



UNIVERSITY OF  
NORDLAND

# MASTER THESIS

## **Yukon Veterans in Transition:**

**Factors affecting post-service transition and reintegration processes of ex-Canadian Armed Forces service members with peacekeeping and combat experiences**

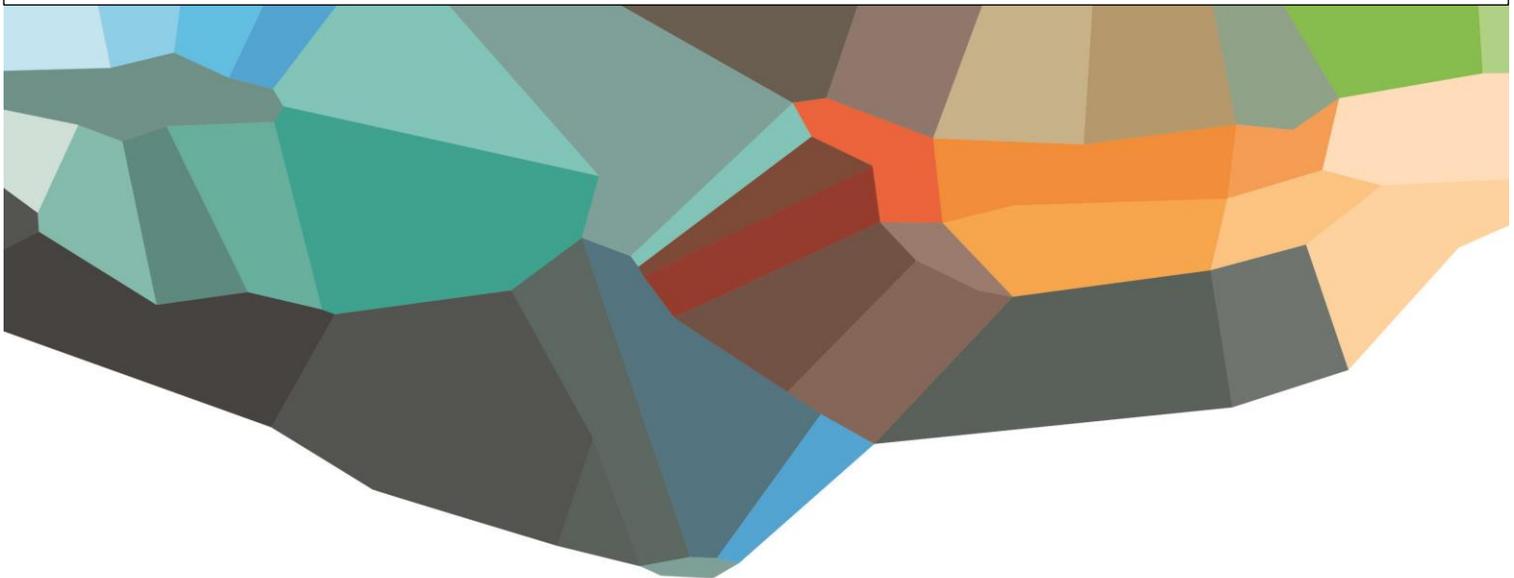
by

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**Dedicated to the memory of Sveinung Horverak**

## **Abstract**

This study is an investigation into the transitional experiences of released and retired members of the Canadian Armed Forces who reside in the Yukon Territory, Canada. The project is specifically targeted those members who have fulfilled overseas deployment roles encompassing both combat and peacekeeping assignments and their attending experiences. Masculine gendered traits are learned from birth and reinforced in the military. While deemed useful during military activities, adhering to this form of hyper-masculinity is described as problematic to the individual, his relationships, social engagement, and employment, further impeding the physical and mental recovery from any operation stress injuries. This study examines the role and effects of masculinity, identity, coping and recovery from OSI within the context of processes of change associated with transitioning back into civilian society.

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## **INTRODUCTION**

My original interest in the subject of the well-being of veterans returning to the Yukon was through my position as a social worker specializing in working with men and relational violence, which also included attending mental health, addictions and trauma work within a variety of therapeutic contexts. The veterans I encountered as clients were all male and usually presented as angry, hurt, lost and abandoned. They came replete with a variety of complex issues covering the gamut of human suffering from physical, emotional, mental, and spiritual trauma to issues relating to economic, relational, educational, homelessness and other collateral damage – on and on it went. A constant thread from these men was a sense of being abandoned or let down by the Canadian Armed Forces (CAF), the public and their friends and loved ones. Help seemed non-existent. Unexpectedly, another common thread always present was the expression of a deep and mysterious relationship with the North and living in the Yukon in particular.

Of course, not all returning veterans fell into this category – many were, and are, quite well adjusted, productive community members but these men I worked with – who gave so much of themselves in service to their country and upholding the principles of freedom and democracy - seemed special cases indeed, tinted with bitterness at their experiences in the field and treatment by the system after giving so much of themselves. My professional interest was further piqued during a 2008 meeting between officials from the Department of National Defense (DND) and Veterans Affairs Canada (VAC) and local community service providers in an attempt to strengthen the often-strained relationship between Canadian Armed Forces and its service members and to simply seek out and find those veterans who had quietly “disappeared into the woods” in the vastness of rural and remote Yukon. These officials stated they did not know how many veterans actually resided in the Territory. It was now clearly in the Government’s interest to support the troops both during and after the increasing demands of both combat and peacekeeping service, particularly when so many of them came home and ended up on the front pages of the papers when things went horribly wrong directly because of their experiences in the field. The veterans, their families and the public were looking for accountability, while the CAF and the Government were trying to comply. I was just left with so many questions.

Such is my professional interest in the subject as originating from the standpoint of a ‘theoretical sensitivity’ according to Strauss and Corbin (1999). Essentially, a “theoretical

sensitivity” refers to a sense of understanding of a subject by virtue of exposure through experience gained in professional practice (Strauss and Corbin, 2007).

My ideas for this research project flow from my experiences with this population. As such, the project will examine the current state of these Yukon veterans, which is, broadly speaking: who are they, where are they, how are they?

## **BACKGROUND**

First, a brief note on titles: most of the respondents in this study were clear that while they indeed fit the definition of ‘veteran’, in their opinion it is a term of high regard generally reserved for those who served in First and Second World Wars; it was agreed ‘veteran’ would denote the larger contextual applications and the term ‘service member’ acceptable when referring to the respondents and/or peer related groups.

There is no dearth of information about the topic of soldiers reintegrating into society. An initial search through several databases and some Google magic uncovered literally hundreds of reports, studies and other sources of information about military personnel reintegrating into civilian life from all around the world. However, as Blais, et al. (2003; pg 1) has noted: *“...most information on the effects of this post-deployment reintegration experience is from American Vietnam War veterans who were asked to recall their homecoming experiences years after they have returned. There is relatively little systematic information about these reintegration experiences from Canadian Armed Forces personnel.”*

Since 2003, and with the Canadian government’s increased commitments of Canadian Armed Forces troops in combat and peacekeeping roles overseas, much more formal interest in understanding the nature of reintegration into civilian life has been generated by both the Canadian government, university-based independent and private researchers. The most recent research in this topic – and arguably some of the most comprehensive Canadian research to date – comes from the ongoing commitment to the topic by Canadian Armed Forces (CAF) themselves. I will particularly draw on two recent, very large, national cross-sectional studies completed jointly by Veteran Affairs Canada, the Department of National Defence and Statistics Canada. They are the “Survey on Transition to Civilian Life: Report on Regular Force Veterans” (STCL, 2011), which is one part of the larger overarching “Life After Service Studies” (LASS, 2010) and the third companion volume, the “Income Study: Regular Force Veteran Report”

(2011). Certainly, these two studies provide shape and substance to my interest in closely examining this topic. The findings – from delineating a relatively current cross-sectional ‘state of affairs’ for regular force Canadian veterans, to the identification of unmet needs of ex-service members, to describing additional research questions – all serve to provide a partial platform for my research.

A review of the literature, specifically of the Survey on Transition to Civilian Life (STCL) (Thompson, et al, 2011), revealed that the CAF veterans residing in the three Canadian territories were in fact considered “out of the scope individuals” by the research team and were therefore ineligible for inclusion. The three sparsely populated northern territories, the Yukon, Nunavut and the Northwest Territories, are located north of the 60<sup>th</sup> parallel and together comprise about two-thirds of Canada’s landmass. The Yukon alone is bigger than Sweden, with a population of only 34,000 (Yukon Statistics, 2013). This excluded northern population was lumped in with other ex-service members who were in institutions, out of the country, deceased, disappeared or still in service. I have not determined why this population was considered ineligible, given the extraordinary degree of geographical remoteness of some ex-service members – who were included – in virtually every other Canadian province; although the respondents would later describe experiencing such exclusion in a number of ways.

Out of the total study population of some retired or released 40,000 regular force members, approximately 3154 personnel completed telephone interviews based on a comprehensive health and well-being survey. Not one call was made north of the 60<sup>th</sup> parallel. While the STCL noted the total numbers of tri-territorial veterans to be 157 (STCL, 2010, p. 21), this number was derived from an undefined split with Veteran populations identified as “out of the country”; so it is unclear from the formal literature reviewed just how many Northern ex-service members there are. In fact, the local Whitehorse branch of the Royal Canadian Legion estimates the number of retired or released CAF members in the Yukon alone at approximately 300, a significant discrepancy. On a positive note, this very high level of national research provides data with solid determinants and markers, along with solid analysis, which creates an excellent platform for launching other research.

With the time frame starting in the early 1980s, recent high-profile missions to Rwanda, Bosnia and Afghanistan, the Canadian Armed Forces have increasingly been in the media spotlight, whether as sound bites of ramp ceremonies returning the deceased home, or as

headlines when ‘unsuccessful’ reintegration of service members ends up as front page news as crime, homelessness, suicide or other stories cloaked in human misery. This publicity has attracted the attention of researchers across the country, and I have certainly witnessed aspects of this through clinical engagement with service members in my own social work practice. For example, the works of Black (2010) and Westwood, et al. (2002) have provided not only critical adjunct non-governmental research, but have also influenced and developed therapeutic intervention programs outside the sphere of formal military and government structures.

**Purposive statement:**

In this research project I am undertaking a qualitative study to capture the reintegration experiences of a cross-section of ex-service members residing in the Yukon Territory of northern Canada. Given the results of my literature review, the two most common conclusions permeating the topical Canadian literature clearly suggest that first, approximately two-thirds of ex-service members transition without much difficulty while one-third struggle (Survey on Transition to Civilian Life , 2011; Life After Service Studies , 2010; Blais, 2003) and that second, there is a dearth of research specifically focussing on the reintegration experiences of former members of the Canadian Armed Forces. My intention is to make this study useful in the contexts of both understanding these individuals and their needs, identifying the internal and external impacts of their service experiences on the respondents and on their roles in our community, and assisting to formulate better formal responses to their needs.

This process is intended to concretely define the limiting determinants of veteran well-being, as based on the most recent Canadian literature described above; then apply the information garnered from the interviews with Yukon ex-service members in order to: 1) determine an understanding of the qualitative similarities and differences with the findings of the prescribed determinants of the existing studies and; 2) develop a relevant picture of the perceptions Yukon hold of their experiences and current life situations.

There are some similarities between this design and the referenced studies and, obviously, many differences. These will be denoted further in this paper. The research questions included the following:

- What was their experience ‘coming home’ (reverse culture shock; perceptions of community views; acceptance by family, friends, and the larger community)? How have these experiences changed over time?
- How do their experiences stack up against the specific determinants as identified within the STCL or LASS?
- Does being ‘North’ influence their perceptions?
- How do they define wellness? How do they view their own wellness?
- What, if any, gaps in service exist and what are the implications for local service providers?

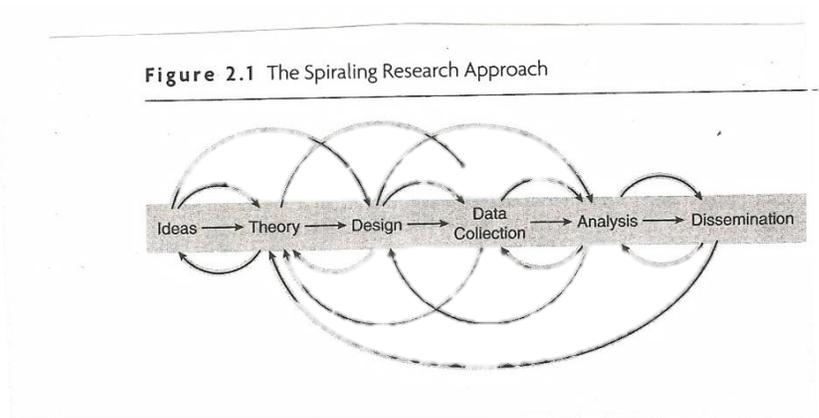
Such questions will be further drawn and developed stemming from a deeper recognition of the overarching concepts from the literature sources. Concepts are, according to Berg (2009), the basic building blocks, which provide both symbolic and definitional representations of ideas, objects, features, processes, phenomena and so on. These building blocks allow us to communicate ideas, thoughts or information about broader aspects of a subject. The concepts for this study are therefore derived from the review and scrutiny of the recent Canadian literature.

Initial examination of the materials had already indicated consistently strong emergent conceptual constructions and thematic hallmarks such as: transition, wellness, health, “the North”, culture shock, self-image, trauma, military culture and masculinity, to name a few. These will be further expanded on elsewhere in this document. Viewing such concepts through both symbolic and definitional lenses will necessarily generate multiple layers of meaning important to their operationalization. This will further influence and enhance the theoretical values drawn from same.

### **Approach to design**

This research is a qualitative investigation. The purpose of qualitative research is to discover how people learn about themselves and the world they inhabit (Berg, 2009). Qualitative research, then, is the careful, systematic “collection and use of empirical materials that describe routine and problematic moments and meanings in individuals lives” (Denzin, 1994. p. 2). While qualitative research can take on many types and forms (for descriptors see: Denzin (2000), Berg (2007) and Babbie (2007)), my approach will utilize a spiralling rather than rigid linear structure to allow a flexible and constant evaluation, development and re-evaluation of my qualitative

process. The following illustration (Figure 2.1) represents a design strategy suggested by Berg (2009, p. 26) in which no single aspect stands alone, but the act of discovery flows forward and back throughout the rest of the process:



(Berg, 2009, p. 26)

From the initial idea to the act of dissemination, realized findings in each step influences each and every other step in this style of structuring, creating a saturated and richly textured process.

This cross-sectional qualitative study will be undertaken with a social-constructionist lens. The notion of constructionism has underpinnings beginning with Kant and was developed through the work of Adler and Piaget (McCann, 1990) and further refined by Berger and Leukmann (1966), Lincoln and Guba (1985) and Charmaz (2006). This ontological assumption asserts that “individuals seek understanding of the world in which they live and work” (Cresswell, 2008, p. 9), thereby creating their own interpretations and meanings of their existence based on their own structural framework of experience, which actively serves to create and constrain new experiences. Further, Cresswell suggests it is through our interactions with others that we incorporate social and cultural norms that create the layering of contextuality and subjectivity of how we interpret and, ultimately create, meaning in our existence.

As an interviewer, it is critical I remain aware of how my engagement/interaction with the respondent contributes to the construction of reality by virtue of the nature of the engagement process itself. As a social worker, my own lens is shaped not only by the underpinnings unique to my own upbringing, life experiences and other such influences shaped by culturally normative behaviours and social constructions, but also by my professional training, experience and familiarity with the tools of my trade – specifically, as a generalist social work practitioner, how

I weave a postmodern perspective through such lenses as systems theory or trauma theory and combine them with techniques specific to clinical practice (such as cognitive behavioural therapy, narrative therapy, dialectic behavioural therapy, and so on). This all serves to shape and influence the socially-constructed discourse that permeates my social work practice or, in this case, serves as an epistemological assertion that the researcher indeed interacts with what is being researched, as posited by Cresswell (1994). For example, at one point in my examination of the materials gathered for this project, my lens and interpretative approach was a blend of the theories of masculinity posed by Kaufman (1994) and Jenkins (1997), as couched within the postmodern assembly of narrative therapy as described by Healy (2005) and weighted heavily in the social-constructionist understanding of the assessment and treatment of psychological trauma as found in McCann and Pearlman (1990) and Hermann (1997). While this research process is clearly not a therapeutic gesture, it stems from an approach I am intimately familiar with from working with men in clinical social work settings; this is a re-utilization of that perspective within a different application.

### **Theoretical positioning:**

This research needs to be both reproducible and valid, and that demands solid design. This research will utilize the constructivist grounded theory method (see: Strauss (1990) and Denzin (2000), Charmaz (2006), Cresswell, (2007), Mills, (2006)) to draw out patterns, relationships and, ultimately, new theory.

