

Cultivating Family Resiliency in the Context of the Military to Civilian Transition and Mental Health Problems

K Wynia Baluk, D Norris, K D Schwartz, J Whelan, H Cramm

Introduction

Relinquishing military employment has the potential to be a life transition laden with emotional, financial, relational and physical stressors for Canadian Armed Forces (CAF) families.¹⁻² This article explores how intimate partners of CAF veterans who have operational service in Atlantic Canada and live with a mental health problem cultivate family resiliency during the military to civilian transition (MCT). MCT refers to the period when military members begin the process of adjusting to civilian ways of life after release from service.³ During this transition, veterans must reconfigure their social identity and develop a revised sense of purpose in daily life in light of civilian and military cultural differences.⁴⁻⁵ Stressors associated with MCT include reverse culture shock,⁶⁻⁷ identity shifts,⁸ difficulties finding employment⁹ and managing service-related health problems.¹⁰

Military family research indicates that families may be impacted by the same MCT stressors, which they can support veterans in managing.^{2-3,11-13} A veteran's mental health problem may serve as another compounding challenge for families moving through MCT, which can negatively impact family relationships.^{2,14-16} As reported in more detail in a previous publication using this same sample,¹⁷ while many participants in this study had a family member with a clinically diagnosed mental disorder (e.g., post-traumatic stress disorder [PTSD]), we use the broader term mental health problem to include both diagnosed and undiagnosed (i.e., subthreshold or prodromal) emotional, social and psychological issues that can compromise a veteran's wellbeing.

Although the majority of CAF veterans, regardless of their mental and physical health, reported a smooth MCT in 2016 through participation in the Life After Service Study (LASS), 32% experienced this time as difficult, 28% reported a difficult MCT for

their partners and 17% reported a difficult MCT for their children.¹⁸ An understanding of how families 'rebound from or withstand'^{19(p.261)} MCT stressors could support service providers and policymakers in promoting military and veteran family wellbeing. Little is known about how families collectively experience MCT in general. We contribute to this understanding by investigating how six females who are intimate partners of CAF veterans in Atlantic Canada describe the familial resilience processes and protective factors that supported them in addressing their family's MCT and mental health stressors.

Due to our small sample size, the research presented here is not generalisable to the larger population of veteran families. However, as an exploratory study, the stories of the participating women and the common themes provide insight into the challenges of moving through MCT with a veteran family member experiencing a mental health problem. These insights will inform programs and policies focusing on the familial transition through MCT.

Family resiliency

Families are 'complex adaptive systems' shaped by interactions between and among interdependent members and across broader social contexts.^{20(p15)} Family resiliency is conceptualised here as the outcomes that arise when a family exercises resilience processes and protective factors to adapt to, withstand or rebound from stressors.^{19,21-23} Protective factors are the 'resources, processes or mechanisms that counter family risks'.^{23(p25)} Exercising family resilience may include finding meaning in adversity, adjusting familial roles with changing circumstances, communicating effectively and leveraging social supports.¹⁹⁻²³ Families deemed resilient arrive at 'a level of functioning at or above their pre-crisis level'.^{24(p.284)} They can balance the demands of their stressors with their strengths and capacities.

Family resiliency discussions within military contexts should consider the complexity and diversity characterising contemporary military families and career trajectories.²⁵ The nature of military career trajectories, culture, operational stress injuries (OSIs), ways of life, sense of belonging and purpose, and institutional supports intrinsic to military contexts could influence how CAF families experience and respond to stressors. This study was grounded in a theoretical framework that brings to light the complexity and diversity of military families within the context of family resiliency development.

This study used findings from a narrative review of military family resiliency literature as its theoretical framework to explore how veteran families in Atlantic Canada cultivate resiliency while experiencing the challenges of MCT and a mental health problem. This narrative review articulated a synthesis of existing resilience models to frame factors influencing a family's MCT experiences of stress and resiliency.²⁶ The synthesis of resilience models underscores family resiliency as an outcome influenced by family characteristics, resilience processes and the family-context interactions at each level of social analysis in Bronfenbrenner's ecological systems model.²⁶

Bronfenbrenner's model leads researchers to consider the influences of social spaces where family members interact with one another (micro), spaces where two or more microsystems interact (meso), spaces where families are impacted by external institutions (exo), culture and ideological systems (macro), and the influence of time (chrono).²⁷ Integrating insights from military family resiliency literature with Bronfenbrenner's model, the synthesis guiding this study encompasses an awareness of psychological, familial, community, institutional and cultural factors that can encumber or promote family resiliency. An awareness of these factors can aid researchers in recognising the multidimensional nature of family resiliency within military contexts.

