

Running Head: FAMILY RESILIENCY DURING MCT

**Exploring Family Resiliency Within Canadian Armed Forces Veteran Families During the
Military to Civilian Transition**

Kaitlin Wynia

Mount Saint Vincent University

A Thesis

submitted in partial fulfillment

of the requirements for the degree of

Master of Arts in Family Studies and Gerontology

August 31, 2017

Halifax, Nova Scotia

© Kaitlin Wynia, 2017

Mount Saint Vincent University

Department of Family Studies and Gerontology

**Exploring Family Resiliency Within Canadian Armed Forces Veteran Families During the
Military to Civilian Transition**

by

Kaitlin Wynia

Approved

Deborah Norris, PhD

Thesis Advisor

Associate Professor of Family Studies and Gerontology at Mount Saint Vincent University

John Whelan, PhD

Adjunct Professor of Family Studies and Gerontology at Mount Saint Vincent University

Whelan Psychological Services Incorporated, Halifax, NS

Kelly Dean Schwartz, PhD

Associate Professor of School and Applied Child Psychology at the University of Calgary

Abstract

The Military to Civilian Transition (MCT) is defined as the peri-release time period that begins a few months before the official release from service and that ends up to two years after. Although the majority of Canadian Armed Forces (CAF) Veterans experience a smooth MCT trajectory, MCT can be associated with emotional, financial, relational, and physical stresses. Family resiliency describes the outcomes that arise when a family exercises their capacity to respond productively to stresses as a collective relational network. Military family research underscores the notion that families can play a salient role in supporting Veterans through MCT and are likewise affected by the challenges and opportunities inherent to this transitional period.

Using data from a qualitative study undertaken by Norris, Cramm, and Schwartz (2017), this thesis explored the question, “How do family members of CAF Veterans in Atlantic Canada with a mental health problem cultivate family resiliency during MCT?” The constructivist grounded theory coding techniques outlined by Charmaz (2014) were leveraged to analyze seven in-depth interviews involving family members of CAF Veterans. This thesis employed a multidimensional and integrative approach to exploring the cultivation of family resiliency in an effort to capture this phenomenon holistically. This approach conceptualizes family resiliency as an outcome influenced by characteristics pertinent to the family, intra-familial processes, and the family-context interactions at each level of social analysis in the ecological systems model put forward by Bronfenbrenner (1977). The analysis revealed that MCT can potentially pose stresses that provide opportunities for CAF Veteran families to cultivate family resiliency. Their ability to cultivate family resiliency was strengthened by institutional, community, and family supports. Results could be leveraged to inform policies, practices, and services for CAF Veterans and their families during MCT.

Acknowledgements

I would like to begin by acknowledging my thesis advisor, Dr. Deborah Norris, for initially introducing me to the world of military family research and for the guidance generously offered throughout the thesis process. Your patience, gentleness, expertise, and dedication, both to this thesis and to promoting the wellbeing of CAF families, were invaluable at every stage. Thank you for all the times you made space within your full schedule. It was also an honour to have Dr. John Whelan and Dr. Kelly Dean Schwartz on my committee. Thank you for your questions and insights which brought a fresh perspective that inspired me to see new possibilities within this thesis.

I would like to extend my gratitude to all those involved in the Task 24 study. This thesis would not have been possible without the time, willingness, and honesty of its participants. Thank you to Veterans Affairs Canada for funding Task 24. Thank you also to Dr. Deborah Norris, Dr. Heidi Cramm, and Dr. Kelly Dean Schwartz for serving as principal investigators. The commitment of all those involved in Task 24 to better understanding the Military to Civilian Transition was evident in the rich accounts that ground this thesis. I have greatly cherished the unwavering support received from my classmates and faculty within the Department of Family Studies and Gerontology, the broader Mount Saint Vincent University community, and friends and family. Throughout the duration of this thesis, I never lacked encouragement, mentorship, or a listening ear.

Table of Contents

Abstract	ii
Acknowledgements	iii
List of Tables	vi
List of Figures	vii
Chapter One: Introduction	1
Rationale	4
Chapter Two: Literature Review	7
CAF Veterans and their Families.....	7
Conceptualizing a CAF Veteran, and a CAF Veteran Family.....	7
Military Family Experience.	9
Military to Civilian Life Transition (MCT)	14
Defining the Military to Civilian Life Transition (MCT).....	14
Considerations of diversity in MCT trajectories.....	15
Conceptual frameworks of MCT.	16
Potential stressors associated with MCT.	18
Family Resilience and Family Resiliency in Military and Veteran Families	25
Position of this Thesis within Existing Literature.....	34
Chapter Three: Theoretical Framework.....	36
Constructivist Paradigm.....	37
A Multidimensional and Integrative Model of Family Resiliency	38
Chapter Four: Methodology.....	39
Methodological Congruency and Trustworthiness	41
Ethical Considerations	44
Constructivist Grounded Theory Coding Techniques	46
Chapter 5: Findings.....	49
Description of Participants.....	49
MCT and Mental Health Stresses	50
Experience of isolation:	53
Financial stress.....	59
Mental and physical health.	60
The Cultivation of Family Resiliency.....	63

Intra-familial Factors	66
Resilience Processes	69
Belief Systems:	69
Organizational Patterns:	70
Communication:	72
Contextual Factors and Resources	74
Chapter 6: Discussion	81
Researcher Position	81
Contributions to the Literature	85
Implications for Research	92
Implications for Theory, Practice, and Policy Development	93
Limitations	95
Conclusion	96
References	99
Appendix A: Ecological Systems Model	109
Appendix B: Task 24 Interview Guide	110

List of Tables

Table 1: Descriptions of stresses experienced by family members of Veterans journeying through MCT with a mental health problem.....50

Table 2: Resilience processes and factors used to withstand and rebound from MCT and mental health stress.....63

List of Figures

Figure 1: A Multidimensional and Integrative Approach to Conceptualizing Resiliency.....39

Chapter One: Introduction

This thesis was guided by the question, “How do family members of Canadian Armed Forces (CAF) Veterans in Atlantic Canada with a mental health problem cultivate family resiliency during the Military to Civilian Transition (MCT)?” MCT has the potential to be a stressful time, laden with emotional, financial, relational, and physical stresses for CAF Veterans and their families. MCT refers to the time period where military families begin the process of adjusting to civilian cultures and ways of life after resigning from military service (Thompson & Lockhart, 2015). In addition to the everyday challenges associated with integrating into a new community, Veterans journeying through MCT may experience reintegration stress, reverse culture shock, the renegotiation of familial roles and responsibilities, and potentially the effects of a military related injury (Pease, Billera & Gerard, 2015). The notion that family and other social supports play a salient role in shaping a Veteran’s experience with military-related health problems and MCT is understood as a likelihood in program intervention and policy efforts (Hachey, Sudom, Sweet, MacLean, & VanTil, 2016). Research and theoretical developments within the field of military family research also support the notion that the families of CAF Veterans may be impacted by the potential stresses associated with MCT.

Ensuring that CAF Veteran families experience smooth transitions from the military to civilian life is crucial in honouring these families for their service to Canada (Ministry of Justice, 2016). Ensuring smooth MCT experiences for these families could also be crucial in efforts to support the wellbeing of family members in subsequent life stages (Thompson & Lockhart, 2015). Wellbeing is conceptualized in this thesis as “a state in which an individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community” (Norris, Cramm, & Schwartz, 2017).

I build off this definition to conceptualize family wellbeing as the state in which a family performs familial roles (Bowen & Martin, 2011) in a manner that promotes the wellbeing of its individual members. Although the majority of CAF Veterans report a smooth MCT trajectory as shown in the 2016 *Life After Service Survey* conducted by Veteran Affairs Canada (VAC) and the Department of National Defense (DND), 32% of Veterans report a difficult transition (VanTil, et al., 2017). VanTil et al. (2017) also found that 28% of Veterans report a difficult MCT experience for their partners and 17% report a difficult transition for their children. An awareness of how families cultivate resiliency in light of the difficult transition could support policy and service provision efforts that promote family wellbeing.

The cultivation of family resiliency refers to the protective factors employed and activated by families that assist in the development of their capacity to be resilient. Within the field of resilience research, Henry, Sheffield Morris, and Harris (2015) note that protective factors can be understood as the “resources, processes, or mechanisms that counter family risks” (p. 25). The field of resilience research is marked by conceptual confusion, where the concepts of resilience and resiliency are commonly used differently across studies and disciplines. To bolster the clarity and integrity of this research endeavor, the concepts of family resilience and family resiliency are carefully defined and utilized consistently throughout this thesis.

This thesis drew on the work of Bowen and Martin (2011), whose work is focused on military family resiliency, to conceptualize resilience as the processes that enable families to collectively respond to stress in ways that promote resiliency. When faced with stresses, family resilience enables families to “withstand and rebound” (Walsh, 1996, p. 1) as collective relational networks. Resiliency is defined by Bowen and Martin (2011) as the outcomes that are “represented by successful performance of life roles” (p. 168) and that ranges on a continuum

from low to high. An exploration of the protective factors employed by CAF families that allow them to successfully withstand or rebound from MCT and mental health stresses could assist service providers and policy makers in easing this transition.

This thesis aimed to illuminate these familial processes and protective factors by addressing the question of “How do family members of CAF Veterans in Atlantic Canada with a mental health problem cultivate family resiliency during MCT?” The MCT trajectory of families experiencing a mental health problem may look different than that of CAF families who report having good mental health (MacLean et al., 2014; Blackburn, 2017). Research focusing on families where a member is experiencing a mental health problem has revealed that while families may play a central role in promoting the wellbeing of the member, the presence of the mental health problem may have negative relational implications for families (Office of the Veteran’s Ombudsman, 2016; Dekel & Monson, 2010). The research reported in this thesis focuses on the cultivation of resiliency within the population of CAF Veteran families who experienced a mental health problem during MCT.

The research question was explored using data from a qualitative study undertaken by Norris, Cramm, and Schwartz (2017) that explored the health and well-being of CAF Veteran families during MCT. The original study entailed twenty-seven in-depth interviews and three focus groups with family members of CAF Veterans with a mental health problem and who had been released from military service in the past 1-5 years (Norris, Cramm, & Schwartz, 2017). This thesis is based on the analysis of seven in-depth interviews involving participants living in Atlantic Canada. The constructivist grounded theory methods outlined by Charmaz (2014) were used to analyze this data.

A multidimensional and integrative approach to exploring the cultivation of family

resiliency coupled with the ecological systems model (Bronfenbrenner, 1977) formed the theoretical framework that guided and gave structure to the interpretations. This multidimensional and integrative approach to conceptualizing resiliency is based on the formative Military Family Resiliency Model under development by Norris and Cramm (2017). This model incorporates a sensitivity to the characteristics pertinent to the family (Easterbrooks, Ginsburg, & Lerner, 2013), the intra-familial processes that enhance military family resiliency (Walsh, 2002; Bowen & Marin, 2011), the family-context interactions at each level of social analysis in the ecological systems model (Shaw, McLean, Taylor, Swartout, & Querna, 2016), and their interconnections. Researchers and practitioners can use the ecological systems model to foster a greater sensitivity to the potential internal and external resources and factors that may contextualize a family's MCT journey. The ecological systems model coupled with a multidimensional and integrative approach to conceptualizing family resiliency were used to formulate questions to deepen this analysis.

Rationale

Walsh (2007) underlines the value of understanding how families cultivate resiliency when it comes to the development of effective policies and services. Policies and services that promote family resiliency can act as early interventions that prevent a stressful event from evolving into a crisis. According to Boss (2002), familial stress can be understood as a disturbance to the family's sense of stability while a familial crisis is "a point of acute disequilibrium" where "the family structure can no longer perform its intended functions" (p. 67). Early interventions assist families in maintaining the established and secure commitments between members that ensure stability and protect against familial crisis.

Bogenschneider, Little, Ooms, Benning, and Cadigan (2012) stress that policies and

services that support the principle of family stability will offer informational or economic resources that aid families in developing resilience as they cope with stresses arising from “major life transitions” (p. 524). According to Walsh (2002), research on family resilience provides insight into the processes that “strengthen family capacity to master adversity” (p. 130). Henry, et al. (2015) likewise designate family resilience processes as an “important target for resilience research” (p. 108). An awareness of these processes can aid service providers and policy makers in protecting and fostering them in efforts that promote the wellbeing of families. This thesis offers an understanding of the cultivation of family resiliency during MCT that can inform policy and services that aim to meet the diverse needs of CAF Veteran families in Atlantic Canada.