Grounded theory was initially established by Glaser and Strauss (Glaser and Strauss, 1967) as an alternative answer to the (at that time) restrictive positivistic nature of quantitative research. In a critique of four grounded theory texts, Allen (2010) summarized a definition of their approach as “a systematic procedure for the generation of theory from qualitative data” (Allen, 2010, p. 1606) from which theory ‘emerged’ naturally from the discovered data rather than fitting the new theory into pre-existing or pre-conceived models, as was the traditional approach to research. This relativist approach ensured an acknowledgement of the realities of both researcher and participant in an infusion of saturated data, which allowed for the emergence and verification of discovered new theory.

The work of Charmaz clearly ‘modernized’ basic grounded theory with an “emphasis on the interpretative portrayal of the studied world, not an exact picture of it” (Allen, 2010). As Allen

(2010) notes: “unlike traditional grounded theories, Charmaz (2006) assumes that neither the data nor theories are discovered, but are constructed by the researcher and research participant”. This creates a situation where, in the context of the dialogue, the voices of both the researcher and the respondent combine in creating a reciprocal and emergent mutual discourse and understanding, from which both the created data and the subsequent new theoretical emergences can be considered constructed products born of the mutual intermix of the two parties.

Further to this point, Charmaz (2006) notes her ‘guidelines’ for the practical application of her constructionist grounded theory are simply that: guidelines. In her version of grounded theory, the notion of guidelines is reflective of the core belief that as the world changes, so too do our ways of interpreting (constructing) how we know that world and why we see it as we do. In order to understand the inductive nature of Charmaz’s approach, it is important that the researcher continually moves forward and back through this flexible process to facilitate and verify each new discovery. Cresswell building on Charmaz (2006) and Strauss and Corbin (1990; 1998), suggests the “two primary characteristics of this design are constant comparison of data with emerging categories and theoretical sampling of different groups to maximize the similarities and the difference of the information” (Cresswell, 2008, p.13); Charmaz (2006) suggests, in order to facilitate such systematic comparisons, such simultaneous data collection and analysis creates a vehicle for comparing the initial inductive conjectures with ongoing deductive explanations, leading to an emergent development of original theoretical analysis; she notes this is to take a “reflexive stance towards our actions, situations, and participants in the field setting and constructions of them in our analysis”.

While I examined other types of methods for fit (for example, naturalism, ethnomethodology, case study and participatory action: see Babbie (2007)), constructionist grounded theory offered the best congruence with an approach that fit the intentions of the research, as well as offered the best fit for my own clinical and research skills set. It certainly creates a greater shift from the hard positivistic approach towards a ‘softer’, more flexible and creative pragmatist process, which more closely mirrors not only my clinical style but my own way of thinking about things in general.

## **METHODOLOGY**

### **Process**

The methodology included a comprehensive literature review for theoretical positioning, and utilized semi-structured interviews to acquire the raw data (including a professionally-transcribed verbatim text of the audio recordings), followed by textual coding and analysis done in accordance with the theoretical frameworks of Strauss and Corbin (1990) and Charmaz as offered in Denzin (2000).

Following Charmaz (2006), memoing was conducted simultaneously with the coding to ensure an accurate capture of my thoughts and observations of the interactions and linkages between relationships, trends, recorded observations, the literature, data and known and discovered theories and processes. This assisted greatly in managing the volume and complexity of transcribed materials. These memos formed part of the triangulation process to ensure theoretical saturation – that is, the extraction of all the theory that can be pulled from the various aspects of the data analysis (Charmaz, 2006) – and contributed to the project’s reliability and validity as demanded by ethical research practice (Silverman, 2010; Berg, 2009).

In order to manage the complexity of this process, a fully descriptive log was kept throughout the entire process, which included field notes and observations. This log is the “project bible” and I created it in a manner similar to recording clinical case notes where the capture of objective and subjective detail is paramount, particularly to capture the subtle nuances of respondents’ body language, pauses and other factors inherent to fully integrating the interviews into the research in order to address the reliability of the work (Silverman, 2006). This workbook also included my own subjective experiences with both the process and the people involved to ensure accuracy and balance upon review. To ensure the validity of the range of the ‘truth’ of the meanings attached to the concepts being illuminated, and therefore the research itself (Rubin and Babbie, 2007), utilization of these notes was valuable in triangulating the data against my recorded observations as well as the relevant literature, particularly as the direction of the research revealed the complex constructivist underpinnings of the respondents’ transitional processes. To further address the validity of the work, any quotes from the respondents were carefully selected as representative of the final concepts being addressed, as opposed to anecdotalism (see Silverman, 2006, p.47), in which snippets of conversations are used to prop up unexplored contrary positions.

## **Subject selection**

The initial sample intended for this study was drawn from the population of Canadian Armed Forces released and retired service members residing in the Yukon Territory who had experienced overseas deployment in Afghanistan. This represents a fairly small fraction of the approximately 300 ex-service members in a vast territory with a total population of 34,000 (RCL 254, 2012). The population of retired/released Afghanistan veterans was smaller than preliminary discussions suggested, so the door was opened to include retired and released service members of other overseas engagements. This extended target group eventually included individuals who played a wide variety of NATO combat, UN peace keeping, and other roles from the 1960s to 2006 while serving in, amongst others, Afghanistan, Bosnia-Herzegovina, Croatia, Serbia, Rwanda, Angola, Egypt, Israel, Palestine, Cypress, Lebanon, Syria, Vietnam, Cambodia, as well participating in Canadian Armed Forces involvement in significant Canadian events such as the FLQ Crisis, Oka, as well as floods, fires, search and rescue and other events still referenced in the national historical record.

Informal discussions with community members, service providers and released and retired service members indicated an interest in this type of research being conducted in the Yukon. Many of this particular grouping of ex-service members are loosely connected around a central link stemming from the work of service members supporting service members through the Whitehorse branch of the Royal Canadian Legion, as well as through the relationships born of the residual bond inherent in the shared identity created through unique experiences specific to military culture.

Sampling was conducted using a snowball approach and included descriptive profiling and demographic circumstances similar to those found in the LASS and STCL. Utilizing formal public notification by use of ‘an offer to participate’ advertisement in local media was initially anticipated, but proved unnecessary as the informal network of territorial ex-service members provided an intact communications network once a voluntary gatekeeper – one instrumental in addressing ex-service members’ issues in the territory – was identified. This ensured the greatest likelihood of connecting with the target population, many of whom were self-described as “hiding out” in the North. The gatekeeper spoke with interested parties fitting the selection criteria, ensured they were willing to be approached and electronically forwarded their contact

information. As the target group was quite specific, it was with some ease that this occurred, although arranging interview sessions proved somewhat more problematic, likely, in part, as some respondents noted this type of research may have raised a certain reticence with some of the veteran population. Given the small number of ex-service members and large amount of information that was elicited with each interview, engagement with nine participants proved both manageable and sufficient but came with an unanticipated and significant time commitment. All nine respondents are Caucasian male and range in age from early 40's to mid-70's with careers ranging from 10 to 30 plus years and had been out of military service for five to 25 years.

### **Interview structure**

The interviews were semi-structured or 'semi-standardized', and conducted in an open-ended style suggested by Berg (2007; 2009). This involves the researcher asking pre-determined questions in a systematic and consistent order, but designed to unfetter the interviewee from the framework of the initial questions themselves. In this way, the interviewer maintains control over the process, but allows the respondent the freedom to discuss and describe their answers as they so desire. This approach is preferred as it defines and answers the social-constructionist foundational parameters of the study (as structured around the previously noted determinants drawn from the literature), and offers the potential for enhancing layers of rich personal reflection and interpretation of experience, to compare/contrast the space between the parameters and determinants on one hand, and the respondents' reflections and experiences on the other.

For this project, the 'questions' themselves were identified by a thorough literature review of recent studies and reflect the main determinants of reintegration issues as described by Black, 2010; Sudom, 2010; Thompson, 2011 and Westwood, 2008, as previously described above. Essentially drawn and coded from the literature, these refined headings provided topical markers for guiding the interview as opposed to a highly structured framework of specifically-worded questions. Open-ended questions focussed 'on how, then why' as per Cresswell (2008). Given the nature of this flexible approach, my initial estimate of interviews lasting approximately two hours in length was quickly dispensed with as the interviews generally averaged four hours each. These men had stories to tell.

Interviews were arranged via an e-mailed general invitation followed up with either e-mail or telephone confirmations. All interviews were conducted in comfortable, quiet and private

surroundings. Rapport was established; a written ‘confidentiality and release of information’ agreement was reviewed, discussed and signed by both participants, with a copy provided to each party. Safety and ‘the rules’ (safety first) were discussed to the participant’s satisfaction, which allowed for a degree of trust and ease to enter the space between both participants, paving the way to opening an active, reciprocal discourse. At no time will any of the respondent’s private information be made visible through this process; anonymity is of paramount consideration. Information is managed, stored and destroyed in accordance with the Canadian Association of Social Workers Code of Ethics (2005) and National Committees for Research Ethics in Norway (2006).

An audio recording device was utilized and written case notes simultaneously recorded using clinical techniques established over many years of clinical experience with complicated cases. Audio recordings were destroyed upon verification of written transcription.

Interestingly, after the initial tombstone data was recorded, the participants all responded to the interviewer with long, detailed and highly sequential narratives of their experiences. The structure of the interview guide allowed for pauses and eddies in the flow of the narrative, which created natural opportunities for either party to take the time to reflect and clarify information, ensuring a relatively seamless linkage between the respondent’s described narratives and the connections with the interviewer’s main markers contained in the guide.

Each respondent was provided a copy of their own transcript to confirm accuracy, and a shorter follow-up meeting was arranged to clarify any areas where questions remained, as well as to further inform the respondents of any process questions they may have had. It was also an opportunity for the researcher to ‘check in’ with the respondents to ascertain if any feelings or memories generated may have become problematic and in need of further attention (rule one: safety first). While the use of focus or other group experiences were not utilized, this may be a useful exercise for the ultimate dissemination of the findings with the participants at project’s end.

## **Analysis**

In order to ‘facilitate the speed of handling large amounts of data; improve academic rigour and develop accurate coding schemes’ as per Silverman (2010, p. 252), this study utilized a strategy suggested by Charmz (2006), which is as follows: line by line coding to “open up” the

transcribed data; an examination of the actions within the data; a comparison of data with data (specifically: “statement with statement; story with story; incident with incident”) and, finally, a comparison of “code with code”. While software enabling the computer-assisted analysis of qualitative data was considered, the analysis of the transcriptions for this study was undertaken by a hands-on approach utilizing both time and reams of flipchart paper to organize and track data and the various emergent outcomes.

## **LITERATURE REVIEW**

This literature review was conducted after the final coding was completed. The purpose is to review and explain the underlying constructs inherent to this project’s respondent group, as determined through close examination of their coded and conceptualized data, and is specific to this research. Aspects of socialization, formation of male identity, and definitions of culture impact the eventual transitional processes when a soldier leaves the military. But just because the soldier leaves the military, does not mean the military leaves him. In essence: all roads lead home. As one respondent in this study noted: “*once a soldier, always a soldier*”.

The impact of this statement has profound implications for these men’s lives.

### **Masculinity and Traditional Western Male Values**

The Oxford dictionary (1988) defines masculinity as the “possession of qualities traditionally associated with men”. Such a definition hearkens to the stereotype of what constitutes a “man” as being virile, strong, manly, heterosexual, and proficiently capable, amongst other broad sweeping terms.

Moving away from this stereotype, others have shown that these masculine traits are, in fact, obtained through various processes of socialization and learned constructions, rather than biological traits and imperatives that male babies are simply born with (see: Connell, 2005; Kaufmann, 1994; Levant, 1995).

While different explanatory paradigms are noted to exist, the stereotypical masculine traits are generally agreed on and causally linked to the roots of many social and health problems. More specifically, adherence to strong traditional masculine traits can be considered positive and very useful qualities in a man when it comes to such things as providing for and protecting one’s

family, and cool resilience in the face of adversity. However, other strongly emphasized characteristics – such as independence, emotional detachment, stoic self-reliance, aggressive heterosexuality and vehemently anti-homosexual beliefs, physical strength, mastery of pain and stature over external objects, and the use of and adherence to hierarchical relational beliefs accomplished through the use of power and control – have all proven to be significant barriers to healthy relationships and well-being for many men who feel compelled to adhere to these traits (Levant, 1996; Kaufman, 1994).

Such traits interfere with a man's ability to have mutually healthy close intimate relationships, especially with a partner of a perceived lower hierarchical stature, such as a woman (Connell, 2001). Such emotionally-binding limitations are not present in the need for company of other men (Levant, 1996), although other aspects of the hierarchical nature of traditional manhood apply different paradigms of relational constructs, but ultimately fall back on stereotypical behaviours as normed to the particular group of origin. For example, proving manliness in the face of danger and potential harm requires, whether on the sports field, in a business or political settings, or in war, the commitment to aggressive use of power, specifically lateral or physical violence, as a socially accepted demonstration of manhood and a solution to many of life's problems.

These learned attributes and psychologically instilled lessons on how to be a man have been broken down into six descriptive categories, as described by Fox and Pease (2012) in their interpretation of Connell (2000), and presented here verbatim:

- 1) Multiple masculinities arise from different cultures, different historical periods and different social divisions.
- 2) Different positions are reflected in these multiple masculinities in relation to power, with some forms of masculinity hegemonic and dominant while other masculinities are marginalized and subordinated.
- 3) Institutionalized masculinities are embedded in organizational structures and in the wider culture, as well as being located within individual men.
- 4) Embedded masculinities are represented physically in how men engage with the world.
- 5) Masculinities are produced through the actions of individual men.
- 6) Fluid masculinities change in relation to the reconstructive efforts of progressive

men in response to the changes in the wider society. (Fox and Pease, 2012, p. 19)

Boys raised with the pervasive underpinnings of stereotypical masculinity in such an environment (such as Western culture) are subjected to a life of subtle and insidious messaging (such as portrayals of violent masculine traits in Saturday morning cartoons or years of parental demonstrations of gender-role stereotyping). Often adherence to hegemony is demanded outright (such as the marginalization process inherent to schoolyard bullying, or the glorification of winning through violence in ice hockey, or the implicit threat of any behaviours labelled effeminate, such as when hurt a boy hears “if you don’t stop crying, I’ll give you something to cry about”). Descriptors such as these clearly identify and delineate a number of significant aspects of the messages inherent to Western culture, in which hegemonic masculinity is continually being constructed and the messages reinforced throughout, conceivably, a man’s entire lifespan (Connell, 2001). The trap of hegemonic masculinity follows many men into adulthood and adult activities, resulting in many social and physical problems stemming from a lifetime of striving for an unattainable masculine ideal.

The combination of emotional suppression or avoidance forces men to feel trapped in a competence-based situation built on power within the interplay of various types of masculine identities. The inability to process the difficult emotions attending such an existence can lead to avoidance, and avoidance of help-seeking behaviours, as feelings are seen as representational of feminine ideals, the antithesis of masculinity. To regain control of such situations, many men resort to physical or lateral violence as a way of re-establishing a sense of control (Kaufman, 1994).

Inherent to this process is a man’s continually reinforced sense of marginalization from life in a hierarchical structure where there is always someone perceived to be of higher power, and therefore a threat (such as his boss, a strong player, a higher military rank), or someone perceived to be of lower power, a person who often receives the brunt of the man’s disgruntlement due to his own shaky sense of powerlessness in such a no-win situation. Self-soothing is strived for, often in maladaptive ways which again reinforce the constructs of such masculinity by retrenching avoidance and fear.

While such behaviours can initially mean success in business, politics or other situations where dominance is valued and rewarded, ultimately the man and all around him lose.

## **Military Masculinity**

When it comes to gender stereotypes, being a soldier in the Canadian military is arguably the epitome of Canadian masculinity, right up there with the reverence demonstrated for professional hockey players. Swagger is earned by rite of passage. Young men enlist in the military for a wide variety of reasons such as to secure employment or to learn a trade, but often it is about following in their family's footsteps, searching to satisfy a taste for adventure, or proving one's self in the ultimate test of masculinity: going to war in the name of defending freedom. A noble ideal to be sure. As Fox and Pease (2011) note, the archetype of "the soldier" is equated with the highest standard of masculinity.

## **The Role and Impact of Training**

Signing on to military service is more than just signing on to a grand adventure – it's signing on to a completely different way of life. According to the Canadian Department of National Defence (2011), the entry point into the military is an intensive 13-week basic training program designed to teach skills and, more importantly for this paper, "build strength of character" and ensure the candidate is "physically and mentally prepared for any challenge". This tearing-down process is described by Karner (1994) in Fox and Pease (2011) as "stripping down aspects of other relationships which comprise identity and intensifying the influences of masculinity". Further, "key components of traditional masculinity are promoted, tested and celebrated with the dominion of one's body and the external world, stoicism, a neglect of physical health, limited emotional expression, and a preference for the company of men" (Fox and Pease, 2011, p 21, citing Brooks 1990; Brooks, 1991; Higate, 2000). In addition to the obvious physical, emotional, and social stressors of such an environment, it could be said there are attending stressors attached to important psychological constructs such as a loss of control, loss of meaning, and fear as part of the conditions demanded by that same harsh training environment. All this is set within a rigid system based on strict adherence to a hierarchical power structure, within which each individual finds himself devalued as an individual and revalued according to a system of stratified hierarchical ranking. The soldier may have some power over others of a lower rank, but will be constantly subjected to the domination and will of others with little recourse should the use of

that power be experienced as oppression. There is little control over many aspects of his existence in this highly-structured environment.