Method

To explore how veteran families in Atlantic Canada cultivate resiliency while experiencing the challenges of MCT and a mental health problem, a secondary thematic analysis of six interviews from a larger Canadian study was conducted. This process was guided by the synthesis of military family resiliency literature²⁶ and served as a vehicle for identifying factors, processes and social contexts at each level of the ecological model that may facilitate family resiliency. The original study was funded by Veterans Affairs Canada (VAC). It received ethical clearance from the research ethics review boards at the three

Canadian universities affiliated with the principal investigators. As this analysis only utilised data from Atlantic Canada, it received clearance from the one ethics board.

Participants

The larger Canadian study used purposive sampling to recruit participants for in-depth qualitative interviews about their familial experiences during MCT with a mental health problem. Participants were all family members of former Regular Force or Reserve Class C CAF personnel experiencing a mental health problem who were released in the past 5 years. CAF Regular Force veterans typically have long-term contracts and could be ordered to serve overseas. Reserve Class C Veterans are contracted to serve full-time in a Regular Force establishment or on a specific domestic or international operation. The sample was Canada wide, with 27 participants recruited proportionately from the Atlantic, Central and Western regions.

This study used purposive sampling to select all participants in the original study who were from Atlantic Canada and intimate partners of CAF veterans (n=6) to create the context for a focused analysis. The veterans had served full-time at an operational level, had a mental health problem and were released in the past 5 years. These veterans held various positions within the CAF, ranging from a logistics officer to a medical technician. Five of the six veterans were members of the Regular Force, while one veteran was a Reservist. The participants included five heterosexual couples and one lesbian couple. Participants had been living with their veteran partners between 14 and 22 years and were between the ages of 36 and 61. Five of the six participants had between two and four children under the age of 18 living with them. All participants provided insights into their specific lived experiences with MCT and mental health stressors at micro, meso and exosystem levels of analysis.

Data analysis

Thematic analyses aid researchers in 'identifying, analysing and reporting patterns' within qualitative data.^{28(p. 79)} Researchers drew on the thematic analysis method outlined by Braun and Clarke (2006), whereby themes are treated as patterned responses and meanings that directly relate to a study's goals, questions and theory.²⁸ All themes were thus related to the intra-familial factors and conditions, the family's social context and family processes that impact how a veteran family in Atlantic Canada may cultivate resiliency while managing the veteran's

mental health challenges through MCT. This analysis method entails gaining familiarity with the data, generating initial codes that denote a feature of the data, identifying themes among the initial codes and ensuring each theme is supported with sufficient evidence.²⁸ MAXQDA, a qualitative research software program, served as the platform engaging in the coding process and reflexive practices.²⁹

Results

Participants recounted familial experiences with managing stressors and mental health problems during MCT, provided a context for examining the factors, processes and interactions that supported family resiliency. These stressors included feeling isolated after losing military-related relationships and social support, mental and physical health difficulties, finding appropriate health services in civilian society and feeling uncertain about their ability to cover daily expenses. Using Bronfenbrenner's levels of social analysis, we describe the intra-familial strengths, resilience processes and social supports that reinforced resilience within the participants' families.

Microsystem and mesosystem levels of analysis

Familial loyalty: *An intra-familial strength at the microsystem level that supported the cultivation of family resiliency was remaining loyal and committed to family relationships. A participant stressed that, throughout their MCT journey, her 'end goal was always to keep the family together'. Another reported that she and her partner were 'trying to figure out how to be together as a unit'. Familial loyalty was reinforced by the presence of solid relational history and the ability to empathise with other members. A participant reported that 'if it was just a brand new boyfriend, there's no way I'd be here'. Another asserted that 'you got to continue to have that empathy that you have for that person and what they're going through'. This commitment to maintaining the integrity of the family unit, regardless of challenges, supported families in withstanding stressors.*

Self-care: *Engaging in self-care also supported families at a microsystem level in withstanding stressors. This was exemplified when a participant stated, 'My priority was me so that I could be the best for my family'. Three participants also maintained family stability in MCT stressors through familial rituals. These rituals involved repeated family practices and routines: 'We played board games together Friday nights. We did stuff together. We hung out. I started running. My husband started running with me'. Maintaining or developing familial rituals*

and self-care routines aided participants in cultivating resiliency.