Effective policies and services rooted in an understanding of the Veteran family situation are also necessary in the pursuit of honoring Veterans and in showing gratitude for the sacrifices made while completing military service. The overarching policy goal of the Canadian Forces and Veterans Reestablishment and Compensation Act is “to show just and due appreciation to members and Veterans for their service to Canada” through the provision of services, assistance, and compensation (2016, p. 5). The Canadian government has made supporting CAF Veterans through MCT a political priority in recent years as demonstrated by the funding allotted to VAC to conduct the Road to Civilian Life (R2CL) program. R2CL is a five-year program of research focused on the mental health of CAF members during MCT (Thompson & Lockhart, 2015). Policies and services are ideally grounded in the evidence-based findings of meticulous studies. By supporting Veteran families through MCT with informed and contextualized policies and services, the Canadian government can demonstrate their gratitude on behalf of the Canadian people.

In their rigorous scoping review of literature pertaining to the Canadian MCT experience,

Ray and Heaslip (2010) demonstrate a need for future evaluative studies that examine the effectiveness of MCT policies and programs. An up-to-date understanding of the effectiveness of MCT policies and programs is pertinent due to recent demographic shifts within the CAF Veteran population. The CAF Veteran population is now younger than the Veteran population around when many of the current policies supporting Veterans were first conceptualized (Ray & Heaslip, 2010; Rouleau et al., 2013). Current Veteran policies may be outdated and may only serve a small portion of the target population. By involving family members of CAF Veterans who have recently undergone MCT, findings from this thesis can offer insight into the current policy and program needs of Veterans and their families.

In addition to the Canadian government, family members of Veteran personnel also feel the weight and significance of honouring Veterans through the provision of services, assistance, and compensation. Dekel, Goldblatt, Keidar, Solomon, and Polliack (2005) draw on their phenomenological study concerning wives of Veterans with PTSD to suggest that family members, especially intimate partners, may feel a “national moral obligation” (p. 35) to maintain a difficult relationship with a Veteran with an operational stress injury (OSI), a health problem that can be traced back to military service. Dekel et al. (2005) build off this notion to reason that policies and services that aim to assist Veterans with an OSI should take into consideration, involve, and empower family members. Findings from this exploration of the question, “How do family members of CAF Veterans in Atlantic Canada with a mental health problem cultivate family resiliency during MCT?” can aid in the development of services and policies that address the unique needs of this population. An understanding of how these families cultivate family resiliency in light of MCT and mental health stress can validate the utility of or inform policies and services that seek to promote the wellbeing of these families and prevent familial crisis.

Chapter Two: Literature Review

With the purpose of contextualizing this thesis, I provide a summary of relevant literature. While conducting this review, I used “Veteran family,” “Military to Civilian Transition,” “family resilience,” and “family resiliency” as key search terms. I begin by depicting the demographic and social context of CAF Veterans and their families. A clear conception of CAF Veteran families and their common military experiences is used as a springboard to examine literature that brings to light characteristics of the MCT trajectory and their potential impacts on these families. This literature review also includes a discussion on the stressors, intra-familial processes, and external contexts that play a role in shaping the development of family resiliency in CAF Veteran families. I utilize the reviewed literature to delineate how this thesis can enhance the current understanding of family resiliency within Veteran families journeying through MCT.

CAF Veterans and their Families

Conceptualizing a CAF Veteran, and a CAF Veteran Family. Definitions of a CAF Veteran should be inclusive of the different military career trajectories, experiences within military contexts, and pathways out of the military and into civilian life. VAC broadly defines a Veteran in Canada as “any former member of the Canadian Armed Forces who successfully underwent basic training and is honourably released from service” (Veteran Affairs Canada, 2015). Considerations of diversity within the military experience is an important element when conceptualizing a CAF Veteran and a CAF Veteran family. Blackburn (2016) draws attention to how the diversity in experiences with MCT may result from the varied occupations, levels of job performance in this occupation, experience with deployment and relocation, professional and personal relationships within the military institution, mental and physical health, and the duration

of their military careers. CAF Veterans may have diverse experiences with deployment and combat exposure. To paint a picture of the demographic context of the CAF Veteran population, VAC estimates that there are 75 900 Veterans in Canada who served in the Second World War, approximately 9100 Veterans who served in the Korean War, and roughly 600 300 Veterans with an average age of 57 who have served after the 1950s (Veteran Affairs Canada, 2016). Common civilian perceptions of a CAF Veteran as being an older adult are generally misguided.

Just as definitions of a CAF Veteran should be inclusive of different military experiences, a CAF Veteran family should also be broadly defined to accommodate for diversity in family structure. Bogenschneider et al. (2012) assert that families can be structurally and functionally understood as the relational networks involving two or more people “tied together by blood, legal bonds, or the joint performance of family functions” (p. 517). A Veteran family is conceptualized within this thesis as a family where one or more member(s) of the familial relational network has left employment within the military. This conception of a family is aligned with those implicit to VAC, the DND, and the CAF (Rouleau et al., 2013; Ministry of Justice, 2016). Using a conception of the family that is aligned with that of VAC, the DND, and CAF can assist these institutions in leveraging findings from this analysis.

Lundquist and Xu (2014) premise their study on the impacts of the military institution on military marriages by describing how notions of what constitutes a family have shifted dramatically in the last few decades. According to Lundquist and Xu (2014) many choose to delay marriage and raising children or forgo these life events in favor of other alternatives. The Office of the National Defence and Canadian Forces Ombudsman (2013) point to the rising number of cohabiting families, step-families, single-parent households, same-sex families, joint-custody families, skip generational families, and multigenerational families to paint a picture of

the complexity associated with conceptualizing the family. Military and Veteran families embody this diversity and complexity that is common to contemporary civilian Canadian families. In light of the diversity and complexity that constitutes Canadian families in the 21st century, a broad and inclusive definition of a Veteran family is necessary when attempting to discern the subtleties that characterize Veteran family relationships and functioning.

Military Family Experience. Considerations of CAF Veteran and military families are essential in discussions centred around MCT and the military institution. The Office of the Veteran's Ombudsman premises their 2016 report concerning supports to military families in transition by stressing how "the transition from military to civilian life is not done in isolation" (p. 5) but rather involves all family members. Similarly, the military institution and culture is experienced by the whole family unit and not just the serving member (Rouleau et al., 2013). In addition to undergoing the normative challenges faced by civilian families, such as those associated with parenting or providing for the emotional needs of family members, Rouleau et al. (2013) point out that the stresses and opportunities inherent to military life render military and Veteran families distinct from civilian families. According to Rouleau et al. (2013), geographic relocation, the risks associated with combat exposure, and familial separation are characteristics that distinguish the military family experience from the civilian family experience.

While the potential stresses and opportunities inherent to the military context have an impact on family life and relationships (Rouleau et al., 2013), CAF families also play a role in shaping military contexts. Bogenschneider et al. (2012) demonstrate how all families can act as promoters of "academic success, economic productivity and social competence" (p. 515). Military and Veteran families are influenced by the stresses and opportunities inherent to the military context while also playing a central role in supporting the wellbeing of both

military/Veteran personnel and the military institution.

The notion that the military experience is marked by both opportunities and stresses is underscored by the findings of a systematic review conducted by the Canadian Forces and National Defence Ombudsman in 2013 that explored the wellbeing of military families. This review revealed that military families may take pride in their contributions to the CAF and their ability to maintain their family's wellbeing despite the stresses resulting from relocation, geographical separation, and the potential risks associated with a military career (Rouleau et al., 2013). Bowen and Martin (2011) likewise denote that many of the stresses presented to military families can have positive familial implications.

Another theme prominent in the work of Rouleau et al. (2013) was an awareness and appreciation among CAF families for the opportunities that can arise within the military context. Participating families identified the opportunities for children to live in different locations and to become bilingual despite being raised in unilingual homes as benefits to partaking in military life (Rouleau et al., 2013). Despite the potential for positive experiences and outcomes associated with the military family experience, Castro, Kintzle, and Hassan (2015) demonstrate how combat exposure or being trained for combat can have "profound emotional consequences" (p. 299) for Veterans. Literature that sheds light on the military family experience illustrates how this experience is multi-dimensional and cannot be reduced to either a positive or negative portrayal.

The military family experience is coloured by unique familial situations and a distinct culture that may influence how family members relate to one another and within their broader social contexts. Rouleau et al. (2013) describe the military family experience as being influenced by frequent geographical relocations, family separation during deployment, and risks associated with combat exposure. DeGraff, O'Neal, and Mancini's (2016) quantitative study examining the

effects of military culture and contexts on parental satisfaction and adolescent outcomes, reinforces this assertion. The familial stresses, supports, and situations exclusive to the military context render military families a distinct population within Canada that requires focused research attention.

In a comprehensive overview of four Canada-wide surveys conducted with CAF Veterans, Thompson et al. (2016) emphasize how the military occupation is distinct from civilian occupations. According to Thompson et al. (2016), a significant factor that distinguishes military work would be that “CAF personnel can be ordered lawfully into life threatening situations” (p. 9). The higher prevalence of mental health problems within Veteran populations as compared to the general Canadian population, as found by Thompson et. al. (2016), can also point to the distinctness of the military family experience. Blackburn (2016) draws attention to the uniqueness of the Canadian military occupation by highlighting how “there is no other career or organization in Canada that requires such a complete and deep adherence to a totally new way of life, which is ruled by regulations, orders, specific values, a hierarchy, and a regimental system” (p. 55). Studies focused on CAF families should be conducted with an acute sensitivity to the unique nature of military life.

Koenig, Maguen, Monroy, Mayott, and Seal (2014) stress that military families are culturally distinct from the general North American population because they are influenced by both military and civilian cultures. Culture is defined by Redmond, Wilcox, Campbell, Barr, and Hassan (2014) as a “product of the social environment” that encompasses a “shared sense of values, norms, ideas, symbols, and meanings” (p.10). These shared values, norms, ideas, symbols, and meanings differ from those of civilian communities (Redmond et al., 2014). DeGraff, et al. (2016) premise their discussion around the dimensions of military culture by

highlighting how this culture is complex and involves support networks designed to benefit the family system. Their cross-sectional study demonstrates how “the military context and culture intersect with family functioning” (DeGraff et al., 2016, p. 3031). Redmond et al. (2014) illustrate how a sensitivity to the influence of military culture in civilian workplaces is essential in efforts that promote family resilience. The notion that military family functioning and relationships are influenced by military culture is also supported by Lundquist and Xu (2014).

Lundquist and Xu (2014) use narrative data to posit that military family policies and military cultural values in the United States promote marriage among serving members in order to help members cope with service related challenges. They draw on the responses of participants to highlight how the decision to marry was often motivated by a desire for stability amongst the stressful and chaotic experiences of relocation and deployment. O’Neal, Lucier-Greer, Mancini, Ferraro, and Ross (2016) also demonstrate how the family is central to the wellbeing of Veterans because families can represent permanency and stability in a lifestyle often characterized by instability and risk. Military support networks and cultural values influence how military personnel and their families view themselves, each other, and their relationships.

The notion that being acculturated in military contexts may affect how families relate and behave within their social worlds is well supported in the literature. Convoy and Westphal (2013) describe military culture as a system of ideals, values, behaviours, and beliefs shared among individuals committed to national defense and security. Military communities may sublimate values such as “selflessness, courage, loyalty, stoicism, excellence, living by a moral code, and a commitment to society” (Convoy & Westphal, 2013, p. 592) above other values and ideals prominent in Canadian communities. Pease, Billera, and Gerard (2015) assert that mental

health providers should develop a sensitivity to military cultural values in order to build rapport and provide appropriate support. Convoy and Westphal (2013) support this notion by delineating how military cultural values may lead Veterans to downplay or underreport health problems when medical attention could be beneficial. Military cultural values play a role in shaping how military families experience and make sense of their social worlds.

Within the context of the military culture, Padden and Agazio (2013) highlight “frequent relocation, family separation, adaptation to danger, and adaptation to the military institution” (p. 562) as four major challenges faced by military families. Veteran and military families can be distinguished from other Canadian families by their experience with the deployment cycle. According to Padden and Agazio (2013), the deployment cycle is composed of a series of stages laden with familial challenges that begin with the first notice of an upcoming deployment and that ends a few months after the military personnel returns home.

Padden and Agazio (2013) describe how the final stage of the deployment cycle, where the military personnel returns home, is often characterized by reintegration stress and reverse culture shock. Reintegration stress is a concept defined by Marek and D’Aniello (2014) as a pressure or tension that results when military/Veteran family members come in contact with the tasks associated with reintegrating into civilian communities after a deployment. According to Marek and D’Aniello (2014), these tasks would include “readjustment to family life, becoming reacquainted, building communication, balancing childcare responsibilities, coping with mood changes, and finding new sources of support” (p. 444). Koenig et al. (2014) define reverse culture shock as a type of reintegration stress that involves unforeseen adjustment difficulties and dashed expectations regarding one’s culture of origin. Sullivan (2015) provides a case study to illustrate how significant familial stresses colouring the military experience, such as the ones

listed by Padden and Agazio (2013), Marek and D’Aniello (2014), and Koenig et al. (2014), can influence family relationships and family functioning. This thesis was conducted with a sensitivity to how military and Veteran families may cultivate resiliency differently than civilian families due to the unique challenges and opportunities that colour the military family experience.

