I got 14 years experience and I was surprised: I came back from holidays and I got a phone call, can you come in for an interview? Can you do part time work? I never thought that I could move to a new town and two months later be doing what I was trained to do. When Luke and I moved with the military I just had to take what I could get until I found something in my field. I once had to leave a good job when we moved to work at McDonalds. Things have worked

out great, with my new job. My job now is very well-suited to my situation because I have alternate weeks working and being off and I can do my job and be at home more. There is a lot less stress. And I am home everyday to get the kids ready in the morning for school. All Luke has to do is put them in the truck and take them to school. And I am home everyday for lunch and I am home right after five. I am home to take care of everything at lunch, make sure everybody eats and everything is taken care of and go back to work and come back home...so I got very, very lucky to get this job.

I have noticed more change in Luke after his time with the Transition Program than with other treatment he has received. I feel it was a place where he could talk with other guys in his situation. When he went to Mental Health he had no one to relate to there. There are still major differences in our relationship since we first got together. Early on when Luke noticed something needed to be done, such as bringing the laundry upstairs, he would do it. Luke never did housework, but he would cook dinner all the time and loved to do yard work. Now you can forget about getting him to cook a meal, and I cut the lawn, do all the housework. It has been frustrating but I am hopeful. I always said to him, that sparkle is going to come back in your eyes one day. You see bits and pieces of it. Little devil will come back in your eyes. We'll get through, we'll make it through. And I think that's a big thing of why we haven't split up because whatever is happening now, we will make it through it. It's just a hurdle and we will make it through it. It will get better. Without hope and faith that yes, it is going to get better I don't think that we would have made it. 'Cause it's a struggle, it's a big struggle.

I also think that every marriage has its ups and downs and I try to remember that we are a couple, and we love each other and our kids and all that. And, but you know, through all his depression, he is always 'I love you, you are so good to me'; he hasn't forgot that. He's appreciated what I do. At times it doesn't always feel like it but Luke does tell me he appreciates what I do and I know it.

The most helpful thing for me and the family during these trying times would be some support, a place to go. Veteran's Affairs? You know they give you a little magnet and a phone number but who is going to call it? My way of coping is to hold things in and I am not likely to reach out for help. Stuff on the military base may have been good but I never wanted to live there and did not feel a connection there. They've got a family center on base now but these are things that have only been implemented recently where they are noticing that the families need the help. Luke and I had such bad experiences with the military and Veterans Affairs that I would not have reached out for any help available from those organizations anyway. We got so

many slams of doors trying to get help for Luke since he got out. From VAC everything that we got, we had to fight for. We've done nothing but fighting. Fighting, fighting, fighting Veterans Affairs. You know, fighting to get anything...They say we'll help you, we'll help you, but then they just slam the door on him.

It has been so hard and frustrating for Luke. Where is the money going to come from and how are we going to live? I look at his health now and I believe that in 20 years he may be in a wheel chair, hooked up to an oxygen tank and all the rest, I am sure of it. We need to enjoy what we have.

It was neat being in the Transition program because everyone's in the same boat. I do believe the wives needed more time together. I liked that Luke and I got to talk about things and saw examples of how situations in the relationship might be handled. That was much better than being asked to read something. Like the mental health worker, here's the pamphlet, read it. Well, to tell you the truth I never read it. Reaching out is a hard thing to do and in some ways the Transition program at least got me to the point where I realize that yes, you can go for help, yes, you are normal. It's normal what you are feeling.

I do feel that my situation with Luke was different from some of the other wives that I met during our Transition Program experience. I went through the whole process with Luke, while he was in the military, while he was at his peak in the military, while he got sick and was released. That was only true of a couple other spouses in the program at the time. And that was a big thing too cause everybody else I found that they had problems with their husband and all that but they never knew them beforehand other than what they told them, if they told them anything. We knew our husbands from being in top physical shape, top mental shape, and what we have now. I have gone through all the transitions with Luke and we are still going through them.

I believe I was lucky to have people to bounce things off of through all our struggles. My best friend was also only a phone call away. I always had somebody. I was never totally away from friends...Just to talk to someone and have a normal conversation with. There were times when I would have liked to say 'see ya later dear' to Luke. 'There's the door go.' Once after a difficult counselling session, Luke came home and kicked the pantry door down and I did ask him to leave. He called me, 'Can I come home?' And I said, 'Yeah but let's not do that again.' Kicking doors and punching walls was likely a normal thing to do during his drinking days, but I had never seen that side of him. I knew he had it in him. I had seen him go pretty close to it, but when Luke gets mad and upset if I am around, I can usually catch him

before he gets to the point of taking it over the edge. If I am around I can do more of something, calm him down. Through all our difficulties I sometimes think that I might as well be a single mom but then I remember Luke's the kids' dad and I love him.

I think the kids may need help later on, to cope with how their dad was when they were young and I know where to find that help because of my own family experience and professional connections. I think it has been good to explain things to the kids as best we can, like we tell the children "Daddy's not feeling good; tomorrow might be a better day." I also think that Luke being more involved now with the kids is good for them, and the fact that if he isn't up to doing something then me and the kids just go ahead with our plans. So we still get to do stuff. And he tells them everyday that he loves them. He is very good at reinforcing with the kids that he loves them and all that too. I think that is a big thing for the kids. I am hoping they won't have too many emotional scars when they are older. No matter what you grow up in, no life is ever perfect, no home is ever perfect. You hope that you give them the tools and the love that they need to help them through it. I also think it's been good for the kids that Luke and I have stayed together.

Now in our life, I am happy. Working part time and enjoying my kids, and doing stuff with them and going to their classroom and involved in their lives. Luke and I are curling once a week to do something together. Luke is also considering going back to school but I don't know especially if it would involve another move. I don't want to move my family and start all over again. In the future, I may want to return to school myself, but for now I enjoy my work and it provides a good balance for me to be able to spend time with the family. We are getting support from good friends through our church and we are starting to meet people in our new town.

In conclusion, I think that Luke needs to get himself better though he will never be whole again. By the time he is 58, his odds of working are not good. No matter what his health will get him. Even if his motivation comes up, his depression lies low…it will be his health. It's hard for me to see him this way especially because I knew him before, when he was very physically fit, very phenomenal shape. Luke was always open with me about his military experiences and he never hid stuff from me. I knew where he was, what he did. I never really wanted to hear any of the details and he never brought them forward. What I do know is that he's been through a lot. You don't really think how much they do, how much they see, you know they see bad things, the worse of the worse. I believe our struggle will never end. We need to work on us as a couple and that, that takes time.

As a postscript I would also like to add that Luke is still doing weekly counselling sessions, we enjoy curling and Luke has been involved in the men's ministry of our church. In addition, he started coaching our son's hockey team. This is huge - Luke being able to make these commitments. (Patty laughs) He still doesn't do stuff at home and his motivation is still on and off and he tires easily. In general, however, he has been able to follow through on his commitments and is still taking those baby steps. We have our tenth anniversary celebration planned and booked for next year. We have talked recently together about how our whole married life has been a struggle; however we are doing well now and a lot of stress has been lifted. Our plans continue to include Luke returning to school and I suggested to Luke that he may want to return to the military as a padre once he is ready - to help families and other soldiers.

4.5 Narrative Two: Beth

"Lately we have grown apart."

Although Richard just recently left the military, I believe his career really started and stopped after a tour overseas. Medical complications following his time overseas finished his career. Richard and I are married and have been together for 16 years.

The first chapter in our relationship was "romantic and rushed." I was 19 years old when I met Richard and when we started dating we just knew we wanted to be together forever. Richard actually proposed to me on our first date and I said 'yes' (Beth laughs). And then it sunk in afterwards and then I panicked. And I said maybe we should just date for a while. No marriage yet (Beth laughs). From the beginning we were so close. We were inseparable. We couldn't wait to see each other and we couldn't get enough of each other. I miss that so much.

Soon after we started dating Richard was away in the field on course for six weeks and he was away on and off throughout the beginning of our relationship. Richard, on most counts, was the same then as he is now: Outgoing, charming. He was also very quick tempered. That is in his family - his father is that way. I wasn't raised that way so that took some adjusting. As well, I had to adjust to Richard's style. He hates to be kept waiting. So when I was going anywhere I was always rushing; having to hurry. And it changed me. Richard is not as quick tempered since his treatment with the Transition Program and he tries to avoid his temper escalating. When we started dating Richard also had unresolved issues with his ex-wife that affected our relationship. There were times when he wasn't actually looking at me, he was looking through me. Overall, Richard is a very giving person who when I met him just wanted to be loved. We were both looking for that.

In the beginning of our relationship, I would describe myself as very timid. And I am still insecure. When I met Richard I was inexperienced as far as boyfriends went so everything was new and I was often wondering if what we were going through was normal or not. I was raised by a single mother and didn't have strong male influences in my life. I didn't have a model for a relationship so nothing to compare with my relationship to Richard. Also before we met I had gone through a very traumatic event that I buried and I am trying to deal with now. This experience built walls in me. I talked with Richard about it on our first date but we have never talked about it again. Not something that I like to talk about a lot.

We were married three days before Richard left on tour overseas. I stayed with my mom while Richard was away. Because of his experience with his ex-wife, Richard was unsure when he left; he assumed that I would be packed up and gone because that is what she

did to him. He went away and came back and the house was packed up. Richard's relationship with his ex-wife started out bad and they were only married for a short period of time, most of which he was away in the field - he wasn't home. That's the hard thing about the army life. They are gone a lot. That was one thing I liked when Richard eventually joined the Air Force, aside from a few courses, he didn't go away, and he was home which was nice. It was good for us when Richard was at home more. That going away doesn't help, at all. Because every time he would go away, we would be miserable with each other a couple of days before he left then miserable before he came home. We would be fighting on the phone before he came home, a couple of days and a couple of days before he would actually go away - every single time.

I don't think either of us handles change well which I attributed the fighting to. I would be upset and sad that he'd be leaving but I would accept it. Then you get into a routine and then they come home. And it all gets messed up again, you know. I think that every military wife knows that and if they don't, I don't believe them (Beth laughs), because it's stressful. Richard would be very moody when he came back from being away, just flying off the handle very, very quickly. I would end up crying and thinking to myself: 'What have I done to deserve this?' Then Richard would calm down, feel bad and apologize. This cycle was especially true after his tour overseas.

Richard's tour overseas was our first extended absence from each other and he was gone for six months. We wrote lots of letters to each other, sent parcels and had phone calls. I often stayed home just because I didn't want to miss a phone call. Nowadays, things are different with easier communication such as email but back then I waited for phone calls and letters. I also had the radio on all day waiting for news. Sometimes news of what was going on overseas would be announced first thing in the morning but nothing would be said again the rest of the day which I found frustrating. I wonder if they did that just to be able to tell the public they had announced it (when fighting was happening) but not give the whole story. I found out that Richard was shot at when another wife phoned me which was a shock and very upsetting. That is not the way this kind of news is supposed to be given. I still worry about Richard getting hurt and I think somehow if we are together that won't happen. I think the worst thing is the fear that someone in uniform will come to your door.

After his injury on tour, Richard suffered physically for a long time and still feels the effects to this day. He slept a lot when he first returned and had terrible headaches. While the doctors experimented with different medications over a period of five years, Richard had intense side effects. The military no longer allowed him to go on tour and he felt frustrated. In

fact Richard was promised a promotion and another tour overseas, but another guy took his place and then got killed. Richard struggled with that for a long time and felt guilty.

Despite his injury, Richard had to fight for compensation. They always turn you down the first time; we learned that. I feel what saved Richard was that he was in such good shape beforehand, at his peak physically. We cope now by remembering that someone else has it worse. We still have our health. Richard can still get up in the morning and drive to work. We know others who can't get up, who can't drive, who have lost their independence. When you realize what you have, life is alright.

In the beginning of our relationship I still relied on my family and both Richard and I had a good base of friends. One couple in particular has always been there. My very good friend has been there my whole life. I was only a year old when her mum and my mum met and we became friends. My friends and family helped a lot in the beginning especially when Richard and I were having a fight; they would come rescue me which was nice.

Married quarters were small but I loved our first house. I recently went by with some girlfriends to see if it was still there and looked in the window. I remembered stuff from the house. You know it was hard, but I wouldn't have changed anything about it. I quite often reminisce about those times. Our first home, it was exciting. It was almost like the first initial excitement of us being together was replaced by the house, getting the house together - not being in someone else's house. You know, just having things of our own.

I tended to run to my family too much in the beginning of our relationship. Every little thing I ran home. But you know. You go where you are secure. I was young and immature. Didn't really know what I was getting into. I expect probably nobody does at 19. Basically at the time I was of age and I just wanted to have fun. I wasn't expecting Richard's moodiness, swearing at me, verbal abuse, basically. Calling me names I had never experienced being called. I was very sheltered. It was my first relationship. I knew on some level what was happening wasn't right, that relationships aren't always like that. In the very beginning of our relationship Richard had become very angry with me because I was late getting home and at one point I got in the car to leave and he talked me back inside. I would often remember that when we were fighting. I would think back to that time wishing that I could have just driven off. Now I am glad something made me stay and I am glad that we made it through....because he would have just kept going on. If I had left he would have just found someone else and it would have just kept going, the same pattern.

The first chapter in our relationship ended when we first moved, moved away from my safety net - because this was all that I knew. Richard and I then only had each other. We had to rely on each other. I didn't have Mummy to be running home to. We grew closer at this time and this was basically a happy period in our lives. We had good friends and still visited family. Richard and I always have good friends around. We would make sure because that is very important to us. It is kind of like when we are alone we just stare at each other. And not really knowing what to say, we make small talk. And again I don't know if that's normal. Like, I ask people: 'Is that normal?'

Richard has always been happy go lucky and during this chapter he was pretty much the same. Richard was in the army at the time which I definitely prefer. When he later joined the Air Force things changed. There is a difference between the Air Force and army - Yes, if you ever switch from one to the other, be prepared for a rude awakening. Air Force is so laid back, unbelievable. Army is very, you are in the ground, you are in the dirt, fighting. They work very hard. I miss the camaraderie of the army people. There is more loyalty with the friends we made while Richard was in the army, and he is still closer to the guys he knew in the army than more recent friends from the Air Force. I also enjoyed living on base. A lot of people gave support while Richard was in the army and not so much from the Air Force side. I never liked it. No. It was very different. When Richard was in the Air Force I got more support from my friends at work - that's where my support system came from.

In the army even the units took care of you. We had a problem with bats one time. They couldn't get them out and housing wouldn't do anything about it. The Regiment sent some people over and they took care of it. When Richard was away overseas they had spouse groups on base and real support which is something that I really needed, people around me. As much as I like being on my own as well, having my alone time, I appreciate having good friends, especially those that can relate to what I have been through and that I can share with.

When we first moved away from my family I was just glad to be home, spending time with my children. After my children were born, I had to go back to work for financial reasons and I never got to be a full-time mum. When we moved I didn't work and it was a great opportunity for me to enjoy being a mum for that year. However, then my own mother became ill. I spent a lot of time going back and forth in the months before my mum died. My mum had a really tough life and I spent a lot of time with my grandparents. I felt frustrated during the time my mum was ill because I would have liked to have been with her more and helped her

more. I did as much as I could. It was also a difficult time for Richard; he really liked my mum too. But he was supportive and there for me during that time.

As I mentioned, included in this second chapter of our relationship is when Richard entered the Air Force. We still had our army friends but they ended up moving elsewhere. The social life was very different with the people in the Air Force. Everyone kept to themselves. I always felt bad because I would try. I would have parties but people would cancel. Or they wouldn't show up. I am the type of person that if you are going to do something, then do it right. And I would have all this food. And I just stopped having parties because I was always so upset afterwards because it wasn't the same and I was trying to make it the same...and I couldn't, I couldn't do it again because it wasn't the same people.

I began working again and we started to hang around more with people that I met through work. Richard also had a second job when he started his own business. He never made much money at it but he loved it. A lot of people would come on the nights he was working. He was always good with the customers and people enjoyed visiting with him.

Now during this third chapter in our relationship, Richard and I are distanced which is a challenge that we have had for the last four or five years. We've had good times in between. Still had times when we looked at each other and said 'we're okay.' We recently moved because I was unhappy where we were living. Richard would have been content to stay where we were - it's his personality, he just kind of rolls with the punches. With the move, we are in a much bigger house but the move has been harder on the family than we anticipated. Richard has been working a lot trying to establish himself in his new career, and one of our daughters has had difficulty adjusting.