Communication and problem-solving capacities: *Participants also gained clarity on their microlevel situations through the processes of communication and problem-solving. A participant described how she gained new communication skills and capacities while managing MCT and mental health problems: 'To get through this, you have to develop some additional skill sets to find your way, to help de-escalate, to have better insight, to just be a little bit more honest'. The perspective gained through problem-solving and communication may reinforce a family's capacity to make decisions that support the cultivation of family resiliency.*

A contextualised and realistic understanding of stressors: *Participants also developed a contextualised understanding and a realistic outlook of stressors. This resilience process aided the participating families in reconciling losses and capitalising on MCT opportunities. One participant asserted, 'actually we can recognize at this point probably some positives associated with not being in the military anymore'. While grieving the loss of her husband before the onset of trauma-related symptoms, another participant articulated that she still desired to reframe the negative and recognise what is positive about their situation.*

You grieve the loss and then you have to be able to see if you can accept it. I think some of my struggle right now from time to time is just saying, 'Can you accept the way life is now. All the good and bad that comes with it'.

The act of accepting one's losses while identifying opportunities supported families in maintaining a hopeful perception of their situations.

Informal social supports: *We conceptualised informal supports as the emotional and practical resources that were offered voluntarily by friends, family and other community members. The potential of an informal support network to ease familial stressors was apparent when one participant described the factors that supported her family through MCT.*

[X]'s mum, once he was hospitalized, came to stay with us to, to help support both me and to sort of help support [X]'s needs. So great family support. I work in the system surrounded by therapists all day, so I have really great co-workers, really great friends.

The participant whose partner served as a Reservist also described the importance of supports and resources established within her family's civilian

and military community throughout her partner's career. These supports helped to alleviate stressors associated with relocating to a new community and relinquishing military employment. By buffering stressors, social supports operating at the mesosystem level facilitated the development of intra-familial capacities at the microsystem level.

Exosystem level of analysis

Formal social support: Five of the six participants reported the importance of their formal support networks in responding resiliently to MCT and mental health stressors. We conceptualised formal supports as the emotional and tangible resources administered by established institutions. Participants discussed the value of respite, health and financial support offered by VAC, social support groups offered by Operational Stress Injury Social Support (OSSIS) clinics and the Couples Overcoming PTSD Everyday (COPE) group therapy program. COPE directly targets MCT and mental health stressors by bringing families together and offerings skills and knowledge that enhance resilience. A participant described how her partner was initially 'completely resistant' to the idea of joining a peer-support group for veterans with OSIs but now 'looks forward to it'. Another asserted that her family would be 'in trouble' without VAC services. Australian equivalents to the Canadian supports discussed here may include the benefits and pensions provided through the Australian Government's Department of Veterans' Affairs and the tailored military and veteran mental health supports provided by Open Arms Counselling.

Access to services that offset psychological and emotional stressors fortified family resilience. A participant attributed the skills developed via COPE to her family being at a 'better place' as compared to when they initially felt the impacts of MCT and mental health problems. Another noted that her son 'had adapted very well' during MCT after receiving counselling through VAC and the school system. A participant also recognised how her family was now able to better manage the veteran's mental health problems: 'In the beginning, I began to recognize what was going on, and now, through therapy and everything, he will recognize his triggers as well'. The participating families thus leveraged external resources at the exo-level of Bronfenbrenner's model to alleviate familial stressors.

Discussion

The synthesis of family resiliency modelling proved useful in identifying the nuanced and varying paths to resiliency described by participants.²⁶ Researchers, service providers and policymakers

can use this synthesis to understand the contextual factors, familial characteristics and resilience processes that support families in withstanding MCT stressors and veteran mental health problems. Findings from this study exemplify the claim that 'although stress is inevitable, crisis is not'.^{30(p72)} Policies and services grounded in understanding contextual and intra-familial factors that support or hinder family resiliency could mitigate familial crises within veteran families journeying through MCT while managing a mental health problem.

Capitalising on resilience processes and intra-familial strengths

These findings contribute to an expanded understanding of the resilience processes that families cultivate and how these processes are manifested within CAF families experiencing a veteran's mental health problem while journeying through MCT. By empathising with others and recognising both losses and opportunities, the participants demonstrated how contextualising stressors as 'comprehensible, meaningful and manageable' reinforces efforts to be resilient.^{21(p211)} Having a strong relational history of sustaining familial loyalty also revealed how military families might 'develop tolerance' and 'mutual empathy' for each other to support positive adaptation to familial stressors.²¹ Findings depict how self-care and family rituals can also assist in this process.³¹

The value of external social supports

A clear theme within this analysis is that resilience processes can be fortified by informal social support and formal policy and service efforts. The participants' accounts of their familial MCT and mental health experiences align with research showing that robust informal support networks and accessible formal supports can enhance family resiliency.² Opportunities to develop skills, acquire knowledge, and sustain emotional and psychological equilibrium are available through supportive networks, buffering the effects of stressors that impede the cultivation of resiliency.³² Furthermore, veteran families who are socially connected within civilian communities throughout their military careers may have a wider berth of social support that can bolster resiliency.