Military to Civilian Life Transition (MCT)

Defining the Military to Civilian Life Transition (MCT). I utilized the operationalized definition of MCT as put forward by VAC in Thompson and Lockhart’s 2015 backgrounder to the R2CL program of research. Thompson and Lockhart (2015) define MCT as the peri-release time “from a few months prior to release from service to two years after” (p.3). They describe this time period as “a complex, highly individualized experience” (p. 3) that may have the potential to effect Veterans’ and their families’ wellbeing in subsequent life stages. The nature of a Veteran family’s MCT experience may differ from another’s experience due to the complexity and diversity that characterizes contemporary Veteran families and military career trajectories.

Within this thesis, the concept of MCT was carefully distinguished from the concept of post-deployment. When describing the clinical implications of the emotional challenges present within each stage of the deployment cycle, Padden and Agazio (2013) describe post-deployment as a time period characterized by reintegration stress when military personnel return to their families after being deployed in another location. While both post-deployment and MCT involve reintegrating into family life in their communities of origin, the family is still living within a military context during periods of post-deployment. In contrast to the concept of post-deployment, a Veteran family journeying through MCT no longer has to consider the possibility of another deployment and is removed from both the familial protective factors and stressors associated with living in a military culture and community.

Considerations of diversity in MCT trajectories. The importance of considering the complexity and diversity that characterizes contemporary Veteran families and military career trajectories is reinforced by the work of Blackburn (2016) regarding MCT in the Canadian context. Blackburn (2016) points to voluntary release from service to pursue career opportunities external to the military, medical release when one's physical or mental health no longer satisfies the universality of service principle, forced retirement due to misconduct, and retirement as the possible pathways out of the military and into civilian life. The results from MacLean et al.'s (2014) analysis of the *Life After Service Survey* (2013), a cross-sectional survey representing a population of 32,015 Veterans released from the CAF, illustrate how the nature of release from service may impact one's MCT experience. MacLean et al. (2014) found that a medical release from service had a stronger association with a difficult MCT experience than a voluntary release. The ease and difficulty of MCT was measured in this data utilized by MacLean et al. (2014) on a 5-point Likert scale. According to the Office of the Veteran's Ombudsman (2016), approximately 1,000 Regular Force CAF members are medically released annually. When conceptualizing MCT, careful consideration should be given to the nature of release from service along with the nature of the transitioning members' military careers.

Although the majority of Veteran families may welcome MCT and adapt easily to civilian life (Pranger, Murphy, & Thompson, 2009), other Veteran families may struggle to overcome MCT challenges. VanTil et al. (2017) found that 52% of Veterans report an easy or moderately easy transition into civilian life while 32% report a difficult transition experience. According to Blackburn (2016), the notion that MCT is a "complex, personal, and multi-faceted" (p. 56) transition is well-supported within MCT literature. Conceptual frameworks that delineate

common experiences throughout this transitional process can be a useful means of exploring the potential challenges, opportunities, stresses, and supports experienced by CAF families.

Conceptual frameworks of MCT. Thompson and Lockhart (2015) bring to light the lack of consensus regarding a conceptual framework that “comprehensively captures all relevant dimensions” of MCT (p. 14). They bring into focus seven frameworks put forward by Jolly (1996), Adler et al. (2011), Sayer et al. (2011), Brunger et al. (2013), Castro and Kintzle (2014), Hatch et al. (2014), and Burkhart et al. (2015). These various frameworks involve Veterans in the United Kingdom or the United States and highlight common experiences with help-seeking behaviours during MCT, the unique challenges of female transitioning members, and the psychological experiences of transitioning out of the military (Thompson & Lockhart, 2015). Although each of the frameworks reviewed are grounded in robust research, they may be inadequate when applied within a Canadian context and may be restricted in their ability to holistically illuminate MCT trajectories.

The “military transition theory” put forward by Castro and Kintzle (2014) offers a means of conceptualizing common experiences with MCT that takes into consideration the influence of social, cultural, relational, and individual factors on one’s MCT progression. Of all the conceptual frameworks Blackburn (2016) has reviewed, he articulates that the military transition theory “most clearly conceptualizes the transition process” (p. 57). Researchers who employ the military transition theory as described by Castro and Kintzle (2014) understand MCT to be comprised of an “approaching military transition” (p.460) stage that sets the groundwork for the transition experience, a “managing the transition” (p. 460) stage that emphasizes the significance of individual, community, organization, and transition factors in shaping the experience, and an “assessing the transition” (p. 460) stage, where the outcomes of the MCT progression are

evaluated. As indicated by Castro and Kintzle (2014), the absence of a shared military cultural identity and an unrecognized sense of privilege can disrupt the process of integrating into civilian communities and building social support networks outside of the military. According to Castro and Kintzle (2014), the capacity to form a new identity within civilian communities can ease MCT. In contrast to the other models described by Thompson et al. (2015), the military transition theory developed by Castro and Kintzle (2014) depicts the potential progression of the move from military to civilian contexts in light of common challenges and contextual factors.

Although the military transition theory provides a useful framework for conceptualizing an MCT trajectory for Veterans and their families, Blackburn (2016) asserts that this model is limited in the Canadian context due to its American origins. To overcome this limitation, Blackburn (2016) put forward the military-civilian transition process model that is grounded in knowledge of Canadian institutions and the Canadian MCT and military experience. This model is composed of four consecutive and interconnected stages that are contextualized with an awareness of “social, personal, family, health-related, financial, academic, professional, and psychological factors” (p. 57) in addition to the roles of families, governmental, and community players in shaping one’s MCT experience. Based on this model, MCT begins with the initial awareness of the upcoming release or retirement from service and involves collaboration between the military personnel, the family, the CAF, and the DND. According to the military-civilian transition model (Blackburn, 2016), the MCT process ends when Veterans consider themselves to be full-fledged civilians. The models put forward by Castro and Kintzle (2014) and Blackburn (2016) were utilized within this thesis to develop a contextualized understanding of common MCT experiences in which to situate the MCT accounts provided by the CAF Veteran families that participated in this study.

Potential stressors associated with MCT. Much of the literature examining MCT is focused on its associated stressor events. According to Boss (2002), a stressor event can be understood as “an occurrence that is of significant magnitude to provoke change in the family system” (p. 47). Boss (2002) differentiates a stressor event from family stress by defining family stress as “pressure or tension in the family system” (p.16) that may result from a stressor event depending on the magnitude of the stressor, the family’s perception of it, and the available resources within the family and their broader social context. As noted by Windle (2011), a necessary prerequisite to the cultivation of family resiliency is the existence of stress. An awareness of these stressors can augment an understanding of the cultivation of family resiliency.

I begin this discussion around the potential stresses associated with MCT with a synthesis of literature on the operational stress injuries (OSIs) that CAF families may experience during MCT and the associated relational difficulties. OSIs are conceptualized in this thesis as persistent health difficulties that result from military service, such as depression, anxiety disorders, and muscular-skeletal injuries. According to VanTil et al. (2017), 54% of Regular Force Veterans and 59% of deployed Reserve Force Veterans who reported a difficult MCT experience had a mental health problem. After discussing the interconnections between OSIs and family relationships during MCT, I highlight the common and potential relational, social, and financial stresses that may surface during MCT for CAF families regardless of the presence of an OSI.

Within literature regarding MCT and family relationships, a significant focus has been paid to the phenomenon of OSIs. When related to military service, Post Traumatic Stress Disorder (PTSD) is an example of an OSI. PTSD is a psychiatric condition that involves an extreme reaction to trauma (National Defence and Canadian Forces, 2016). This reaction may be

characterized by re-experiences of the trauma through nightmares, flashbacks, and other forms of prolonged psychological distress, avoidance of distressing memories, thoughts, feelings, or other reminders of the event(s), negative conditions and moods, diminished interest in activities, being unable to recall the event, and arousal (National Defence and Canadian Forces, 2016). A 2011 Statistics Canada study involving Veterans who served in Afghanistan between 2001 and 2008 demonstrated that military personnel deployed in high-threat areas were more likely to develop PTSD than those deployed in low-threat areas (National Defence and Canadian Forces, 2016). Military personnel and Veterans may be at a higher risk of developing PTSD than the general Canadian population due to the traumatic experiences that often characterize high-threat combat exposure.

The potential impacts of PTSD on military family relationships has been well-documented. While discussing findings from an extensive literature review, Galovsk and Lyons (2004) stress that emotional numbing, anger outbursts, emotional/behavioural withdrawal, depression, and substance abuse are key PTSD symptoms that can threaten and strain family relationships. In their study examining PTSD symptoms, family adjustment, and combat exposure, Taft, Schuum, Panuzio, and Proctor (2008) highlight how combat exposure was associated with a higher prevalence of PTSD symptoms and poorer family adjustment.

Research literature that explores the phenomenon of OSIs within military and Veteran families has largely focused on the negative unidirectional impacts of PTSD on family functioning, relational satisfaction, and familial support. In their phenomenological study involving semi-structured focus groups with wives of Veterans with PTSD, Dekel et. al., (2005) found that participants experienced ambiguous loss. Despite the physical presence of these wives' Veteran partners, these women felt the loss of their "true companion" (p. 34) or the man

who their partner was before combat exposure. The participating women also revealed that they felt isolated, struggled with caregiving duties, and experienced secondary trauma (Dekel et. al., 2005). When describing the implications of caregiving for military members with OSIs, Figley (1995) defines secondary traumatic stress as “the natural and consequent behaviors and emotions resulting from knowing about a traumatizing event experienced by a significant other” (p. 7). Figley (1995) notes that secondary trauma can result from the desire to help a traumatized person. The findings of Beks’ (2016) phenomenological study examining the lived experiences of female partners of CAF Veterans with PTSD mirror the conclusions drawn by Dekel et. al., (2005). These two studies underpin the notion that family relationships may be strained by PTSD symptoms.

While PTSD and other OSIs can strain family relationships, research on PTSD within Veteran and military families has demonstrated that familial support may also have an impact on an individual’s experience with PTSD symptoms. A study conducted by Ray and Vanstone (2009) brings to light a connection between symptoms of military-related PTSD and inter-partner violence and marital difficulty. This study addresses both the impacts of PTSD on Veteran family relationships and how these relationships impact the healing trajectories of a Veteran’s OSI. In this interpretive phenomenological study, Ray and Vanstone (2009) highlight emotional numbing, emotional withdrawal from social supports, and anger as three symptoms of PTSD that negatively impact familial relationships. Although participants recognized a need for social support, Ray and Vanstone (2009) describe how they behaved in ways that caused family and friends to withdraw the support initially offered.

In an effort to synthesize research on the connection between family relational problems and military-related PTSD, Dekel and Monson (2010) note that Veteran families often must cope

with “veteran hypersensitivity, withdrawal, jealousy, verbal abuse, anger, and destructiveness” (p. 304). These behaviours associated with PTSD symptoms may foster relational distance between Veterans and their family members. Research on PTSD and family relations has also shown that family functioning and support can mitigate the negative outcomes associated with PTSD symptoms. The overarching conclusion of Evans, Cowlshaw, and Hopwood’s (2009) longitudinal study examining connections between family functioning and changes in PTSD symptoms would be that family functioning had an effect on the severity of PTSD symptoms experienced by a Veteran. According to Evans et al. (2009), a low level of family functioning may predispose Veterans with an OSI to socially withdrawal. As demonstrated by Ray and Vanstone (2009), PTSD symptoms can hinder or disrupt the reception of social support that may be offered within families and that is recognized as beneficial in a Veteran’s recovery from an OSI. The presence of an OSI coupled with other stresses associated with the military context have the potential to encumber MCT trajectories for Veteran families.

Thompson et al. (2013) premise their study on health-related quality of life and wellbeing after the transition to civilian life by noting that most Veterans report a smooth MCT trajectory. Although PTSD and other OSIs can present significant stressors that have the potential to impede the development of a smooth MCT trajectory, many Veteran families may not experience an OSI (Herman & Yarwood, 2014; Thompson et al. 2015). A Statistics Canada study conducted in 2011 shows that PTSD and other mental health disorders were estimated to affect 8% of CAF members (National Defence and Canadian Forces, 2016). According to Hachey et al. (2016), a strong sense of control over one’s life, high levels of social support, and a strong sense of community belonging can ease MCT challenges for CAF Veterans. Despite ease of adjustment and the absence of an OSI, Castro, Kintzle, and Hassan (2015) delineate how MCT can still be a

stressful and confusing time for Veterans.