Richard continues to have nightmares and I hope he will get back into counselling soon. He still has night sweats and his pillow is always stained and wet. Before the Transition Program, Richard did not have any medication for PTSD or counselling. Since the Transition Program experience I think Richard is more relaxed and controlling himself more. It is nice for me to be able to see what other people see in him, what they are drawn to him for, so I really like that. I thought the Transition Program was wonderful. I looked forward to him coming home. There was a relaxed atmosphere around him I hadn't known before. I think Richard got things off his chest. I feel that the medication he started after the program also helps but that you can't have

drugs without counselling. I feel it's sad that he has to rely on medication but it keeps things calm.

Richard is trying hard not to change back though I feel that being relaxed is not as natural as when he first completed the Transition program. We don't use the exercises that we were taught in the program, and have relapsed on that but it's better than it used to be, because we have gotten past some things. But we still have more to go. I can hear it in his voice when Richard is struggling with his temper and I always know when he hasn't taken his medication. We talk better now, and things have mellowed down, but I still sometimes feel like I am walking on egg shells, saying what he wants to hear. There are some times now when I feel a little afraid. During those instances I just leave the room and walk away.

Richard doesn't talk about his military experiences with me which I wonder about. I learned a few things when his friend from the army visited in the summer. But I don't ask either. Don't know if that is something that I should be doing, getting him to talk more about it. I feel that when you deal with an issue, you think it's all over and done with and you can just move on; and, sometimes it is really not done with and you have just touched onto it. Richard is disappointed that the group he met during the Transition Program has not stayed together. We have tried to stay in touch and have become very good friends with one of the couples and see them quite a bit. I would like to see everyone from the program, see how things are going. If they are getting better or if they have gone back to the way it was. That would be nice to sit back with everyone again.

Looking towards the future I wonder what it will be like when the kids leave home. Our first child was born early in our relationship so we really haven't had any time alone without the kids. I feel it's good that we are starting to have some time alone, especially with the room that we have now in our home. We have also been considering buying a different home with a back yard to work in. Yard work is something that we really enjoy doing together. We still have work to do on our relationship but we are trying and the most important thing is that we both want it. Once that was established, that is a starting point. In terms of advice for other spouses, I recommend staying where you feel connected, even if you are not living in the same area. A telephone call can always make a person feel better. Commiserating is nice, nobody wants to feel alone.

As a postscript, I would like to add that I found reading my story again difficult and I cried when I did. I hope in the future that there will be a group for spouses. I feel that support is very important. Knowing that it will be alright and getting ideas from others on how to handle things, I think is very helpful. Sometimes it feels overwhelming but we want to keep trying and don't want to give up on our relationship. We are in the process of finding a suitable counsellor in our area for help.

4.6 Narrative Three: Kendra

"We're in a really good place right now"

I want to highlight how radically Joe has changed for the better since his treatment for PTSD and the positive effect on our relationship. We have been together for 12 years and reflecting back on our relationship was not difficult for me. In fact, I recently made Joe a scrap book of the important landmarks in our relationship and reminded him of what we have been through and how far we'd come. I included all the different things. Like we lost his grandparents and we had three babies and we did all this other stuff but I wanted him to be able to look at it, all in one place, and go 'wow, we've grown so much in 12 years.'

I met Joe in my hometown which was really strange because I come from a very small town and Joe is from another province. Joe was in the army at the time and he went home for the holidays with a buddy from the army that I went to high school with. We met at a party during that time and the rest is history, right? We spent 6 days hanging out together and then he went away for training and then overseas. Because I had spent time with military guys before, I was upfront with him. I just told him, 'You know what, I'll write you once, if you write back, great. If you don't write me back, you'll never hear from me again. It's very simple.' I wrote to him once I got back to school and probably a month later I was thinking, 'well I guess that's it then.' I didn't realize that it took probably two weeks for my letter to get to him and two weeks for his letter to get back to me. So I kind of wrote him off one day, and got a letter from him the next day.

In the beginning of our relationship we were writing to each other about once a month. The letters would take forever to get to Joe. They had to track him down wherever he was to get the letter to him because I had to send it to Winnipeg and then they sent it wherever he was from there. At that time Joe was in training, then overseas. By the time he came back from his tour overseas we were writing to each other 3 times a week. This first year of our relationship was in letters and phone calls which I think helped us get to know each other well. You ask all the big stuff, 'do you want to have kids', and it doesn't matter what you say cause it's going to take a month to get an answer back and then half the time you forget what you asked them in the first place (Kendra laughs). But you get over the big stuff and it makes it really easy to date after that. If you get through 8 months of writing letters to somebody you can pretty much just pick up like you've known him forever.

While Joe was overseas some nasty stuff happened over there. I feel he was writing to me about it because you can't write about stuff like that to your mom. He wrote me things like:

'We were being shot at and returning fire for the last 24 hours and it's pretty scary and we're just shooting at muzzle flashes and I don't really know if I've killed anybody.' Stuff like that...so I got the dubious honor of hearing about the battle before the rest of Canada did; it was strange and scary. It was lucky that I was living with another girl from school whose boyfriend was in the military and overseas as well, so I had someone to share the experience with. My roommate and I would race home after school to see who got the airmail letter, and we'd say, 'its mine, that's mine', you know teenage stuff.

I was pretty carefree. I had life by the tail and figured I was fairly invincible, pretty much always got what I wanted, because I'd just make it happen. I had no responsibility beyond myself and getting through school, so life was good! I worked hard at school and played hard when I wasn't in school. A lot of my course work was practicum so when I came home I was done and I could go out, go to the gym - it was wonderful...life was carefree and easy. The boyfriend was overseas, I didn't have to worry about that, I had nothing to think about except how to amuse myself and keep myself out of trouble.

At the time Joe was your typical soldier: He worked hard and he drank hard and he played hard. When he went on leave I would receive postcards from all over Europe. He traveled around with his army buddies through all the old castles and all the museums, and I mean, they basically did cultural stuff all morning and drank all afternoon into the late evening and then go to bed and wake up and do it all again the next day. Joe just had himself to take care of and he knew his job, did it well, and he partied hard too. That's how most soldiers dealt with their stress, typical army stuff. You work really hard and you drink a lot and, it's army stuff, that's what they do.

My parents were not in the military, but my grandfathers were and I went to school near an air force base. Before Joe I dated "air force guys" which are very different from "army guys" and not to be confused. There's a difference in how they see the world. Of course whichever corps you're in is the best, right. And so the rest get shot down all the way around. But quite honestly the army guys work the hardest and have – I don't know if it's right to say they have the more dangerous job - but they certainly have the more physical job. And a lot of the air force guys that I hung out with...well they're not packing a gun to work. So they have a different outlook on life and a very different attitude. All military guys are not the same, and they are all shaped and changed by which corps they join.

Our relationship in the beginning was pretty non-committal but still committed. I was convinced that it was going somewhere and he was in denial (Kendra laughs). At the same

time it was left that Joe would do his own thing and I would do mine and when he returned from overseas we'd see what happens. We were very involved with each other but we were kind of free to go elsewhere. I dated other guys while he was overseas and I'm pretty sure Joe saw other women while he was in Winnipeg. So that's just how it was left. We'll see how things go when your thing is over and my schooling is done. I had only known him 6 days when he left and we both sort of said, 'Well that was fun and we'll see what happens in a year.'

The guys that Joe went overseas with were among the most significant people in his life at that time, along with his family. He got lots of letters but I probably wrote him the most. I was in pursuit so that made a difference. My roommates were very important to me as well as my parents. I am an only child and really close with my mom, also close to my dad but to a lesser degree. Even when I lived away from my parents I talked to them everyday. I'm that close to my parents, I don't have a sister to call. I talk to my mom and she's just really good at listening...she doesn't necessarily say anything or make judgments, she just listens and it's good, you know. She's my counsellor.

Joe came back from overseas at the same time as I was just finishing school. I was leaving town to write my exams when I called my mom to say a last goodbye and got the news that Joe had called there looking for me. I talked to Joe then phoned and broke the news to my friend that I was going to stay on with after my exams that Joe was back. My friend told me, 'Oh, you're going to fail.' I did end up passing my exams but it was a pretty exciting time. I was losing it. I was right out to lunch. I was actually fairly concerned that I was going to fail (Kendra laughs). I waited on the porch of my place for Joe to arrive, having not seen him for 8 months. So I'm watching this little beat up car driving around the block and around the block and finally I kind of walked out to the road and went [gestures] like this and he went – 'oh' (Kendra laughs). So it was kind of neat. He actually visited me before his mother, so I figured I had won (Kendra laughs).

The next chapter in our relationship is the 'dating stage', which was really bizarre too because Joe got out of the army and was living on one side of the country and I was on the other. I was done school, working, and he would fly out and stay for a week or two to spend time with me and then go back across the country to his job. Our relationship changed when his mom got sick and that was our first crisis. Joe's mom was fairly confident that she would be fine, but it was a difficult time, and dealing with Joe's mother's illness was significant for our relationship. Reflecting on the whole dating stage of our relationship, it was strange how

our relationship developed and this particular six months was just bizarre. I've got a boyfriend. He comes for a week or two and he goes home.

I finally just said, 'all right that's it, I'm moving. Joe's response was 'where are you moving to?' (Kendra laughs) When I told him that I was moving nearer to him, Joe said, 'Pardon?' It wasn't that he didn't want me to move closer to him, he just didn't see it coming. He was in total denial. He kind of figured it was a sometimes thing and it was all good, he had his space, he could do what he wanted. He could see his friends; he had no one to answer to and it was all good, right? The ultimate girlfriend, you see her when you want to see her. I sort of 'raised the bar' in our relationship, upped the ante and moved to where he was living.

Before I moved, Joe and I were still in a stage of life where we had very little responsibility. Joe was out of the army but had a job where he was still packing a gun and went off to work everyday and that made him happy. We were still just answerable to ourselves with very little responsibility, we each had our own apartment, living separate from parents and growing up a little bit, but not very much (Kendra laughs). We were still messing around and being kids and having fun. Our relationship was more committed than it had been because we actually visited each other and were pursuing things but he was still on the other side of the country.

I got a job over the phone, and sight unseen, packed two suitcases and jumped on an airplane and left for Joe's province. My parents were really sad when I left and my dad still hasn't forgiven me for leaving and it's been 11 years now. It was quite the experience when Joe picked me up at the airport and took me to where he was living at the time with a bunch of army guys. Oh I can't tell you, how disturbing that was (Kendra laughs). If you can imagine 8 twenty-something guys living in a house together and the disastrous mess that must be and I'm thinking 'we're going to stay here? (Kendra laughs) Are you kidding?'

We moved in together where I had found work and Joe got a job that involved him being home and gone for periods of time. I think that eased our transitions. We had gone from never seeing each other to sometimes seeing each other and so this worked well. I still had lots of space and he still didn't have to deal with somebody everyday and, you know, it was pretty good. We had our first "little spats" over cleaning and things being left about in the house; our first little taste of what it's like to live with each other.

However, the most important part about this period of our relationship was that it was during this time that I first started noticing things about him. We had been living together a couple of months when we went to see the movie Forrest Gump. We were holding hands

during the movie and Joe was squeezing my hand so tight I had to tell him to let go. Joe was sitting in his chair and he was actually sweating. I was confused. We went home that night and we had to talk about it - what the hell was that - it was all new to me. Joe told me the Vietnam scenes in the movie were very realistic and it brought things back from his time overseas. Then he proceeded to tell me about the whole not being able to walk on grass thing, which I hadn't realized up to that point 'cause we'd always been in the city. Joe told me he couldn't walk on grass because overseas if you walk on grass you end up stepping on a mine. His experience was that you stay on hard pack, where you can tell if it has been dug up, or on the concrete. Joe told me that he had recently got to a place where he could either go straight across a schoolyard or he'd have to walk three blocks around to get where he wanted to go. He said he forced himself to walk across the playground but he was drenched in a complete sweat by the time he got to the other side. Because he said he knew he had to do it and he knew it was safe but it was incredibly hard for him.

The movie incident was our first little episode and then one night there was a thunderstorm. There was a big clap of thunder just 'BOOM' and he came two feet off the bed and was beside the bed looking for muzzle flashes, scared the living crap out of me. Then I'm like saying 'whoa whoa whoa – it's just me.' All he said was 'oh sorry'. Okay, so now we're turning all the lights on. Okay we need to talk about that. The whole incident was really, really scary for me. It was a wakeup call that something was wrong. Okay what did I get myself into here - oh my gosh, what have I done. So we talked a little bit then but that was my first insight into what he was dealing with. I just kept thinking 'we need to do something here.'

This kind of incident didn't happen again for a long time but Joe would have nightmares periodically. It was really spooky because he would shout in foreign languages and it was like he was fighting with somebody. I never understood what he was saying because it would be in another language and it was just really violent sounding stuff. I didn't know what to do. Do I wake him up? What do I do about it? Should I just go sleep in the other room? It was frequent in the beginning and got less and less as time went on but some nights if you poked him the wrong way while he was dreaming he'd do the roll over and grab you and just be sprung right up ready to take you out or whatever. The first thing I always did was put a hand on his wrist but you don't grab it, right? Cause if you grab it the fight's on and he's not awake yet so you don't really want to go there. He never ever hit me, but I was always afraid he might before he woke up. Joe would be very apologetic and upset when he actually did wake

up and realized he had threatened me, not knowing what he was doing. It wasn't intentional and I never took it personally but it made me uneasy.

These were difficult issues for us to talk about. Although Joe would never lie to you, he would never volunteer anything either. So if you didn't know what to ask him, you weren't getting anywhere. So that made it pretty hard cause I really didn't know what to ask him. I would remind him that he was dreaming and ask what he dreamed about and he would say 'I don't remember.' My feeling was that he may have remembered but a lot of it he just doesn't want to talk about because they got shut down when they came home. Even their friends, people who knew them were saying, 'well if that had really happened we'd have seen it on the news.' It was completely covered up and they were totally shut down by everyone.

At this stage in our relationship, really quite honestly we only had each other and our families because we were moving a lot. We would meet people but no one who remained significant in our lives. We did end up living near some of Joe's family but left abruptly when Joe had a falling out with his boss who was breaking the law. As much as Joe can totally lose it and totally lose his temper and go soldier on you, he's got tons of self control and can bring himself down. Joe is a sensitive person and you can't say that about a lot of soldiers because the military ruins that part of them. You know if they stay in long enough it totally tears that piece of them apart. Particularly for me, for whatever reason if I look scared, he shuts off. And that's a good thing.

Going soldier on you? It's probably something I made up but it describes when I see Joe change. He's not my husband anymore, he's the soldier. And it's all about survival and staying safe and being in charge. It's when he gets up over the top and starts barking. He turns into this sergeant major and it's yell, yell, yell. It's very intimidating, especially to people who have never been exposed to it before. And it's absolutely frightening for some people. He's totally different, like a totally different person. It's a good thing that Joe's got some off buttons because it can be pretty scary and its fine with me that I have fortunately never been on the receiving end. I have seen it happen, however, more than once and it's really frightening. Most soldiers do it - it's just a matter of what the triggers are. You live with them long enough you know what the triggers are and you can help them shut it down before it happens.

As time went on, Joe had fewer of these over the top incidents, but at the beginning it happened a lot. It wasn't hard for him to just totally lose it and go soldier. I understand that when someone eats, sleeps and breathes being a soldier for 4 years, you can't just shut it off,

but that's not who he is anymore. Joe can go soldier now but it would take a lot of pushing to make it happen anymore…he's got it so together now, he's changed a lot.

After the blow up at his work, we lived for a while with Joe's family then eventually bought a house and immediately got pregnant. We got married in front of the fireplace in our house and had all our closest family and friends there. We were doing our thing then here comes crisis number two: We found out that the baby was sick. Joe quitting his job was a crisis but was easily handled and dealt with within a day but now we have a sick baby and this baby is going to need surgery and he might die.