The military demands that its (usually) young recruits begin the shift away from home and enter into a new military family, essentially adopting a new set of brothers, by reinforcing those group bonds through mental and physical adversity and the intense demands of the program (Hall, 2011). As described by Fox and Pease (2011, p. 21), military training is all encompassing and designed to “traverse the gulf” away from the civilian world and instill a commitment to “follow orders, work with one’s unit in circumstances where, ordinarily, in the face of extreme risk, flight would be the logical alternative”.

There is a stark difference between civilian and military life. The terms and conditions of military life often mean forced exclusion or separation from family and other important supports, and increased reliance on the support offered by entrenchment in a closed society (Knox and Price, 1995). Black and Papile (2010) contend that soldiers operate within a highly structured environment with little value placed on individuality: “The issues of power, rank, responsibility, compliance, and camaraderie are central to the military organization and strong feelings of discipline and loyalty are instilled” (p. 384). Frequent missions, comradeship, repetitive training, and living up to military ideals all serve to force the containment of this society as well as become extraordinarily formative components of, in this case, an identity synonymous with a hyper-masculine closed-group existence. If a recruit can’t make the mark, the price of failing to live up to the exaggeration of certain masculine features (Fox and Pease, 2011, p. 21) necessary to give one’s “all for all”, regardless of the cost to self, is a shameful and unceremonious immediate expulsion from the group. A soldier’s new deep and abiding identity thus is created.

## **Military Culture**

Entering this new way of being, this new way of life, also includes the instillation and adoption of a new culture. Culture, according to Bryan and Morrow (2011), is “all those things that people have learned in their history to do, believe, and enjoy”, essentially the framework that guides all behaviours, rituals, customs, and institutions into which a member of society is born (Bryan and Morrow, 2011). It has been distinctly described as a non-democratic closed society that has its own beliefs, symbols, and social norms, and formal and informal codes of discipline and justice principles (Knox & Price, 1995). Further to this, is the understanding of

military culture as valuing strength, resilience, courage, and personal sacrifice as blended in with a formative identity of elitism and superiority (Bryan & Morrow, 2011). Bryan and Morrow (2011) also posit that this process has led to a Canadian military that has more in common with other militaries around the world (particularly that of the United States) than it does with mainstream Canadian civilian society. It is the ‘culture of the warrior’ as ensconced in modern Western military masculinity associated with the practices of strength, toughness, and aggression (Hoge, 2010).

The families of men in the military are forced into the same rigid pattern of behaviours. The literature (such as found in Rubin, et al, 2013) recognizes that military families have a distinct culture that differs from civilian families, since the need for conformity to the rigid demands of a soldier’s military life and the lack of control concerning many aspects of family life due to his job (such as accepting frequent moves to different bases or enduring his long absences from the family while deployed) have significant influences on overall family life.

While it has been stated that the culture of the Canadian military has more in common with other countries’ military cultures than it does with its civilian counterparts (Bryan and Morrow, 2011), it must be acknowledged that there will be differences in a soldier’s experience depending on the country they are from. Consulting the research literature from other countries, especially the United States, is likely valuable in order to gain a deeper understanding of Canadian military culture.

### **Operational Stress Injuries**

Post-service release is described by the respondents as being on a continuum ranging from little or no problem to an ongoing complex and difficult transition. The respondents unanimously identified the psychological injury they incurred as the most complicating component of transitioning out of service, with Post-Traumatic Stress Disorder (PTSD) specifically mentioned. Such mental health problems stemming from the effects of injurious lived experiences while in service are on a spectrum, and the Department of National Defense and Veterans Affairs Canada (2011) describes “*any persistent psychological difficulty resulting from operational duties*” collectively under the moniker of “Operational Stress Injury” (OSI). Such injuries are noted to include a wide variety of depressive, anxiety, mood, dissociative, and other disorders, as well as PTSD.

## Defining Post Traumatic Stress Disorder

In North America today, a clinical diagnosis of Post-Traumatic Stress Disorder (PTSD) is normally based on the criteria established by the American Psychiatric Association (APA) in its Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V), published in 2013. Although this version of the diagnostic criteria is the one understood by the respondents, such a definition is exclusively based on the previous versions of the manual (the DSM-IV-TR). This new volume reflects the updated adjustments to the diagnosis. PTSD is no longer classified as an anxiety disorder, but is now considered one of five “trauma and stressor related disorders”. The formal diagnosis is based on eight criteria or groups of criteria:

*A) Exposure to actual or threatened death, serious injury or sexual violence, either directly experiencing the traumatic event(s); witnessing, in person, the event(s) as the event(s) occur(s) to others; learning that the traumatic event(s) occurred to a close family member or close friend; or experiencing repeated or extreme exposure to aversive details of the traumatic event(s)*

*B) Recurrent, involuntary and intrusive distressing memories; distressing dreams or flashbacks related to the traumatic event(s); or intense or prolonged psychological distress or marked physiological reactions to cues that recall the events).*

*C) Efforts to avoid distressing memories, thoughts or situations that could serve as reminders of the traumatic event(s).*

*D) Negative alterations in cognitions and mood as evidenced by two or more of the following:*

*a. Inability to remember an important aspect of the traumatic events(s).*

*b. Persistent and exaggerated negative beliefs or expectations about oneself, others or the world.*

*c. Persistent, distorted cognitions about the cause or consequences of the traumatic event(s) that lead the individual to blame himself or others.*

*d. Persistent negative emotions.*

*e. Markedly diminished interest or participation in significant activities.*

*f. Feelings of detachment or estrangement from others.*

*g. Persistent inability to experience positive emotions.*

*E) Marked alterations in arousal and reactivity as evidenced by at least two of the following symptoms:*

*a. Irritable behaviours and angry outbursts with little or no provocation typically expressed as verbal or physical aggression toward people or objects.*

*b. Reckless or self-destructive behaviours.*

*c. Hypervigilance.*

*d. Exaggerated startle response.*

*e. Problems with concentration.*

*f. Sleep disturbance*

*F) Duration of the disturbance (criteria B,C, D and E) is more than one month.*

*G) The disturbance causes clinically significant distress or impairment in social occupational or other important areas of functioning.*

*H) The disturbance is not attributable to the physiological effects of a substance or other medical condition.*

While Canadian and other Western practitioners generally adhere to the APA's criteria for diagnosis, the World Health Organization's International Classification of Disease (2010) defines the same human experience as:

*“A delayed or protracted response to a stressful event or situation (of either brief or long duration) of an exceptionally threatening or catastrophic nature which is likely to cause pervasive distress in almost anyone” (WHO, p. 120).*

While the formal diagnostic criteria of PTSD are constantly developing and changing with new information and clinical research experience, they are subject to some debate. As summarized by Fox and Pease (2012), the roots of diagnosing and treating PTSD originated with those working within a research framework grounded in critical theory linked with experiences of the sexual victimization of, primarily, women. The focus remained on the person as essentially unchanged but subjected to external factors, thus objectifying the individual and effectively removing him or her from the conversation. Such an approach would render the overall discourse on the topic essentially a constructed feminine conversation, thus conflicting dramatically with the enhanced sense of constructed masculinity demanded by the military environment. Further, the DSM-V has also eliminated references to the use of language

stipulating the response as intense fear, helplessness, horror as it has been proven there is no correlation in predicting PTSD (Fox and Pease, 2012). Such language, although appropriate to responses under certain conditions, could also be considered the antithesis of masculine discourse, lending itself to collide with the masculine military belief systems. Such emotions were certainly alluded to during the interviews, but respondents often directly avoided the use of those words, substituting phrases such as “it was really bad” to describe a shattered internal landscape after a particularly horrific battle scene with much death, injury, and close personal calls with same.

The Canadian Armed Forces website states explicitly that, once trained, personnel will be mentally ready to handle anything (DND, 2011). Further, the underlying cultural norm of the military demands that a man has the internal strength and fortitude to shake off any illness or injury (Bryan and Morrow, 2011). Mental health issues in the military have a long history of being a sign of weakness, a character flaw (see: Herman, 1997; Briere, 2005; Black et al., 2010; Hoge, 2010; McCann and Pearlman, 1997), and despite the passage of time and advances in thinking, a problem with mental health is a stigma that still remains lodged in the philosophical and psychological underpinnings of the military establishment and military men. This forms the basis of how a military man can come to view any aspect of mental illness in a very negative light, even when desperately needing help for his own illness.

Another position is offered by Hoge (2010), who proffers that due to the biochemical origins of trauma, it is more of a physiological condition and should be seen as such. The effects of a continual neuroendocrine cascade as generated by a trauma-activated flight/fight/freeze response, correspondingly affects physical, cognitive, psychological, emotional and behavioural reactions, both in the short and long term. The description of the DSM-V diagnostic criteria for PTSD has been criticized as a “laundry list” (Hoge, 2010, p. 6) by which therapists, under pressures of their own, could theoretically diagnose such a complicated, multi-faceted manifestation of biochemistry-gone-wild in just less than an hour. As noted above, the argument that the formal diagnosis does not consider the unique attributes of the individual human experience is replicated.

Adopting such a position as a physiological, not psychological, in nature, it would reduce the funneling of any hyper-masculine beliefs systems based on such labelling, essentially creating a separation from the sense of stigma and shame generated by the feminine constructs inherent to

the current position on PTSD. In essence, it would be less likely the individual would reconfigure his self-identity to view himself as his diagnosis (i.e., from ‘I am my disease – my disease is me’), and would separate the person from the problem outside the symptoms.

### **Considering Treatment**

Despite the advances made in clinical practices and research in bettering the clinical diagnosis of PTSD, it still clearly presents as a moving target and is subject to ongoing debates in the literature. Briere and Scott (2005, p. 14) delimit some of this complexity with their definition of trauma: an “individual’s response to a traumatic event is equal in importance to the objective evaluation of the event itself and the degree to which it might be determined to be traumatic”, thus putting the onus back on the subjective experience of the individual so afflicted.

They further describe two essential types of trauma, one being “an unexpected and discreet experience overwhelming the individual’s ability to cope with the stress, fear, threat and or horror of this event leading to PTSD”. This also includes witnessing such events, exemplified by car wrecks or natural disasters. Therapeutic engagement at this stage is noted to have a higher degree of efficacy.

The second type of trauma involves those “expected but unavoidable, ongoing experiences that overwhelm the individual’s ability to metabolize the event” which include examples of childhood sexual abuse and combat trauma. These can elicit symptoms of PTSD years later.

Further complicating this already complicated picture of such a shattered individual is the ability of a traumatic event to disrupt deeply held belief systems, the necessary ‘glue’ supporting the conceptualization and actualization of an intact sense of self (Figley and Nash, 2007). Such a process disrupting the very core beliefs of an individual’s beliefs about himself and the world can lead to post-event short-term and/or long-term feelings of shame and guilt, a toxic combination to the individual’s sense of self. In terms of resilience, if the traumatic events or memories attached to the feelings becoming meaningless and overwhelming, the brain’s protective safety mechanism of dissociation interrupts the ability of the brain to process or integrate any information (Figley and Nash, 2007). Simultaneously, activation of the flight, fight, or freeze response, particularly if persistent over time, may present as distorted cognitive process, flashbacks, loss of memory, or any number of the myriad of symptoms associated with the body’s response to traumatic events, further detaching the individual from any tangible sense

of self (McCann and Pearlman, 1990; Herman, 1997). The nature and extent of the repeated exposure to interpersonal traumatic experiences, such as a combination of both types 1 and 2 above, can compound to become complex PTSD, a particularly difficult condition to recover from requiring a highly specialized diagnosis and treatment regime (Briere et al., 2005).

### **Conflicting Identities - lay of the land**

Accessing therapy for PTSD or any other mental health issues can prove to be very difficult journey. The problems encountered by the service member can be categorized as internal or external in nature.

The internal landscape is a product of beliefs. As described above, the indoctrination into military culture has deep and abiding long-term effects which cause a significant clash with the civilian world on release from service. Such is the military cultural construct that military activities, such as the taking of life in the name of the state and exposure to extremely dangerous situations and conditions, serve to create an unbridgeable gap with civilian society (Fox and Pease, 2012). So too, as Hall (2011) argues, this separation is reinforced by the act of protecting the rights and freedoms of democratic civilian society, but having to exist in a world that is autocratic, rigid, and nothing like a democracy. Such a setting serves to entrench the superior positioning of the military as a powerful and separate cultural entity set within, but above, the framework of democratic society. The trickle-down effect of this messaging is not lost on the military's members, as the message forms part of their own new identity as members of that entity. Upon release, the service member now finds himself on the other side of that fence, which makes asking for help for service-related injuries that much harder since he no longer belongs to either world, yet is still part of both.

### **External Considerations**

The importance of social and peer support is a fundamental tenet in much of the recent veterans transition literature, as is acknowledging the importance of the relationship between that social support and PTSD (see: Hoge, 2010; Black and Papile, 2010; Westwood and Black, 2002; Westwood, et al., 2008; Pederson, 2008). Essentially, the way an individual veteran is treated by others is likely to affect how he adjusts to the post-release world and, if applicable, his PTSD. Peer support outside the confines of the military structure offer a way to connect above

the enforced, but hidden, barriers associated with the camaraderie while in service. This may come in the form of informal get-togethers or re-established relationships outside the military, or more formalized approaches such as the transitional/treatment support mechanisms — for example, the Veterans Transition Program suggested by Westwood and Black (2002) and Westwood, et al. (2008) and endorsed by the entire respondent body in this project.

From a societal perspective, the respondents noted that public perception (i.e., that the public believed that the respondents' military service and actions were worth it) went a long way to creating and supporting the meaning and value of the military which, by extension, was still attached to their own perceptions of self and therefore connected with their internal legitimization of their OSI. This release from the stigma implied by hyper-masculine conditioning and attachment to psychological injuries appears to play an important role in shifting from a framework built of shame to a framework of identity consolidation from which healing can occur. After release from service, respondents noted some importance in feeling a sense of appreciation by the public for service that included, for this group of respondents, undertaking some truly incomprehensible and horrific tasks. It was described as an important link between the felt 'difference' re-entering civilian life, and releasing some of the internal sense of stigma into an appreciated sense of acknowledgement and acceptance by mainstream civilian society.

### **The Complexity of the Deconstruction – Trauma and the Individual**

Dovetailing into the above is the descriptions of the role of treatment for PTSD and other OSIs. There is no dearth of current literature on the subject of psychological trauma and for this paper, the much-referenced seminal work of Judith Herman, *Trauma and Recovery* (1997), provides the contextual framework for the discussion of PTSD and recovery. With the publication of this volume, Herman lays the foundational groundwork for much of the treatment platform with her essential premise: resolution of the traumatic experience through safety, remembrance and mourning, and, finally, reconnection. Treatment paradigms are plentiful with the attending supportive literature. Treatment for and recovery from the effects of traumatic experience is acknowledged to be as unique as each individual, given that the adherence to culture and demands of military existence are predisposed by the internal working of each individual 'self'. In terms of self-constructivism, the work of McCann and Pearlman (1990)

suggest the following as the foundational (but hypothetical) construct of the concept of ‘self’:

- 1) Basic capacities whose function is to maintain an inner sense of self to identity and positive self-esteem (such as the ability to regulate strong affect, be alone, self-soothing, regulate self-loathing);
- 2) Ego resources which serve to regulate and enhance one’s interactions with the world outside one’s self (i.e., intelligence, ability to introspect, willpower, take initiative, strive for personal growth, take perspective, foresee consequences, establish mature relationships, boundaries, self-protective judgments, and, finally, empathy);
- 3) Psychological needs that motivate behaviours (i.e., frame of reference, safety, trust/dependency, esteem, independence, power, intimacy);
- 4) Cognitive schema, which are the beliefs, assumptions, and expectations, both conscious and unconscious, through which individuals interpret their experience (i.e., beliefs and assumptions and expectations related to psychological needs, how experience of self and the world is organized) (Pearlman and McCann, 1990, p. 17).

Clearly the instillation and development of the four points above have a direct and implicit effect on how an individual responds and adapts to life’s experiences; they are the root source of strength, resilience, or susceptibility, depending on the types of, and exposure to, positive or negative formative influences and other life experiences that shape these factors throughout an individual’s lifespan.