Castro et al. (2015) present the concept of a “paradox,” a statement that simultaneously appears both correct and contradictory, to describe common combat Veteran experiences (p. 299). According to Castro et al. (2015), the overarching paradox inherent to the combat Veteran experience would be that “combat veterans who are healthy can benefit from counseling” (p. 299). Counselling can be beneficial in helping Veterans make sense of the potentially contradictory feelings, behaviours, and actions that may arise from combat exposure. Castro, et al. (2015) put forward the intimacy paradox to describe how combat Veterans, who were able to form intimate bonds with military colleagues, may struggle to form or reform intimate relationships with others. Regardless of the presence of an OSI, families who have experienced trauma are presented with the difficult task of navigating multiple paradoxes and dilemmas that result when military and civilian ways of life collide.

Families transitioning out of the military and into civilian life may undergo a unique set of social, emotional, mental, and physical challenges as compared to military families at other points in the military career trajectory. In addition to common challenges associated with integrating or reintegrating into a new community, Veteran families journeying through MCT may experience reintegration stress and reverse culture shock (Peace, Billera, and Gerard, 2016). When examining the literature focused on suicide prevention in the military context, Castro and Kintzle (2014) stress that intrinsic to MCT is the move from “military culture to civilian culture” (p. 460) which generates relational, identity, and employment changes. These changes may act as stressor events that generate familial stresses. Familial stresses that arise from MCT may in turn compel families to cultivate family resiliency. Thompson et al. (2016) coin MCT as “one of the most significant and stressful transitions in the life course of military personnel” (p. 78). The

notion that the majority of CAF Veterans report a smooth transition in light of MCT stressors (MacLean, et al., 2014) could support the notion that these Veterans cultivated resiliency.

A significant stress that Veteran families may experience during MCT would be financial difficulty. Younger Veterans who are experiencing good mental and physical health may struggle to find employment within an unfamiliar job market (Pease, Billera, & Gerard, 2015). Redmond et al. (2014) emphasize that the search for employment during MCT is a priority for Veterans. This search for employment is often complicated by frequent relocations that make it difficult to capitalize on social and professional networks (Redmond et al., 2014). Pease, Billera, and Gerard (2016) shed light on how skills developed during military training and service do not always “translate in the civilian world” (p. 84). In order to increase their employability, Ray and Heaslip (2011) point out how Veterans may choose to undergo cultural and emotional challenges when returning to school. Academic environments may not favour the ways of learning and the skill sets acquired in military contexts. When identifying protective factors that can ease adjustment to civilian life, MacLean, et al. (2014) found that employment status was a significant factor. During MCT, Veteran families are often required to engage in the stressful task of seeking out new means of attaining and maintaining economic sustainability.

Another subtler challenge inherent to the MCT journey would be the establishment of a post-military identity. Herman and Yarwood (2014) examine the role of social geography in influencing the identities of Veterans through MCT. Social geography is defined within this study as the spaces taken up by a particular set of social practices and relationships (Herman & Yarwood, 2014). Herman and Yarwood (2014) designate Veterans “as agents with complex identities” (p. 41) that “blur the boundaries between military and civilian” (p. 43) social geographies by being present in both spaces. The MCT period of the military occupation can be

understood within the context of this study as a “liminal space” (p. 43) or a threshold between two social geographic boundaries. They define identity as the connected practices, values, and meanings held by an individual that arise within different social contexts and that is influenced by intrapersonal and interpersonal relationships (Herman & Yarwood, 2014). In their qualitative study involving interviews with Veterans from the United Kingdom, they examined changes within Veteran identities during MCT. Herman and Yarwood (2014) conclude that military service experiences continue to shape Veteran identities while leaving and after leaving a military context.

Veterans may feel unable to integrate into their civilian communities due to their military-influenced identity. According to Herman and Yarwood (2014), the persistent influence of military spaces on a Veteran’s identity has the potential to “petrify” Veterans (p. 49). Pease, Billera, and Gerard (2015) reinforce this notion by noting that Veterans may struggle with feelings of separateness within their family and community during the transition to civilian life. In addition to undergoing the financial, relational, physiological, and cultural processes of adjustment inherent to MCT, the process of reworking one’s identity adds another task that could influence a Veteran’s MCT experience.

Just as Veterans must rework their individual identities to accommodate for changes within their social spaces, Veteran families must rework their shared family identity. Patterson (2002) describes how shared family identities result from the “spoken and unspoken values and norms” (p. 358) along with family rituals that shape family relationships. Henry et al. (2015) draw on the work of Patterson and Garwick (1994) to define family identity as “families’ perceptions of their uniqueness within their ecosystems” (p. 27). According to Patterson (2002), these daily rituals, values, and norms provide families with a sense of who they are as a group

and what distinguishes them from other families. Military family relationships are influenced by the values embodying military culture and the daily rhythms and rituals that characterize their lives within a military context. When exiting the military and adapting to civilian life, military families must rework their understanding of their shared family identity.

Literature on MCT and common military family experiences reveals that events and experiences that arise from these conditions can be stressful and can have an impact on family relationships. Masten (2001) stresses that individuals cannot be considered resilient if they have never experienced “a significant threat to their development” (p. 228). By means of a content analysis and review of the literature, Windle (2011) similarly reasons that the existence of stressors is a prerequisite to the cultivation of family resiliency. Both individuals and families cannot experience “good outcomes in spite of serious threats” (Masten, 2001) or engage in “effectively negotiating, adapting to, or managing” (Windle, 2011, p.163) familial stress if the stress is not present. Given the potential stressful nature of MCT, resiliency is likely to be a phenomenon present within CAF Veteran families in Atlantic Canada who are experiencing a mental health problem.

Family Resilience and Family Resiliency in Military and Veteran Families

Both resilience and resiliency can be deemed slippery terms due to the lack of consensus regarding their usage in relevant literature. These concepts are often used interchangeably and are used differently by both practitioners and researchers (Patterson, 2002). Resilience has been used to describe “a product of relationships” (Easterbrooks et al., 2013, p. 100) between individuals, others, and their external contexts, a capacity of dynamic familial systems to respond to stress (Masten, 2014), an “ability to withstand and rebound from crisis and adversity” (Walsh, 1996, p. 1), and as the processes enacted by families to respond to stressor events (Walsh, 2007).

To overcome this conceptual confusion, both resilience and resiliency are carefully defined within this research endeavour.

Although the concept of family resiliency can be a slippery term as demonstrated by Patterson (2002), it can broadly be defined as “the capacity of a family to successfully manage challenging life circumstances” (p. 352). Managing a challenging life circumstance could involve “withstanding or rebounding” (Walsh, 1996) from the resulting stress. While withstanding familial stress entails coping or resisting the stress, rebounding entails regaining a sense of familial wellbeing after a stressor event (Walsh, 1996). The work of Bowen and Martin (2011) illustrates how the processes of leveraging familial resources and strengths that allow families to cultivate resiliency can be understood as resilience. Resiliency is defined by Bowen and Martin (2011) as “an outcome of the resilience process” (p. 168) that ranges on a continuum from low to high and is manifested in levels of success in the performances of ascribed roles. Family resiliency describes the outcomes that arise when a family exercises resilience or responds productively to stresses as a collective relational network.

This definition of resiliency as an outcome is consistent with the work of Patterson (2002) and Luthar, Cicchetti, and Becker (2000), who depict resilience as a dynamic process that can support the development of resiliency. Walsh (1996, 2007) delineates how resilience processes are related to a family’s belief systems, organizational patterns, and communication problem solving tactics. Based on their review of family resilience research, Black and Lobo (2008) also highlight how resilient families are willing and able to draw on external resources within their broader social contexts. According to Black and Lobo (2008), social support networks can aid families in being resilient by providing “information, services, respite, avenues to contribute to the welfare of others, and companionship” (p. 46). Families can move forward

and transform their stressful and challenging circumstances by finding meaning within their familial challenges and losses, strengthening communication among members, and drawing on external and internal resources.

A recognition of these familial processes that support the cultivation of resiliency reinforces the distinction between individual and family resilience and resiliency. Drawing on the work of Masten (2001), individual resiliency can be understood as the presence of “good outcomes in spite of serious threats to adaptation or development” (p. 228) within individuals. Masten (2001) demonstrates how the capacity to withstand and rebound in light of significant stress often arises from the “everyday magic of the ordinary, normative human resources” (p. 277). Family resiliency refers to the capacity to withstand and rebound as a collective relational network from stresses that threaten the family system (Walsh, 1996). While the concept of individual resiliency entails the leveraging of individual capacities and resources, family resiliency entails the leveraging of interactional processes (Walsh, 1996) that promote relational wellbeing. The elements intrinsic to the cultivation of individual resiliency should not be assumed to be equivalent to those intrinsic to the cultivation of family resiliency.

When presenting a detailed account of the core principles and values encompassing family resilience, Walsh (2007) also cautions against equating the presence of resilience processes with a seamless and quick recovery from a stressful or traumatic situation. Walsh (2007) highlights how families who resiliently overcome challenges are able to accept their losses while recognizing and seeking to capitalize on the opportunities hidden within their stressful circumstances. The ability to adapt to familial challenges in productive ways that promote the wellbeing of the family as a whole and its individual members is inherent the cultivation of family resiliency. Family adaptation is defined by Patterson (2002) as “a process of

restoring balance between capabilities and demands” (p. 352) within the relationships internal to the family and between the family and its broader community. Family resiliency occurs when families are able to regain familial stability in light of significant stress (Walsh, 2007). Stability is maintained through strong relational connections between family members characterized by tolerance (Walsh, 2007). In order to maintain positive family relationships, families must cultivate the ability to adapt to and accommodate for the challenges posed by stressor events.

Macphee, Lunkenheimer, and Riggs (2015) likewise elucidate the concept of family resiliency by framing families as relational systems that seek to maintain or develop equilibrium in light of disturbances caused by stressor events. Henry et al. (2015) draw on the work of Whitchurch and Constantine (1993) to define equilibrium as “the steady state of organization in a family system” (p. 27). To compensate for disturbances to a family’s equilibrium, Macphee et al. (2015) reason that a family will employ regulatory processes that involve self-stabilization and self-organization. Self-stabilization refers to the regulatory processes that maintain a family’s sense of equilibrium. In contrast, self-organization aids families in achieving a new sense of equilibrium. An example of a self-stabilization process would be employing problem solving skills as a family while self-organization could entail reallocating familial responsibilities to adapt to changes within the family system caused by a stressor event. Regulatory strategies, such as role flexibility, coping mechanisms, developing a sense of coherence amongst the stressful familial situation, and meaning-making, aid families in compensating for changes in their external environments and within the family system (Macphee et al., 2015). In addition to familial resources, such as financial security and social support, regulatory processes enable families to cultivate resiliency. Intra-familial regulatory processes can be understood as resilience while the presence of equilibrium despite the existence of a stressor event can be

understood as a manifestation of family resiliency.

Drawing on the contextualized model of family stress as defined by Boss (2002), the nature of family relationships is subject to change along with intrapersonal changes and changes within the family's broader social context. Dekel and Monson (2010) reason that family relationships will "evolve and change" (p. 307) when Veterans return from combat exposure with a service-related mental injury. Changes in a familial environment or situation may instigate shifts in the nature of family ties. Rather than perceiving family relationships as fixed connections that maintain the same quality and characteristics over time, this thesis is premised on the notion that family relationships and family functioning can be fluid. Families who cultivate family resiliency are able to collectively adapt in order to respond productively to the stressor events characterizing everyday life.

These stressor events, and the subsequent responses they evoke can be diverse. Pangallo, Zibarras, Lewis, and Flaxman (2015) depict how an individual or group's response to a stress may partly depend on the nature of that stress. According to Pangallo et al. (2015), stress can be categorized as either chronic or acute. Chronic stress occurs on a long-term basis and often results from social systemic issues while acute stress results from an isolated event that causes a disruption in one's life (Pangallo et al., 2015). Due to the persistent and cumulative nature of chronic stress, Pangallo et al. (2015) reason that the impacts of chronic stress may be felt more strongly by individuals and groups. A consideration of the nature of the stresses experienced by family members of CAF Veterans during MCT and the heterogeneity of potential responses was prominent during the analysis stage of this thesis.

In their study exploring the interconnections between workplace stressors and resilience, Crane and Searle (2016) illustrate how stress can have both positive and negative implications

for individuals and families. Crane and Searle (2016) leverage the challenge-hindrance framework to differentiate between resilience-building stressors and resilience-depleting stressors. The challenge-hindrance framework is a theoretical positioning that guides researchers in recognizing how challenge stressors can promote the development of resilience while hindrance stressors can drain resources and inhibit one's capacity to overcome challenges (Crane & Searle, 2016). The findings of Crane and Searle (2016) underline the notion that stress does not necessarily lead to strain or negative health outcomes. According to Crane and Searle (2016), stresses can push those experiencing them to develop resiliency. The development of resiliency can in turn protect the individual or group from the negative implications of future stresses or can enable them to more effectively recover from them. Easterbrooks et al. (2013) and Boberiene and Hornback (2014) likewise point to the potential for the military context to provide both opportunities and hardships that can either build or hinder resiliency development. Crane and Searle (2016) conclude that factors and resources within broader social contexts can play a role in mediating the negative implications of stress by creating opportunities for the development of resiliency via challenge stressors.