We had long trips to and from appointments to the hospital to discuss things and the whole experience of dealing with the specialist and the procedures, fighting for what I just knew was the right thing to do for the baby brought us really, really close. As far as being a couple goes that was huge. It was a really big thing to deal with at 23 and 24 years old. You know, it's your first baby and that's scary enough, but when you're having your first baby and he's going to need surgery and he might not even make it.

I get what I want most of the time because I make it happen and I'm fairly forceful when I need to be. However, I have a hard time being that way with Joe. I shake my head and tell myself that I can do that with anyone else, why not with him? The whole experience of our first baby's sickness was pretty tough on Joe and I had to force him to make decisions with me for the sake of our relationship. I couldn't do it by myself. And I think he respected that once I told him this is going to kill us if things go bad and he made a bigger effort to understand.

After our first child was born we then had several miscarriages. Joe felt that it may have had something to do with his time overseas, that he may have been exposed to something over there. My mom also sent us articles that this had been happening to men that had been overseas. In the end I came to the conclusion, well, it's not going to make any difference, it's not going to bring them back. We decided that we had one sick child and managed to get through that one and after losing three we ought to leave it alone. I'm done with this whole thing, enough already. Because maybe we weren't supposed to have children in the first place and we just got lucky with the first one, you know. Maybe we just better back off before something really nasty happens.

We decided to move where Joe could go to school and be at home more. As it happened, I got pregnant again after we moved and this time things went well and we had our first girl. Then Joe's grandfather died. This was another crisis point in our relationship. When Joe found out he said he would return for the funeral by himself. I told him 'it doesn't work like

that'. 'Well it's a long trip and with the babies and blah, blah, blah.' And I said, 'No you don't deal with those things by yourself. But that's always the first instinct, right. That's the soldier. You deal with it by yourself 'cause that is what they're taught. This is your problem, you deal with it. So again he is trying to do this thing with me and I just go, 'no-no we'll all go.' I had to convince Joe that he would need the support and in the end he appreciated it.

Still, during this chapter of our relationship Joe was declining. He wasn't dealing with things well and things were piling up on him. So whenever we had a baby or a job didn't go well or, it would all build up on him and he was reverting back to the going soldier thing. It was too much for Joe to deal with but he wasn't about to talk to anybody about it and so things would build up and build up and build up and he'd just shut down more and more. Joe spent more and more time away from the family because the family presented more stress, and we got caught in a dance: I would confront him and he'd back off. And I'd confront him and he'd back off and I'd confront him and he'd FREAK OUT and then I'd confront him and he'd back off again right. So it was this weird little dance we were doing. I knew it was happening but Joe would insist there was nothing wrong. His attitude was: 'I'm not hearing it. Forget it. There's nothing wrong with me or what I am doing.' That's kind of pounded into them in boot camp, right. You're a soldier, you're tough, there's nothing wrong with you. Joe was taught as a soldier to show no signs of weakness and to react to things that are threatening with maximum violence, maximum aggression. I wasn't getting that full force, but it was there, just barely under the surface and it really scared me. I thought if he really goes for it, it's going to get ugly.

In addition, during this time Joe started drinking more and staying out all night. I didn't know where he was at those times but I have never been really concerned about Joe having an affair. Joe believes certain things are just wrong and you just don't do that stuff. We both believe if you're married and it's not working you get out but you get out before there are kids because once there are kids it's not about you anymore. You just make the best of what you got because it's not about you, it's about the children. At the same time, I wouldn't say divorce was not ever an issue for us. Just before Joe went through the Transition Program it was do, or die. Something had to change. It was to the point where he was avoiding the family so much that it was all I could do not to say, 'If you want to go, just go, cause you are not helping us. You're bringing home money but emotionally you're really making life hard for us.' Joe was very distant, didn't want to talk to or be involved with the family. He'd go out with his friends and he'd come home or not come home but he was making life fairly difficult and he was

getting fairly aggressive when he drank. Not physically aggressive but just mouthing off. And he'd be very hurtful and that's not him. I know it's not him but it's still hurtful.

I feel I am not really good at confronting Joe - I get defensive, so I would write him letters. Sometimes five pages worth of letters because if you put it on paper there's no tone, right? There's no tone there because the tone comes if I start talking. In my mind most of what was going on was due to his issues and Joe not seeing that, not dealing with his crap was making life really hard for the family. I was just trying to raise the children with a father in the house. The letters were very effective. He would read the letters and be totally remorseful and sort of see my side of what was happening.

Still, Joe's awareness would only last until the next stressful life event. Things would be good for a while then some other stressful thing would happen and he'd do it again and the whole pattern would start again, but it would be worse. It was just getting completely out of control. I came to the point where I didn't know how much more I could handle; however, I didn't want to give him an ultimatum and invite him to separate because I was afraid he would leave. I was afraid he'd just say, 'fine' and go. I couldn't handle the way he was, so when an opportunity arose for him to go to an event with other soldiers, I just booked him a flight. I had found that when Joe was with other soldiers they talked about things. It was just horrible stuff but they would never talk about it in front of anyone else or to anyone that wasn't there...and it was good for him. If I sent him to this event he can sit and talk with everybody and maybe he'll feel better and maybe he can stop being like this.

When Joe came home from the event he told me that it was a good idea and he goes, 'I think I have PTSD' and I'm thinking 'No, really? You think?' [Kendra laughs] At this point I told Joe that I had been trying to tell him for the last four years that he was having trouble but he wasn't listening. Joe then told me about this "course" at UBC for soldiers [the Transition Program]. So that was a big turning point, right. Cause it was close, it was right on the edge at that point and it could have gone either way.

Before the Transition Program we were struggling a lot. He was at that point that he was just basically shut down and we were living fairly separate lives in the same house. I would work and take care of the children and take care of the house and he would just do whatever he felt like doing. So I was basically a single mom, with a second income. I strongly feel that Joe didn't mean for it to be that way. He told me he didn't, he just couldn't deal with everything and he had too much of his own stuff to deal with ours.

When Joe went to the Transition Program he came back with all this new information things to try, and a different perspective. Joe has always maintained that his drinking wasn't an issue but I feel that he was either drinking to run or drinking to forget and either way it's not right. I quit drinking eight years ago because I just never knew when I might be pregnant and hangovers with kids are not fair to them - you're going out and drinking too much and then it's their fault that they're five [Kendra laughs]. I just decided that one of us should be sober all the time and it might as well be me. I think Joe may have become more defensive when I talked to him about his drinking because he thought my concerns were just related to the fact that I didn't drink anymore and it would just escalate and turn into this ugly argument. Since the Transition Program Joe hardly ever drinks. He still sometimes drinks socially but after the program his attitude completely changed.

During the program Joe let go of a lot of stuff so that it's manageable to him now, he's a whole person again and he's got this new focus. Like many former soldiers, Joe joined the police force. I feel it was the Transition Program that resulted in the changes in Joe that lead to his career with the police and made a huge difference for us. It saved our family. Joe worked hard to get in and had a great attitude about his police training. I saw hope and excitement that I haven't seen in him in a long time and it was really, really awesome. Joe went through his work up and some of his police training with a good friend, and it was like a dream come true for both of them.

Unfortunately, recently Joe's friend was killed on duty. This tragedy impacted both of us. We went to the funeral together and it was the skills that Joe learned during the Transition Program that helped us cope with his friend's death. Every morning and every night we made a point of asking what do we need to talk about now, and we would sit and we would talk about everything that happened that day and what we were feeling and how, how it was affecting us. All the stuff they taught him, and it really worked.

How Joe handled his friend's death was an incredible relief for me - partly because I was against Joe joining the police. I didn't want him to – I was afraid that he would end up right back there again. It's not really a matter of whether or not Joe will come in contact with tragedies like he faced in the military while in the police it's just a matter of when. You know, there's going to be a call of a spousal and he's going to be five minutes too late and somebody's going to be dead. And that's how the whole thing started before, they had to watch them kill these people and they weren't allowed to help them and it tore him up. It ruined him for years. When Joe applied I reminded him that he had made a lot of effort to feel

whole again and I wanted to make sure that if he had a career in the police that he would deal with things well or get out. It has been good to see Joe coping well, he's actually doing it. He's not just sweeping it under the rug again and dealing with it on his own. He's letting it out and that what it's all about. If talking to me is not enough, then Joe will get professional help and he has promised me that he will do that.

The Transition Program helped Joe to be ready to join the police and I also now feel more ready for his new career. Before I maintained from the time I was 10 years old that I would never marry a cop or a fireman. I didn't want that for my family, I didn't want the shift work and worrying about whether not Joe would make it home that night. But I have grown a lot, and we've done a lot of growing together and that's made a big, big difference. We have such a happy family life right now. It's really, really good. We're basically conscious and caring of each other's needs. I get a chance to get out on my own sometimes, we also both exercise, and do a lot of socializing together which we hadn't done in a long time. It's partly a function of our attitudes. We appreciate each other more and we take care of each other a whole lot more than we used to. Joe is paying a lot more attention to how what he does affects the family. He takes it to heart more and he thinks more before he makes decisions as to what it means to everybody else.

Although things are good between us now, if there were groups available for soldiers' partners, I would go because somebody's got to teach you how to deal with it. I mean, I figured it out on my own, but it took me a long time. These guys, when they get angry, you have to walk away. It took us a lot of years to learn to use timeouts during arguments. Even though the instinct may be to fight things out until you have the issues resolved you just can't do that with most soldiers. I mean that's how they are taught to deal with problems, maximum aggression, it's drilled into them. They're taught and taught and taught, and pushed and pushed and pushed to react that way…I'm just lucky that I ended up with one who knows when to walk away if I won't. If I started to follow Joe in a fight he would tell me don't follow me, I need to leave and some other soldiers don't handle things that way. I feel that is how violence happens in soldiers' relationships. No one is giving them the tools to help them work their problems out on a safer level. All I am saying is that's what they're taught to be. It can be hard to separate life at work from life at home. In our relationship now, we know how to manage our difficulties and can talk things through. We haven't had a big go-round for a long time now.

In conclusion, I want others to know that it was a very good idea to name the Transition Program "a course" (Kendra laughs) because a soldier won't go for "counselling." I mean you can't just say look this is a group for PTSD you just go to that and you'll get better. 'Cause 'there's nothing wrong with them'. And you can't say there is something wrong with them 'cause that implies they're weak and there's nothing that makes a soldier angrier than implying that they've got a weakness. Soldiers also need to be with other soldiers for treatment and if they're somewhere where they think they're going to be judged or they think its going to get out, it's not going to be successful. They just totally shut off and you don't get anywhere with them.

As a postscript I want to add that following the Transition Program Joe regained his sense of smell. While he was overseas he lost his sense of smell – not for everything but for nasty smells (he had to drive through towns where there had been ethnic cleansing). Following his group sessions with the Transition Program he got his sense of smell back. I think the mind is an amazing thing. Funny what our bodies do to protect us!

4.7 Narrative Four: Rona

"We love being together. No matter what, that has never changed."

Jake and I met while we were both still in the military. I knew at the time that I had a severe hereditary illness but it hadn't started to affect me yet. I was scared when I first met Jake because I didn't know what I wanted; especially if I wanted someone to be responsible to given my situation. We are married and have been together for 12 years.

The first chapter in Jake's and my relationship is titled "Surrender." When we first met, I was so uncertain whether or not I wanted a relationship that I really pushed Jake away a lot. However, I finally realized that I had a real gem and that I had to really think about what I was doing. I talked with Jake about the reality of my illness. We talked and I remember saying to him, 'How can you put up with me?'...And he said, 'I can't help the fact that I love you.' And I said, 'Yeah but I'm trying to help the fact that I love you. I don't want to, because I don't want you to go. What happens if you go? What if you leave me?' I had my heart broken before and I didn't want to put myself in that position again. I didn't want to have someone who said, 'Oh I'll take you the way you are' and then yank it back. For me deciding to be with Jake was kind of giving in to myself and allowing myself to love.

There were difficult times when I first met Jake. I had joined the military because I thought I needed the discipline and at first I did very well but I was soon bored. I thrived and then they put me in an office. And I was, like this is not why I joined. I was also struggling with an eating disorder and ended up hospitalized. My mom was a big support but I felt pretty lost during this time, undeserving of anything or anyone. When I first met him, Jake had just been away on engagement. He had also just been through extreme difficulties with his ex-wife and his father had recently died as well. Jake too ended up hospitalized and this is where we really connected. Jake made me feel awesome about myself and I'd never felt that way. He was so laid back. I love that, I really do. He is so easy and at that time that's what he was like too. And he is still calm, calming to me. He would remind me to be true to myself and that he loved me the way I was. And I had to get used to that. I've never had anybody love me like that. It really was for me, an awakening; my whole soul. At the time Jake would joke with other people and we had a lot of laughter, we had fun. I just laughed so much. We did, we still do. I mean the laughter for him is coming back and it's good to see - because I've missed it.

After Jake's experiences and hospitalization, he didn't trust the military anymore. He knew they were trying to get rid of him after eleven years of hard service. Jake did everything that he was asked by the military, without questioning. He volunteered for everything and they

treat him like that at the end. He wanted out but he was sad. It's his life since 17. We both left the military and moved to a small town where Jake had family. Jake did not receive any re-training and he didn't think he could do anything. The military let him go, why would anybody else hire him? Jake ended up deciding that he wanted a sales job which with his personality he shouldn't have even thought about that. This began an up and down cycle where Jake would work somewhere, become disillusioned, move to another sales job, for awhile he would be rejuvenated and then become burned out again. So we moved everywhere.

After three years together, we were married. For our wedding, gifts were not important to me, but it was really important to have my family and friends just come to the wedding. We were married in the small town where we were living and people came from all over to be there. At this time Jake's brother and family were very important in our lives. Jake also seemed to enjoy doing things with me and with friends, he was perfectly content to entertain and be around people, to be spontaneous and surprise me.

During this chapter in our relationship Jake and I were getting used to each other. (Rona laughs) Jake had been married before and this always happens in the military, people get married very young. Jake also likes being in a monogamous relationship and having someone be there for him whereas this was a new experience for me. It was frightening for me after our marriage to think of never being with anyone else, and I questioned whether there was something wrong with me, for thinking that way. It was hard to figure out that I'm not going to be with anybody else....that was big for me. But, our relationship was great at the time and I just found it easy to be with him. I can always, to this day, because we talk. Last year at the beginning of Jake's treatment with the Transition Program he found it difficult to talk to me about things, but then he never did talk to me about his military experiences. I didn't realize that this was partly due to the fact that Jake told me he had no memory of eight years: It was just gone. I had no idea. None - nor did he actually.

Two years into our marriage, my sister came to live with Jake and me. This began a period of partying and learning to live when genetic testing confirmed I was ill. I feel partying with my sister was something I went through to find myself. It doesn't matter what you have, you can still live, you can still have fun. So that was a learning process for two and half years. I feel now I am so lucky that I didn't lose Jake during this time. I was never with any other men but I did spend a lot of time in the bar. I feel that Jake knew I was acting out, and that it was hard for him to always come home to an empty home.

The next chapter in our relationship is titled 'Jake was gone.' Jake to me was gone, the guy I knew and the guy he knew. This chapter is ongoing, for most of the last seven years. It begins when my sister left and moved away. I was really sad to see her go; however, it was also the end of the partying for me and I was kind of glad of it – I was tired of it...and I didn't want to lose my husband. I am patient but I wouldn't have been able to do what Jake did in terms of waiting for me. I don't know how he did it. I also began to notice that the guy I knew from marriage, you know the spontaneous Jake was gone. Jake didn't know why this was happening either, but he didn't like to be among people or do things that we used to anymore. He would have people over for my sake, but he would not enjoy parties himself...No spontaneity at all. No camping, no nothing. We used to do quite a bit of camping. It stopped. Perhaps some of this change had to do with Jake not wanting to drink anymore and he may have associated these activities with drinking. I never drank a lot and Jake had alcoholism in his family so that was I think a big thing for him. He didn't want to turn into one.

In addition, there were other changes I noticed in Jake too. This was the beginning of Jake not being able to last at work. Not being able to last more than a year, actually 6 months was pretty much pushing it. He was good for 6 months then it was a decline. And then he'd just make it to the end of a year and start somewhere else. In the industry he was in, it was not particularly unusual to move around so nobody even looked at it twice, at his behaviour at all but he would tell me he was fading, that's what he'd say. And then he'd say 'I'm done.' And he'd get so upset at the people and everything else. He didn't like the person he felt he had to become to do his job. Jake is a hard worker, he gets the job done and people took advantage of that. When you're out of the military, and you start young, you don't know people are bad. You don't know that people will want money and they don't care how they make it.