Maintaining connections with other veterans may also ease the process of establishing a post-military identity.^{3,5} This analysis indicates that the same may be true for families undergoing MCT. Therefore, military family members should be encouraged to maintain and foster civilian connections throughout their time in the military and stay connected to veteran families post-MCT. This encouragement may

arise in the form of programs, services and resources offered within military family resource centres and publications geared towards military families, such as the *Canadian Military Family Magazine* and *Defence Family Matters* in Australia.³³⁻³⁴ Veteran families who can draw on resources within civilian and military spheres may have a stronger foundation to cultivate resiliency.

The participants' accounts of cultivating family resiliency support the claim that resilience should be recognised as a product of social interactions.²⁶⁻²⁷ Formal and informal supports, such as psychotherapy and social support groups, can encourage the enactment of intra-familial resilience processes and strengths. The salient role of having adequate access to social supports external to the family also speaks to the utility of the ecological systems model.²⁷ Familial resources within mesosystems and exosystems, such as the COPE program and support received from co-workers, friends and family, influenced the participating families on a microsystem level by providing them with skills and knowledge that supported efforts to adapt to stressors. Findings illustrate how intra-familial circumstances and processes can interact with external familial conditions.

The value of family support

Lastly, these findings affirm that MCT stressors and mental health problems can create a context for the cultivation of family resiliency where family support is essential to a veteran's wellbeing.² The six females involved in this research described responses that supported their families in adapting to, rebounding from or withstanding significant MCT and mental health stressors. These responses included maintaining familial loyalty during times of stress, empathising with family members and those outside the family to gain perspective on their stressors, taking time for self-care, engaging in problem-solving and effective communication, and drawing on their formal and informal support networks. The intimate partners in this research provided veterans with emotional support, encouragement and advocacy. This finding is consistent with recent research indicating that 71% of Regular Force Veterans who reported having someone to rely on during an emergency identified their partners.¹⁸ Likewise, 76% of veterans who require help with daily living indicated that their partner provided this support.¹⁸

Limitations and future research

These findings should be considered in light of this study's limitations, particularly the use of secondary

data. The principal author, who primarily took on the role of data analysis, did not conduct the interviews and thereby did not have an opportunity to establish rapport with participants. Having rapport with participants and collecting data can create a rich context for data analysis, which is not possible when using secondary data. To help address this limitation, the principal author sought guidance and wrote this article with those involved in the original study's primary data collection phase.

Similarly, the principal author did not have the opportunity to further explore potential emerging themes, probe or ask additional questions. The original study was conducted with different research questions in mind. While interview questions provided insight into this study's research questions, they were not targeted at eliciting accounts of family resiliency. For example, the original study did not thoroughly explore the macrosystem level factors that may have influenced family resilience. These macrosystem factors may include systemic and military cultural issues, such as the stigmatisation of mental illness and non-traditional family structures. These factors could prevent families from capitalising on or obtaining resources available to other families because they live in different social and geographic locations.³⁵ The noted importance of keeping families together and having extended family supports may be particular to Atlantic Canadian families and may not be reflective of MCT families generally. Future research can explore how these macrosystem forces shape how families cultivate resiliency during MCT and a mental health problem.

Exploring family resiliency based on accounts from individuals is also a limitation. Participants offered one perspective on familial experiences that may differ from their veteran partners or other family members. Future research could expand the current understanding of the cultivation of family resiliency during MCT by including the voices of CAF veterans and other family members. Future research could also enhance this understanding by attending to the voices of children and parents of veterans, males and LGBTQIA2+ individuals. As a result of gender ideologies and differing familial roles, these groups can offer insights into the familial MCT experience that may differ from those of intimate partners who are female, such as the individuals involved in this study.

Conclusion

This article explores how veteran families can develop the capacity to withstand potential stressors associated with MCT and having a veteran family

member with a mental health problem. We employed a thematic analysis and a synthesis of military family resiliency literature to analyse interview data involving intimate partners of veterans in Atlantic Canada with a mental health problem who are going through MCT. An overarching theme was that formal supports could play a central role in cultivating family resiliency. Service providers and policymakers who promote the wellbeing of families should consider possible barriers to accessing social supports. When faced with the stressors associated with MCT and a veteran experiencing a mental health problem,

families can capitalise on resilience processes and intra-familial strengths while being shored up by an informal and formal social support network.

Corresponding Author:

Kaitlin Wynia Baluk, wyniak@mcmaster.ca

Authors: K Wynia Baluk¹, D Norris², K D Schwartz³, J Whelan², H Cramm⁴

Author Affiliations:

1 McMaster University – Health, Aging and Society

2 Mount Saint Vincent University – Family Studies

3 University of Calgary - Educational Psychology,

4 Queen's University – Rehabilitation Therapy

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