One could argue that the impact of military life could be, for some, a source of trauma in its own right. By way of an example, the combination of having to demonstrate adherence to culturally enforced hyper-masculinity without conviction to same (a hidden gentle soul acting the tough guy); continual oppression by nature of existing in a rigid hierarchical system; and exposure to horrific events. His schemas of safety, power, independence, and esteem were all described as taking significant hits during the course of his career by those external forces. His internal forces, especially his ego resources and psychological needs, were described as being utilized in a way to survive but not necessarily thrive. As Fox and Pease (2010) note, the impact of his trauma represents a ‘rupture’ in his internal conversation of how he adheres to his sense of masculinity and manliness, and therefore his sense of self-completion, as trauma represents a competitive, debilitating challenge to that sense. Add the effects of his ongoing PTSD into this

mix, and it is apparent why the need for careful diagnosis and treatment specific to the individual is so necessary. His motivations for continuing in an environment clearly damaging to his sense of self were a profound adherence to the high moral values of military culture, the camaraderie and service through missions, as well as feeling somewhat trapped as he had a family to feed and felt few prospects outside the military. It is clear from this representation (and it is important to note similar motivations were echoed by many respondents in this project) that the need to understand these complicated parameters is critical for a service provider to grasp and for service provision to occur. In reapplying Herman's (1997) concepts of safety, remembrance and mourning, and reconnection paradigm, one can understand how the re-establishment of a sense of safety is critical to helping such an individual even conceptualize the notion of the healing path.

## **FINDINGS**

### **Termination from Military Service**

While the reasons for leaving military service were based on both internal and external pressures, the respondents descriptions of their termination points from their careers with CAF as falling into three distinctly stratified groups:

- 1) includes those who formally retired after long-service careers
- 2) includes those whose careers were cut short by expulsion from the system after injury resulted in an impaired ability to cope with the job.
- 3) includes those who decided it was time to move on to another life path and they simply left service

There are distinct differences between the three groups. For example, members of the he first group (four of nine), retirement/release came as a matter of personal choice supported by an inherent knowledge of still being of value to the system. Accessing formal training in preparation for termination saw university-educated individuals with established military skill sets, particular in middle/upper management positions or in professional level occupations, transition into similar careers in the private sector. However, for others, the act of making the decision to terminate employment was an act of control in what had become, for them, a chaotic, overwhelming, and oppressive environment stemming from both their personal responses, and the system's responses, to their traumatic psychological injury.

In any case, being able to access structured preparatory training programs, whether for post-release professional career counselling and retirement planning, or for extensive training in managing PTSD or other inflicted injury, appeared to result in an advantaged position of greater post-release stability through being informed of the processes involved with transition, and skill development in how to manage same.

For the second group (three of nine), there was an overwhelming sense of devaluation when subjected to an imposed termination process, particularly medical release. The age-old military and hyper-masculine belief systems underlying the stereotypical view of traumatic psychological injury as a character defect or some sort of personal failing – while noted by respondents to be a less-prominent feature of CAF in recent years – were still informing each individual's description of their forced release under such circumstances.

The sense of devaluation as a group member was simultaneously mirrored as a process of personal self-devaluation, which was often linked to issues associated with the nature of the traumatic symptomology, thus leading to a retrenching or incurring further psychological damage. Choosing to leave under the felt callousness of the military was an action more about pain relief than moving ahead in life:

*“...so with the pain in my brain and all these unresolved issues from (his deployments) some things I saw and were part of, to coming home and being ostracized and disrespected and that, to getting out.. It's a relief when you finally sign the paper – I finally made my decision.”*

Termination ceremonies and entitlements (especially medical and financial) reinforced the respondents' sense of honour to have served with CAF, and were clearly demonstrated as necessary for these individuals to find closure to this chapter of their lives. However, any failure on the part of the individual or system to complete these acts, resulted in an exacerbated sense of wounding, grief, and drift upon release.

Finally, for the remainder of the respondents, the decision to leave CAF was described as being one of two things: that the military lifestyle held little further value to attaining changed life goals or as an incongruence of needs, such as the desire to leave such a highly-structured environment for the freedoms of civilian life. As one respondent noted *“...I get up in the morning, put on my uniform, I'm going to work – I just wasn't having any fun anymore”* thus indicating the very reasons unanimously cited for joining in the first place – employment security, exciting opportunities, travel, the promise of adventure, and even the romance of war –

had diminished over time with personal maturity, aging, changing beliefs or life goals, or even boredom and cynicism. Priorities were often shifting back to focus more on relational and family matters (“*I was tired of always putting my family on the back burner*”) and family life was often at odds with the commitments demanded by a military career, making the choice clear.

### **Released: into the Great Wide Open**

For all respondents, release from the military often resulted in an immediate sense of freedom which was often followed by a great sense of loss (notably comradeship, identity, structure, purpose) and an uncertain lack of direction. This led to the individual searching for a way to re-create the missing constructs that, depending on the length of their military service and depth of intense military experience permeated many or all aspects of their existence.

The effect of military structure was noted to run so deep that respondents all recanted post-release anecdotes and/or lived experience similar to:

*“From what I heard and what I understand, most people that get out of the military after 20, 25, 30 years – they lay in bed for seven or eight months growing beards and long hair and getting fat. If they wake up at the end of their term and don’t have a heart attack because they don’t know what to do with their life and drop dead because of it, then they get up one day, cut their hair, shave and go get a job and get on with their life. But until that point, they usually bury themselves in self-pity.”*

Participants noted the experience as being directly reminiscent to being a “*teenager leaving the nest*”, which was, for many, an observation based on their own experience entering the military in their teens. Not having the same life experiences attached to this developmental stage as a civilian teen, was noted as significant to some respondents; as they came out of long careers, they had to sort the man/boy perspectives. Nothing was familiar. One participant offered a further definition of this pivotal crux between clashing worlds:

*“...now you’ve got to grow up. You’re leaving the family. You’ve got to figure out what to do and how to do it. There’s going to be nobody there to tell you how to do things or what to do or when to do it. All the training in the world isn’t going to prepare you to walk out that door, take off that uniform, get on with your life....because most people went into the military with no structure, ended up getting all the structure in the world and now they’re coming back out into a non-structured world with all that structure. Confusion???”*

So too did the stories go:

*“...after he got out after 30 years and...that first morning he just stood in front of his clothes closet – he didn’t know what to do, even how to dress himself.”*

Recapturing a sense of structure came about on a continuum – those who had pre-release structural support, such as transitional programming (e.g., managing retirement, managing OSIs, financial planning, etc.), were able to maximize the extraction of useful tools to strategize exit plans and go through personal needs and values clarification exercises in order to seek out a new life direction. Recognizing and reclaiming old values – and the attached sense of self – and incorporating same into the skill set acquired over the length of the career, served to create a more stable transitional trajectory, as there was always a fall-back position to whatever life could throw at them. Specialized knowledge, particularly with regards to psycho-educational programming in the management of PTSD, was noted to create the ability for individuals to dodge the psychological entrapment one respondent described as *“spinning in my symptoms”*. Taking charge of one’s own healing by accepting responsibility for one’s own processes was also seen to increase the likelihood of future engagement with both formal and informal support systems, thus creating even greater stability in managing transitional processes.

Those who had no such programming, for whatever reason, or were excluded from or unable to effectively participate due to the nature of their service-related mental health issues, described a far more chaotic and tumultuous process along the post-release transitional path. The release from the military in these circumstances meant a release from what was often the last clung-to sense of personal security and forged identity; and, with no platform for regaining a sense of stability, self-harming or self-destructive behavioural issues resulted.

### **Setting the Stage for Recovery: Coping with OSIs**

Operational stress injury (OSI) – including overload of the individual stress response due to the conditions of deployment (such as harsh living conditions; extended periods of exposure to high-risk, high-stress situations; lack of sleep; constant fear of, or exposure to, death; exposure to horrific acts of violence and a politically-compelled powerlessness to intervene in same despite having the immediate ways and means to do so) – often served to overwhelm the coping abilities of the individuals identifying as being in such circumstances. The group norm would eventually involve a clustering around the individual’s reliance on his comrades and a concern for their

welfare. The adapted coping mechanisms grew to fit the normative and acceptable patterns of the group's behaviours while under such stressors – humour, black humour, exercise, talking/processing amongst selves, and the consumption of copious amounts of alcohol.

When faced with the systemic stigma and the witnessed discriminatory consequences of demonstrating a need, or asking for help with a serious incurred psychological injury, the one remaining culturally acceptable coping mechanism was believed to be obliterating reality with substance misuse. As one respondent described:

*“...all I was doing for the longest time was just trying to survive and the best way to do it is drink until you forget...there was one point I was gone beyond gone.”*

Such a level of usage for such reasons inevitably led to the destruction of the career, if not near destruction of the individual – as one such respondent noted:

*“...after my suicide attempt I quit drinking for a year...I was so scared to get drunk again, so I just didn't drink at all.”*

Eight of the nine respondents offered first-hand pre- and post-release accounts of the self-destruction of comrades ranging from complete psychological decompensation to death by suicide, homicide, or through tragic interactions with the police. The respondents consistently noted the heavy use of alcohol remained a constant feature of approximately 75% of those accounts, with the remainder being incidents which happened while in the field and were attributed to the compounding effects of multiple extreme stressors and an absence of an appropriate systemic response to assist those individuals in time of great need.

All respondents remain gravely concerned about the impacts of duty-related injury suffered by CAF personnel.

### **Coping and Adaptations: Alcohol as a Cultural Component**

Respondents clearly indicated heavy alcohol use and adherence to alcohol culture as an entrenched component of military life and often a post-career impediment to well-being. Six of the nine respondents acknowledged the inherent use of alcohol as a standard cultural component of military life; as well, they made admissions of alcohol use having a serious impact on their personal and professional lives, both pre and post release.

Adherence to this aspect of military culture was a significant part of the group norming, and conformity started early as part of the indoctrination process. For example, one respondent described routine training deployments:

*“..the first tent that went up was the kitchen, then the mess tent – every night you went and had a beer or two...have a beer or two at lunch...had a few before we went home at night...you know, I never did like that” .*

Individual post-release alcohol use varied widely in the descriptions provided but alcohol and alcohol culture maintained a quiet persistence throughout the interviews. Some respondents either never consumed alcohol, or ceased regular use almost completely, and remain without concern for their occasional social use of alcohol. Post-release alcohol cessation was also described as having an extensive and positive influence on transitional success almost as much as heavy post-release use was described as the ultimate survival mechanism, albeit one with serious negative consequences to the individual.

Others indicated struggling with alcohol use upon release and provided extensive and complex descriptions of heavy daily usage or cyclical binge drinking as a mechanism for coping with the stresses of floundering with reconstructing their identity, loss of daily structure, struggle with the ability to regain access and entry to civilian social life, and as a coping mechanism for emotional and psychological issues (including management of PTSD symptoms), all with the attending significant negative impacts on self-image/worth, interpersonal relationships, employment and physical and mental well-being. This pattern, in turn, was noted as a driving force behind continued high levels of consumption to manage the increasingly entrenched feelings of loss, anger, grief, and hopelessness, amongst others. Self-determinism was often lost in an alcohol haze.

### **Alcohol and the Effect on Transitional Behaviours**

For those who ultimately chose to step away from their self-described problematic high consumption of alcohol, the motivation belying how they made that specific decision to change problematic alcohol-related behaviour were as varied the individuals. The most common element identified was the primary recognition of a very serious consequence, usually generated at a point in time deemed ‘*critical*’ or ‘*rock-bottom crisis*’ by the respondents. Recognition of

this critical juncture was rarely described as internally generated but more often derived after a “third party wake-up call” such as:

*“...so he (a respected officer) laid down the law right then and there and basically what he gave me is an opportunity to make the choice in my life and my career. Stay an alcoholic and drink myself to death or get out of the bottle and do something with my life. And that’s the route I took...haven’t touched a drop of alcohol since”*

Such ultimatums inevitably centered on the pending loss of a life element the individual held as critical to his survival. This was translated by the respondents in such a way as to attach meaning to their primary “motivator” for change, which were the potential loss of his own life, his family, or his career. From the momentary clarity of this vantage point, each individual was able to seek alternatives and each eventually learned to choose different responses and subsequently make better choices, which included accessing formal treatment, even back through the military system itself. The meaning of a felt lack of options (including the inherent difficulties of lack of access to appropriate treatment by living in this geographically remote area) integrated with the belief in having no choice in not changing, leading to the inevitable conclusion of any self-fulfilling prophecy: alcoholism remains a destructive living component of some lives.

### **Alcohol and Traumatic Injury**

In the individual cases where OSIs are a prominently noted feature, there was the pivotal realization that such alcohol abuse was a symptom of a larger psychological issue, thus creating the unveiling of the context necessary to begin understanding and appreciating the nature of this coping strategy as maladaptive. Essentially an admission that their ingrained belief in their own strength and ability to handle their psychological injury was an adherence to constricting hyper-masculine ideals of stoicism acquired through indoctrination and maintenance of the idealized military standards of same, was enough to support the weight of the transitional phase of moderation or cessation of alcohol use. Alcohol use would subsequently abate, particularly where there was a determined effort to acquire the alternative skills necessary to manage the responses to symptoms in a healthier way, thereby moderating or negating the reasons behind the compulsion to drink, such as the need to induce a dissociative state to provide relief from the pain of traumatic memories.

## **Alcohol and Social Engagement**

In several instances, maintaining sobriety often meant creating a schism between the individual's need for the retention of military-based social connectivity - of which alcohol culture was repeatedly described as remaining an integral component - and the need for self-preservation which required an abstinence from alcohol and alcohol culture. Facing some degree of pressure to conform or even outright rebuke for making this choice came from other group members who would challenge an individual's commitment to his own life away from one of the stated staples of military culture, created a sense of internal distress. As one individual who paid a social price for consciously choosing to step away from the imbedded alcohol culture put it:

*“...what pissed them off the most is I stopped going anymore; I stopped doing anything. I said man, this is fucking killing me.”*

A fine balance existed between the necessarily dichotomous relationship of the need for these important friendships and the need to push back against alcohol culture, a remnant feature described as inherent to many veterans' groups. This proved to be a painful experience, often reinforcing the already existing sense of social isolation. In the end, some simply chose to walk away, thus terminating their long involvement with valuable military connections.

## **Traumatic Psychological Injury: Origins**

All nine respondents unanimously described traumatic psychological injury as the most significant factor affecting all the various transitioning processes of released/retired service members. Overseas missions in which roles were described as 'peacekeepers' or 'combatants' often placed these individuals in harm's way, with seven of nine respondents being directly engaged in aggressive military actions. Although the respondents were clear there are distinct political and operational differences between the two roles, their observations noted there is likely a greater degree of long-term OSIs inherent to peacekeeping missions due to the greater degree of sheer helplessness of the peacekeeping role, primarily as a result of both the nature of the role and the politicized nature of decision making. The respondents were clear the gradient of degree of impact was also subjectively affected by when troops were exposed, i.e. Bosnia

(1992-95) versus Afghanistan (2001-11), simply due to the evolving nature of the efficacy of the trauma response by the military establishment.

The respondents in this study self-defined an interesting distinction illustrating the formation of subgroupings within the ranks of the military hierarchy itself. This unique subculture is comprised of those who have played active roles in combat or other high-stress overseas deployments, with the attending degree of potential or actual physical or psychological impact or injury. While the respondents categorically and unequivocally support all members of the Canadian Armed Forces, regardless of the roles played or how their careers came and went, there was a distinct adherence to and identification with others who had the opportunity to fulfill what was described as ‘the highest level of military achievement’. It is unclear if this quiet distinction was made pre-service as well as post-service, but the effects were noticeable in terms of the individuals of the group discerning who else they could connect with for a source of legitimate support. It appeared that the greater the degree of described injury, the greater the corresponding degree of difficulty in making supportive connections, especially if the needed supports fell outside the confines of military culture.

Distance from exposure was also noted to be of importance:

*“...I wasn’t exposed to combat all the time. The trauma level wasn’t as high for me. I was exposed to a different level of trauma, if you want to put it that way. I was the ‘behind the scenes’ trauma guy, a little bit of distance, but you’re still there, you know...”*

The reality of the bridge between the relentless monotony of simply practising war to actually being in a war had major impact on the entire group:

*...so that was the first time we lost somebody since I guess Korea and it really - you know - ‘scuse my language, but fucked a lot of people up. You know, it really did.”*

Finally, the respondents collectively noted each individual responded differently to exposure to traumatic incidents. When querying one individual on how he managed to he avoid acquiring traumatic injury, he wryly noted:

*“I guess I was far enough away from the pointy end of the stick.”*

The induction of the traumatic experiences were described as some single event impacts but were primarily multiple exposures over lengthy periods of time, resulting in some very serious cases of complex post-traumatic stress disorder (PTSD). The incidents described were essentially ‘classic textbook’ in origin: exposure to horrific atrocities and acts of violence;

witnessing crimes against morality; the indelible imprinting of searing imagery, smells and kinesthetic experiences related to the above; exposure to and fear of imminent death/injury; and often an overwhelming sense of powerlessness and helplessness to prevent human tragedy. Exposure to these experiences was unrelenting over prolonged periods of time and was accompanied by wild shifts from one polarized emotional state to the other. As one individual described daily routine in a remote camp in a conflict zone:

*“...so we were in our short pants running around camp and bored stiff – this would be followed by a few minutes of pure terror when something happened.”*

Issues of traumatic injury were also noted to be compounded by, and inherently tied to, a sense of being helpless and powerless to prevent acts of interpersonal violence up to crimes against humanity due to the impact of distant political decisions (e.g. heavily armed UN ‘peacekeepers’ watching women and children get slaughtered and not being able to intervene because of politically motivated orders from afar led to decades of nightmares for those men); lack of transitional separation between time in the field and re-entry to home; lack of formal systemic support to engage and process experienced events during and after deployment; sleep deprivation and harsh living conditions; and systemic organizational adherence to hyper-masculine attitudes which, in some cases, vilified or punished any expression of the woundedness attached to the symptomology of traumatic experience.