The work of Crane and Searle (2016), Easterbrooks et al. (2013), and Boberiene and Hornback (2014) illustrate how considerations of the interactions between intra-familial and contextual factors is integral to understanding the cultivation of family resiliency. Macphee et al. (2015) likewise describe family resilience as processes "embedded in contextual factors" (p. 157). The ecological systems model originally developed by Bronfenbrenner in the 1970s offers a theoretical foundation for building an awareness of the intra-familial and contextual factors that influence how families cultivate resiliency. Shaw et al. (2016) label this model as a vehicle for identifying the "individual-level and system-level components that engender adversity or

promote wellness” (p. 37). Bronfenbrenner (1986) put forward his ecological systems model as a means of exploring how intra-familial processes are influenced by and influence external familial conditions. Drawing on the work of Neal and Neal (2013), social interactions can be located within “an overlapping configuration of interconnected ecological systems” (p. 735). By recognizing and understanding the complexity of a Veteran family’s relations within their “configuration of ecological systems” (p.735), researchers and practitioners can more precisely predict how social changes at one level of analysis will influence the nature of relationships and functioning within Veteran families during MCT (See Appendix A).

Viewing the individual within a complex and overlapping system of micro-, meso-, exo-, macro-, and chrono- level interactions provides a context for examining the challenges and opportunities facing CAF Veteran families during MCT. Bronfenbrenner (1977) defines microsystems as ecological locations or settings where individuals or families experience social interactions directly with others. Mesosystems are understood as the social locations where social interactions between two or more microsystems occur (Bronfenbrenner, 1977). Family members will interact with each other on a micro level whereas the social interactions between a family and a service provider at a Military Family Resource Center (MFRC) will occur at the meso-level of analysis. Bronfenbrenner (1977) describes exosystems as social settings where an individual is influenced by the actions and decisions of larger social institutions in which that individual is not directly involved.

Macrosystems are the larger political and cultural ideologies and practices that influence social interactions at each level of analysis (Bronfenbrenner, 1977). Bronfenbrenner (1977) depicts macrosystems as “carriers of information and ideology” (p. 515). My effort to explore the cultivation of family resiliency within Veteran families experiencing a mental health problem

during MCT was developed with a consciousness to the influence of military and civilian cultures and contexts. These military and civilian cultures and contexts help shape the micro-level family relationships, meso-level community dynamics and resources, and the policies, services, and social structures that influence the lives of CAF Veteran families.

The chrono-level of analysis draws the attention of researchers toward the aspect of time and developmental changes that impact social locations within micro-, meso-, exo-, and macro-levels of analysis (Bronfenbrenner, 1986). A sensitivity to the chrono-level of analysis may be useful when exploring why some families cultivate resiliency at one time or within one social location but not another. Easterbrooks et al. (2013) emphasize how resiliency is not a static phenomenon but is rather part of a “dynamic developmental system” (p.100) that arises from interactions between individuals and their social contexts. While examining and contributing to the theoretical discussion on resilience, PTSD, and trauma response, Bonanno and Mancini (2012) likewise describe the interrelated nature between the varying responses to trauma and the “various factors that contribute or detract from healthy functioning” (p. 81) within one’s broader social context. Bonanno and Mancini (2012) assert that theoretical approaches to conceptualizing resilience should account for the “natural heterogeneity of trauma reactions over time” (p. 75). An awareness of a family’s social interactions within each level of analysis aids researchers in better understanding the family’s social needs and lived experiences. An understanding of a family’s social needs and lived experiences is essential when exploring the phenomenon of family resiliency.

Dekel’s (2016) personal and professional accounts of trauma resilience give weight to the importance of incorporating an ecological systems perspective when exploring how resiliency is developed and maintained in military contexts. Masten (2014) and Ungar (2012) draw attention

to the salient role of culture and institutional supports in their facilitation or hindrance of resiliency development. The unique challenges, OSIs, ways of life, sense of belonging and purpose, and institutional supports for both families and individuals intrinsic to military contexts in North America (Boberiene & Hornback, 2014; Rouleau et al., 2013) should be incorporated into discussions centered around family resiliency in CAF Veterans journeying through MCT.

Shaw et al. (2016) highlight the dangers of focusing primarily on individual factors and capacities that allow for resiliency. Masten (2014) similarly distinguishes resiliency from a personality or temperament trait. According to Shaw et al. (2016), confining the concept of resilience to a micro-level of analysis can blind researchers to the factors that promote or hinder its development that reside within broader social systems. A preoccupation with individual resiliency may lead to individuals taking the blame when their capacity to develop resiliency is stunted while system related issues are left unaddressed (Shaw et al., 2016). Shaw et al. (2016) illustrate how stress and adversity are often directly connected to an individual's social location, which they define as "the groups to which people belong based on their position in history and society" (p. 36). One's location in society can serve to generate stress through the existence of social oppression and can influence how the individual or group responds to the stress. As noted by Shaw et al. (2016), one's social location is intimately connected to the nature of their available social resources and supports. By offering a context for the cultivation of family resiliency, the ecological systems model can be utilized to overcome the tendency to conceptualize resiliency as strictly a micro-level phenomenon.

A recognition of the role of both intra-familial and contextual factors that influence the development of family resiliency is gaining prominence within resilience research. Henry et al. (2015) predict that future resilience research will be grounded in the notion that "families have

the potential for positive adaptation based upon protection available through multiple family levels and adaptive systems as well as the interface with ecosystems” (p. 29). Henry et al. (2015) describe the history and potential future of family resilience research in three waves. The first wave is distinguished by a focus on the presence of positive outcomes in light of adversity (Henry et al., 2015). In the second wave of family resilience research, researchers began to formulate process-orientated definitions of resilience in family systems in their efforts to examine these processes and outcomes systematically. Henry et al. (2015) predict and advocate that a third wave will entail “a multidisciplinary framework” (p. 29) premised on the notion that a family’s response to stress is influenced by internal and external familial factors and resources. Henry et al.’s (2015) predictions regarding the future of resilience research are closely aligned with the conclusions of Luther et al. (2000). Luthar et al. (2000) argue for clarity and consistency in regards to terminology dominant in resilience research and for a heightened awareness of the multidimensional nature of resilience and resiliency. This thesis was grounded in a theoretical framework that was capable of addressing the multidimensional nature of resiliency through its focus on intra-familial factors, resilience processes, and contextual factors.

Position of this Thesis within Existing Literature

Drawing on in-depth interviews with family members of CAF Veterans who have undergone MCT, this thesis explored the question of “How do family members of CAF Veterans in Atlantic Canada with a mental health problem cultivate family resiliency during MCT?” An exploration of this question may help fulfil the need for a more developed understanding of the MCT period in Canada. Shields, Kuhl, Lutz, Frender, Baumann, and Lopresti (2016) highlight how little research literature exists that is concentrated exclusively on the initial peri-release period of the transition into civilian life. Ray and Heaslip (2010) likewise point to the need for

Canadian research on recent CAF Veterans that explores “the experience of MCT within the context of Veteran culture” (p. 198, 203). Thompson et al. (2016) emphasize the need for additional research exploring the mental health of CAF personnel during MCT. This thesis helped to satisfy these research needs by explicitly focusing on CAF Veterans during MCT and by being inclusive of Veterans who are experiencing a mental health problem.

This thesis also added to the current understanding of the MCT experience in Canada by focusing on family relationships. In a quantitative study involving a national sample of CAF Veterans, MacLean et al. (2014) reveal that social support, such as that offered within familial contexts, plays a central role in the ease of adjustment to civilian life. When articulating the value of family-centered care for Veteran and military members affected by a military-related injury, Cozza, Holmes, and Van Ost (2013) reason that military and Veteran healthcare services should address the family context because this is where the Veteran “receives the bulk of emotional support” (p. 315). Focusing on family relationships provided insight into a significant facet of the MCT experience. When examining levels of trauma, relational satisfaction, and couple functioning, Wick and Nelson Goff (2014) sum up their findings by noting that further research on relationships within Veteran families experiencing a mental health problem would be useful in improving programs and services that proactively and effectively address their needs and promote resiliency. By examining family resiliency within CAF Veteran families during MCT, this thesis addresses this objective.

Research literature in the field of mental health and Veteran families is also slanted toward the connections between PTSD and family functioning. Dekel and Monson (2010) reinforce the notion that not all Veterans experience PTSD symptoms and that experiences of PTSD symptoms are diverse. Building off this assertion, they reason that additional research is

needed to “learn from those veterans and their families who have had success in maintaining and preserving healthy relations in their families” (p. 307). Macdermid Wadsworth (2010) likewise draws attention to the need for family resilience research in efforts to illuminate the experiences of families who have lived through adversities while avoiding negative consequences. This thesis accounted for diversity within the Canadian population of Veteran families journeying through MCT by focusing on OSIs broadly defined and family resilience processes.

This thesis offers insight into familial MCT and mental health experiences in Canada. A study that helps illuminate the connections between this experience and the cultivation of resiliency could inform policy development and service provision efforts. This thesis advanced the current understanding of the connections between mental health, MCT, and family resiliency by exploring the question, “How do family members of CAF Veterans in Atlantic Canada with a mental health problem cultivate family resiliency during MCT?” In-depth interview data pertinent to this question was analyzed using constructivist grounded theory coding techniques and a multi-dimensional and integrative approach to conceptualizing family resiliency.

Chapter Three: Theoretical Framework

Social researchers invested in the qualitative tradition seek data imbued with in-depth meanings often found within language, images, symbols, and social activity. Data is typically collected through interviews, focus groups, observations, text and discourse analyses, or ethnographies. After engaging in these processes and rigorous interpretation of the generated data, qualitative researchers seek to inductively develop theories, categories, and concepts that increase understandings or bring awareness of a social phenomenon. Guba (1990) outlines how a paradigm offers researchers a philosophical framework for approaching qualitative research by providing a set of assumptions on the nature of knowledge, the relationship between the

researcher and this knowledge, and how the researcher should best discover this knowledge. This thesis was grounded in the constructivist paradigm. Within the constructivist paradigm, this thesis relied on a multidimensional and integrative model of resiliency that incorporated the ecological systems model (Bronfenbrenner, 1977) to guide its methodological and analytic processes.

Constructivist Paradigm

This thesis is located within the constructivist paradigm, which is a result of postmodern thinking. According to Boss (2002), researchers working within a postmodernist framework will reject the ontological assumption that positivist ways of knowing are the only valid approaches to generating knowledge (Boss, 2002). In contrast to positivism, the ability for something to exist is not dependent on its ability to be measured (Boss, 2002). The constructivist paradigm leads researchers to take a relativistic ontological stance. When taking a relativistic ontological stance, Guba (1990) notes that researchers will acknowledge that “realities exist in the form of multiple mental constructions” (p. 27). The researcher’s task is to create a space to identify these mental constructions and examine discrepancies and consistencies between them in order to develop an understanding of the socially constructed phenomenon under study.

In addition to a relativistic ontological stance, researchers working within the constructivist paradigm will hold a subjectivist epistemological perspective. A subjectivist epistemological perspective creates a space for researchers to recognize the influence of personal biases and values within their interpretations of the data they collect (Guba, 1990). Starks and Trinidad (2007) emphasize that qualitative methods involve subjective analysis because the “researcher is the instrument for analysis” (p. 1376). A researcher’s prior experiences and values will play a role in shaping the interpretations and conclusions that are derived from the data. The

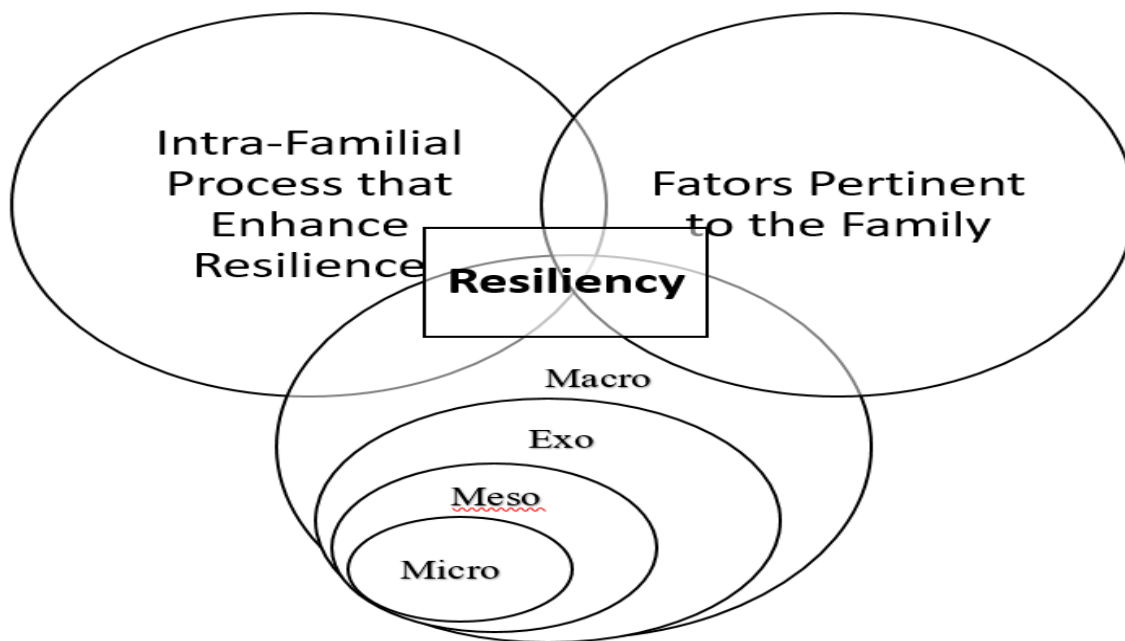
constructivist paradigm offered a flexible theoretical positioning in which to examine how CAF families journeying through MCT cultivate family resiliency.