I didn't know what to make of Jake's behaviour and didn't know what was happening to him during this time. We talked and talked and I'd suggest things. I'd say 'let's do some stuff and let's go camping and let's do this and that.' And he'd always find excuses. Jake knew he had sleeping problems but no doctors seemed to help him. Jake also became scared to go anywhere. We wanted to go see a play but Jake was hesitant. He told me he couldn't do it, it freaks me out, he said, I can't. So it's stuff like that – I mean we can't do anything, really, if there are a lot of people. Everything's a lot of people. If we go anywhere with a group Jake gets this rigid square shape, like don't mess with me. He may have been like that when we first met but I saw it as protective either of me or of us but now I think it's about being protective of himself. Jake told me that he doesn't know how to be anymore. I think that this is sad because

I've never not known how to be. I think that part of what Jake is going through has to do with him being in the military at a young age. I was in the army but because I went in when I was 22, they didn't have my brain. When men go in when they're 17 they get so changed.

During the time that Jake was in the Transition Program and afterwards is another chapter in our relationship. It was a really hard year…really hard for him. Jake felt like a cracked egg and he didn't know how to make himself stop bleeding. Jake was raw and out of it during the program, totally out of it. I don't think he even remembers that year. Jake still has a lot of problems with his memory although it's a little better. He's also learned to deal with it but he's not better like I feel he should be. Overall the process was awesome for him and he met some really good people that he still has contact with all the time. I never thought you could meet people like that who are all in the military…I mean these people are just rock solid. I used to avoid military people and I never wanted a relationship with anyone in the military, because they ended. I mean you were never there, how could you keep it?

Jake has now been working for the same organization for a year and he is no longer in sales. I feel it's working for the moment but I am afraid if he doesn't continue to get treatment he'll fade. Because Jake has a lot of difficulty concentrating and forgets stuff, he might do well on medication that I use for ADHD but his doctor has told him that he has PTSD not ADHD. He has been dealing with Veteran's Affairs which has been difficult and he won't fight for more, he doesn't want to bother. During the time Jake was in treatment I also felt confused. I didn't know him at all. It was a very weird year – it was so strange. The guy that I knew is still not back you know. He's trying to get back, you know, and the laughter's coming more for him. But he's still not back. I don't know if I'll ever get him back whole.

I do have hope, and I feel that it will just take Jake some time to sort this all out. This chapter in our relationship has been difficult too because my illness has begun to have noticeable effects. However, I am coping and the marriage is strong. I think Jake's treatment in the Transition Program pulled us together and made us work together. Our relationship is not like it used to be, it's a new relationship and constantly changes which I see as a good thing. I also feel that Jake has changed for the better in some ways. He's become less controlling. Like he was always very controlling as to how things should be for him. Now he will let me do things for him, take care of him, and I like that. And I am more mellow and very calm which I think is good for Jake as well because he doesn't have to entertain me as much (Rona laughs).

The hardest thing for Jake has been revisiting the trauma that he has been through and finding out that he was missing eight years. He didn't know until treatment that he had forgotten those years and now he remembers everything which although difficult for him, I think in the end is positive. I'd rather remember the bad than not have any memory. But I wouldn't have wanted to go through the experiences that Jake has had in the military and I understand his difficulties now as a result. I mean I cannot imagine having to kill someone. That's not human. It's not a normal thing to do. So why should he act normally? So it's hard for him. I couldn't imagine. I joined the army thinking I needed stuff. Oh thank god I didn't get it. I think Jake had to shut himself off emotionally to do what he did in the military. I mean, how could you shoot someone? Without thinking they weren't real.

Jake's sleep is better now than it used to be. He is taking sleeping pills and he's actually getting through the night. It took ten years of him saying 'I don't sleep' to get medication. He was sleeping only three hours a night and his physician thought that's okay! (Rona laughs) I understand that since leaving the military it's been hard for Jake to go on with real life, to care about work and the everyday, mundane stuff. But since the Transition Program I have noticed changes. The most helpful thing for us was meeting the other group members which was exactly what we needed - exactly what he needed. I mean he has such good friends with all these people now. Phones them all the time, they talk and they all know what each other's talking about. And that is huge – huge therapy for him. It may be better than having a counsellor who has no clue. These people are there and were there at the same time so they all know him and stuff he went through. He loves it, we both do.

In conclusion Jake is happier with himself, trying to lose weight and he's doing well. I think our relationship gets better every single day and I like that. I mean everyday he comes home and I look forward to him coming home - hugging me. I couldn't even think of never being with him whereas before I used to think, oh my God – this is it. Now I'm like, was there ever anybody else?

4.8 Narrative Five: Carol

"We've had to focus on just us. Now we are ready to expand a little bit."

I feel it is significant that the chapters in our relationship story seemed to be defined by what was happening for Steve. We have been in relationship for a total of 13 years, 2 years long distance and 11 years living together.

We first knew each other overseas. I was there for work and met Steve when my colleagues and some soldiers went out for dinner. The person I was talking to got up and left; Steve sat down and stuck with me the rest of the evening. I thought he was a nice guy, but I wasn't looking for a relationship. Steve called me a couple of times and we ended up seeing each other for about a month's time. I was actually surprised by my feelings when my work ended and I first parted from Steve. I just remember getting very upset and realizing that I'd fallen for him more than I expected. Steve was upset as well and when I went back home he continued calling and came over for Christmas. So that's how it started.

I was very close to my family when Steve and I first met, and I had lots of friends at work and from high school/college and past work that I still keep in touch with to this day. I had a great job because I got to travel the world but it did take its toll because it was hard to maintain personal relationships. I had a 24-hour pager, could have to leave at short notice. It was exciting and great fun but it was a good thing to do when you're young.

I was probably a different person when I first met Steve than I am today. I was just enjoying life. Seeing different cultures and countries and enjoying traveling. Steve was fun – very easy going and social; very charming. Living for today I would say. Steve had some troubled relationships in the past and he wasn't involved with anyone at the time. He enjoyed his life and he was quite social and had some very, very good friends…he was kind of the life and soul of the party. Steve was very generous – his bar bill was bigger than anybody's. He'll swear that it's because he was buying everybody drinks. Guess that was part of it. But yeah, he was a lot of fun, gregarious. I think that was part of my attraction to him. It was also such a change, too, when he began shutting down and withdrawing later on.

The first chapter in our relationship ends because – I didn't think that I was getting serious at that point and I returned to my job. I hadn't actually considered the fact that I would get involved with a Canadian soldier while living in another country myself. I thought we would break up when I left and that's why there was a bit of a shock when I got really upset on the last day and realized that I had fallen for him. Steve and I laugh remembering that I told him at the time "I love you but I can't – I can't – I just can't" (Carol laughs).

The next chapter in our relationship was "long distance" which was quite difficult. However, it was more difficult for Steve in fairness...because he was in one place. And I was the one who was traveling all the time and going to dangerous places...for him it was a bit of a role reversal because he was the one that was supposed to be going to dangerous places. Steve was still in the military but teaching in one place at that time while I was traveling a lot. Steve was very anxious about my future and my safety. I was enjoying the work but not enjoying it as much. I think I was in a process where I was winding down from wanting to travel all the time and maybe getting to a stage too where I wanted something more permanent in my life. I didn't know if the relationship would work out or not, but after two years I figured that somebody's got to make a decision and try.

At this point, I decided to move to Canada which was a turning point in both our lives. I flew into Toronto and literally the next day Steve and I left for a trip across Canada to where we would be living together. We got in Steve's truck and drove for nine days which didn't break up the relationship – it came close to it (Carol laughs). Where we ended up did not look appealing to me as we drove up for the first time. We kind of drove up to this industrial looking place and I thought, 'Oh my God, what have I done?'

During this chapter of our relationship I was probably thinking I may have made a mistake but I was too proud to go back. It was difficult. I think we were both quite independent-minded, and I wasn't used to living with somebody. I had boyfriends and relationships but I had never lived with somebody. We knocked heads quite a lot, both having our own way of doing things. Steve was also drinking a lot at that time, and he would go partying and come back at 2 o'clock in the morning. At the time I saw something in him, maybe pain, maybe sadness, but his moods were erratic.

Shortly after we arrived at our new home Steve was transferred to other places in Canada and later, overseas. We had a long distance relationship even after I moved to Canada for the next few years. The relationship at this point was rocky. There was no physical abuse, nothing like that. However, emotionally, it was very strained. I couldn't understand why he told me he was happy and loved me, but seemed bent on self-destruction, or destruction of the relationship. The drinking was the biggest stress factor between us.

I knew he was troubled, but I didn't know what it was because he couldn't express it. Neither of us knew at the time what was happening for Steve and I just remember it was a troubled period. We talk about it now, how the first six months were the worst when we lived together and I'm still amazed that we made it through. I think the difficulties also had a lot to

do with our characters too and just not wanting to bend – and we hadn't learned the spirit of compromise yet (Carol laughs).

There were positive and negative aspects to Steve's time in the military. Sometimes we wouldn't see each other for months. When he was on tours of duty overseas we would see each other once every six months. He would call regularly and we usually had good conversations. He also had a leave once and I flew to Italy and met him (instead of him returning to Canada). We stayed there for two weeks and had a wonderful time. So, there were compensations to the job.

When Steve went away he always had an adjustment when he came back. He would be quite quiet and difficult to reach. Steve would not talk much and he was drinking fairly heavily at times. He would be quite withdrawn and I think especially after the tours overseas.

The next chapter in our relationship begins when Steve left the army. Steve wanted to leave but at the same time was hesitant. The army was the only real family he had ever known. Steve had very mixed feelings and I think he was very scared; but we sat down at length and discussed it, wrote all the pros and cons and eventually he decided to resign. I didn't want him to leave the military on my account. It had to be his decision.

Leaving the military fulltime was a major life change for Steve. He was fairly fortunate to find another job right away outside the military so that gave him something to do because I think if he had nothing to do, he would have gone a little crazy. He likes to be busy and he doesn't like to be idle. Steve was still in the reserves and at this time he was promoted. He was keeping his hand in the military being in the reserves but not giving it his all and I encouraged him to make a decision. Steve was working overnight, graveyard shifts, so he was always tired. He was run down and it was just too much. I told him to continue if he wanted to but not just for the money. Eventually Steve also quit the reserves.

This chapter in our relationship was difficult. I was just trying to keep things together. Once Steve quit the reserves, he was quite happy, he figured out it was a good decision but he did cut himself off from a lot of the people there…it was difficult for him socially because he used to hang around those people quite a lot. Steve started to focus more on home and less on the army which I was happy with. The army wasn't the best influence because of the drinking and parties.

Although a difficult time in our lives, our relationship was pretty good and I don't remember any major issues. We didn't know that Steve had PTSD at the time, but when I think about it now, with somebody with PTSD there are always more peaks and valleys. More highs

and more lows and more extreme. It was hard to figure out what the problem was then. He's ex-Airborne so his personality is that you don't sit and complain. You soldier on. If things started to bother Steve he would become very quiet and very introverted and wouldn't talk. And me being the kind of person I am, I would always try and draw him out, and probably too much. I didn't realize that at the time. Sometimes you just need to back away and give the person space. But I had no idea what the problem was and thought perhaps it could be us.

Our relationship entered a new phase when Steve was at home full-time. After he left the army and left the reserves, it was hard on us both. I think in some ways I valued my privacy and my quiet time. By the same token I missed him when he was away. I also liked being alone because then I could concentrate on me as a person and so I would spend more time going to the gym and doing things that I wanted to do. And I think it was hard on him realizing that he's not going away anymore. This is it. I'm done. Steve and I looked at our changing careers in different ways. I was relieved to not be getting on planes anymore but for a long time he looked at it that he was missing out on something – that his raison d'etre was not there anymore. In my situation I was mentally more ready to settle down and he was still missing it, every time he'd turn on the news.

I had only known Steve as a military person, a hardcore military person. He believes in it, he believes in his country. He's very proud and patriotic. I guess it was what made him tick. He found a passion....The army was his family. After Steve left the military, he didn't keep in good contact with many military people. People tried to contact him and wanted to see him, but he rarely called them back. However some of those relationships revolved around heavy drinking and the "work hard – party hard" culture of the military. Steve is evolving and perhaps has less in common with the people he knew in the past. He has changed quite drastically as a person. I think he prefers the person that he is now from the person he was in the army. Steve has become more broad-minded, more open, and less black and white. And he enjoys different things now which some of his old army guys would probably consider not cool or not macho.

We next entered a chapter in our relationship that begins with Steve having short breakdowns. (Carol cries) These very short periods of time- maybe an evening where all of a sudden, it might be in the back garden, some piece of music would hit and he would literally breakdown – sob and could not talk about it ... and couldn't explain it and next day he'd say 'I'm fine, I'm fine, everything's fine.' It was so hard because I didn't know what was going on and there was nothing I could do. Then it would go away and everything would be back to

normal. Well, what's normal? But it was very hard for him and he could not express what it was and I'm not sure that he knew what it was.

These short breakdowns did not happen often but it was so unexpected and Steve would just sob and sob and sob and he would be shaking uncontrollably....he couldn't control the pain. I knew there was something in his past that he could not talk about but this was all very confusing for me at this point because our life seemed very good. We seemed very happy and that's what I couldn't understand. Steve was a man that doesn't cry easily and after these episodes he would be better, just kind of emotionally and physically exhausted.

I would try to get Steve to talk about what was happening but he would say that he couldn't. We talked about counselling but it never happened. I think he was terrified of opening everything up. And I think that's been his fear all along. He still says that he doesn't want to go back to all the things that made him who he is or caused him this trauma. Even in the counselling he has had, he'll still say there's going to be a limit and he won't go beyond his own limits.

The short breakdowns went on for two years before I heard about the Transition Program on the radio. I suggested it to Steve but he wasn't ready at that point. He did what he always does, throws himself into his work and he did lots of overtime. Steve did have a kind of massage therapy that I had heard about. Steve told me that he'd like to try it because he said "I have to do something, I can't go on like this anymore." In the session with the massage therapist they got into the subject of post-traumatic stress. When I again mentioned the Transition Program to Steve sometime later he said, "Okay sign me up, I'm ready now."

Steve went to the Transition Program and came back that first weekend and couldn't stop talking about it. All of a sudden he was incredibly open. I think the key for him was talking about it with other military people because all of a sudden here – here are other military people who have gone through the same thing who aren't – saying 'oh I'm fine, everything's great.' Steve connected with one of the facilitators right away. I had very positive feelings about it for a long time, until the second to last weekend.

They're big on re-enactments in the Transition Program and Steve told me he felt coerced into participating in somebody else's re-enactment. When I saw Steve after this particular program session he looked like he'd seen more than one ghost and had a bizarre look on his face that I had never seen before. I didn't know what had happened within that group but it was obviously incredibly emotional and incredibly difficult. The session had gone extra long, Steve was already an hour late and we still had to wait for quite a while longer before he

and another group participant were ready to go out to dinner. Then there was a bizarre situation in a restaurant - it was like both these men were having an out of body experience or a psychotic episode, like they were back in some war zone somewhere. We had to leave the restaurant quickly and I was incredibly upset. I think the Transition Program was very good for what it does but the support was not there afterwards and I honestly don't think these guys should have been on the street immediately following the program sessions.

It was very frightening for me, especially how Steve changed. His face just was stone. I didn't even know him. I didn't know who he was. I didn't know what he'd gone through. I just think he got pushed too far and wasn't ready for it. I wrote a long letter to the facilitators. I don't think he should have ever been put in that situation and I think if professionals are dealing with somebody who has this, I think they should be much more aware of what they do when they bring them somewhere for a weekend and then say, 'Okay you're on your own now have a nice life'. It doesn't work that way. Because the rest of us – the spouses are left trying to hold everything together. And it was a very isolating, frightening experience. The next day both the men went back and they all decompressed. However, I was left feeling I had to deal with something I wasn't prepared for. You've just seen somebody who you don't even know and you don't even know what they are capable of. Later Steve told me that talking with the other group participant and his wife and going for dinner right afterwards was a mistake. He told me, "All I wanted to do was tell you how I felt – and not go into all the specifics but just be with you – just to bring me down." I think about how dangerous that could have been if I hadn't been there to get Steve out of the restaurant without a violent incident. I do want future facilitators to be painfully aware that even engaging in other people's re-enactments is difficult for these men because they're already wounded. Overall, I had very positive vibes all the way through but this was the first time that I had problems with the Transition Program.