In some instances, respondents, functioning on sheer force of will in arduous, dangerous conditions, described utilizing the symptoms of their PTSD to their advantage in managing situational circumstances:

*“...so, you know, with the PTSD, things like hypervigilance is a good thing if you’re in a combat zone...you’re still able to function and function very well. It’s because you’re always there, you know. It’s just back home in Canada where it’s a problem.”*

## **WHAT THEY CARRIED HOME: EFFECTS OF TRAUMA ON THE INDIVIDUAL Symptomology**

The respondents who identified suffering from the effects of traumatic injury detailed the precipitating event(s), development and management of their symptomology in great detail, from initial onset to present date. The framework of their understanding of their psychological

traumatic injury was specifically addressed in terms of ‘flight or fight’, a learned construct which appeared to be of great value by providing a platform for creating manageable discourse regarding the complex issues around the resolution of their traumatic experience.

For those so afflicted, the descriptions of the symptomology and the attending behavioural maladjustments were woven throughout the narratives, but always presented as an underlying current when describing issues of transitioning into civilian life. A sampling of post-release experiences reveals: *“nightmares constantly...the whole bit – bombs exploding, bones coming out of the ground because of that minefield”*; *“I would get mad so quick”*; *“what sleep I did get was full of nightmares”*; *“I have no control over my emotions”*; *“I would sleep in my garage because it reminded me of a bunker – I felt safe in my garage”*; *“...if something sad came on an animated show, I’d be bawling. I’d lose it”*; *“I just couldn’t be there for my kids”*; *“I knew I could just step out in front of that truck and it would be all over”*; *“I just wanted to hide so I came up here and disappeared”*; *“I was pretty hard to get along with”*; *“I can’t deal with anything”*; *“I was just lost”* – this list goes on and on.

Pervasive throughout all the trauma related stories was an overriding declaration of a sense of destroyed trust in, and abandonment by, the overarching military organization to which each individual had loyally committed so much of themselves. Such described total reciprocal reliance (to the point of enmeshment), eventually came to serve as a serious impediment to the willingness or ability of some individuals to access treatment for PTSD and other conditions, whether in a military or civilian context.

### **Coping (pre-release pressurization)**

Over the course of their careers, coping with the symptoms of their own traumatic injury(ies) while deployed was relegated to a total focus on the designated role(s) to minimize the deep emotional impact of the deaths and injuries of comrades. Executing difficult duties under difficult circumstances was served well by this training; indeed, the repetitive nature of military training was described as:

*“...the world ain’t gonna come to a crashing halt because buddy died, right? ...stuff’s still gotta get done.”* and: *“we don’t stop thinking but we stop rationalizing it – the training just kicks in.”*

Further clarification articulated that satisfying the systemic and organizational demands (such as filing incident reports) allowed no room for acknowledgement of the individual experience:

*“...we were forced to relive it, but you’re not getting a chance to...get it out.”*

This automated response of ‘stuffing’ any emotional connection was acknowledged by the respondents to be a deep and inherent adherence to the demands of hegemonic masculinity, couched within a rigidly hierarchal organizational structure and ingrained through the use of the highly repetitive nature of military training. The job came first, period. As another individual put it:

*“Some of these things just stick in your head after they’ve been beat into you.”*

The minimal post-event debriefings were described as being of little value, leaving individuals to cluster with their immediate comrades and manage their own responses to overwhelming experiences. This was summarized by:

*“We all said our goodbyes when we loaded the persons on the aircraft heading back to (base) in coffins. And that was it from there...my tour was over...no psychological work...you weren’t there, you were out of the system again.”*

This common story outlined the severing away from the root source of the experience by both task and geography, leaving the individual holding an incident now trapped in time and memory. Consequently, such accumulating losses led to the development of complex grief. When this married to the traumatic injury, the expression of same was managed through black humour, stoicism, storytelling and silence. Self-medicating with the use of alcohol was described as being necessary to the deepening prolongation of a numbed or detached emotional state while under duress, essentially the extension of the dissociative processes outlined by the respondents:

*“All I wanted to do is get home, get laid and get drunk in between.”*

Unfortunately for some, this attempt at excising difficult feelings without processing them was coincidentally undermined by the same use of alcohol, which was noted to *“let the ponies out of the barn”*, particularly in post-release scenarios where the properties of disinhibition proved, for some respondents, the mechanism for total break-down when all the carefully managed emotional constraints came crashing down.

The price paid for these experiences was, dichotomously, countered with a great pride in the accomplishment of their assigned roles and tasks, thus honourably fulfilling the terms and conditions of a Canadian soldier. The attending discounting of the severity of the wounding nature of their experiences offset an actualization of the impact and implied a layer of

disconnection in an attempt to secure meaning from those same wounding experiences, leading to a long, long road to recovery.

## **EFFECTS OF TRAUMA AT HOME, POST-RELEASE**

### **Family life**

Returning to and re-engaging at home presented a complex duality between an often desperate search for what was held in the memory as ‘*normal*’ and the collision with the spiralling effects of the individual’s untreated traumatic injury. Even without an OSI, and particularly if the deployment was difficult, respondents with families noted common difficulties with re-integrative processes stemming from the jarring and unnerving shift from a highly-ordered and narrow military universe, back into the chaos of civilian life to assume the usual role of parent and husband. For example, after coming home he would feel like a stranger in his own home and with his children; stepping awkwardly into the now daily routine re-established by his wife once he left and ‘*messing it all up*’; seeking to reclaim his role of ‘father and husband’ but, also where an OSI was present, knowing his family had to tip-toe around him because of his symptoms. Finally, there were attending strains on his relationship with his wife when he came home ‘different’ than when he left, creating a gulf between couple.

*“I mean, (after I came back) all I did was make the kids’ lunches one morning but even that screwed up her routine. I just felt so useless, I couldn’t do anything right.”*

Re-entry into a now foreign civilian world was compounded by any residual effects of traumatic experience, particularly if he were experiencing the symptoms of, for example, PTSD, as well as the separation from both the close bonds found with his military comrades and separation from the life which was fully encapsulated in military culture, protocols and hierarchical demands. The respondents who described a lack of diagnosis and/or outright misdiagnosis of their traumatic injury consistently noted a scenario then developed where the severity of the illness, which was essentially kept hidden from public view, slowly and inevitably revealed its full and destructive nature as they became increasingly ill over time, often years.

For example, one respondent described the difficulties encountered after he returned from deployment when the cries of his new baby would trigger a paralyzing visceral “flashback” directly putting him back in situations in which he was forced to witness atrocities committed against women and children by enemy combatants, but had his hands tied from stopping the

horror by orders from a long, long way away, which compounded the overwhelming horror and sense of helplessness experienced. This illuminates the described gap within the greater military and political power structures and the realities of the frontline soldier. The psychic wounding, unbalancing, and sense of loss of self, generated a desperate need for a return to some sense of normalcy with his family but this was undermined by the response of the family to his, in some instances, almost uncontrollable symptomatic demonstrations. His 'new normal' no longer fit what the family knew as his 'old normal'. Many intimate relationships failed under this strain.

In practical terms, the symptoms associated with OSIs and cumulative losses associated with the transition away from military life often compounded to interfere with the new and non-normative activities of daily living. The resultant difficulties with maintaining employment, increasing discord in the home, and social integration issues generated maladaptive and often desperate coping strategies that became crisis-driven, 'automatic' reactions, default emotional survival tactics for when stressors and emotions became too hard to manage. Consciously choosing a response served a better end, as described by those who had worked through this scenario the hard way. Recognizing when the feelings associated with the loss of the power of choice in responding to emotions, stressors, symptoms, or combination of other pressure points was occurring, was noted to be a key element of "*learning my way out of this mess*".

## **MOVING TOWARDS CHANGE**

### **Diagnosis**

Each individual who identified as suffering from traumatic injury also identified a point in time in which a shift towards healing began. This shift was clearly delineated along lines of depth of exposure to traumatic experience(s), length of time untreated as well as the individual's own agency to recover. Further to this was the efficacy of the response of a formal helping system (which included access to informed service providers and a formal diagnostic process) and engagement with important informal support systems.

For two respondents, the identification of their traumatic injury came as a formal mental health diagnosis while still actively serving with CAF. In these instances, however, both diagnoses occurred long after the symptoms and aberrant attending behavioural responses were allowed to develop unabated until the impact became so great the individuals were unable to

continue with regular duties, removed from active duty, and eventually terminated from their careers.

Others were diagnosed post-release in both CAF and private clinical settings. These settings were accessed or sought out as a result of suffering with the increasingly impactful results of living with untreated individual symptoms. For those not yet formally diagnosed, they began to understand and appreciate the nature of their own symptomology as measured against learned information gathered formally or informally from other groups members or simply by “picking it up” from a variety of sources on their own, such as from books, magazine articles, TV, or other media sources.

### **Events precipitating healing**

Until a process of symptom management was adopted by each individual, the downward spiral of the effects of trauma were described as being *“lost in a world of hurt”*; *“I was lost – I didn’t know who the hell I even was anymore”*; *“a slave to what happened to me”*; *“being stuck”*; drifting aimlessly, frequently unemployed, addicted, unable to start anything new in life. Interpersonal relationships of any sort became almost untenable as the symptoms essentially ‘took over’, becoming, in some cases, the individual’s adopted identity. Experiencing life with the untreated symptoms of PTSD was fully experienced by these respondents but most admitted having little but anecdotal information about their conditions. When combined with living a life of hyper-masculine ideals in arduous and dangerous conditions, this led to a subtle, informal organizational valuation of ‘injury versus experience’ and a subsequent stratification of “worth” when acknowledging psychic injury. For example: *“if you weren’t at the battle of (XX), how can you claim to have PTSD?”* or *“If you weren’t on the first rotation when it was really bad, how can you claim to have PTSD from the cake walk tours that followed?”*. Such pressure extending through the group itself reinforced both the group’s and the individual members self-imposed public denial of accumulating injury and did nothing to alleviate their pain or suffering.

During these times, respondents noted having almost no support from their employer (CAF). One respondent relayed the following from a time when he was in full blown psychic crisis: *“...I was with the social worker...I basically broke down and I said “I’m all fucked up. And this asshole, this fucking cunt if I ever meet him again I’m going to kill him - he says, “ya, ok”. And did nothing about it. And it was so hard for me to ask for help and he did nothing. I don’t know*

*if he even recorded it and that was the last I ever seen of him – and he was the major in charge of all the social workers.”*

To breach the self-imposed fortress in an effort to reach out for help from the system he was reliant on and have it end in outright dismissal was devastating.

There was unanimous consensus of the respondents that the severity of their psychological injuries incurred during service was downplayed by the federal government (although this was seen to have abated somewhat over time). In rare instances, escalating despair and a corresponding decrease in ability to find pain relief led to the continuum of suicidal ideation in which the gradual reduction and loss of available options took place, until there was only one option left, which was the serious planning of and attempt to self-terminate. It was noted by respondents that one Yukon veteran has completed this act.

Although the respondents collectively believed ‘recognizing there is a problem’ as the accepted first step of change, a definable event was often marked as the precipitating turning point to a healing path. For example, one individual began this process after a failed suicide attempt:

*“...that was a shock what I put my family though and the guilt and that, it really kind of drove me to get better cause I didn’t want to put them through that again. So I was more determined to get better”*

In several cases, the strength of the respondent’s wife was acknowledged as an important catalyst for change by being ‘a reason to keep going’, clinging to her love and faith in him (“*she was the only one I had left*”), providing a reflective and supportive voice when struggling with a compromised sense of self and wounded spirit, as well as occasionally becoming a driving force in pushing respondents to seek out and engage in formal help. The respondents were clear the role these women played cannot be understated.

Others simply grew tired of fighting themselves, eventually engaging in a self-generated transactional-analysis process, weighing out the costs of ‘*staying stuck*’ versus the benefits of ‘*getting better*’ which eventually resulted in the conscious choice to ‘*pick a different path*’. This decisional transaction was generally described as the result of simply becoming “*worn out*” from adhering to the same patterns of behaviour - sometimes for years - with the same end results:

*“It was all I could do just to get up in the morning – I didn’t have the strength to do anything different. In any case I didn’t know what to do, I mean, where to turn...I was just lost.”*

## **The Dallaier Effect**

A key factor affecting all of the respondents afflicted with OSIs was the 2003 publication of Lieutenant-General Romeo Dallaier's book "Shake Hands with the Devil: The Failure of Humanity in Rwanda" (Dallaier, 2003) and follow-up National Film Board documentary in 2004 (REF), which gave the Canadian public a raw and visceral recounting of the disastrous UN mission during the time of 1994 Rwandan genocide and the author's subsequent and very public struggle with PTSD and attempted suicide in 2000.

Not only did this credible first-hand account of the nature and effects of the terrible experiences suffered by CAF personnel provide a validation of the symptomatic aftermath for the individual respondents but also broke the silence of the legions of similarly traumatically afflicted service members across the country. Accounting for this validation was attributed to respect for the man the leader, but he unveiled a very human-level transcendence within the hierarchal structure of the military, thus instilling a sense of normalcy to the personal responses of those afflicted with such deeply-wounding psychological injuries. The following responses summarize the impact of the book:

*"Thank God he wrote this – I don't know where I would be if he hadn't. Once he was diagnosed, things started to change and get stronger for people with PTSD or any medical issues... 'cause Ottawa finally woke up and realized that, hey, you're not going crazy – you're sick. It's a disease you have to look at"; "...I read his book...I started putting two and two together...Then I understood what was happening. It clicked right there and I said oh, now I know. And then I made a point to talk to other people and then start to open up a bit."*

Another drew this insight with the historical context of the issue:

*"..if it hadn't been for Mr.Dallaire and a couple of other brigadier generals had started showing signs and started to commit suicide...in the end of their careers when they got back to Canada and couldn't handle the way of life. I don't think it would have changed anything in the military because it would have been, oh, you're just a soldier, get up and get going, like they did with the old guys in WWII when they had shellshock – take them out, pump them full of drugs and send them back to the front and kick them over the wall. ...there's nothing wrong with you... you're a coward, is basically what they were labelled when they had shellshock."*

They also believe it gave a voice to the legitimacy of CAF personnel experiencing the effects of such duty-related injuries and created shifts in attitude from both the public and service members, ultimately contributing to the very public and political demands for the overarching military and federal government systems to create a more effective response to these afflicted personnel. The respondents described such shifts to be both internal (acceptance of their own symptoms as a normal human response) as well as external (systemic and public). The respondents clearly believe the public finally “got it” and the military establishment, including the federal government, was no longer able to discount the legitimacy of their injuries. This recovered sense of normalcy of their responses to traumatic incidents raised the personal power needed to begin their healing process. For at least four respondents, this single book was noted to be a life-saving validation of their conditions and proved the catalyst for change.

## **THE PATH AHEAD**

### **Accessing Local Treatment**

Accessing community-based formal treatment for residual service-related injuries (including physical) was a particularly sensitive issue for the respondents who identified requiring treatment for same. There was regular interaction with local physicians for recurring service-related physical ailments (primarily knees, backs, hearing, and securing prescribed medications for OSIs) by all group members as well as minimal involvement with local psychiatry for PTSD. Only one respondent was currently accessing Yukon government mental health or addictions programs, despite over half the respondents stating this type of treatment as a primary need. There were some attempts by the group members to engage with local government and private sector service providers (psychologists, social workers) but the therapeutic relationships were noted to be of short-term duration and of varying benefit but ultimately not enough to continue with the service.

The primary reason cited for failure to engage with local service providers, despite the stated need for treatment, was consistently described as an insurmountable gap in the service providers’ lack of understanding of military culture and an attending lack of understanding of the issues born of military service. A typical response was:

*“...(service provider) was a nice enough person, I suppose, but just didn’t get it. It was a waste of time.”*

Such interactions were deemed unhelpful and simply discarded. Word spread.

Given the difficult feelings (fear and lack of trust were particularly identified) born of the complexity of any presenting issues, attachment to hyper-masculinized belief systems, and difficulty connecting with any offers of assistance deemed ‘suspect’ by the respondent, all appeared to combine with the group’s learned sense of scepticism towards finding a therapeutic ‘fit’ in any offered settings; all but one respondent self-excluded from any further connection with these local service providers. Second to this was the described unsettling nature of encountering the fee-for-service nature of private therapists when used to having all costs covered while a member of the service. One respondent described:

*“..but the first thing on everybody’s lips was you’re only entitled to so many hours and then it’s \$140 and hour and you’ll have to pay in advance before the sessions and – so it’s like, yeah, OK, I came here to get fixed, but it’s not like taking the car in.”*

The impersonal side of the business of professional caring was described as “...*off-putting – makes me feel like a thing but it’s not bad if you can get used to it*” and, when this was combined with the lack of trust in being able to overcome the cultural understanding piece and the sharing of negative experiences among the group members when comparing notes, therapy ultimately proved insurmountable to all but one individual, thus eliminating a whole segment of locally accessible help.