A Multidimensional and Integrative Model of Family Resiliency

A multidimensional and integrative approach to conceptualizing family resiliency, based on the formative Military Family Resiliency Model under development (Norris & Cramm, 2017), provided a theoretical means of illuminating the subtleties and complexities that constitute this social phenomenon. Norris and Cramm (2017) developed this model using an extensive scoping review that investigated how resilience and resiliency are understood within literature focused on military families. Like this thesis, Norris and Cramm (2017) adhered to the conceptions put forward by Bowen and Martin (2011) of resiliency as an outcome and resilience as process.

This multidimensional and integrative approach to conceptualizing resiliency was used to explore how CAF Veteran families in Atlantic Canada cultivate resiliency in response to MCT and mental health stress. The presence of family resiliency necessitates the existence of stressors that cause disruptions within family systems (Crane & Searle, 2016; Windle, 2011). The potential stressors arising during MCT offered a context in which to explore the cultivation of family resiliency. A multidimensional and integrative approach was well suited to explorations of the research question due its recognition of the intra-familial factors, the familial processes that enhance military family resiliency, and the family-context interactions at each level of social analysis in the ecological systems model (Bronfenbrenner, 1977). Family resiliency was conceptualized as the outcome resulting from the interactions between these three key elements that influence its development.

Figure 1: A Multidimensional and Integrative Model of Family Resiliency



Family resilience research has revealed that resilient families utilize their external resources embedded within broader social contexts effectively, employ intra-familial processes comprising resilience, and capitalize on the strengths of each family member to maintain strong relational connections. Families who cultivate high levels of resiliency are able to respond to stressor events in a manner that promotes family stability and adaptability (Bowen & Martin, 2011; Pangallo et al., 2015). To paint a comprehensive depiction of family resiliency within CAF Veteran families in Atlantic Canada journeying through MCT, this multidimensional and integrative approach encompassed an awareness of psychological, familial, and community factors and resources.

Chapter Four: Methodology

Due to the position of this thesis within the constructivist paradigm and the resulting subjectivist epistemological perspective, I recognize that the methods and research processes used in this research endeavour are not value neutral. This thesis was not intended to provide

objective and replicable knowledge, but to rather promise insight into the phenomenon of family resiliency within CAF families during MCT. This was accomplished through the use of a qualitative analysis of data from a study undertaken by Norris, Cramm, and Schwartz (2017) that involved CAF Veteran families who recently experienced MCT. This study entailed focus groups and in-depth interviews with twenty-seven family members of CAF Veterans with a mental health problem and who have been released from service in the past 1-5 years.

The unit of analysis within this research endeavour was CAF Veteran families in Atlantic Canada during MCT who are experiencing a mental health problem. This unit was examined by relying on participant responses to questions in the Task 24 interview guide (See Appendix A). These questions provided data regarding relevant demographic information of participants, data regarding the impacts of CAF Veterans' mental health problems on family members and on the functioning of the family unit during MCT, and data regarding experiences of mental health and wellbeing within the participating Veteran families, and how family life impacts and is impacted by the Veterans' wellbeing during MCT (Norris, Cramm, & Schwartz, 2017). Data from this study offered first-hand accounts of the stresses, supports, resources available, and resilience processes that characterize the MCT experience in Atlantic Canada. Ensuring this data was "mined to the fullest" (Bryman 2013, p. 315) was a means of honouring the time and effort of participants in the original study. Participants receive a greater benefit from the social implications of their data when their data is utilized more fully (Bryman, 2013). Within this research endeavour, the data was analyzed using the constructivist grounded theory coding techniques outlined by Charmaz (2014).

Methodological Congruency and Trustworthiness

Constructivist grounded theory techniques are a derivative of symbolic interactionism. Symbolic interactionism is a theoretical perspective residing within the constructivist paradigm that is intrinsic to both the ecological systems model and the multidimensional and integrative approach to conceptualizing resiliency that shape this thesis. The common link between the methods and theoretical framework inherent to this thesis bolsters its methodological congruency.

Researchers who utilize symbolic interactionism view individuals as constructing their sense of self, their situations, and their understanding of society (Charmaz, 2014). The process of constructing their sense of self, situations, and their society is tied closely to the language and symbols used in their social contexts, which frame their interpretations of actions and behaviors (Charmaz, 2014). According to Charmaz (2014), symbolic interactionists assert that individuals construct and reproduce social structures and their perceptions of a given phenomenon through the interactive process of action and interpretation. The language or names utilized to describe a phenomenon are value-laden and shape one's relationship to whatever has been named (Charmaz, 2014). An individual or family's interpretations will be structured by the language and symbols that saturate their social contexts.

Charmaz (2014) emphasizes that constructivist grounded theory provides "methodological momentum for realizing the potential of symbolic interactionism" (p. 278) by providing the language that can give name to the social phenomena under study. As demonstrated by Pangallo et al. (2015), resiliency is a phenomenon that arises out of the social interactions between individuals and their environments. Based on this notion, Pangallo et al. (2015) emphasize how symbolic interactionism offers a theoretical framework that is "capable of explaining how individual characteristics interact with situational factors, which are moderated

by previous experiences” (p.2). Researchers employing a symbolic interactionist perspective are compelled to acknowledge the interactions of individuals occurring within each level of social analysis as defined by Bronfenbrenner (1977). Symbolic interactionism as intrinsic to constructivist grounded theory presented a means of examining the social interactions and processes that could give rise to family resiliency.

Symbolic interactionism as manifested in the theoretical framework shaping this thesis was also well-suited to the use of constructivist grounded theory techniques because it fostered researcher reflexivity by necessitating a critical sensitivity to the social meanings held within language and symbols. When examining the role that reflexivity plays in ensuring the integrity and trustworthiness of qualitative research, Finlay (2002) demonstrates how reflexive practices can be incorporated into the pre-research, data collection, and data analysis stages. Through the process of sampling, collecting, organizing, and analyzing the data, qualitative researchers should continually engage in reflexive practices to recognize and document the role of personal values and biases in shaping interpretations.

Finlay (2002) operationalizes reflexivity as an analysis technique that “encompasses continual evaluation of subjective responses, intersubjective dynamics, and the research process itself” (p. 532). According to Finlay (2002), reflexivity can provide researchers with an opportunity to demonstrate how the subjectivity inherent to qualitative research processes can enhance one’s understanding of the research findings. I incorporated reflexivity into the analysis by utilizing the logbook and memo system provided within MAXQDA software. Incorporating reflexive practices throughout the research process can increase the trustworthiness of research findings by providing an opportunity for those who utilize the research to evaluate the finding in light of the researcher’s role in shaping the process and results.

Bryman (2013) outlines how trustworthiness can be broken down into the subcategories of credibility, transferability, dependability, and confirmability. According to Bryman (2013), credibility refers to the researcher's ability to do their due diligence by ensuring that they rigorously followed "canons of good practice" (p. 390) required by their method of choice. These canons of good practice may involve seeking respondent validation or incorporating triangulation into the research design. Cope (2014) defines transferability as the capacity for the research findings to be meaningful for those who were not directly involved in the specific phenomenon undergoing analysis. According to Bryman (2013), dependability mirrors the criteria of reliability in quantitative research. Researchers should consider whether they would arrive at similar findings if they repeated the study within a similar scenario. To ensure confirmability, researchers should explicitly outline how they induced the results from the data. I ensured trustworthiness by rigorously, critically, and reflexively documenting each action or decision made throughout the research process.

In order to generate trustworthy findings, qualitative researchers need to be methodical when determining the sample size and selecting their sampling method. The original data was collected using convenience sampling. Convenience sampling is a form of non-probability sampling that entails recruiting participants due to their availability to the researcher (Bryman, 2013). Although findings from this thesis are ungeneralizable, Bryman (2013) highlights how convenience samples are particularly useful when generating ideas for further research. Rather than seeking generalizable positivistic findings, the central purpose of this thesis was to explore the phenomenon of family resiliency within CAF families journeying through MCT. Convenience sampling techniques also provide a means of identifying and recruiting participants that meet the inclusion criteria in a cost and time effective manner.

In the original study, Norris, Cramm, and Schwartz (2017) used convenience sampling with the goal of developing a sample reflective of CAF families. Participants who met inclusion criteria (a family member of a CAF personnel who engaged regularly with the Regular Force service or Reserve Class C service and who have a mental health problem, and who have been released in the past 1-5 years) were recruited through channels such as Military Family Resource Centers, philanthropic organizations that offer support to military/Veteran families, social media, and Operational Stress Injury Social Support networks (Norris, Cramm, & Schwartz, 2017). The sample was Canada-wide with twenty-seven participants recruited proportionately from the Atlantic, Central, and Western regions of Canada for in-depth interviews. This sample served as a litmus test that provided insight into the lived experiences of MCT for CAF families.

The seven interviews from the original study that informed this thesis were conducted via telephone by one of the three principal investigators (Norris, Cramm, & Schwartz, 2017). The interviews utilized a semi-structured interview guide that left room for both participants and researchers to be active agents in the research process. As noted by Bryman (2013), in-depth interviews are invaluable when seeking a contextualized and well-developed understanding of a difficult to observe phenomenon, such as family resiliency.

Ethical Considerations

This thesis utilized data that was obtained in an ethically sound manner. The original study obtained ethics approval from the University Research Ethics Boards (UREB) at Queen's University, the University of Calgary, and Mount Saint Vincent University. All participants in the original study signed a consent form in which information regarding the study and its potential implications was communicated transparently. Before beginning an interview, participants were verbally reminded that participation was voluntary, that the interviews could be

stopped at any time, that they had the right to skip questions, and that with their consent the interviews would be digitally recorded (Norris, Cramm, & Schwartz, 2017). Researchers conducting the interviews also periodically “checked- in” with the participant(s) to confirm their desire to continue or to offer them an opportunity to quit or take a break from the interview if uncomfortable (Norris, Cramm, & Schwartz, 2017). Through the use of both written and verbal modes of communicating the risks and rewards of participation, the involved researchers did their due diligence in assisting participants in making an informed decision about whether or not to participate.

Every effort in the original study was made to prevent or reduce the ethical risks of confidentiality breaches and the risk of self-exposure. The researchers were well aware of their responsibility to end an interview if participants showed signs or indicated that they were in distress (Norris, Cramm, & Schwartz, 2017). Participants were made aware of their right to request that voice recording be turned off at any point in the process and their right to ask for parts of their interview or the interview in its entirety to be withdrawn from the study. To demonstrate the researcher’s appreciation to the participants, all participants received a gift card. In the event that the interview/focus group process triggered an emotional response that could have a negative impact on the wellbeing of participants, participants were provided with information on how to access free-of-charge services from Veteran’s Affairs Canada, Operational Stress Injury Social Support clinics, and/or local Military Family Resource Centers (Norris, Cramm, & Schwartz, 2017). The interviews were conducted in a manner that demonstrated respect for participants and that would not compromise their overall health and wellbeing.

This thesis can be considered unobtrusive (Bryman, 2013) as I was not involved in the

data collection processes. Despite the unobtrusive nature of this thesis, Hines (2011) draws attention to how researchers employing unobtrusive methods should still be mindful of potential ethical implications. Hines (2011) encourages researchers using unobtrusive methods to carefully evaluate “the extent to which particular research techniques make unwarranted intrusions or may have undesirable effects on those studied” (p. 3). In their study exploring the ethical issues associated with qualitative secondary data analysis, Yardley, Watts, Pearson, and Richardson (2014) draw attention to how secondary qualitative data analysis may lead researchers to become detached from participants in which they did not personally build a trusting researcher-participant relationship. This thesis was conducted with a critical sensitivity to its broader social implications for military/Veteran families. The use of the data from the original study was granted ethical clearance from Mount Saint Vincent University’s UREB. This thesis was also overseen by two of the three principal investigators involved in the original study and a clinical psychologist who engages regularly with CAF Veterans in Atlantic Canada.