The second time that I had a problem with the Transition Program was lack of follow-through on assessments and other support after the program. When Steve received the news that a promised assessment session following the program wasn't happening, he took the news hard and he was a broken man. I thought he was borderline suicidal. I called our GP and this episode was the biggest crisis point for us. My physician recommended a psychiatrist that Steve then started seeing for a while. As far as the Transition Program was concerned I think at a certain point both he and I wished he'd never done it at the time. Maybe it was better when it was beneath the surface. Maybe the mini breakdowns in the back garden weren't that big a deal. That feeling has not lasted, however.

I also feel positively about the Transition Program for a number of reasons. Steve was opening up, and getting help. It was intense, interesting, challenging and forced you to look at yourself, your relationships, and question everything. Most importantly, there was hope. Up to that point we were just surviving. And finally we came out of this hellish period where you just didn't know what was going on and why your loved one was so traumatized...and I think I learned a lot more about our relationship and when to back away when he doesn't want to talk about something. I know he will come round eventually if he wants to talk about it...if the Transition Program hadn't happened then I don't know where we would be now. We often say that. So that's a positive thing but I just think it needs some tweaking.

During the relatively short Transition Program chapter in our relationship I was very angry and perceived that things got worse for Steve following his treatment in the program. Our relationship was good but you kind of feel like you're two people on an island fighting the world. You want to protect him; you want to make him better. I started doing research on the internet related to PTSD. When Steve began seeing the psychiatrist he did start taking medication and he didn't like it. I think perhaps the medication made things worse as well. Steve now has suffered nightmares, cold sweats and other things which he may have been experiencing before but he didn't really talk about it. The psychiatrist helped Steve with foundations of life (e.g. sleep, exercise) and coping skills. Steve had a break from his sessions with the psychiatrist for Christmas then never went back. I want to highlight that throughout this time, Steve continued his contact with one of the facilitators from the Transition Program who has given him invaluable support during the entire process.

In the current chapter of our relationship Steve is not receiving much in terms of formal counselling. Steve is open to counselling in the future though he will not likely go back to the psychiatrist he was seeing. He's tired of being under the microscope. Steve does say that he still has things to work through, but for now, he feels that he has been given a good foundation. In addition, both of us see changes happening. For example, there was a situation at a recent dinner party where Steve became annoyed but instead of exploding/over reacting as he might have in the past, he told me that he just needed some time and space and took 20 minutes to himself. Afterwards he was fine. He pointed out to me that he was able to ask for space and he would have never done that in the past. I can feel it happening, there are improvements.

In addition, our relationship now is very good, very solid. Steve tells me the PTSD is never going away, but I feel at least if he can, get some better coping mechanisms. Steve used to be incredibly physically fit, probably the top of his game. He was somebody for whom

physical fitness was a big part of his life and it gradually just sapped away. Recently Steve has become motivated to make some positive changes; he has quit smoking and started running again.

I would like to see both of us start getting out there socially a bit more. I have withdrawn as Steve has because it's too hard – you can't explain this to a lot of people. They don't understand. My brother understood completely and he was fantastic but even a couple of friends I have told, they get it but they don't get it. One friend asked me why I wasn't mad about the situation and I tried to convey that this was not a choice Steve made. It's something that happened. When I do tell people about Steve's illness (and not very many people know) it makes them uncomfortable, and I think people view a mental disorder differently from a physical problem. I think a certain stigma is still there about mental illness, but this is also changing. There are changing perceptions regarding PTSD within the military because years ago if a soldier would come in and said, 'I'm going through this and I don't know what's happening to me' they'd be kicked out or vilified or humiliated or something. I feel attitudes towards PTSD are changing but it's still something that feels private for both of us.

In conclusion, I feel that what I have gone through with Steve's illness has taken me to a whole new level of understanding of these issues. As a couple, I'd like us to be happy, healthy and peaceful and I am hopeful but vigilant. It remains difficult because when Steve feels down I tend to feel down as well. I mean maybe we are too close in that way. Steve continues to drink but usually not excessively and I try not to let his depression affect me and maintain my own identity while working on our partnership. Being with someone with PTSD, you are suffering with them and you do feel like you're living it. You don't actually have the trauma to almost justify why you feel the way you feel, but you do feel their pain and it's very hard – to understand what to do with that.

4.9 Narrative Six: Dawn

"We have to work a lot harder on our relationship."

As a couple, we have made a commitment to each other to make our relationship work. We love each other but it's still a struggle; both Mike's PTSD and my recent Postpartum Depression have taken a toll on our relationship. Our biggest challenge is rebuilding a foundation to keep Mike from relapsing and his depression at bay. Mike is in the military and we knew each other two years before we actually started dating. We also lived together for several years and we have been married for two years.

I met Mike when my best friend started to date my cousin. (Dawn laughs). My best friend used to be my roommate and we lived together for eight years, a long time. When my best friend and my cousin started dating I was included in a lot of stuff. My cousin is very, very close with "the boys" who are a group of current and former "military guys". The boys are very close, they don't get together that often and they don't talk on the phone that often but somehow they stay really, really close. And so if there was a barbeque or something, the three of us would go. And Mike would be there and so you know Mike and I would see each other in passing – it'd be like, 'hey how you doing, good to see you' kind of thing. This chapter of our relationship - Mike and I becoming more familiar with each other - went on for a couple of years. At this time I would describe us as 'friendly acquaintances' that would run into each other at different dos and little social things.

Our relationship changed starting at my birthday party dinner. Mike was there by word of mouth along with a bunch of my other friends. That night Mike decided to ask out one of my friends and I was surprised by my feelings. I was so jealous and so mad. I think it had something to do with it being my birthday and I'm supposed to get all the attention (Dawn laughs). But this was when I first noticed that I had a stronger attraction to him than I first thought. We continued to bump into each other on and off, at a New Years party and other things. Eventually he went for it and asked me out. Before we began dating he was just this face that sort of became familiar and more comfortable as time went on. Our relationship is definitely one of those times when you actually know somebody before you date them- you're friends before you date.

When I first met Mike he was kind of reserved. He was fun and he laughed but he was not quite as rambunctious as some of the other boys who could get quite loud and a little rowdy. Mike has told me stories but even when I had met him he had sort of settled down. Back then, I was probably caught up in the honeymoon phase, the excitement when you first

start dating. Now I feel that I downplayed things, some odd behaviour that Mike had. In the beginning, there are so many things that you don't notice or you notice things but you don't trust it. As the relationship goes on you notice more and see things emerging. When stressful situations happen you notice more. In general Mike is a very steady presence. He's very big and tall. And you get this very solid feeling from him. Mike's also very polite, you know, minds the Ps and Qs. He remembers your name. He makes an effort to make you feel comfortable. So he's a very comforting sort of presence.

At the time that I met Mike, I was a bit of a party girl as a lot of gals are in their twenties. If we were going to a barbeque or if we were going to the bar, there was definitely a taxi involved. So that pretty much sums up me back then.

I am really close knit with my three good friends who were at that time, and have remained, very important in my life. There are a lot of people that I've met, that I've enjoyed their company, but as I have moved on in life, I haven't taken them with me. With these three friends, we're close, we've been through a lot, and we are just not willing to let any of that go.

When Mike and I first started dating it was very important to me that we wait before getting physical in the relationship. This was important because at that phase in my life I was done with casual relationships and I wanted both of us to keep our judgment clear. I feel our relationship worked out because of this. I think all good relationships are based on respect, and he respected my views on that and went along with it. I made him wait and he was willing to wait. After we had dated for a while I met all of Mike's other friends and that was pretty much the start of it – we were very close to inseparable after that.

Like every other new relationship there were butterflies and excitement when Mike and I began dating. We couldn't wait to talk to each other on the phone, see each other, and we spent a lot of time together. I think I realized very early on that Mike was 'the one.' I told my brother when he asked what was going on between us that 'I can tell you right now, I know he's going to be the one.' That was very strange, I've had other boyfriends and sort of thought about it, but I never said to anyone before that anyone was - the one.

Our relationship moved to a different chapter when Mike decided to move from base. Mike wanted to find his own place and asked if he could stay with me until he did. I told him there was a three month limit on this arrangement because I wanted some sort of commitment if we were going to live together. My feelings about this surprised me too. I didn't think I was quite that traditional. I'd never really thought about it, I had never really been in that situation. Mike stayed with me for a while then found a place on his own. For six months we lived in

separate places and went back and forth between them. Finally I told him, 'This is ridiculous. It's time we found a place together.' I reminded him, however, that the rule still applies, I won't move in with you unless I get a ring. It didn't have to be an engagement ring but I needed to know what his intent was, that he wanted this relationship to go forward. I didn't want to waste any time, if we're not going to go anywhere, it's time to say goodbye. Mike got me a ring and we began to live together for the next two years.

This chapter in our relationship when we were living together I would describe as 'more settled.' I'd gotten a little older, and we stopped going to the bar because it didn't appeal anymore. When my friends and I wanted to get together we could go to each other's houses or restaurants. We just sort of morphed out of the "let's go do all that other crazy stuff." I like to cook and putter around the house and living with Mike, it was good having someone I could putter with. At this time, Mike remained a very steady presence and I got to know him more, see more of the mood swings and how he reacts to things. However, between the two of us at the time, he was the grounding one. I was the spinny one and he was the one that sort of kept us all together, but I was the one that sort of reminded him to have fun.

The next chapter in our relationship begins when we both really started to talk about a future together. It wasn't just me thinking this or him thinking that, we had communicated it to each other. Neither of us had done this before. Mike may have lived with one of his ex-girlfriends once but I had never lived with a guy. Having the six months when we each lived on our own before moving in together was important for me. I felt I had always lived with family and friends. I wanted to say, before I got into a relationship, before life happened, got married, had kids or whatever, that I'd lived on my own - that I had been independent. That was very important to me. I wanted to be able to take care of myself, to come and go as I wanted. Even though it was not very long before we moved in together, I had time on my own. When we did start openly communicating that we were on the same wave length, 'yes, I love you, you love me and we want to live together' this was fairly significant.

Our relationship had been building to the next chapter: We became engaged. When we had been living together for just over a year, we began to seriously talk about marriage and children. One day Mike took me out looking at rings which is good but at the same time just gets a girl going, right? Then three months later, nothing had happened and I'm thinking, that was a really sick joke to play on a girl. (Dawn laughs). One trip to the mall, my mom and I found a ring I liked. I decided to give Mike the information and then I ran out of the room. When Mike went out the next day and didn't come back four hours later, I was in a blind panic

because I thought "I've scared the crap out of him and he's run away." (Dawn laughs). I was highly strung and tended to get wound up, but I phoned my cousin and my mom and they calmed me down. I decided to go ahead with my plans for the evening and I was just heading out the door when Mike came home and presented me with the ring. We ended up with an impromptu engagement party at my friend's. (Dawn laughs). I got my proposal as I was walking out the door which is so us. I wouldn't have it any other way.

Living together with Mike was a new experience for me. This was when I really started to notice things about Mike. It was good that our first place had two bedrooms so there was always another place to escape to. Mike goes approximately every two weeks for his counselling and I can always tell when it's time for him to go. At these times it's not wise for us to stay in the same room, so in the beginning when we first lived together it was good to have that space. Mike becomes very irritable and easy to set off, snarly, snappish, very short-tempered and it's then that I knows it's time for him to get help. He will start sleeping more, he'll feel tired, those sorts of signs. The whole aura about him changes and his walls start closing down, he stops communicating, he won't talk much. You know he's going to turn around and snarl at you a lot which is very different from how he is usually, very warm and very open. So I'd be checking the calendar, I'd go, 'Do you have an appointment coming up soon?'

When we started actually living together I saw a lot more of this other side of Mike because before we lived together if he was getting that way, we'd be at our separate houses. Then when Mike was in one of those moods, I would ask him to come over and he would say he needed to be left alone. Although he explained to me that there are times that he needed his space from me in the beginning it was strange, you know, to go from being together to gone – meaning, not even phone calls. I would call him and he'd say, 'No I just need time.'

I can see a huge change after Mike goes to his group or counselling appointments. The walls come back down and he communicates more - he's less irritable....just a lot more civilized. It's like night and day. When Mike is irritable I'm able to read it now, so I can step out of the path, or know what to do. It did become difficult when I was pregnant because my hormones were out of whack and I was up and down a lot as well, so I couldn't necessarily see his patterns anymore. However, we were both wise enough to know what's going on with the two of us and to know when we're like that. If I seemed upset about something, Mike would say, 'Okay, instead of getting yourself wound up like this, if it's really bugging you, why don't you let me know.' If he saw me starting to stew about something, he'd ask what's wrong and if

I said 'nothing' then he would remind me that he has given me a 'window to talk about things.' (Dawn laughs) He's learned quite a few things in group and he's forcing me to learn them too.

The next chapter in our relationship is our wedding. It was the next significant event, about the wedding, and the planning of the wedding. Mike went nuts during this time. He wanted the wedding to be small. My family's idea of small was 200 people. There was a lot of my mediating between my mom and Mike. For Mike, it was hard for him to understand my not being able to disappoint my mom on things. It's a cultural thing. It's just the way you see your family and how your family interacts, right.

Our relationship changed when we had a child on the way. Mike was really excited about being a father – more excited than I think I'd seen a lot of guys get. It was a whole new side of him. We were also both settled, settled in a lot. I started to have other priorities and didn't get drawn into stuff that I used to with my friends. (Dawn laughs). 'I'm sorry that the bike that you got didn't come in the color you wanted.' What I might have paid a lot of attention to or energy on, just didn't seem as important.

The current chapter in our relationship started when our child was born. Pregnancy was exciting and I was so happy. I knew it was going to be hard giving birth and having a new baby but really you have no clue. I had an unusually long and difficult delivery that ended in an unscheduled C-section. I then developed dangerous complications and infection from the surgery. The whole birth experience was just not what I expected. During this stressful time, Mike was amazing, he was good during the whole procedure then he took time off work, cooked, cleaned, and helped with the baby. He was there and solid, really, really good. In fact, things between us became more difficult two or three months after our baby was born. I was feeling the stress of being a new mum; I was used to a different level of independence, productivity. I found myself at home all day but unable to accomplish what I did before and having a difficult time living up to my own expectations. I felt despondent, irritable, and always tired. I ended up many days just crying on the couch and despite an easy baby, having bad thoughts. It was difficult for Mike, especially with his PTSD, and I wonder now how he handled it. Eventually he confronted me, insisting I get help and I started to see a counsellor for Postpartum Depression.

Now I am back at work and things are not going too bad. I feel, though, that we are pulling ourselves out of a vicious cycle of one of us feeling up and the other feeling down. Pull one of us out of the muck and the other one falls back in, having exhausted our internal resources. I feel Mike is on a downhill slide, after all the stress and I am glad that he has

individual counselling. Neither one of us has given up on our relationship, but we have questioned if the other has at times.

In the future, I think we may want more children but for now I would like to concentrate on the three of us. At this point Mike is also in the process of leaving the military. He's done his 15 years and has medical problems he is coping with that are a result of his service. Everything that Mike and others experienced overseas was swept under the table. Nobody mentions anything about whatever happened over there or what our poor guys went through. So it's very frustrating in that sense, you know. These guys go over, they do this, they come back and they are, not just ignored, people open the doors and say, oh no sorry and close it in their face. That's what it feels like. So he's tried to get out of the army but because it's a medical discharge, everyone's dragging their feet. Because everyone on the other side wants to make sure that every 'T' is crossed and every 'I' is dotted.

As his wife, I feel very frustrated because I see it as being very unjust and very- very unfair. But there's not a lot I can do. I feel like going down to the gates and yelling at people but it's not going to do anything. If anything it will just make things worse. They are withholding from Mike what is rightfully his, on no good grounds. It's very frustrating too because in my world things don't work that way. But the military world - it's different. I tell you, the hassles we have experienced to receive the benefits we deserve, it's all so crazy-making.