The individual remaining connected with a local service provider noted the therapeutic relationship itself transcended his resistance to engagement but the trust was a long time in the making and entirely person-dependant. Should the service provider leave, the individual noted he would immediately terminate any further service with the agency, thus abandoning a highly effective treatment regime.

### **Reaction to systemic assistance**

Reaction to the topic of CAF sponsored programming was decidedly mixed. The nature of the relationship between the respondents and the overarching corporate and cultural structure of the military was described in terms of an idealized reciprocity steeped in military tradition and culture, honour and duty to country. This reciprocity saw individuals (and their families) looked after in every way possible with the expectation that when the time came, individuals would act as one to fulfill the terms and conditions of the expected military behaviours in the field and

under the worst possible scenarios. A schism developed between the individuals' deep sense of loyalty to the organization when that organization failed to support them after they paid a high price in upholding their side of the covenant. Despite the lack of help for their injuries, the system continued to demand the same degree of loyalty. This unbalancing of the systemically-indoctrinated expectations defining 'soldiers' created a highly dichotomous internal double-bind which eventually served as an anchor point for much anger and feelings of betrayal of trust in the organization.

With time and mission experience, the respondents serving pre-Afghanistan collectively described an employer from whom much was asked but often little was given when their own need were at their greatest. Although assistance for emotional issues was said to be available, asking for such help was noted to be a "*career ender*", with respondents citing numerous examples which demonstrated help-seeking behaviour resulted in shaming, being ostracized, or "*you'd be run right out*" by the immediate chain of command. In one case, after two of his comrades had died consecutively, including one direct report subordinate, a typically described scenario resulted:

*"...the thing that bothered me most ...was nobody did any follow-up. None."*

After three weeks later, this individual described a conversation where:

*"...he (the Padre) asked me how I was doing...I said what does it matter?...my sergeant-major never came by. None of the officers came by. You never came by. Nobody of any significance came by to check on me ...and he (the casualty) was my direct subordinate."*

There was no further follow up and the respondent was left to his own devices.

The disappointing response of the expected natural system of support left these respondents with almost identical feelings of both abandonment and dismay. All reflected anger, hurt, and resentment at "*being left to hold the bag*". Intense feelings remained bottled up; avoidance (or "*stuffing*") was learned and practiced, leading to the development of the aberrant coping mechanisms previously described. Immediate comrades/friends, usually of equal ranking within the hierarchal military structure, were noted to be the ones who made such inquiries, strengthening the bonds between comrades but decreasingly the lack of faith in the system. The repression of emotions was both implied and promoted, as openly discussing or expressing same was seen as highly inappropriate within the military cultural; i.e. "*it just wasn't the thing to do, no.*" Any formal assistance in theatre or at home was noted to be very difficult to access, with

respondents describing feeling that “...*you had to really go looking for it (help)...you were really forced to bend a knee*”, thus decreasing any impetus to get help as well as deepening the sense of shame and failure inherent to the messaging from the system. The power inherent to the hierarchal structure within which they existed was noted to exude subtle but highly effective oppressive pressure on anyone who considered stepping outside the demanded expectations synonymous with military behaviour, even if known to be harmful to the individual.

The net effect of these shared experiences has lingered, often creating situations where the systemically generated damage to the individual could, arguably, be said to have worsened some individual mental health issues which span the pre- and post-release periods.

With the later development of a more caring and informed approach by the system when providing service to wounded service members in general, the tone of the overarching system was seen as providing some degree of care, particularly when individuals were reaching a crisis stage before transitioning out of the service.

The role of personal responsibility was described by several respondents as significant for ‘*getting the system to work for you*’, calling for courage or desperation or both in the event of non-response from the system. With the system not attenuated to meeting such needs, the sense of being devalued and disempowered left little willingness or ability to forge ahead when facing such challenges.

However, dealing with the administrative bureaucracy of the Department of National Defence, Veteran’s Affairs Canada and the New Veteran’s Charter, was and is deemed to be a contentious and an on-going source of frustration and angst, leading to the continued hesitancy in trying to seek assistance or compensation for serious, long-term, and persistent service-related issues. Particularly identified were the lack of a local Yukon contact point of entry into the system, reductions in ability to connect with the system (such as e-mail contact only and not being able to talk to anyone directly), a sense of exclusion by geography as the Yukon is considered rural/remote and therefore essentially forgotten as services cluster around major urban centres all located a minimum of two thousand kilometers away, and finally a continual readjustment of programs by the federal government were seen to erode accessibility and further reduce access to entitled claims. This sense of alienation from the very system both responsible for the injuries and proffered by the federal government as the primary source of support for their wounds, further widened the respondents’ perception of the schism between their military

experience and the civilian world, as many of the personnel noted to be inhabiting the service provider bureaucracy were civilians. As one respondent stated:

*“It (Veterans Affairs) is now more like just an insurance company – most of the folks doing the casework aren’t military – they seem to be really trying to help but they just don’t get it.”*

Another followed with:

*“I believe a lot of them...work there because they want to help veterans... Their heart is in the right place, you know – it’s the system that is bad...it’s about saving money so it’s deny, deny, deny – they act like an insurance company would. So, basically I never applied for this thing, for my pain.”*

Although some compensation claims were noted to be processed with expediency and to a satisfactory conclusion, an overwhelming pessimism has been instilled in the respondents when it comes to engaging in the compensatory claims process. Despite continual attempts to be seen as worthy of compensation, the frustrating and impersonal interactions with the machinations of the bureaucratic process negated their primary avenue for help, leaving many with an entrenched anger and sense of betrayal of trust, and feeling a seeming trivialization of their service to the country.

### **Effective formal support**

Two programs were collectively defined as being of benefit. One program was a highly-respected University of British Columbia based clinical program specifically developed by psychologists specializing in the field of service members and PTSD called the Veterans Transition Program (VTP) (see: Westwood, et al, 2002). Accessing this transition program came through the efforts of a local veterans group recognizing and responding to the needs of its injured members. Focussing its self-advocating efforts resulted in this program recognizing local Yukon need and coming to the community. Respondents described the program as utilizing trauma education, emotional skills development, and psycho-drama to work through traumatic incidents. Being provided with the basic tools of emotional management meant enhancing a sense of safety by developing a new language from which to establish an expressive ability to connect with, manage, and explore emotions, essentially countering the emotionally repressive and compressive effects of a hyper-masculinized environment. Experiential comparative analysis with others was seen to build empathy while encouraging a deeper self-reflective understanding

of the nature of their own traumatic injury. Reliving the experience in a safe group setting was described as an opportunity to re-engage with a traumatic incident, take out the automated responses instilled by years of repetitive military training, and essentially “*change the ending*” by processing the feelings and meanings attached to the precipitating traumatic events in a whole new way. As one respondent succinctly put it:

*“It’s the same lessons we all learned – our reactions are not abnormal; we’re not the freak in the story...we were provided tools – it was a good step. But it was late, so late.”*

For some, the take away was profound:

*“Then...I understood it wasn’t my fault. There was nothing I could have done about it....that’s the key point...it happened, it happened...now I can deal with it and carry on.”*

He went on to illustrate the long term effect of actively shaping his personal responses to difficult emotions as learning to “*...get your mind on something else - on another project. This way you don’t think so much about your own bloody problems*”, indicating he has created the internal space necessary to utilize a new behavioural management skill set in learning to move away from maladaptive behaviours (such as the dissociative processes of excessive drinking, social isolation, and emotional ‘stuffing’) and shift towards a new sense of mastery over his injury by making the choice to engage new and healthier responses.

The second program was a less formal non-therapeutic peer support group organized through a southern CAF support office in which peers come together on a regular basis. Engaging in these support groups were defined as significant for those who volunteered to attend, providing a forum for the exploration of common experience (not all military in nature) within a safe and culturally familiar group setting. Respondents noted that despite the usefulness of the group, the ability of the local veterans’ community appeared to be unable to adopt a self-sustaining element, thus leaving the longevity of the program susceptible to the vulnerabilities inherent to any person-dependant program. There were no decided opinions offered for this situation, although there was a collective suspicion that the small-town nature of such an intimate group may be a detriment to its longevity. While this program was described as ‘*really useful*’, the tenuous nature of same may be seen as affecting the long-term commitment of group members.

## Medical Issues

Seeking medical validation for service-related injuries post-release illustrated the conflict between the military compensatory and civilian medical processes. The cited ease of accessing military medicine while serving meant service-related ailments were dealt with promptly, with no waiting and no lack of understanding of the military issues involved: *“you went in, you got fixed and you left”*. Readapting to a civilian medical system proved a challenge to the flexibility of accepting a different help seeking response structure.

The local medical community was collectively noted to be relatively unfamiliar with the necessary administrative processes and exacting paperwork demanded by DND and VAC as well as the complicating nature between the old Veteran’s Charter and the New Veteran’s Charter compensatory payment structures, causing reluctance, if not a sense of overwhelming dread, in approaching local physicians to assist in filing claims. A sense of apprehension and powerlessness was inherent to their descriptions. One respondent described approaching a claim for a longstanding and debilitating service injury as:

*“He (the doctor) doesn’t back my story...he doesn’t know me. I knew that without getting the doctor on my side, I didn’t stand a chance, so...I have no doubts it’s related to my service but I can’t prove it.”*

Left feeling like a condition and not as an individual reduced further the feelings of low self-worth and the denied validation of lived experience (the injury), and induced a split between a sense of having his long-held military identity disregarded, and his ability to come to terms with his new identity as a post-service member of the CAF.

With wait times for claim responses already running four months or longer for physical problems and eight months or longer for psychological injury, incorrectly completed forms lead to even more delays as such claims were rejected, thereby creating even greater stresses as an arduous appeal process was then required. The choice of descriptive wording used by a respondent’s physician could result in a claims rejection letter, shattering remnants of any hope of relief. Several respondents felt forced to withdraw from any further effort to obtain much needed care as the administrative process simply became too overwhelming given their compromised ability to attend to such matters due to the aggravating impact of nature of their OSI symptoms, thus increasing overall long-term suffering and the despondency that came with facing an increasingly uncertain future.

For those who were able to combine the self-motivation to manage their illness, foster an awareness of the claims and medical system, and had the emotional support to manage the processes, a tolerable, if not favourable, relationship could be developed with local physicians. For example, an assertive approach to obtaining psychotropic medications for a serious OSI was: *“...They (local physicians) don’t have a flippin’ clue. What am I supposed to do? Drop my military docs this thick on the table and say here, read these for the last 25 years and you’ll know why I’m on these pills? I just have to get a prescription. I’ve already done this with my family doc. I said “here – you can either read this or write me my prescription for my Wellbutrin. Your choice. I’ve been on it now for ...this many years and I self-medicate and I can put myself on and off when I think I need to go on or when I think I need to go off...stuff like that.”*

Such self-direction of his medical regime reduced the need to continually reopen the wounds, even within the confines of a working doctor-patient relationship. Such conversations were thus able to be relegated to the time and place of the respondent’s own choosing. Maintaining control of the conversation, the process, and his medications indicated the reestablishment of the control necessary to the processes of resolving traumatic experience and the reconstitution of the shattered sense of self.

### **Long Term Medical Involvement**

All respondents cited a variety of permanent physical conditions and disabilities stemming from their time in service. There was some overlap with normal wear and tear directly attributable to being an ageing Canadian male (such as needing glasses to read), but other medical conditions, such as bone and joint problems (knees, elbows, ankles, backs, hips), hearing loss, gastro-intestinal conditions and other issues, were directly attributable to their activities while in military service. Again, the issue of accessing adequate compensation and care was noted to be a continual struggle. Such injuries were described as having effects on quality of life ranging from minimal to very significant, depending on the number, types, and severity of the incurred conditions. Such impairments to optimal physical functioning resulted in, for example, a decreased ability to manage an exercise regime, which was described as an essential component of moderating overwhelming emotional responses and alleviating conditions such as depression. Facing the end of a career and ongoing psychic injury and coupling this with a sense

of reduced physical ability where strength was equated with power and therefore an intact sense of masculinity, proved an additional layer of struggle to regaining a sense of self.

## **FINDING A NEW PATH**

### **Resolving Traumatic Injury**

The path of recovery from OSIs (including formal mental health diagnoses such as depression, anxiety disorders, and PTSD), was represented in the data as specific to each individual's personal continuum of healing over time. Moving through post-release transition with an OSI and/or other acquired mental health conditions infused all aspects of the transitional phase, and often still extends far beyond this point. "*Turning a corner*" is how one respondent described that moment in time when he realized he was no longer succumbing to the effects of the emotional and behavioural expressions of symptoms associated with PTSD and other OSIs.

Ultimately, the processes involved learning to manage symptoms and manage expressive behaviours to eventually regain, fully or partially, a degree of psychological health and well-being. The variable nature of this experience was described by one respondent who invoked the conceptual summation of the nursery rhyme "*having to put Humpty Dumpty back together again*", although this sentiment was adamantly refuted by others who noted "*you can never go back*", thus illuminating the individual perceptions of the nature and spectrum of the healing continuum.

The progressive nature of symptom mastery was achieved through a combination of routes. For example, the data reflected a common thread of seeking safety (via various healthy and unhealthy adoptive behavioural methods of managing feelings related to the sensation of being unsafe in the first place); acquiring education (self-generated through peer interaction and media sources and formally acquired through interaction with service providers); taking an instinctual, strength-based position of accepting and exercising personal responsibility for one's own healing; accepting physician prescribed psychotropic medications for symptom management and pain relief; engaging in and accepting the provision of reflective feedback and external controls necessary for behavioural management via support systems (generally starting with spouse and immediate family and then to regularly engaging in informal peer-group interactions in a quasi-military establishment); and, for some, accessing rarely available formal treatment for OSIs.

The ability to engage the above noted supports was driven by complicated and very individual circumstances such as depth and degree of illness, personal agency (including pre-military emotional stability, learned coping mechanisms, adherence to strict properties of masculine detachment and precursors exacerbating current mental health issues such as childhood abuse, attachments issues, proclivity to substance abuse, or other psychological framework features); a reflective, self-adjusting attitude to support their own decision to make the pursuit of wellness a priority; and new-found gratitude for life's gifts (love, family, even life itself) as measured against witnessed experiences with death and horror.

While Dallaire's book was held up by respondents as the catalyst for validation of their individual experiences, this effect was seen to extend throughout through both their military peer group, and the general public. This opening of a new awareness and acknowledgment of their experiences created the space for a coming together of the peer group, which was described as one of the most effective moments of their collective wellness journeys. Formal treatment and access to related CAF, DND and VA services was noted to be readily accessible in some major southern Canadian urban centres but Yukon service members were unanimous that this jurisdiction was essentially a '*forgotten backwater*' when it came to accessing formal treatment options. In lieu of formal treatment, the peer-based transitional program was noted to have made an exceptional impact on the individuals who attended same. A respondent described the process as a combination of learning basic emotional language and management skills as well as providing an opportunity for engaging in controlled psycho-drama to reprocess traumatic experiences, which instilled "*a sense of control in a sea of chaos*", creating space and techniques for internal and group healing:

*"So they gave us to the tools, the language, the self-confidence again, that kind of stuff."*

The realization of a higher level of mastery came about with the exploration of the "*tools*" learned, such as basic stress management skills and strategies such as thought-stopping, and developing the ability to identify, manage, and express feelings and thus increase tolerance to strong emotions. This platform served to encourage an emotional stabilization and increased the desire to engage in a variety of life activities to build and reinforce shifts in priorities away from the effects of their OSI and to reach beyond the effects of their injury and, for example, secure stable employment. As one respondent described:

*“...but one of the best things to do is to get involved with different projects...it keeps me really busy...changes my mind completely, yeah....I learned to stop myself and shift gears.”*

This ability to self-generate changes in thinking, mood and behavior was described by a number of respondents as a pivotal marker when gauging their own wellness since, such an ability was seen to be untenable previously, when awash in the symptoms of their traumatic injury. With this barrier removed, exposure to new and rewarding experiences and relationships were noted to occur.

The additional benefit consistently described was that individuals gradually came to undertake a helping role in assisting other individuals go through their own healing difficulties. Providing such assistance, to the point of undertaking the role of a formal advocate in taking on the system, was noted to reciprocally stimulate the helper's own sense of healing and strengthened and re-established personal ties to their military peer group that had become so ingrained during their careers. The new found trauma resolution practices and the skills sets learned during their military career were thus combined in a new way:

*“...it's because of all the training and experience I have...I was still able to face the problem and actually come out alive. So it was the military background that helped me, and helps me to help them.”*

The act of giving of one's self to assist a comrade was noted to be rewarding and it promoted a deep sense of personal well-being and satisfaction. This link proved to transcend the barrier between the two lives, expediting the change process and creating a new sense of being a whole person once again.