Constructivist Grounded Theory Coding Techniques

Constructivist grounded theory coding techniques were used in this thesis to explore the question of “How do family members of CAF Veterans in Atlantic Canada with a mental health problem cultivate family resiliency during MCT?” Grounded theory is well suited to answering this question because this question suggests an examination of change and processes. In Richard and Morse’s (2013) guide to conducting qualitative research, they note that research questions within grounded theory studies entail inquiry about social processes and change. Bryman (2013) defines grounded theory as “an iterative approach to analysis of qualitative data that aims to generate theory out of research data by achieving a close fit between the two” (p. 712). Grounded theory methods, originally developed by Glaser and Strauss in the late 1960s, have been widely

employed within social research in the pursuit of the inductive formulation of concepts, constructs, and social theories. Grounded theory is radically inductive and is rooted in the interpretivist/constructivist paradigm consistent with the qualitative research tradition.

Constructivist grounded theory techniques coupled with a multidimensional and integrative model of resiliency provided the necessary tools to develop concepts and constructs that illuminated the phenomenon of family resiliency within CAF Veteran families during MCT. The coding techniques outlined by Charmaz (2014) guided my analysis of the data. Basit (2003) broadly defines codes as “labels for allocating units of meaning to the descriptive or inferential information compiled during a study” (p. 144). When examining, organizing, and making sense of their data, qualitative researchers leverage their theoretical framework and research question to generate these labels (Basit, 2003). To reinforce the methodological congruency of this thesis, I aligned the coding scheme with the theoretical framework and the research question. By using constructivist grounded theory coding techniques that ensure a close fit between codes and the data, I also bolstered the trustworthiness of this thesis.

The coding processes can be divided into the three stages of initial, focused, and theoretical coding. During the initial coding stage, I made “analytical sense” (Charmaz, 2014, p. 111) of the data by studying and allotting codes to each segment until all of the data was categorized. To prevent blindly accepting the worldviews of participants or allowing theoretical biases to cloud one’s perception of the data, Charmaz (2014) highlights how initial coding forces researchers to be grounded in the data. The meticulous nature of initial coding also assists researchers in identifying *in vivo* codes, codes that use the language of participants. *In vivo* codes are often beneficial in giving language to the phenomenon under study. Initial codes also provide a comparative base in which researchers can examine the similarities and differences

between participant responses, between responses collected at different times or locations, and between the data and the researcher's own ideas (Charmaz, 2014). Charmaz (2014) stresses that initial codes should be understood as “provisional” (p. 127). Throughout the coding process, I remained flexible and willing to rework codes in order to better fit with the data.

After each segment of the data was initially coded, I used focused coding techniques to identify the most significant or frequently used codes to “sort, synthesize, integrate, and organize” the data (Charmaz, 2014, p. 113). I then used theoretical coding techniques to formulate a coherent and conceptual understanding of the data that could be used to paint a picture of who was involved in the cultivation of family resiliency, when and where it occurred, for what reasons it occurred, how it occurred, and with what consequences (Charmaz, 2014). The process of theoretical coding was beneficial in developing concepts that embodied the phenomenon under study. I continued coding until I reached theoretical saturation, the point at which the data continually reinforced the validity of concepts.

Transcripts of the interviews were downloaded into MAXQDA to be coded. When comparing the benefits and drawbacks of manual and electronic coding techniques, Basit (2003) describes the coding process in qualitative research endeavours as “arduous” (p. 143). According to Basit (2003), coding software can “improve considerably the speed and efficiency” of coding (p. 152). MAXQDA also provides researchers with a memo and logbook system that can support researchers in practicing reflexivity. Charmaz (2014) pin points memo-writing as an essential element of grounded theory coding techniques due to its ability to provide a “space and place for making comparisons” and constructing analytic notes that “explicate and fill out categories” (p. 163). MAXQDA was not only leveraged to ease the coding process, but also served to augment reflexive practices that supported the development of codes.

Chapter 5: Findings

This thesis was guided by the question, “How do family members of CAF Veterans in Atlantic Canada with a mental health problem cultivate family resiliency during MCT?” The following section recounts the findings of the constructivist grounded theory analysis that was conducted in response to this question. The multidimensional and integrative approach to conceptualizing resiliency that guided the analysis provided a useful means of organizing the findings. This recount of the findings begins with a description of the participants that is followed by a summary of the common stresses associated with managing both MCT and mental health problems as a family. These descriptions form the backdrop to accounts of the intra-familial factors, familial processes, and contextual factors that played a role in shaping how the participating families cultivated resiliency.

Description of Participants

All of the participants were women and were family members of Veterans who have recently undergone MCT with a mental health problem. Six of the seven participants were intimate partners while the remaining participant was a daughter. Participants had all been living or had lived with their Veteran family member between 14 and 22 years and were all between the ages of 36 and 61. Six of the seven participants had children under the age of 18 living at home with them. The Veteran family members held a variety of positions within the CAF that ranged from being a logistics officer to a medical technician. Six of the seven Veteran family members had served full time in the Regular Force, while the remaining Veteran was a Class C Reservist. Despite all being family members of CAF Veterans who have recently undergone MCT with mental health problems, all participants came to the interviews with their individual personal and familial histories, personalities, circumstances, and worldviews. This multiplicity of

differing individual characteristics provided a foundation in which to explore commonalities in regards to their experiences of stress and resiliency. An awareness of commonalities and tensions within the interviews was used to respond to the question, “How do family members of CAF Veterans in Atlantic Canada with a mental health problem cultivate family resiliency during the MCT?”

MCT and Mental Health Stresses

The notion that families of CAF Veterans with mental health problems encounter familial stresses as they journey through MCT was supported in each interview. The participants’ descriptions of MCT and mental health stresses provided a foundation to explore how the participating families cultivated resiliency. Significant stresses faced by participants were coded as experience of isolation, related to changes in everyday life, health-related, financial, or relational stress. The stresses that were felt by the participating families were interconnected and cumulative in nature.

Table 1: Descriptions of stresses experienced by family members of Veterans journeying through MCT with a mental health problem

Stress	Description
Isolation	Members of the family felt disconnected within their social networks due to their geographic and social location. Geographic location refers to the physical residence of family members. Social location refers to “the groups to which people belong based on their position in history and society—their place in established systems” (Shaw et al., 2016, p. 36). The geographic and social locations of the family served as a barrier when seeking formal supports and communicating with service and policy providers. Formal supports entail protective factors and resources that are administered by established and organized social institutions.
Changes in Everyday Life	Members of the family struggled to partake in meaningful activity or find purpose in their daily routines.

Health	Mental health problems were conceptualized as “a wide range of diagnosed and undiagnosed issues that affect mood, thinking, and behaviour” (Norris, Cramm, & Schwartz, 2017). Physical health problems were conceptualized as issues resulting from an injury or an illness that caused pain and/or limited one’s ability to perform daily activities.
Financial	Members of the family felt uncertain about their ability to cover daily expenses. Members of the family were willing to make sacrifices or compromises in order to cover the cost of living or maintain their desired lifestyle.
Relational	Family relationships were highly conflictual, enmeshed, estranged, or there was an abuse of power. The relationship was characterized by uncertainty.

All participants provided accounts of how the various forms of stress overlapped and intensified one another. Stress related to changes in everyday life and relational stresses were often perceived to be consequences of financial, isolation, health-related, or a combination of these types of stress. Rosie described how her partner’s reclusive behaviour and irritability, which she attributed to her partner’s mental health problem, underlined their daily experiences of relational stress. In addition to daily experiences of relational stress, Rosie noted that her and her partner also experienced stress related to changes in their everyday lives due to a lack of meaningful activity and routine since retiring from the military.

And I knew something was wrong but I didn’t know what because she was tearing me a new one every day, and I couldn’t figure out why. And I know it’s partly the retirement, but retirement has itself, never mind the, the people that we are. Retirement has been horrific on us. You take all the rest of these other things. We’ve had that into them. And it’s a powder keg. It goes off on a daily basis sometimes (371).

Andrea similarly alluded to the notion that mental health stress generated relational tension within her family. According to Andrea, her partner initially “blamed [her] for making him get

help because he felt [she] ruined his career” (111). She also painted a clear picture of the cumulative and interconnected nature of MCT and mental health stress when describing her experience navigating the civilian healthcare system and VAC policies during MCT.

So he had no medical plan, which -- And we only just got the dental plan. It's been a year with our dental plan, finally -- because of the mix-up in paperwork. So, all I could think is, for the stress that the veteran has, and if they have PTSD, and then throw on top of that financial issues, and then throw on top of that, you can't (460).

Within this analysis, financial stress was seen to magnify mental health challenges. Sarah noted that the intensity of her partner's anxiety “tripled” (131) when they were unable to sell their house while relocating. When Veteran family members were unable to gain employment due to mental and physical health challenges, these challenges likewise contributed to stress related to changes in everyday life, relational, and financial stress. Jane noted that the loss of employment during MCT due to her partner's medical release created financial stress.

His income is a very important part of paying our, our bills and our mortgage, and, and, ah, so for somebody just to learn that they're, they're losing their job because of their mental health when they're still not doing well, um, is pretty difficult (216).

In addition to instigating stress related to changes in everyday life and financial stress, mental and physical health challenges appeared to be associated with relational stress when these challenges caused the Veteran family members to engage in behaviours that compromised the wellbeing of their families. Jane exemplified how the symptoms of a family member's mental health problem coupled with medication side-effects can strain family relationships.

Yeah, having somebody who's had a manic episode and then has depression afterwards, absolutely can definitely take a toll on your relationship. Just having a partner who's not

able to be as present, you know, because they have depression, or even just the side effects of the medication, really, were, were what he most struggled with. They make him sleepy. They make him fatigued. They make him a little disengaged, a little numb (179).

When attributing the decline in her father's mental health to the deterioration of his first two marriages during two of his overseas deployments, Hannah illustrated how relational stress could instigate mental health stress.

When he would come back, he couldn't switch gears, um, from his military role to his partner role and parent role very fluently. And it caused a great deal of distress within the marriage. And so my mother, being overwhelmed with three babies - -left the marriage suddenly (143-145).

Within this analysis, the experience of one form of stress was often viewed as the origin of another form of stress.

Experience of isolation: All participants provided accounts of geographic and social isolation. The participating families felt separated from their communities both physically and socially. Geographic isolation served as a chronic stressor that hindered families from capitalizing on formal supports and services and investing in their informal support networks. Sarah alluded to a desire to partake in an OSI social support group for families while simultaneously acknowledging that this would be unlikely due to the geographic distance between her home and the service location. When discussing her desire to see more formal supports for families, Sarah made the comment, "it's just I feel really, really alone here" (485). Due to the participants' rural locations and/or their inability to maintain healthcare continuity while transitioning from the CAF to VAC, four of the seven participants' also reported having difficulty locating and accessing in-person medical services.

Three of the seven participants highlighted the timeframe within their MCT journey when they lost access to their CAF doctor but had not yet obtained a family or civilian doctor as stressful. Barriers to accessing medical services in a timely manner made it difficult to manage mental health problems, receive compensation from insurance companies, and receive pensions. After recounting her experiences of seeking out necessary psychological supports for her Veteran partner with severe PTSD, Lydia noted that “there’s a real gap in the continuity of care” (232). Rosie described how her Veteran partner was unable to change an ineffective medication for chronic depression due to lack of medical support.

I know who she really is and I keep hoping that the real Jesse will figure out her medications. We’re right now trying to get her to a psychiatrist, an impossible task when you don’t have a family doctor and you can’t get a psychiatrist. So we’re trying to get her medications changed and can’t do it. (*laughs*) Because the medication that she’s currently on is almost ineffective” (140).

Although formal supports and services tailored to the needs of the participating families exist, geographic isolation and the lack of healthcare continuity between the CAF and VAC prevented participating families from experiencing their benefits.

In addition to geographic location and a lack of healthcare continuity, the participants described how military culture on a macro-level of analysis served as a barrier to accessing resources and protective factors located within their civilian mesosystems. Participants described how their Veteran family members were often reluctant to seek help outside of the family, which could be influenced by the military value of stoicism. While reflecting on being raised in a military context, Hannah noted that “you were socialized to contain things in” (504). Rosie similarly highlighted how her Veteran partner refused support from family and friends because

“they’re used to taking care of this shit themselves” (435). Rosie additionally pointed out that her Veteran partner’s reluctance to seek help from her informal social support network was partly fueled by a reliance on the military institution. Rosie stated that “they’re used to this stuff being taken care of for them” by the military institution while serving (438). While engaging in military service, participants painted a picture of how the military institution provides for the financial, social, and health-related needs of members while requiring these members to take little initiative in fulfilling these needs. Military culture and its related lifestyle may encourage stoicism and predispose members to be out of practice in taking initiative when seeking out necessary financial, social, and health-related supports.