In conclusion, I think among soldiers there is still fear of getting help for PTSD because it could be considered a black mark or career suicide. I would be interested in going to a spouses group to be able to share with other people. I think that others would benefit, too, knowing that they're not the only ones living with an emotional time bomb. The guys are great- they're wonderful, loving people but they have a cycle that they go through, you know, and it can be at times – trying. And they don't often see it as soon as we see it. I have been to a few meet and greets but not a formal group. I think a group for spouses would be good, more so than individual counselling. Because you're actually getting the validation of what you're feeling emotionally – because you know that other people are going through it. It would also be great to have a group because it would give spouses a chance to interact with other people and put things in perspective. Living with someone with PTSD does affect us on a day to day basis.

As a postscript, I would like to add that it's worthwhile to remember that the boys have a bond that we can't even begin to understand. You can't even get close to that, what they've

been through. It's very-very special so it's like you date one, you marry one, you know that you're getting them all, and know that you're getting all of them just the way they are, you can't make them change and you cannot make him leave any of them behind. There are some people that just don't understand that. Also as I highlighted above, I believe a spouse's group would be very beneficial - to get feedback, to know what you are going through is normal. You can really start to question things and feel like you want to give up.

4.10 Thematic Results

As highlighted by Reissman (2002), narrative methods of analysis are slow and painstaking, and it is difficult to make substantive points across stories. However, the following sixteen conceptual groups emerged from thematic analysis of the six narrative accounts.

In the beginning: Falling in love. With the exception of Rona, the women describe themselves as being happy, young and enjoying life when they met their future husbands. The men are generally described as polite, charming and social, and the couple enjoying having fun together. The initial period of long distance in the relationship while their future husband is on tour, writing letters and phone calls, is remembered positively by two of the women as helping them get to know their soldier-husband. In reference to early in the relationship, all the women's narratives highlight the passion, closeness and the excitement of romantic love.

> The first chapter in our relationship was 'romantic and rushed.' I was 19 years old when I met Richard and when we started dating we just knew we wanted to be together forever. Beth

> I did end up passing my exams but it was a pretty exciting time. I was losing it. I was right out to lunch. I was actually fairly concerned that I was going to fail (Kendra laughs). Kendra

> I thought we would break up when I left and that's why there was a bit of a shock when I got really upset on the last day and realized that I had fallen for him. Steve and I laugh remembering that I told him at the time: I love you but I can't – I can't – I just can't (Carol laughs). Carol

A military wife, a military life. Although not mentioned by Beth or Carol, the four other women in this study expressed a familiarity with military life and culture before meeting their soldier-husbands. They had military personnel in their family backgrounds; in the case of Rona, she was in the military herself. Kendra's husband was no longer in the military early in their relationship but the other women describe positive and negative aspects to life in the military and varying degrees of acceptance and adjustment to the lifestyle.

> It was not really a difficult decision for me because I knew what being married to someone in the military is all about. My father's an engineer and my grandfather's an engineer. Military combat engineer. So I am third generation military combat engineer…I knew the lifestyle and that type of thing. But I am very independent so that didn't bother me. Patty

> There were positive and negative aspects to Steve's time in the military. Sometimes we wouldn't see each other for months. When he was on tours of duty overseas we would see each other once every six months….I think in some

> ways I valued my privacy and my quiet time. By the same token I missed him when he was away. Carol

> That going away doesn't help, at all. Because every time he would go away, we would be miserable with each other a couple of days before he left then miserable before he came home. We would be fighting on the phone before he came home, a couple of days and a couple of days before he would actually go away - every single time. Beth

Dr. Jekyll and Mr. Hyde: Problematic drinking. Their husbands' current or former problems with alcohol are described by three of the women as affecting their relationship at some point in their story. Drinking is considered by these women to be part of the military lifestyle, and as Carol says, the "work hard-party hard" culture of the military. Two of the women mention that they also were "partying" when first meeting their soldier-husbands - as described by Dawn, she was "a bit of a party girl." The responsibilities of family and children changed their lifestyle, in the words of Kendra: "I just decided that one of us should be sober all the time and it might as well be me."

> Joe was very distant, didn't want to talk to or be involved with the family. He'd go out with his friends and he'd come home or not come home but he was making life fairly difficult and he was getting fairly aggressive when he drank. Not physically aggressive but just mouthing off. And he'd be very hurtful and that's not him. I know it's not him but it's still hurtful. Kendra

> Steve was also drinking a lot at that time, and he would go partying and come back at 2 o'clock in the morning. At the time I saw something in him, maybe pain, maybe sadness, but his moods were erratic. Carol

Difficult adjustment when husband medically discharged / leaves military. Patty, Carol, Rona and Beth describe their husband's leaving the military as a major transition that affected their relationship. Leaving the military is described in terms of rejection when the soldier is medically released, and when the soldier's choice, still difficult.

> The next chapter in our relationship started a couple of years later when Luke got sick and it was the beginning of him being medically released from the army. That was an incredible blow to Luke, to his self-esteem and everything else...And just getting out was big. Because he would have been in for years, he loves the military. He loved it. Patty

> After Jake's experiences and hospitalization, he didn't trust the military anymore. He knew they were trying to get rid of him after eleven years of hard service. Jake did everything that he was asked by the military, without questioning. He volunteered for everything and they treat him like that at the end. Rona

> The next chapter in our relationship begins when Steve left the army. Steve wanted to leave but at the same time was hesitant. The army was the only real family he had ever known. Carol

Confusion pre-diagnosis of PTSD: Is it him? Is it us? The husband's irritability, nightmares and flashbacks are described as confusing and scary for three of the spouses and his withdrawal from family life problematic for all of the spouses. According to the wives, the soldier-husbands are not necessarily able to talk about what is happening and the women describe a period of uncertainty, trying to make sense of their husband's behaviour.

> We were holding hands during the movie and Joe was squeezing my hand so tight I had to tell him to let go. Joe was sitting in his chair and he was actually sweating. I was confused. We went home that night and we had to talk about it - what the hell was that - it was all new to me. Kendra

> I didn't know what to make of Jake's behaviour and didn't know what was happening to him during this time. We talked and talked and I'd suggest things: I'd say 'let's do some stuff and let's go camping and let's do this and that.' And he'd always find excuses. Rona

> If things started to bother Steve he would become very quiet and very introverted and wouldn't talk....But I had no idea what the problem was, and thought perhaps, it could be us. Carol

Downhill spiral. All the women describe their husbands as being hard working and self-reliant; in top physical shape when they first met. Experiencing their husband's decline in physical health is difficult for four of the wives. In addition, other family tragedies and disappointments seem to lead to more negative symptoms for the soldier-husband in both Patty and Kendra's stories. These women describe noticing that their husband is struggling and their difficulties getting progressively worse. This culminates in a crisis for the relationship. Although not necessarily describing this pattern as clearly as Patty and Kendra, all the women describe at some point contemplating ending the relationship, thinking of leaving, or divorce.

> Steve used to be incredibly physically fit; probably the top of his game. He was somebody for whom physical fitness was a big part of his life and it gradually just sapped away. Carol.

> It was a stressful time for us both. He had a $16,000 student loan, and our car payment and a baby; so all that and then moving with my parents. Luke began having panic attacks, taking trips to the hospital thinking it was his lungs, and then he started to stay in bed all day. Patty

> Things would be good for a while then some other stressful thing would happen and he'd do it again and the whole pattern would start again, but it would be

> worse. It was just getting completely out of control. I came to the point where I didn't know how much more I could handle... Kendra

"Going soldier on you": Dealing with reactivity/ aggression in the relationship. Their soldier-husband's reactivity, aggression, and potential for violence, is described as scary for all the spouses. It seems to result in changes in the spouse's behaviour in an effort to cope, and avert over the top reactions. Five of the women describe trying to help control their husband's moods, and learning to 'read signs'.

> It's a good thing that Joe's got some off buttons because it can be pretty scary and its fine with me that I have fortunately never been on the receiving end. I have seen it happen, however more than once and it's really frightening. Most soldiers do it - it's just a matter of what the triggers are. You live with them long enough you know what the triggers are and you can help them shut it down before it happens. Kendra

> It was good that our first place had two bedrooms so there was always another place to escape to....When Mike is irritable I am also able to read it now, so I can step out of the path, or know what to do. Dawn

> Kicking doors and punching walls was likely a normal thing to do during his drinking days, but I had never seen that side of him. I knew he had it in him. I had seen him go pretty close to it, but when Luke gets mad and upset if I am around, I can usually catch him before he gets to the point of taking it over the edge. If I am around I can do more of something, calm him down. Patty

> We talk better now, and things have mellowed down, but I still sometimes feel like I am walking on egg shells, saying what he wants to hear. There are some times now when I feel a little afraid. Beth

Soldiers won't go for "counselling." Several of the spouses describe how their soldier-husbands did not readily seek psychological help. Although one soldier-husband had sporadic therapy before the Transition Program, the rest had not received any treatment despite being symptomatic for as many as ten years. Following the Transition Program, however, two of the soldiers continued to have follow-up counselling and two of the men are in the process of seeking further psychotherapy.

> I want others to know that it was a very good idea to name the Transition Program "a course" (Kendra laughs) because a soldier won't go for "counselling." I mean you can't just say look this is a group for PTSD you just go to that and you'll get better. 'Cause 'there's nothing wrong with them'. And you can't say there is something wrong with them 'cause that implies they're weak and there's nothing that makes a soldier angrier than implying that they've got a weakness. Kendra

> I think among soldiers there is still fear of getting help for PTSD because it could be considered a black mark or career suicide. Dawn

Supportive family and friends. All the women in this study described having close relationships with family members and friends that helped them cope during all chapters of their relationships. Kendra and Patty describe having particularly close relationships with their parents and other family members who offered both emotional and financial support; Rona describes close relationships with both her mother and her sister; Beth describes good friends and a support network at her work. Although Carol says that she may have withdrawn socially in relationship with Steve, she also describes having friends and a brother who understood her and knew her well. Lastly, Dawn describes involved family members and several very good friends that she feels supported by.

> Even when I lived away from my parents I talked to them everyday. I'm that close to my parents. Kendra

> I am really close knit with my three good friends who were at that time, and have remained, very important in my life. There are a lot of people that I've met, that I've enjoyed their company, but as I have moved on in life, I haven't taken them with me. With these three friends, we're close, we've been through a lot, and we are just not willing to let any of that go. Dawn

> I believe I was lucky to have people to bounce things off of through all our struggles. My best friend was also only a phone call away. Patty

Positive gains since treatment. The women in this study identified positive changes since their soldier-husbands participated in the Transition program. Although several of the men were reported to still have PTSD symptoms, all the spouses noted therapeutic gains such as more openness; changes in attitude; positive career gains; less reactive and less irritable; overall positive effects on their relationship and more involvement with family life; a desire to be more involved socially and in the community.

> He pointed out to me that he was able to ask for space and he would have never done that in the past. I can feel it happening, there are improvements. In addition, our relationship now is very good, very solid. Carol

> There are some changes, like Luke will take the kids to their swimming, and if I ask him to pick something up he will do it. Two years ago, you wouldn't have found that. He wouldn't have done that. Patty

> I feel it was the Transition Program that resulted in the changes in Joe that lead to his career with the police and made a huge difference for us. It saved our family. Kendra

Most effective aspects of treatment. All the women who participated in the Family sessions of the Transition Program (five spouses) described three main aspects of the program which they considered to be most helpful: Seeing examples of how to manage conflict and learning other communication skills, having their experiences normalized, and both their soldier-husbands and the wives being able to meet the other program participants and feel supported by them.

> I liked that Luke and I got to talk about things and saw examples of how situations in the relationship might be handled. That was much better than being asked to read something. Like the mental health worker, here's the pamphlet, read it. Well, to tell you the truth I never read it. Patty

> The most helpful thing for us was meeting the other group members; which was exactly what we needed - exactly what he needed. I mean he has such good friends with all these people now. Phones them all the time, they talk and they all know what each other's talking about. And that is huge – huge therapy for him...He loves it, we both do. Rona

During treatment: Got worse before got better. Rona and Carol describe feeling that their soldier-husband became worse during treatment before he got better. Carol describes a flashback episode for her husband following a treatment session that was very upsetting for her and during which she felt she had to deal with something she was unprepared for. During treatment life was described as a very difficult time for both these women.

> As far as the Transition Program was concerned I think at a certain point both he and I wished he'd never done it at the time. Maybe it was better when it was beneath the surface. Maybe the mini breakdowns in the back garden weren't that big a deal. That feeling has not lasted, however. Carol

> During the time that Jake was in the Transition Program and afterwards is another chapter in our relationship. It was a really hard year...Jake felt like a cracked egg and he didn't know how to make himself stop bleeding. Jake was raw and out of it during the program, totally out of it. I don't think he even remembers that year. Rona

Need for groups for spouses. Having supportive contacts and access to other women who have had similar experiences was felt by all the women to be very important. The women expressed a desire to have feelings validated, and normalized, and the need to have ideas on how to cope better. A group of spouses was highlighted as needed, and in some cases considered better than individual counselling.

> Although things are good between us now, if there were groups available for soldiers' partners, I would go because somebody's got to teach you how to deal with it. Kendra

> I believe a spouse's group would be very beneficial: To get feedback, to know what you are going through is normal. You can really start to question things and feel like you want to give up. Dawn

Secondary exposure to traumatic stress. While none of the women commented on ruminating on their husband's experiences, having nightmares or intrusive thoughts, the women's stories show they empathized with their soldier-husband and his traumatic experiences. These women talked about being exposed to their husbands' struggle with symptoms such as irritability, nightmares, social withdrawal and depression, and three of the women describe at times struggling with depression themselves.

> There was a big clap of thunder just 'BOOM' and he came two feet off the bed and was beside the bed looking for muzzle flashes, scared the living crap out of me. Then I'm like saying 'whoa whoa whoa – it's just me.' All he said was 'oh sorry'. Okay, so now we're turning all the lights on. Okay we need to talk about that. The whole incident was really, really scary for me. Kendra
> It remains difficult because when
>
> Steve feels down I tend to feel down as well. I mean maybe we are too close in that way...Being with someone with PTSD, you are suffering with them and you do feel like you're living it. You don't actually have the trauma to almost justify why you feel the way you feel but you do feel their pain and it's very hard – to understand what to do with that. Carol

Coping with long term disability. All the women felt that their husbands had made gains since treatment. With the exception of Kendra, whose husband experienced a full recovery, the other women commented on being committed to making the relationship work, hope that things would get better, making adjustments and trying to come to terms with their husbands' chronic symptoms.

> The guy that I knew is still not back you know. He's trying to get back, you know, and the laughter's coming more for him. But he's still not back. I don't know if I'll ever get him back whole. Rona

> My job now is very well-suited to my situation because I have alternate weeks working and being off and I can do my job and be at home more. There is a lot less stress. And I am home everyday to get the kids ready in the morning for school. All Luke has to do is put them in the truck and take them to school. And I am home everyday for lunch and I am home right after five. I am home to take care of everything at lunch, make sure everybody eats and everything is taken care of and go back to work and come back home. Patty

"Iatrogenic suffering": Let down by those who are supposed to help. "Iatrogenic suffering" occurs when others respond with insensitivity to the soldier with PTSD and his family, causing further distress (Kuhl, 2002; Matsakis, 1996). All of the women but Kendra talked with bitterness and frustration about their experiences with the military and Veteran's Affairs Canada (VAC) since their husband's discharge. Having to fight for benefits that they felt were deserved is reported by these wives to have caused pain and suffering.