### **Social Reengagement**

Close male companionship was easily obtained while serving in the military's predominately male workforce, which was often described as the result of cloistering for long periods of time: *“...there was always somebody around - there was never a shortage of friends.”*

Respondents further described the type of friendship constructed during long periods of shared high-risk or dangerous actions while deployed in combat or defensive military roles as serving to create a singularly unique and intense depth of bonding. These were often equated to a quality of connection ‘*deeper than brotherhood*’, which provided unique touch points for much needed human contact, particularly when horror and suffering were involved.

The situation was much different post-release.

### **Alienation - a Bitter Grace Note**

Release from service also meant an immediate release from the vast majority of those friendships, and the need to learn how to reconnect with the general male population after years of separation from same. The ‘*knack*’ for establishing compatible friendship was noted to be ‘*forgotten*’, given the ease of making connections while serving. Naturally equating the processes involved with establishing military friendships did not translate well into establishing similar civilian friendships after service. This described awkwardness was frequently attributed to the contrasting realities and stemming from their shifted world-view born of active military experiences as well as the degree of indoctrinated military acculturation, both contributing to a perceived chasm in understanding with most civilian males. As one respondent put it: “*after what I’ve seen, civilians don’t know shit.*”

This struggle was further exacerbated by the internal pressures of the dichotomy between the inherent desire for male friendship and the sensitivity of seeing one’s self as now being “too different” because of his military experience (the disenfranchising of the feelings of having ‘served and sacrificed’ was described as being a bitter grace note attached to the unexpected feelings of non-acceptance), creating a self-generated stigma and another barrier to engagement – put simply by one respondent: “*I feel like such an outsider.*” Complicating this picture were the described attending feelings of a deep sense of grief, loss and drift accompanying this dramatic shift between two worlds.

Despite an entrenched sense of alienation from civilian male society in general, social friendships were described as being far easier to establish with women. Respondents cited a feeling of release from the difficulties with social intimacy inherent to their entrenchment in the idealized, hyper-masculine military environment when able to revert to the deeply familiar male-female gender-role stereotypes and the ease of connection found therein.

Ultimately, few respondents described having even a single close male friend in their life after transitioning out of service. Some noted heavily embracing family life, particularly where family had taken a backseat to their military career. Wives were often cited as their only ‘true’ companion. In contextualizing his single intimate connection, one respondent stated:

*“...a friend of mine told me years ago everybody he meets is an acquaintance and he only has one friend – his wife.”*

In the most extreme instances, the perilous double bind of social attraction and social repulsion extended to the point of self-exclusion from any further attempts to re-engage with civilian or military males, despite the cited acute loneliness and desire for male companionship, leading to a significant degree of social isolation.

For others, the described cure for this isolation was often attachment-seeking through alcohol-based activities and environments. The use of alcohol was an accepted social lubricant and moved into the post-release search for new social connections. Manoeuvring through such an isolated environment but with little desire to be alone while simultaneously feeling compelled to self-medicate OSIs, lead to the choice of engaging with alcohol culture as a primary underpinning for establishing those new relationships and with it a completed sense of control over self-in-environment. Such control was described as a reflection of the degree of wounding and depth of diminished sense of self where social acceptance was easier achieve by seeking out the *“lowest common denominator”* within a perceived social stratification and whose members were felt to be as equally disempowered or disenfranchised and seeking similar solace.

Following the stated dictum of *“misery loves company, I guess”* this strategy was noted to present less of a social challenge in some sense as everyone involved in such described *“bar culture”* were felt to be accepting of all and social equals: *“nobody would judge you...because I found everybody there was running from something...I guess I was, too”*. Maintaining this social status quo was noted to be easier than seeking alternatives by way of its narrowly defined sheer familiarity. The long-term consequences were inevitably the maladaptive coping strategies drawing the individual further away from where he really wanted to be by reducing his willingness to see or act on opportunities to do something different. This state was further exacerbated by increasingly complex addiction issues stemming from this struggle. Conversely, adopting this effective pattern of socialization was also a means of rationalizing an addiction and therefore pursuing change was not an active consideration as a kind of stabilizing equilibrium had been achieved.

## **Finding New Connections**

Although re-establishing social intimacy with males was noted to initially be a highly problematic (and in some case, ongoing) venture for the respondents, the natural tendency to ‘*go with what you know*’ eventually led seven of the nine on a road back to the re-establishment of connections found within the familiarity of normed military culture. Leaving service was filled with expectation, perhaps even a sense of entitlement after “*putting in the time*”, but was quickly met with a reality of systemic and societal ambiguity and a sense of social marginalization which resulted in a social “*stranding in no-man’s land*”, placing some individuals at the edge of hope. This powered the shift from an attempt at vertical social integration with civilian society to horizontal reintegration with more familiar company.

Finding comfort in common experience and common culture proved a relief for eight of the nine respondents upon post-release arrival in the Yukon. Carrying a burden of specialized knowledge and experience unable to be shared with civilians kept the respondents distanced by a sense of being unable to trust civilians. The underlying reclamation of military environment was established through engaging with other military personnel through offers of employment or finding connections through the local veterans’ service organization. The familiarity of the nature of the social interaction in this setting was consistently described as both easy and necessary: “*...it was comfortable there. They spoke ‘army’. They got it – I didn’t have to explain myself*”.

In practical terms, the replication of the military environment occurred in an organization with a well-established history of supporting ex-service members, the Royal Canadian Legion. The Legion (as it is most commonly known by) provides a solid platform for engaging in a wide variety of social and community opportunities such as the November 11 Remembrance Day, advocacy, ease of connection and support for service-related issues, information conduit from CAF, VAC and DND as well as provided opportunities to exercise and enhance the instilled CAF military value of service via group accomplishments of promoting and supporting youth, community development projects, hospitals, Canada Day celebrations, etc. The respondents described such activities as fulfilling a series of post-release role expectations assumed to be synonymous with an active, fulfilling retirement as ensconced within the confines of a comfortable military-like atmosphere. Additionally, for some, there was an opportunity to connect with other ex-service members suffering from service-related injury, creating a venue

for emotional support, connection, and information exchanges with a peer group intimately familiar with the same issues tied to service-generated OSIs. The length of time and depth of continued involvement with the Legion varied from individual to individual. Despite a loyalty demonstrated through maintaining active roles with and long term commitments to the organization, as time passed, individuals were noted to create distance as their own shifting desires and needs were met with different social or cultural attachments.

Engagement in other community-based volunteer organizations was described as a beneficial, if not therapeutic, action if the internal barriers dissuading the individual from such engagement could be overcome. Entry into this aspect of the community life was sometimes pinned to prior life experiences, such as being a volunteer fireman before entering the military and joining a volunteer fire department after release. By reaching back across time, respondents were able to utilize ingrained and highly developed military skill sets, field experiences, and expertise to establish a common base of interest within a chosen civilian organization. Such congruence in task and values resulted in a new-found sense of being of value to the community and created opportunities for new social connections without the risk of having to leave too much of themselves behind. Respondents noted that offering experience and credible support to an organization, and therefore adding value to the greater community as a whole, often eased the opening of the door to social re-engagement by providing an opportunity to explore new connections within the framework of a safe and familiar platform of mutual experience. Over time, this often led to leadership roles (in which many of the respondents were clearly skilled), a role they noted they missed.

Four individuals were able to advise on a variegated sense of ‘success’ with re-entering civilian society, with the primary focal point being activities stereotypically orientated as masculine, such as hunting, fishing, or other activities which had roots comprising a significant part of their remembered identity as a youth. One respondent noted he ended his youth when he entered the military as a teen, *‘put myself on hold for 20 plus years’*, then had to go back and find that youth again, essentially starting over from where he left off. Forging a connection between two such disparate conceptual identities was described as a ‘reset button’ several respondents had to struggle to learn to push in order to move themselves ahead into a new future. Linking the past with the present by building on the known (despite the past self being a distant and hazy

image at times) instilled a confidence and ability to connect with their own fundamental core values needed to complete an examination of an acceptance of a new sense of self.

For those respondents identifying as being in long-term relationships upon release, they described their wives as having assumed much, if not all of the responsibility for setting and maintaining the patterns of social engagement for both members of the couple. The struggle of the respondents to socially re-engage came with a tacit subsumation of this role to the skill set of the wife, who was generally described as having more experience with maintaining a foot in the civilian world. This distribution of power within the relationship was often negotiated, usually after the recognition of his limited abilities in this realm by one or both partners.

### **Reengaging in the Civilian Workforce**

The sudden lack of structure and purpose was particularly noticeable in the respondents' efforts to secure and maintain satisfying post-release employment. With the exception of two respondents who described the transition as being of relatively little effort due to the familiarity of their new civilian work environments (i.e., same trade, different shop), employment remained a critical factor in the transitional processes.

Meaningful employment was prominently featured as a component of successful transitioning; indeed several respondents reflected on meaningful employment as “...*giving you self-worth, reinforces your self-esteem and gives you purpose*”, providing a counter balance to the loss of rigid structuring inherent in all aspects of daily life while in the military.

The sudden lack of purpose and structure upon release forced the issue of colliding military/civilian value systems to prominence. The effect of this was an attending vacillation in emotions which was usually quickly moderated through discerning judgement and reflective introspective consideration of what to choose to take away from their military experience and eventually try to achieve an equilibrium which worked in favour of the individual's best interests. In other situations, however, there was an internal struggle which was identified as stemming from the enmeshed adherence to the long-held indoctrinated belief in the more hegemonic nature of military values. Collectively described as being ‘a member of a group which could overcome, resolve or eradicate any perceived or imposed obstacle by virtue of the disciplined, ranked, authoritarian, stratified and rigidly structured constructs of hegemonic power in the name of service’ (Fox and Pease, 2012) made entering the civilian workforce difficult at

best. Clearly, replicating this approach held little place in a civilian workforce and was a source of some transitional conflict and internal negotiation with other core values. Holding fast to these beliefs over time was most often ascribed to by the ex-service members most struggling to find or hold employment as this idealistic ideation of military work ethic and ethos, and was used to point out the ambiguities and failings of the civilian workplace in an effort to counter feelings of not fitting in stemming from identity crisis and cultural gaps. Such counter intuitive attempts to power-over a sense of marginalization simply led to a cyclical entrapment of finding and losing jobs, which in turn reinforced feelings of ostracism, stigma, and their sense of personal failure as a man. The greater the struggle, the tighter the wrapping in the image of the one's past: a well-defined and clearly delineated persona with power and value. This is a tough act to follow when all is felt lost.

Respondents described the nature of the workplace conversational experiences as generally tending to suppress discussions about their overseas military experiences. Their deployment was a taboo topic of conversation, either being unwelcome in the workplace or, if one found a person willing to listen, there could be such a lack of reciprocal and meaningful dialogue as to discourage any future such engagement. Equally as disturbing were those who sought out their stories with a voyeuristic intention. The nature of such conversations created a sense of being exploited for their stories, an exercise in titillation without any regard for the person telling them.

Further to this was the oft-noted elevated self-descriptor of military membership as being exclusionary to their now objectified view of the civilian world. The nature of the overarching instilled moral authority attached to protecting national freedoms based on paternalistic power constructs was noted to create powerful identity issues when re encountering the civilian world after release. Again, a collision of values occurred when the split between the two identities now required the emergence of a new equilibrium to readjust to life as a civilian. Readjusting for the perceived power differential and feeling somehow '*less*' since release could prove a difficult struggle in the workplace. Those freedoms once protected were now considered to be increasingly challenging aspect of engagement with civilian populations: "*...just so annoying – you need so much patience to deal with civilians*", even years after release from service. Consciously or unconsciously, there appeared a resistance to abandoning the values they cultivated during deployment. The capturing and quiet retention of a symbolic military identity

through veteran's license plates or wearing articles of military clothing or insignia often proved useful in helping complete a bridge between the two disparate identities.

### **Finding Purpose**

Acknowledging the need for purpose on retirement or release was noted as imperative to countering this sense of drift – for one individual this meant:

*“...the biggest thing (on retirement) is to have something to do, whether it's hunting or fishing or just turning two by fours into sawdust, get a reason to get up in the morning.”*

A sense of restlessness was frequently attached to difficulties with maintaining employment. Life experiences gathered during peace-keeping or combat roles are described as “90% boring then 10% terrifying”. The effects of military experience, especially the “10% terrifying”, served to redefine the definition of what is important as compared to that found in normal civilian life: “...after what I've been through...civilian priorities are bullshit.”

Often, military skills which may have taken years of training were now found to hold little value in a civilian job search:

*“I'm really good at blowing shit up – how in the Hell do you put that on a resume??”*

thus rendering years of skill development and proud levels of accomplishment seemingly useless.

Multiple respondents described sensitivity to the stigma of being ex-military in the workplace. With frequent news reports highlighting the worst case scenarios of returning service members publically imploding, respondents often perceived civilian workmates and colleagues as holding or even demonstrating discouragingly negative attitudes towards, and derogatory opinions of, ex-military personnel, and therefore saw a reflection of themselves as marginalized. This certainly played a role in many short-term work engagements as it was easier to face unemployment than to continue to feeling so judged by colleagues. This was particularly true if the respondent had experienced any of the corresponding issues, such as PTSD, which were already contributing to a shaken sense of self.

This said, the majority of the respondents consistently described current work situations which replicated their valuable military experience, skill sets, work ethics and values into employment opportunities. Equipment operators continued to operate equipment. Medics stayed with medicine. An infanteer sought employment which replicated order and discipline in

a highly scheduled environment. Fitness training, guiding, and security work reengaged well-honed field skill sets. Administrators became consultants or managers. Seeking out the familiar was noted to ease the uncertainties of reengaging in the civilian work setting as it provided some solid ground upon which to move forward. The role of common language and common understanding of the trade or task(s) at hand eased social reintegration as few other points of connection with new civilian colleagues were initially required, thus inducing a self-moderating pace of social engagement which occurred as lock-step with increasing self-confidence in their ability to do the job and the attending decrease in social and cultural anxiety. Regaining mastery of identity through such a strengths-based approach serves to create long-term stability which transcends all aspects of life.

### **Relationship with the North**

As previously described, the Yukon is a vast and sparsely populated land, with relatively unscathed wilderness and deep, cold winters the overriding dominant forces by which all who live here must abide. In terms of meaning, there is still the lure of the stereotype of the wild west and the frontier mentality, an ethos of wild spaces, pioneer spirit, and freedom, which proved a significant attractant for the respondents.

The respondents' relationship with the Canadian North comprised a very central component of and important role in their described explanations of transition. With the exception of one individual who had moved to the Yukon in the past five years, the majority have lived in the jurisdiction as civilians for 10 to 20 years. Arriving in the Yukon was achieved in two primary ways: 1) previous exposure to the Yukon via military experience or 2) being pulled North by others who took them under their wing at a time in their post-military lives that the respondents described themselves as lost, floundering, or out of options and hope. Essentially some came to start anew as a phase of transitioning from the closing of one chapter of their life to starting another; others were drawn North in order to hide, heal, or escape.

The effect of many transitory short-term postings over the course of a career often left long-term civilian and extended family social connections in tatters through a process of transitory social attrition. For those previously posted to the Yukon, the decision to return to North was often made easy by remembrance of their ease of fit with the local civilian community while previously posted here. Being identified as part of the military was noted to carry little

emotional baggage in the Yukon as opposed to southern urban postings, where many respondents identified periods of time when they faced stigma, if not outright hostility and ostracization, when being identified as a military man by members of the public. Feeling forced to hide their primary created identity (which, in one instance, went as far as being ordered not to wear their uniform in public for their own safety) proved a great source of internal conflict, providing the energy behind a social clustering with primarily military personnel, and, in the worst examples provided, an almost complete severing of connections with civilian society. This combination of factors would prove disastrous for several respondents as they tried to reintegrate with civilian society post-release, particularly when experiencing both the effects of unresolved traumatic experience and the sudden release from a highly-structured military environment to a life of overwhelming complete freedom of choice. In several such reported instances of what one respondent described as a state of “*complete freefall*”, being called North by peers who witnessed and recognized those struggling in these circumstances proved a key element in stopping and reversing a downward cyclical spiral.

After being enticed North with an opportunity for employment and a fresh start, one respondent described the typical sentiment associated with this sensation of a new beginning as:

*“It was comfortable here. It was great. The other thing was it was the end of the world. It was far enough away and small enough that I could get lost here and nobody knew me and knew anything about me. I didn’t have to answer any questions about—before or anything. I could just go away. And that’s all I wanted to do was go away.”*

This tangible sensation of relief created a honeymoon period in which the individual could feel an absence of symptoms and ability to simply be. This release, however, was short-lived as the realities of unresolved wounding met the complicating factors inherent to any dramatic shift from an established and regimented culture into the forced adoption of a new set of circumstances. From this such practical matters arose which included difficulty finding and maintaining employment; difficulty accessing bank loans; difficulty accessing treatment for medical and psychological issues and a myriad of social integration problems. Any residual behavioural or psychological issues were simply re-ignited as the realities of Northern remote living impacted on the often already impaired ability of the individual to cope with such stressors. The sought after long-term ending eventually dissipated, yet the attachment to the North and its wilderness continued to deepen.