> We got so many slams of doors trying to get help for Luke since he got out. From VAC everything that we got, we had to fight for. We've done nothing but fighting. Fighting, fighting, fighting Veterans Affairs. You know, fighting to get anything...They say we'll help you, we'll help you, but then they just slam the door on him. Patty

> As his wife, I feel very frustrated because I see it as being very unjust and very-very unfair. But there's not a lot I can do. I feel like going down to the gates and yelling at people but it's not going to do anything. If anything it will just make things worse. They are withholding from Mike what is rightfully his, on no good grounds. Dawn

4.11 Summary

In this chapter the six participants' narratives were presented in their entirety. Though the narratives cannot fully reflect the detail and emotional content of the research interviews, the participants were given the opportunity to make changes to their stories and all reported that these final narratives accurately reflected their experience. Sixteen themes emerged as a result of the thematic analysis across the narratives and were reviewed by an expert in the field of trauma and Secondary Traumatic Stress, who concurred with the findings. The themes presented include romantic beginnings, adjusting to a military lifestyle, and the soldier-husband having current or former problems with alcohol, with drinking described as being part of the military culture and a way of soldiers dealing with stress. For four of the women, their husband leaving the military was described as a particularly difficult adjustment, and all the women describe trying to make sense of their husband's PTSD symptoms and behaviour. Additional stressors resulting in progressively worsening symptoms is illustrated in two of the women's stories while all the women mention at some point questioning leaving the relationship. The soldier-husband's reactivity and aggression in the couple's relationship and soldiers' general lack of willingness to engage in counselling were also identified themes. In addition, all the women highlighted supportive family friends, positive gains since treatment, and for those who participated in the Transition Program family sessions, several aspects were identified as particularly helpful. Two of the spouses thought their husbands became worse before they

became better during treatment. All the women highlighted wanting a group for spouses, describe exposure to their husbands' symptoms, and five of the women describe trying to come to terms with their husbands' chronic PTSD. Lastly, five of the women also talked about the additional distress that they and their husbands experienced as a result of perceived insensitive treatment by the military and VAC. In the next chapter is discussion related to these research findings.

CHAPTER V

Discussion

I see myself in her. I trust she sees herself in me. This is where we begin.

~Lauren Slater, Welcome to my country

5.1 Introduction

I believe that throughout the stages of this research and my contact with these women, having the privilege to hear their personal reflections and stories, I have become more aware of myself as a woman and issues related to women in general. I am also aware that my knowledge and understanding of military families, and in particular their struggle with PTSD, has greatly increased. This has influenced my clinical work with families, and helped me to recognize and appreciate the burden of caring for family members struggling with complex illnesses and problems.

The six participants in this study shared their experience and challenges living with a soldier healing from PTSD. Their stories reveal their remarkable capacity for adaptability, strength and commitment to their relationship with their soldier-husbands. I believe their stories also highlight one of the great benefits of the Life Story interview method - we as readers are not stuck with a problem-focused orientation, but are able to view the participants' experience within the context of an evolving relationship, one in which there is love, passion, hopes and heartache. In this chapter I first discuss implications of this research for theory related to Secondary Traumatic Stress (STS) and PTSD, followed by implications for practice including groups for spouses, the need for sensitive treatment by care providers, and the implications of the study results for treatment of PTSD. I then discuss implications for future research and ethical considerations. Lastly, I end this chapter with the limitations of this research and conclusion.

5.2 Implications for Theory

5.21 Secondary Traumatic Stress

The women in this study were clearly exposed to their husband's PTSD symptoms and thus to trauma indirectly. Two of the women mentioned experiencing periods of depression (one reported Postpartum Depression) and the women certainly empathized with their husbands. Carol, for example, talked about feeling her husband's pain. Rona seemed in her story to be attempting to answer for herself the questions proposed in Figley's Trauma Transmission Model and understand her husband's experiences. However, with the exception

of Kendra, the women in this study highlighted not knowing details of their husband's military experiences or necessarily talking about them. They also did not spontaneously comment on experiencing PTSD symptoms related to their husband's trauma such as intrusive and distressing recollections and dreams of their husband's experiences, feeling as if the traumatic events related by their husband's experiences were recurring, distress or physiological reactivity at exposure to reminders of their husband's traumatic material, or significant signs of avoidance or increased arousal related to their husband's trauma. It is possible, of course, that they had these experiences but did not disclose them to me in the research interviews. Still, there is not strong evidence for Figley's model of Secondary Traumatic Stress (STS) from the interviews with the women in this study.

What the women in this study did disclose is experience with and/or fear related to aggressive episodes and violence in the home. Kendra, Dawn, Patty, and Carol describe being alert to their husband's moods and trying to help their husbands control and prevent aggressive reactions at some point in their relationship story, and Beth remains vigilant and fearful, "walking on egg shells." When women talk of their husbands as having erratic moods, different personalities, being "an emotional time-bomb", and describe patterns of cyclical buildup of tension and release with the wife changing her behaviour to avoid this cycle and escalation of aggression, these types of reports are common in relationships where there is emotional and/or physical abuse (Dutton, 1998). Several women in this study said that they were not the victims of physical abuse, but they reported fear of violence and their husband's reactivity. The women's experiences of aggression may constitute a primary trauma and, therefore, would not fit the construct of STS.

In addition, several women in this study related that excessive drinking is part of military culture and coping with the stress inherent in the profession. Carol and Kendra in particular, describe their husband's drinking as problematic in their relationship story. In fact, Carol highlights that Steve's "drinking was the biggest stress factor between us." There is a large literature on the effects of alcoholism on family members, and the destructive effect of alcoholism on marital relationships and the spouses themselves is well-documented (Floyd, Cranford, Daugherty, Fitzgerald & Zucker, 2006; Kahler, McCrady & Epstein, 2003). Homish, Leonard and Kearns-Bodkin (2006), in their assessment of 634 couples, found that marital alcohol problems were predictive of wives' depression. They also note that clinical samples of alcoholics clearly indicate that their spouses are often more anxious, involved in fewer social activities and report more stressful life events (Homish et al., 2006). Whereas spouses of

alcoholics have often been negatively labeled "codependent" or "enabling", pathologizing their reactions and attributing blame, in a review of research in this area Rotunda and Doman (2001) highlight that "conventional wisdom now indicates that significant others typically engage in different and often changing means of coping with substance abusers" (p.259), including both negative and positive coping responses (e.g., drinking control efforts, seeking professional help). Also despite the assumption by many in the addictions field that codependency is a disease 'a priori,' research "has not supported this contention at all" (Rotunda & Doman, 2001). The literature related to marital alcohol problems fits well with the stories of Kendra and Carol, and therefore these women's experience of distress could be more directly related to problematic drinking as opposed to empathizing with their husband's traumatic experiences.

Furthermore, could the distress experienced by spouses of soldiers with PTSD also be better conceptualized as caregiver burden? As noted by Calhoun et al. (2002), caregiver burden is defined as both the objective demands associated with caring for an individual with a chronic illness (e.g., financial strain, problems in social relationships) and the subjective burden (e.g., caregiver responses, emotional reactions) related to those demands. Patty's story in particular seems to highlight these issues as she describes significant stress related to her husband's inability to help support the family financially, help in the home, and effectively care for the children: "I would come home from a very stressful day at work and there would be dishes on the table, nothing done, see him on the computer, kids watching T.V. all day long, not getting any quality time. I don't know how I coped with it all." For Patty, "there is a lot less stress" even though her husband is still symptomatic, because she can now cope better with his chronic illness. They have moved to a new town, so the family can manage better financially, she doesn't have to work fulltime, and can be more involved in the care of the home and children.

The concept of STS fits very well in describing the experience of helping professionals, and particularly clinicians in the field of trauma counselling (Arvay, 2001). There is accumulating research evidence that these helping professionals report PTSD symptoms paralleling those of their clients, violent imagery related to their clients' trauma intruding upon their consciousness, client stories resulting in intrusive nightmares and depression (Stamm, 1999). Trauma therapists can develop a syndrome nearly identical to PTSD without exposure to the traumatizing event, and the STS symptoms can be thus connected to the client who experienced the primary trauma (Arvay, 2001). However, STS may not be the best conceptual fit for the experience of spouses of soldiers with PTSD, especially when there is evidence of

aggression and violence as well as alcohol abuse in the context of their marital relationships. Caregiver burden may also offer a better description of a military spouse's distress, especially in light of her struggle with the various financial, social and emotional demands of caring for a husband with chronic, debilitating PTSD.

5.22 Posttraumatic Stress Disorder

The dynamic and complex interaction between social relatedness and PTSD is illustrated well in several of the participants' narratives of their relationships. The stories of two of the women in this study provide some evidence for Hobfoll's (1998) stress and coping theory, as described by Benotsch et al. (2000). This theory uses the metaphor of a "loss spiral" in terms of personal and environmental resources to explain PTSD sufferers' descent into chronic disability. It is important to note that the women in this study highlight a passionate beginning to the relationship and confusion when their husband's symptoms become noticeable to them. Several of the women also describe their husband's declining physical and emotional health and problematic behaviour, and increasing stress in the family, culminating in some cases with the wife thinking of leaving the relationship, in the words of Dawn, feeling "like you want to give up". Kendra describes how "things were piling up" on her husband and at a point before treatment "Joe was declining": "So whenever we had a baby or a job didn't go well or, it would all build up on him..." Patty also describes progressively worsening symptoms for her husband until "he started to stay in bed all day." From the spouses' perspective, the reader has a picture of how other family tragedies and disappointments (external stressors) seemed to play a major role in worsening symptoms in the soldier-husband, in some cases triggering a downhill spiral and impact the marital relationship.

Indeed, it is also important to note that one of the major transition points identified by several of the women in this study was their husbands' leaving the military. For most adults, having to leave their chosen field of work is an unanticipated transition. It involves a process of exiting and disengagement from a particular career role, often central to one's identity, and moving towards establishment of a new identity (Schlossberg, Waters & Goodman, 1995). As highlighted by Nice (1993), the military, however, is not just an employer; one joins the military, a total institution, and becomes a 'member' of the Canadian Forces (CF). The sense of brotherhood in the military has been identified as important for soldiers and something that is painfully missed when they are no longer with the CF (Cave, 2003). Carol describes how Steve felt that the military was his family, the only family that he had ever known. When soldiers leave the CF they feel a loss of camaraderie with other military personnel and military

families (Westwood, McLean & Cave, 2004). In addition, according to the women in this study, when medically released, the soldier feels rejected, in the words of Rona "gotten rid of." It is little wonder that veterans often harbour distrust and resentment towards the military after their experience of being "kicked out of the family." A soldier who is physically and/or emotionally injured and is discharged from the CF not only loses his identified career role, but may lose his sense of belonging to his identified 'family'.

Although 'belonging' is a psychological construct that has received little empirical investigation, a few studies and anecdotal reports showing the importance of relatedness to others are found throughout the psychological and healthcare literatures (Kuhl, 2002; Sargent, Williams, Hagerty, Lynch-Sauer & Hoyle, 2002). In her model, Herman (1997) also describes the importance of connection with others in recovery from trauma, particularly for soldiers. She comments that soldiers' sense of safety is invested in their small combat group, "they come to fear separation from one another more than they fear death" (p. 62). As cited by Sargent et al. (2002), Anant (1966) defined sense of belonging as the experience of personal involvement (in a system or environment) and the extent that a person feels him or herself to be an indispensable and integral part of a system. Sargent et al.'s (2002) research points to the buffering effects of belonging for those experiencing symptoms of depression. Kuhl (2002) also describes the theme of "longing to belong" to the family of their choice as prominent in the narratives of those with terminal illness (p. 214). This line of research may have implications in theories related to the etiology of chronic combat-related PTSD, particularly in light of the accounts of the women in this study.

5.3 Implications for Practice

There's no vacation from PTSD.

~ Matsakis (1996)

5.31 Groups for Spouses Needed

Often the sole recipient of psychological services is the soldier-husband, yet the families of soldiers struggling with PTSD unquestioningly need support. Women in relationship with soldiers with PTSD may be coping with aggression and violence, traumatic symptoms, depression, and a changing relationship with a husband with a long term disability. Like the wives of Vietnam veterans' experiences as noted by Matsakis (1996), the women in this study found their soldier-husband's PTSD symptoms difficult to understand and cope with. They often personalized their husband's behaviour, attributing irritability or emotional withdrawal to their own actions or as reflecting the couple relationship. It is worthwhile to note

that all the women in this study talked about having good friends, family and supportive networks, yet also wanted more support with others who are experiencing similar lives.

Furthermore, in contrast to the contention by Gilbert (1998) that spouses may feel that they lack legitimacy in seeking support or see their husband's support needs as more important than their own, the women in this study clearly articulated that they wanted additional support and a preferred mode of intervention: Groups for spouses - having somewhere to go to feel 'normal' and supported by other women in similar circumstances. They highlighted that receiving knowledge and skills from other spouses, not just reading material or individual sessions with a counsellor, is key, a finding that supports Galovski and Lyons' (2004) observation that the types of services most often requested by spouses are focused directly on their own needs as well as Sherman et al.'s (2005) results that a women-only support group was desired by military spouses. Thus what the women perceive as needed differs substantially from the adjunctive family counselling or psycho-education sessions commonly offered if and when spouses are included in their husband's treatment for PTSD.

In addition, practitioners need to recognize that therapeutic intervention with this population may be difficult to initiate (Gilbert, 1998). Spouses may be unable or unwilling to seek help, and as was mentioned by Patty, "a phone number on a magnet" will likely be an ineffectual means of helping some spouses reach out for assistance. Care providers will need to actively seek out the spouses of soldiers with PTSD. The Operational Stress Injury Social Support (OSSIS) project was created in May 2001 with a mandate to create a national peer-support program for CF members, veterans and families (www.ossis.ca). This project is still growing; the spouses in this study did not mention accessing any OSSIS programs or supports. This finding supports Flemming's (2002) research revealing that many Canadian civilian spouses of military personnel have extremely limited contact with Canadian Forces agencies and many are unaware of psychological and other support services available to them. OSSIS may not yet be offering what spouses need (e.g. groups just for spouses), and it will be necessary to very actively recruit spouses into its programs and services.

5.32 The need for sensitive treatment by care providers

As highlighted by Wilson (2004), PTSD often manifests in disturbing physical symptoms, loss of self-image, memory impairments and accompanying feelings of vulnerability and powerlessness. For the majority of soldiers being forced into dependency roles with case managers, physicians, psychologists and other care providers, because of their PTSD and physical injuries, likely represents a profound change from their previous sense of

being able to "take care of business" in an independent fashion (Matsakis, 1996a). As stressed by the spouses in this study, this also represents a dramatic shift for their relationships as well. For soldiers struggling with PTSD and their families it is difficult to accept their neediness as normal in their circumstances. How disturbing it is, then, when assurances are desperately sought after, to have "doors slammed" in your face - to hear others question your integrity, or otherwise portray or present an uncaring response to your needs.

Kuhl (2002) highlights that unintentional suffering can be caused by the way professionals respond to those in their care. Referred to as "iatrogenic suffering", dying patients in his research told Dr. Kuhl that at times the pain they experienced because of unintentionally dismissive or otherwise non-empathic responses by healthcare providers caused the patients more pain than the disease itself. Iatrogenic suffering in the context of soldiers struggling with PTSD occurs when those to whom the soldier and his family turn for assistance respond with discounting, disbelief, denial or delay of assistance (Matsakis, 1996a). It manifests in insensitive comments that can be interpreted as minimizing or questioning the extent of the soldier's PTSD and its impact on the soldier and his family, and in soldiers and their families being deprived of needed services or having to make repeated submissions and multiple applications for services. I think that the women in this study articulate this kind of pain very clearly in relation to the way their husbands and they have been treated, however unintentionally, by the military and government organizations mandated to help them. Beth says, "They always turn you down the first time, we learned that." Unnecessary evaluations and re-applications ad nauseam until the soldier, in the words of Rona, "won't fight for more" and literally gives up on receiving treatment and support (Canadian Forces Advisory Council, 2004). Instead of providing a sense of care and comfort, individuals in the organizations mandated to help the family contribute to a sense of shame for being injured and asking for help (Matsakis, 1996a). In addition, Patty describes well the result of iatrogenic suffering - generalization to distrust of the entire organization. She states emphatically that she wouldn't reach out for help from the military and VAC. Whether it is the result of staff receiving poor training, being overworked or simply burned out, this highly preventable wounding of soldiers and their families has to stop.

The Canadian Forces Advisory Council (2004) highlighted that VAC needed to provide more easily accessible, timely, flexible transition services and benefits that were responsive to soldiers and their families. With the New Veterans Charter (Veterans Affairs Canada, 2005), it seems that attempts are being made to better meet the needs of soldiers and their families. For

example, the implementation of a single point of entry into the VAC system of programs via a "dedicated" case manager is no doubt an improvement. However, as Dr. Kuhl (2002) stresses, to stop iatrogenic suffering those case managers will have to be trained in importance of the "how" of what they do. They will need to display clear expression of compassion and an empathic demeanor, not take the traumatized soldier and his family's anger and frustration personally, return correspondence and phone calls promptly, act as an advocate for the family with other professionals, and have a strong stance of being "on their side" throughout the process. This "person-centered approach" is the hallmark of the federal Disability Agenda and was to be adopted by Veteran's Affairs Canada in 2000 (Canadian Forces Advisory Council, 2004).