*“Like a moth to light”* was how one respondent described reaching back across time to reconnect with a known stable and intact sense of self with a lifestyle and set of values congruent to the ethos of the Yukon. The idea was echoed by others whose sense of safety was grossly compromised by traumatic experience whereby the sheer vastness of the land and *“promise of a place where a man can find himself”* was seen as being an unfettered escape route from the past and from the injured self. The regimented and hierarchical nature of a military existence was gone, along with much of the previously intact constructed identity and life outside the military was now imbued with an overriding sense of unsafety, partially as a result of the effects of any wounding experiences. The implication of this escape route to the North provided an imagined sense of support to initialize an increase in the required internal sense of safety inherent to recovery from PTSD, a strengthening of the personal platform necessary for making change. As one respondent described his escape from a southern urban environment:

*“... the Yukon is my home and I knew I wanted to come back here and I knew it would be good for me. Mentally, it was – the slower pace of life. I knew I’d spend a lot of time outdoors and I do...since I came up here it has really improved (his complex PTSD) ...when I first came up here I was still anxious and suffering and - but I’ve really snapped out of it since we’ve moved back.”*

Exercising stereotypical Northern pursuits – hunting, fishing, finding solitude in the untrammelled mountains, building a home for the family on a piece of land hand-carved from the wilderness – was typical to all respondents, providing a basis for the creation and growth of a new post-release identity heavily normed on the adopted ideals of Northern, but familiar, aspects of hyper-masculinity. Such activities provided pleasure, interest, and a sense of purpose in becoming self-sufficient by providing for one’s self or family. Forming a sense of worth, it was, particularly for those shattered by the symptoms of PTSD, an essential anchor point for re-establishing a sense of identity as well providing opportunities for symptom relief within the safe confines of familiar, socially accepted stereotypical male-oriented behaviours, both inherently tied to finding a way towards the resolution of the underlying traumatic experiences. Protecting this sense of freedom born of place served to create a more intact sense of self. Decreasing the threats to this progress became a primary motivator for respondents seeking alternatives to what wasn’t working, in order to ensure such progress could continue. This strengths-based approach

was noted to be a highly effective strategy as generalized uncertainty was confined, managed, and reduced in the effort to re-establishing a sense of safety within the self.

## **Discussion**

### **I promised the respondents to keep this a useful document...**

#### **The Take Away for Service Providers**

As stated earlier “the original intention of this project was to make this study useful in the contexts of both understanding these individuals and their needs, impact, and roles in our community and to assist in formulating better formal responses to their needs”.

So did I get there?

The pre- and post-release experiences of these service members were complicated, involved, and portrayed evolving stories through sweeping narratives stretching through history and over lifetimes. Unpacking these stories through a careful and structured research process utilizing grounded constructivist theory both proved, and provided, an enormous technical and personal challenge. Hopefully, the findings generate more questions from the answers and the results, and be enlightening by helping identify and clarify what works, what doesn't, and helping to shed some light on the how's and why's in between the complicated transition processes involved in leaving military life.

The research process itself closely followed the work of Charmz (2011). Coding was time consuming given the huge amount of data, but it was an interesting process as the threads of how the stories were constructed became increasingly evident and defined. What didn't come to light was equally as interesting, opening the door for deeper exploration in the search for the linkages.

The intention was to relate what I uncovered about the underpinnings of the respondents' transitional processes against what is known about the transitional issues faced by service members as found in the previously cited literature. The work of independent researchers Black and Papile (2010) noted that while much of the current research on post-release service members focuses on PTSD, others attending issues which may be present include:

- a) physical and psychological injuries resulting from combat and non-combat situation;
- b) health issues;
- c) substance abuse issues;

- d) learning how to function in a non-structured environment;
  - e) friendship difficulties;
  - f) family discord;
  - g) difficulties with authority;
  - h) issues of perceived support;
  - i) identity issues
- (Black and Papile, 2010).

While all these issues were clearly identified and described in the data, it is the conceptual underpinnings that formed the intention of this research. So how do they apply to the real life experiences?

### **Starting Down the Longest Road**

The implications of how men learn to be men, and continue to shape and form their framework of masculinity, have significant impact on their lives, from boyhood through their maturation as men. This way of being has life-long significance, and follows ex-service members into their post-release lives.

Learning to be male and coming to know what it is to be a man starts early. While there is some argument over the role of self-selecting one's gender (see: Connell, 2005), the role of gender is a fundamental tenet of not only our own definition of sense of self but it also underlies many of our social constructions. There is little argument or doubt that most of our political and social organizations and structures – from households to big business to government, the military, the church, etcetera – are dominated by men and men's power.

From the earliest of days, boys are subject to the emulations of masculinity on a daily basis – parents have been raised with their conceptions and belief systems, indelibly ingrained, about gender role stereotypes. These stereotypes are played out daily within many family dynamics, particularly in family units constructed around 'traditional' assignation such as patriarchal structuring – i.e., father knows best, he's the head of the household. Sports and war movies demonstrate domination of others. Boys (and girls) learn very early about power – who has it, how does it work, and what happens if you fall victim to someone more powerful. Much of what we know about and associate with 'masculinity' hinges on men's ability to exercise power and

control. Borrowing from the work of Michael Kaufman (1999) and Jenkins (1990), the result of this construction is the instillation of power, which in its own right is not a bad thing if used appropriately for the purpose of ‘good’ – but it comes as a double-edged sword, which is also responsible for much of the misery and pain in the world. Existing in a world where exercising power and control as a way of being creates not only a repressed-emotion response state (emotional demonstrations are seen, through this lens, to imply weakness in men), but also includes the necessity of adopting a suit of ‘psychic armour’ as Kaufman (1999) explains. Repressing emotions creates an internal state where the expression of same pressurizes internally until it releases in a burst of rage and pain against the self or others as a way to re-establish a sense of control.

It’s easy to bend a young tree.

### **A Bridge Too Far?**

A clear demonstration of the juxtaposition between power and the acceptable, stratified cultural norms of the organizational hierarchy really came to light during interviews with the respondents when discussing the exercising and exposure of the emotional self in daily military life. These conversational paths were quickly and stoically terminated or redirected in favour of responses designed to minimize, deny, or blame away emotions and emotional expression, even when discussing extremely tragic, horrific, and traumatic field experiences. Yet when it came to acknowledging the death of a comrade, the tears freely flowed during the session with almost no hesitation. Such is the staying power of granted permission within the hyper-masculinized nature of the overarching system.

With the inherent permissions granted by society’s non-confrontational acceptance of, and failure to challenge, those structures based on such inequitable distribution of and adherence to male power, the struggle for dominance results in violence against the less powerful, violence against other men, and the internalization of violence against the self. The military could not thrive without such a state. Nor, it could be argued, would it be necessary if men were not constrained by such rigid adherence to the dictums of masculinity, particularly hegemonic masculinity.

## **Marginalization**

The effects of entering the military and the subsequent cultural development of hyper-masculine traits in these men is significant. While there appeared to be a discrepancy in the way hegemony was able to be used (such is the power of hierarchical ranking), there was, nevertheless, a top to bottom acknowledgment of not only the use of physical violence (against or expressed by the individual), but the frequent use of lateral violence within the hierarchical structuring of the organization. Such lateral violence was described as more damaging to some individuals than their combat experiences. The feelings of powerlessness and helplessness, noted to play a significant role in the origins of PTSD during peacekeeping missions, were equally as destructive to the individual when subjected to the interpersonal power-overs with little or no way to respond against the enforced adherence to the hierarchy's rigid structure. To fight back meant outright or even insidious push back, with very tangible negative repercussions against which there was little defence.

The use of violence against the self was clearly evident in descriptions of self-destructive responses to the intense emotional wounding accompanying both the experiences in the field as well as reactions to oppressive military hierarchy. Managing difficult emotions by incurring further damage by one's own hand in an effort to self-soothe yet simultaneously self-destruct, resulted in more feelings of negative self-worth, which often led to an increase in self-shaming, a feature described by a respondent as "soul-destroying" product of hyper-masculinity.

While the nature of this type of existence was noted to be very difficult in terms of power and control, it is this same power and control that enables the military to operate as it does, thus fulfilling the needs of the individuals who create and serve the military environment. As a further extension of this power, Connell (2005) describes the use of force as fulfilling the ultimate will of the state, which means, in some cases, killing. However, Fox and Pease (2012, p. 26) citing Karner (1994) describe that when the soldier with the heightened sense of masculinity comes face to face with combat, the resulting feelings of powerlessness, fear, and vulnerability are set against a belief in their own invincibility and stoicism, creating an internal contradiction which cannot live up to their own adopted benchmark. The resulting 'contradiction in vulnerability' creates a schism in their sense of self to such a degree that a 'moral rupturing' occurs. This may be contributing more to the individual's trauma than witnessing horrific events themselves. As

Judith Herman so neatly puts it: “psychological trauma is an affliction of the powerless” (Herman, 1992).

Clustering with comrades was also demonstrated to serve as a protective response against the oppressive nature of the hierarchy. Forging close bonds, and a proficient military skill-set under the cape of hyper-masculinity in a highly organized structure, meant that there wasn't much that a group of tough, motivated guys couldn't pull off. The identity of the self was synonymous with the strong and capable man; the meaning attached to power that reached beyond the self. However, to lose that support of close comrades meant a degree of social isolation, difficult and painful to endure given the strengths of the bonds forged during the time of service. This served to further exacerbate the emotional repression of healthy coping mechanism for managing or releasing the pain by the adoption of self-harming behaviours in an attempt to self-soothe feelings of loss and grief. Release from service usually, but not always, severed those bonds. As one respondent stated, “*those guys were closer than my own brothers, man*”. Prolonged and complex grief remains an active and tangible aftermath in many of the stories they told.

The strength of these bonds cannot be underestimated. It is difficult and I suggest almost impossible for a civilian to truly understand the bond between men that was forged in combat.

### **Challenges of Re-entry**

For the majority of respondents, the post-release manifestation of masculinity was expressed as a sudden and drastic need to reorganize their meaning attached to same. Examining one's masculinity, often after many years of immersion in the hyper-masculine military culture, often proved difficult and challenging as all familiar resources, however maladaptive or distorted, fell away when they walked out the door the final time. For some, their instilled adherence to a rigid form of masculinity was challenged by civilian life and found to be untenable, with huge negative impacts on important interpersonal relationships. For others, it was an opportunity to rediscover and reconnect with a forgotten (or stuffed away) self.

For others, however, reconditioning their sense of masculinity was made far worse by the introduction and accumulation of serious psychological injury. They had spent years indoctrinated in the belief that expressing feelings other than anger, lust, or other terms attached to the ideals of hyper-masculinity, are seen as feminine—the antithesis and power base behind

masculine power (Fox and Pease, 2102). When it came to light that the healing path and recovery away from trauma was built around readopting those very traits, such as learning the language of emotional expressiveness, a double bind was created, putting the individual in a ‘damned if you do, damned if you don’t position. Fortunately, there was a solution at hand.

### **Resolving Traumatic Injury: What Works**

While accessing treatment in civilian settings was given a resounding ‘thumbs down’ by the respondents, the ‘thumbs up’ went to the highly effective Veterans Transition Program. Representatives from this program were invited to this community through the efforts of the Legion and were able to reach and engage with many of the respondents needing help for the traumatic injuries and transitional complications that followed them out of service.

The respondents report that by discerning and utilizing the best of military culture and values such as the collective support of the small but safe group process, the established but non-hierarchical cultural norms, and the strength found in the familiarity of military camaraderie, the program is instrumental in helping individuals access their repressed and hidden permissions necessary for evoking change. After learning to adopt a new, more emotionally connected way of understanding and communicating, they begin to create a new internal dialogue in which the ideas of masculine power are challenged in order to promote their own unique road to recovery. It has been my clinical experience working with masculinity in terms of intimate relationships that, outside the unique nature of the respondents’ military experiences, many men in our society could use similarly structured programming.

Working in a familiar group setting with other service members provides a backdrop for the application of a psychoeducational component to instill a new language of emotional connectivity that combines life review and therapeutic re-enactments in order to process traumatic events. Learning to work with a refreshed sense of their own masculine ideals and sense of what it means to be ‘male’, despite the seeming instinct to retreat to the military model when feeling overwhelmed or out of control, presents a challenge to the reformation of entrenched military behaviour, essentially freeing the individual to regain mastery over his masculinity. Each man rises to the level of his own comfort on a continuum of healing. Such mastery over emotions, without drowning feelings, serves to silence the repressive, maladaptive, or self-destructive strategies and trades hyper-masculine responses for a strengths-less-power

based strategy in order to capture the useful healthy components of masculinity; this was noted to have a positive impact on efforts to adapt and make changes in Black and Papile's (2010) eight areas of transition, as listed above. There is still much work to be done.

## **Conclusion**

While I had fully expected this research to be a reflection of the questions posed in the purposive statement, exploring the data offered by the respondents reflected a deeper, more involved framework underpinning and influencing the 'why's' behind the 'what's' of my initial inquiry of who are they? where are they? and how are they?

While the trappings of masculinity appear to bear the brunt of this discourse, it should be noted that it is the pervasive and insidious nature of the constructs of the various types of masculinities (see: Connell 2005) that have woven the deepest threads throughout my work. While I initially acknowledged masculinity was likely to be a factor, given both my experiences as a male and as a clinician specializing in men's work for a number of years, it was not initially apparent in the data. Interestingly, with the exception of one individual, the respondents told their stories in exactly the same way and the coding process was relatively consistent across the board, leading to these findings.

I am constantly reminded how of masculinity, disguised as domination through power and control, is wrapped around the very roots of Western society. The effects of hyper-masculinity within the Canadian military establishment (this organization itself the epitome of masculinity) permeated virtually every one of the 1000 pages of transcriptions and affected, in some way, every aspect of these individuals' transitional experiences, whether discussing health, employment, addiction, family life, socialization or the re-creation of self, post-service. It should come as no surprise that for the respondents, the words 'healing' and 'transition' were essentially synonymous.

## **Limitations**

Upon reflection, this project had a number of limitations. My initial intention was to take a 'snapshot' and capture the transitional issues of this subgroup at a particular point in time. This, however, quickly fell apart as all but one respondent responded to the interview process with

long, detailed, and highly sequential narratives of their experiences spanning long periods including, in some cases, decades. The transitional issues that were important to the respondents were not the same as my initial ideas. With a single interview format came the limitations of a single collection of data with no opportunity for refinement. This was not the doing of the respondents, but of the time and resource constraints of the researcher. Respondents were interviewed in the mood they brought with them that day, which may have impacted what they disclosed and how they disclosed it.

This research was conducted on one specific subgroup of individuals who experienced deployment in roles described as either peacekeeping or combat, and off Canadian soil. This information should not be considered inclusive or representative of the experiences of other released or retired service members residing in the Yukon.

All the respondents, it must be noted, demonstrated a commitment to this project and were more than willing to help out even if, as one respondent put it: *‘this probably won’t amount to much in the grand scheme anyways. But maybe it will help someone out down the road. We’ll see, I guess’*.

### **Suggestions for Future Research**

As described above there has been little or no research conducted on retired or released service members residing in the Canadian North. The Yukon is vast and uncompromising land with a very low population density heavily skewed around one relatively small main urban centre, and with great distances between the smaller communities and remote villages. Given the difficulties inherent to the geography, engaging in interpersonal social research is arguably very difficult to undertake. Life in the North is markedly different than the rest of Canada and attracts a unique type of person. It will likely take equally outside-the-box thinking on the part of any researcher who truly wishes to understand the nature of lives lived in such a place.

Establishing a clearer research relationship with ex-service members may assist in engaging with members who are here to hide out or disappear after service. By further defining who is here, and further examining the issues attached to northern veterans, a researcher may create a platform more conducive to the acceptance of service-related engagement for (hopefully some of) these individuals. Such connection may extend into developing and overcoming accessibility issues in providing better levels of local service from the Canadian Armed Forces or Veterans

Affairs, which all come out of southern Canadian urban centres. A common complaint from the respondent group is that they are often ignored, dismissed or forgotten by their formal military support, federal government and care systems, a sentiment recognized within the greater community itself.

The advantages of a longitudinal study are clear, particularly where measuring something like a transitional process which may be better served over time. Replicating established works, such as that of Black and Papile (2010), may prove a useful format. Exploring why gaps in service delivery exist from the service industry side, both public and private support and helping agencies may improve the overarching understanding of the needs of ex-service members. Establishing a clear link between the theoretical and philosophical underpinnings of policy and practice as well as partnerships and administrative connections may enhance the ability of the front-line service provider to establish the trusting and collaborative therapeutic relationship necessary to work with this unique group of individuals.

**List of Abbreviations:**

CAF – Canadian Armed Forces

DND – Department of National Defense

LASS – Life After Service Study

OSI – Operational stress injury

PTSD – Post traumatic stress disorder

STCL – Survey on Transition to Civilian Life

VAC – Veterans Affairs Canada

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