Being aware of the dynamics of iatrogenic suffering, counselors and psychologists can help soldiers and their families identify these unintentional wounding experiences, and counter the insensitivity of others. However, the bottom-line is that VAC case managers will need to be trained in maintaining alliance and relationships with soldiers and their families. In particular, there are times when natural delays occur and there may be client needs that cannot be met; in these instances how soldiers and family members will be given this news, according to Kuhl (2002), "is pivotal." There is no way to make "bad news" (something that will be difficult to hear) "good news" but difficult news can be given in a way that the process itself is not painful. Empathy and how to give bad news are communication skills that can be easily taught to VAC staff.

5.33 PTSD Treatment

From the reports of the women in this study, their soldier-husbands achieved significant improvement as a result of participating in the Transition Program for Canadian Soldiers, supporting the contention that this type of group-based approach holds promise for the comprehensive treatment for soldiers with PTSD. The women identified being with other military families as critical for significant gains, as well as having their experiences normalized and ongoing feelings of support from other families as particularly helpful. It is also clear that when including spouses in treatment, the modeling of conflict resolution and other communication skills is appreciated. Although this is not a representative sample of families who participated in the Transition Program, it should be noted that one wife reported that her husband experienced a complete recovery as a result of treatment (no longer has any symptoms) while the others reported their husbands had improved but still experienced PTSD symptoms. This is congruent with the current literature related to the chronic nature of combat-

related PTSD that Friedman (2006) highlights; that with psychotherapy, complete remission can be expected in 30%-50% of cases of PTSD, and partial improvement with most soldiers. Practitioners are advised to normalize treatment gains achieved for soldiers and their families so that spouses are not dismayed when their soldier-husbands are not initially symptom-free following treatment.

As well practitioners need to make sure that families understand the process of treatment and the expectation that soldiers may appear to get worse before they improve during therapy. This phenomenon during the necessary, though uncomfortable process, of "uncovering" has been well documented by trauma clinicians (e.g., Herman, 1997). Though no client is meant to be left, in Rona's words, like "a cracked egg" that can't stop bleeding, therapy for combat-related PTSD will bring about increased thinking and dreaming about war experiences, and if working, result in buried emotions and memories coming to the surface (Herman, 1997). As a consequence, the soldier can be expected to be more distracted and inefficient at work, and to be experienced by family members as angrier, sadder, and more openly afraid. Spouses need to be reassured by practitioners that this is normal during treatment, that the soldier's feelings, though intense, will not hurt him (Matsakis, 1996). If the soldier's family is not properly educated in this regard, they could become understandably panicked and confused by the appearance of 'worsening' symptoms. Family members need to be made allies with practitioners in normalizing the therapeutic process for the soldier, to mitigate the spouses' own distress and make sure that treatment gains are not inadvertently compromised by the spouses' reactions.

Lastly, the women in this study highlighted that their soldier-husbands did not readily seek out psychological help, some struggling with symptoms for a decade or more. Kendra and Dawn noted that soldiers may be apprehensive because of the presumed stigma associated with engaging in 'counselling' - reflecting weakness and therefore jeopardizing the soldier-husbands' careers. Highlighted by Hoge et al. (2004) following their large-scale surveys of U.S. combat infantry units, of respondents who met screening criteria for mental disorder (Major Depression, Generalized Anxiety or PTSD), less than half expressed interest in receiving psychological help and only 23% to 40% reported receiving psychological services in the last year. Concern about how the soldier will be perceived by peers and by military leadership was the number one reported barrier to mental health care. Reducing the perception of stigma among military personnel needs to be a priority for policy makers, clinicians and military leaders (Hoge et al., 2004). In the meantime, following the example of the Transition

Program which was offered on a university campus as opposed to a clinical setting, and as a comprehensive career transition program, as opposed to "group counselling," may encourage more military personnel struggling with PTSD to receive assistance.

5.4 Implications for future research

> It's an honour to listen to the truth of people's lives.
>
> ~Gordon Quan, Veteran of WWII

From the results of this research project it would appear that spouses of soldiers healing from PTSD would like to have groups of their own. They would appreciate knowing that other spouses have similar feelings and experiences, and the shared knowledge from other women in comparable circumstances. The study participants also highlighted that they would like to develop better coping strategies. It is apparent from their stories that "meet and greets" as described by Dawn and perhaps simple support groups may not be enough. Spouses of soldiers healing from PTSD are women who may have experienced significant trauma themselves, and may be coping with depression and stress-related symptoms. Studies of support groups for women struggling with depression have not shown the efficacy of this approach alone (Maynard, 1993). In Flemming, Klein and Corter's (1992) study of women with Postpartum Depression, for example, symptoms of the women in the support group condition did not improve compared with the control condition, and women in the support groups have showed significantly less improvement in negative self-image than women in a no-intervention control condition (Stuart & O'Hara, 1995). Although varying in design, support groups typically emphasize individual sharing of personal feelings and experiences with little direct efforts made to alter behaviours or cognitions through the teaching of skills (Maynard, 1993). Although a social support group may provide some comfort for spouses, a more structured group counselling intervention will likely better meet the spouses' needs.

The spouses highlighted in feedback interviews that they found the process of telling their story beneficial; for the spouse who read all the narratives, reading the stories of others was also therapeutic. Group-based life review in combination with communication and conflict resolution skills practice, could offer a relatively safe and effective group experience for spouses of soldiers healing from PTSD. As delineated by deVries, Birren and Deutchman (1995), group-based life review encourages self-exploration on pertinent themes such as major branching points, career, family, and values and beliefs, providing a framework for participants to begin to think about important topical areas and reflect on their life story through various themes. Life review participants write a series of brief autobiographical essays based on the

assigned themes at home, and then share these accounts in a small group. As stressed by deVries et al. (1995), the private writing exercises allow participants to rehearse what will be shared in the group, thus they can monitor the affectively charged material they choose to reveal. They also benefit from the group context, the opportunity to see themselves in the lives of others and commonalities of experience.

There is a substantial body of research showing the measurable positive outcomes of the life review method. Studies have shown that life review has been used effectively with women who have experienced violence, and group-based life review has positively affected participants' sense of social connectedness; facilitates a process of better understanding of oneself and others, resolution of past resentments and negative feelings, and highlights strengths and capabilities (Fry & Barker, 2002; see also Birren & Deutchman, 1991 for review). In addition, with the added component of skill building sessions for spouses to learn communication competencies, such a program could reduce stress-related reactions and facilitate preventative coping strategies in spouses.

From the results of this study several considerations for the delivery of a group-based program for spouses are apparent as well. Spouses will need to be actively recruited through personal contact with case managers and healthcare practitioners. It would be best to offer the program in a community setting, separate from military and other government programs. Also, because spouses of soldiers healing from PTSD have very full and busy lives, it would be advisable that program group sessions be delivered on Saturday mornings in conjunction with a half-day soccer skills program, or some other arrangements for childcare provided free for participants.

Future research, then, could examine the immediate and long-term effects of participating in a group-based counselling program for spouses of soldiers healing from PTSD. Specific objectives could include implementing and evaluating the effectiveness of a program with group-based life review and the learning of communication and conflict resolution skills as key components, comparing measures of the spouses' well-being and coping resources pre- and post-program completion, and determining the helpful and hindering factors related to the spouses experience in the program.

5.5 Ethics

> Qualitative researchers undertake quests in the private spaces of the world. Their manners should be good and their code of ethics strict.
>
> ~Robert Stake

Berg (2004) notes that contemporary research methods have evolved, becoming more sophisticated and penetrating. As a consequence "the extent or scope of research has become greatly expanded," and at the same time there is an "increased awareness and concern over the ethics of research and researchers" (p. 43). For this study the main concerns related to research ethics revolved around issues of harm, privacy and confidentiality.

Considering the potential benefit of a research project must be weighed against potential harm (Berg, 2004). As noted above, a potential benefit of participation in this project was the opportunity for participants to experience greater awareness and understanding of their life events and relationships. The potential risks entailed the emotional reactions to the discussion of current/past distressing events experienced living with their husband who was in treatment for PTSD. Because I am currently in the doctoral program in Counselling Psychology, I had the experience/training to offer immediate support and encourage referral to established mental health practitioners. For one participant I acted as liaison and referred her directly to a clinical counsellor in her area. In addition, all participants were provided with a CD of meditations for relaxation and containment of emotional material prior to the commencement of interviews and instructed to listen to the CD following the research interview.

This is a population for whom trust has been broken by other organizations who espoused they would help the family. It is also well known that many military families who want as little to do with government and other agencies as possible may have had previous bad experiences and mistrust of psychologists, or see them as in collusion with the military (Matsakis, 1996; Rotter & Boveja, 1999). Rigorous steps were taken in this project to assure the participants' confidentiality including using pseudonyms to replace actual names, removing all specific identifying information regarding the participants or family members from transcripts, and not including identifying information in narrative summaries. For example, specific dates, missions, and places were removed from stories and specific occupations were removed or changed.

All demographic information in this study was amalgamated and included in a separate section of this study. This may have been somewhat frustrating for readers of this work. However, in qualitative research, because the participants are known to the investigator,

anonymity (such as with survey questionnaires) is nonexistent, and certain characteristics of the participants and their stories may make it possible for others who know them well to guess a family's identity. Therefore, upholding the participants' privacy becomes paramount. In the context of the research interview participants shared very openly with me. As a researcher, of course, I am thrilled to have as much information as possible, but I did not probe except for clarification, and I respected the dynamics of the research interview – that the participants may share with me but then feel uncomfortable afterwards with what they had said, especially seeing their own words in print. I tried to normalize this experience as much as possible; when the participants were given the narrative summaries I stressed to them that they were free to add or remove what they wished, and no questions were asked related to material that was removed. These steps are particularly important when conducting research with this population, to build trust in our profession, and avoid feelings of shame or doubt related to research participation.

5.6 Limitations

This study is but a glimpse into the lives of a limited group of spouses of soldiers in a process of healing from PTSD. The inherent aspects of this work, its narrative focus on a small group of women and provision for rich accounts that access their subjective experience, can also be seen as one of its limitations. As Camic, Rhodes and Yardley (2003) remind us, both qualitative and quantitative approaches provide invaluable information. Camic et al. (2003) liken quantitative research to the process of producing a map of a place and qualitative methods to producing a video of that place. A video gives us an understanding of what it is like to be at that place; the map conveys with economy and precision the location of the place and its relationship to other places in terms of proximity and direction. From this study one gets insight into the experience of these spouses in ways that large-scale studies with quantitative measurements cannot; it allows the reader to witness the participants in the complexity of their experience. From this study one also finds consistencies across the six narratives. However, from this research the reader cannot make comparisons to other groups of military spouses or women in general.

5.7 Conclusion

This study used a narrative approach and Life Story interview method to allow the stories of six spouses of soldiers who have received treatment for PTSD to be told. From their accounts, Kvale's (1996) method of thematic analysis was used to identify key experiences and increase our understanding of families of soldiers struggling with PTSD. The participants' stories revealed instances of aggression and primary trauma as well as problems related to their

husband's periods of alcohol abuse, making Figley's model of STS perhaps not the best conceptual fit to explain the experiences of these women. Some support was found, however, for Hobfoll's (1998) model of a loss spiral to help describe the descent into chronic disability too often seen in combat-related PTSD as well as the difficulties soldiers experience in their transition from the Canadian Forces. This study's implications for practice include the participants' desire for group intervention for themselves; the need to address the iatrogenic suffering of soldiers and their families; treatment recommendations such as a group-based approach with other military people as participants, the modeling of conflict resolution and other communication skills, normalizing treatment gains for family members and making spouses allies in treatment interventions; modeling the delivery of the Transition Program for Canadian Soldiers to bring more soldiers and their families into treatment. Future research also needs to include delivery and evaluation of a group counselling intervention for the spouses of soldiers healing from PTSD.

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APPENDIX A: LETTER OF INVITATION

THE UNIVERSITY OF BRITISH COLUMBIA

Department of Educational & Counselling Psychology & Special Education
Faculty of Education , 2125 Main Mall, Vancouver, B.C. Canada V6T 1Z4,

January 25, 2005

Dear Prospective Participant,

We are writing to you to offer you the opportunity to participate in a research project entitled, "A narrative study of the spouses of soldiers healing from posttraumatic stress." You have received this letter because you were identified by others in the community as someone who may be interested, or you may know someone else who may be interested, in participating in this research project.

The purpose of this study is to better understand the experiences of spouses/partners living with currently serving or former Canadian Forces personnel who have participated in counselling for operational stress injury (posttraumatic stress). With this research we hope to allow your stories to be told, and to identify the best ways to intervene and support families of soldiers engaged in a process of healing. Our research will also help to sensitize counsellors as well as other practitioners and professionals to the unique needs of military families and those struggling with operational stress injuries.

For the purpose of this study we are recruiting approximately ten individuals who are currently in a married, common-law or otherwise committed romantic partnership with a currently serving or former member of the Canadian Forces who has received individual or group-based counselling for operational stress injury. We would prefer that participants be comfortable communicating in individual interviews in English.

Participants will be asked to participate in a two-hour individual interview and a one hour follow-up interview between 4 and 6 months later. Participants will also be invited to discuss the overall results of the project, but you can still participate in the study if you prefer not to participate in this process. Total time commitment is a maximum of 5 hours in three interview sessions over a period of approximately eight months.

opportunity to validate the meaning and accuracy of the narrative in the second interview session, to add to the narrative summary or remove information that wish not to have included. At the final interview the overall results of the study will be discussed. A final draft of the research results will also be available for you once the project is completed.

Time Commitment: Your commitment to the research study will involve a maximum of 5 hours if you choose to participate in all three interview sessions.

Confidentiality: The only individuals who will have access to interview session tapes and transcripts will be the Principal Investigator, Dr. Marv Westwood and the Co-Investigator, Holly McLean. Interviews will be conducted by Holly McLean. To maintain your confidentiality, she will establish with you a pseudonym to be used instead of your real name in all written material associated with this project. All identifying information will also be removed from transcriptions and will not appear in any final documentation or reports. All data associated with this project will be kept in a locked filing cabinet.

Limits of Confidentiality: We are committed to respecting your privacy, which includes the maintenance of confidentiality. However, the confidentiality of the information that you provide is not absolute. There are circumstances that limit confidentiality. In these circumstances it is our duty to disclose participant information. There are two specific ways in which such a duty may arise:

1. You disclose an intention to harm yourself or someone else.
2. You disclose information, previously unreported, regarding the abuse of a child under the age of 16. The Child, Family and Community Service Act of BC requires that anyone who has reason to believe that a child may be abused, neglected or is for any other reason in need of protection, must report it to the Ministry of Children and Family Development.

Use of Information: This study is part of Holly McLean's doctoral work in Counselling Psychology at the University of British Columbia. The research will result in a doctoral dissertation that will be housed in the UBC library and available to the public upon request. In addition, results will be written for submission to professional journals, and presented at annual meetings for mental health practitioners. Reports based on the research findings will also be sent to Veterans Affairs Canada and the Royal Canadian Legion.

Potential Risks: No direct risks are associated with participation in this study. However, it is possible that you may experience strong feelings/distress as a result of discussing your past or current life events. You have been provided with a list of resources for further support along with material outlining self-care strategies for your use.

APPENDIX C: FORMAT FOR PARTICIPANT INTERVIEWS

Interview Format

1. Informed Consent
2. Demographic Questions
    a. Age:
    b. Relational Status:
    c. Children (ages):

    d. Educational background, work/school status:

    e. Current living arrangement (rural/urban?), (extended family?) (house/apartment/trailer?) (own/rent?)

    f. Is there any particular cultural group that you identify with?

    g. Is there anything else about you that is important for me to know to understand your experience and who you are?

    h. Where and when did your partner serve?

    i. When was your partner diagnosed with PTSD?

    j. What counselling/treatment has your partner received in the past?

    k. What, if any, counselling have you received in the past?

3. Life story interview