The cultural value of stoicism within military contexts could encumber the cultivation of family resiliency. This phenomenon was illustrated by Hannah when she described how her family members were unable to fulfil familial roles due to their reluctance to acknowledge a need for familial support.

I couldn’t be a help to my father. My father couldn’t be a help to me. And even if our whole family was together, which it never was, we would have all been, all the children would have been like that (505).

A reluctance to seek help outside of oneself or one’s family could serve as barrier to receiving supports and activating protective factors located within broader social contexts. These supports and protective factors have the potential to aid families in managing familial stresses in a manner that promotes familial wellbeing.

The geographic distance between the participants and service locations also contributed to a lack of communication between service providers and the Veteran families. This distance limited families in their ability to act as advocates for their Veteran members. When asked to

imagine an ideal support system for Veteran families moving through MCT, Rosie emphasized the importance of having direct in-person access to VAC.

They can put you off in phone calls. They can put you off in e-mails. They don't care about you. They can even put you off in a letter. But walk in and sit down at somebody's desk and sit there until somebody helps you. You can't do anything with that accept deal with it (383).

In-person access to VAC offices would enhance the communication between VAC service providers and Veteran families.

Likewise, all participants reported feeling removed from the healthcare of their Veteran family members. Michelle concluded her interview by stressing that in a perfect support system for Veteran families journeying through MCT, families would be invited to play a role in the healthcare of the Veteran. Being disconnected and uninformed in regards to the healthcare of the Veteran appeared to be a consequence of poor communication within the family and poor communication between VAC and the Veteran families. The lack of family involvement in the healthcare of the Veteran prevented family members from providing clinicians with insights that could have the potential to improve the Veteran's treatment. Sarah saw the lack of communication between herself, her partner, and his healthcare professionals to be a potential barrier to his recovery.

Just because sometimes, you know, like, of course they are the ones that needs the help, they might not see something that we see, or they might not think that there's a problem where there is, or maybe they omit to say things that could maybe be helpful for the process (217).

Reducing the geographic distance between medical service providers and Veteran families could be a step towards promoting good mental health among CAF Veterans.

Participants also painted a picture of being on the fringes of their civilian and military communities. They alluded to the notion that they no longer identified or wished to identify with the military but were struggling to build friendships and support networks with those in their civilian communities. A significant challenge while transitioning out of the military for Michelle's partner was the loss of friendships within his CAF workplace.

Well, I mean, like, the military was more of, like, his social, his community kind of his friends. So when he stopped going there because of medical reasons, he kind of lost all of that. You know, people that he worked with didn't know what to do when he was, like, on medical leave (75).

In addition to the loss of informal social support offered within the CAF, three of the seven participants indicated that their desire to no longer identify with the military was partly fueled by feelings of being irrelevant or cast-aside by the CAF after release. After leaving the military context, Hannah reported feeling "very abandoned" (527) by the CAF. She described the military family identity as "an anchor" (537) that held the family together by providing familial purpose, routines, and an informal support network. According to Hannah, families can "tear each other apart" (533) when they experience the loss of the military identity and way of life. When attempting to relinquish the military family identity, Hannah's family experienced relational stress while feeling unsupported by the CAF.

The participants also felt relieved to leave the military due to cultural and relational tensions that members viewed as emerging between themselves and their superiors in the CAF. Sarah described how her military community held a narrow definition of family life that did not

accommodate for having two parents who engaged in full-time work outside of the home, such as her own.

[H1]'s a very, very old mentality Army, where, like every Friday I had to go to the mess and have beer with everybody and, like, I missed the kids Christmas concert because there was a function that I had to be, and how dare was I to ask if I could be excused for an hour? And it was very, very old mentality, like I said, which was, which would have been fine in the 50's if your wife was at home taking care of the kids and cooking the meals (133).

Sarah also described feeling misunderstood and judged within her military community due to a lack of understanding around mental health problems. This experience was echoed by Lydia who reported having no confidants during the initial stages of her partner's journey with PTSD. Lydia noted that within the military context, people were often reluctant to acknowledge mental health problems because there was "a little mentality in the, in the military at that time, especially in the Army, that [having a mental health problem] would hurt your career" (117). When the cultural and ideological views of participants differed from those within their military communities, participants described experiences of relational stress that generated social distance between themselves and the CAF.

Participants also described feeling socially isolated within their civilian communities. A lack of understanding in regards to mental health problems was unearthed within the participants' informal civilian support networks. This is evident in Andrea's experience of sharing about her situation with confidants.

Family doesn't really quite understand. Some people think they know because they watch *Dr. Phil*, or something. (*laughs*) So it's really, it's such a struggle because they don't, it's hard to explain to them, because they might see that person look absolutely fine (289).

When describing her informal support network, Sarah similarly stressed that "you can't talk to anyone because they don't know. They don't understand" (420). Feelings of isolation were reflective of a struggle to identify and find belonging within civilian and Veteran communities while simultaneously relinquishing connections with the military institution.

Financial stress. The participants' MCT journeys often commenced with financial stresses connected to the high cost of relocating after release. Two participants were unable to sell their houses and viewed the financial supports offered through the CAF and VAC as inadequate due to rigid guidelines that did not account for fluctuations within the economy. Financial insecurity during MCT intensified other forms of familial stress. Sarah described how financial stress aggravated her partner's mental health challenges.

Well, we didn't buy a house in [H], but like, the rental, the mortgage and everything, that really put a big strain financially, and just, it just kind of made everything worse, for him, anyway. Like, the anxiety tripled really, if not more. And then he wouldn't sleep anymore. Everybody was all on the edge because of the extra stress of the house in [D] and that's when it just kind of escalated, and it just never, it just never came down from there (131).

Andrea also highlighted the need for more financial supports for families transitioning out of the CAF who are not already employed within a civilian community.

I think that financial stress that they have is tremendous. To have to go four or five months without any income and have to say have savings or use a line of credit. I can't --

I just think that's - If you want to talk about making a transition more difficult, or putting increased stress on a Member, that's huge (497).

In addition to creating a stressful context for the initial stages of MCT, participants also alluded to the notion that financial stress led them to make personal and familial sacrifices. These families made personal and familial sacrifices to reduce the uncertainty they felt with regards to their ability to cover expenses or maintain their desired standard of living. These sacrifices included relocating to an undesirable but more affordable location and accepting employment that was unenjoyable but lucrative. These sacrifices and compromises could be connected to other forms of familial stress.

Mental and physical health. Participants described managing or experiencing the impacts of the Veteran family member's mental health problems as a "roller coaster" (Lydia, 242; Michelle, 176). The onset of mental and physical health problems during MCT caused disruptions in the family systems that led to experiences of relational, isolation, changes in everyday life, and financial stress. Five of the seven participants also emphasized how their Veteran family members experienced physical injuries while serving that impacted their MCT experiences. Sarah described her Veteran partner as a 90-year-old in a 40-year-old body due to physical injuries that were acquired during his military career as a medical technician. The participating families felt financial and changes in everyday life stress when their Veteran family members were unable to partake in financially profitable and meaningful employment due to these health problems.

The participants also described how changes in their Veteran family member's physical or mental health compelled these members to take on new familial roles and to relinquish others. The role shifts that occurred as a result of either MCT or a mental health problem were often

perceived by families as a difficult challenge. This phenomenon is evident in Sarah's account of her relationship with her partner before and after the onset of PTSD symptoms.

He was such a strong person and we could always count on him to take care of everything. He was just, just overly great. And now, like, for me to be the rock of the family is very hard to believe (*laughs*). And hard too, for me to handle, because I'm, I, I shouldn't be the rock (151).

In addition to prompting familial role shifts, changes in their Veteran family member's physical or mental health also led the participating families to adjust their daily routines and familial rituals to accommodate for the changes. In order to reduce the stress associated with a full schedule, Andrea's family chose to simplify their lives by reducing the number of extracurricular activities in which their children participated. She also noted that their family had to vigilantly choose their behaviours, actions, and words to avoid eliciting PTSD symptoms.

You're always on egg shells, so when something happens where he feels some -- that we're at risk, or our safety is compromised. or someone's safety is compromised, he can just go from zero to sixty (236).

Lydia similarly noted that they had to "alter pretty much [their] whole lifestyle" (234) to avoid triggering her partner's PTSD symptoms. Relational stress within the participating families was often a consequence of the families' attempts to manage mental health problems.

The mental health problems of the participants' Veteran family members led these family members to engage in behaviours that caused relational tension, were a source of emotional hurt, produced fear, or compromised communication within the family. Andrea, Sarah, and Hannah similarly explained the excessive drinking of their Veteran family members as efforts to manage or evade PTSD symptoms. Sarah noted that during the initial stages of their family's journey

with PTSD, “there was a lot of drinking, like I said and that’s probably normal, like trying to, numb the pain maybe” (318). Sarah described how her partner’s excessive drinking generated relational stress within the family.

Right after it was okay but once since we moved back from [H1] that was really, really bad, that time. A lot of drinking. A lot of just, you know, bad behavior kind of thing, like hurtful. And, like, not I’m sure he wasn’t meaning to be hurtful but he was a lot (316).

Sarah also observed that since the onset of her partner’s mental health problem, they no longer spend time together as a family. Rosie likewise attributed Jesse’s reclusive tendencies and reluctance to invest in relationships or engage in creative work to Jesse’s chronic depression. Michelle similarly described her partner as “emotionally detached” (184) when struggling with his mental health problem. By generating changes in the family’s financial, vocational, and relational circumstances, mental and physical health challenges contributed to the stress experienced by the participating families during MCT.

The participants’ accounts of their journeys through MCT with mental health problems exemplified how the presence of mental health stress could encumber the cultivation of family resiliency during MCT. When participants’ Veteran family members withdrew emotionally from other family members and their informal social support networks, they separated themselves from protective factors and resources that could promote their recovery. When reflecting on how her partner engages in excessive drinking as a means of managing his mental health problem, Sarah stated that “if he’d just kind of turn to me, I think I could help him a bit better” (459). Due to the interconnected and cumulative nature of familial stresses associated with both MCT and mental health problems, the protective factors and resources that promote a Veteran’s recovery

from a mental health problem during MCT are likely to assist families in withstanding or rebounding from familial stress.

The Cultivation of Family Resiliency

In light of social and geographic isolation, financial, relational, changes in everyday life, and health-related stresses, all participants were able to cultivate resiliency by enacting resilience processes and drawing on resources and strengths within and external to the family. Evidence of the cultivation of resiliency was coded when participants described their families' capacities to withstand or rebound from familial stresses associated with their MCT trajectories and mental health problems. Participants provided stories and descriptions of their familial responses to stress that allowed them to achieve success in the performance of familial roles which were previously threatened by MCT and mental health stress. The participants demonstrated their families' success in performing their familial roles when they described or alluded to the notion that these roles promoted familial wellbeing. The participating families leveraged resilience processes and protective factors internal to and external to the family to alleviate the presence of the various forms of stress that posed a risk to the wellbeing of family members. The following table depicts significant resilience processes and factors that the participants enacted or leveraged to ease MCT and mental health stresses.

Table 2: Resilience processes and factors used to withstand and rebound from MCT and mental health stress

Stress	Resilience Processes and Factors	Example
Isolation	A willingness to rely on and invest in an informal support network within military and civilian communities.	Jane: A huge chunk of their world is gone. Interviewer: <i>He socialized a lot with his military colleagues?</i>

		<p>Jane: Absolutely. Yup. Both inside and outside of work. Most of his friends are military Members.</p> <p>Interviewer: And are they now?</p> <p>Jane: Absolutely (229-234).</p>
	<p>Access to formal social supports that connect family members with others who have similar life experiences.</p>	<p>Andrea: [B]’s right now in a support group which is fantastic for him. Once a week he gets together with other people who are released as well, and some of them have no supports at all, and other people have supports. Some have terrible addictions and some don’t. But I think the more support you have, the better your chance, the better outcomes you might have (476).</p>
<p>Changes in Everyday Life</p>	<p>Being involved within a community.</p>	<p>Sarah: The hockey really helped. You know, giving him purpose. He loves it (242).</p>
<p>Health</p>	<p>Access to formal social and medical supports.</p>	<p>Michelle: This is the positive thing with being a Reservist was we had our own family doctor, so that was huge, because he was very supportive, very understanding (116).</p>
<p>Financial</p>	<p>Access to civilian employment.</p>	<p>Andrea: I think we benefit from the fact that, financially, we don’t face as much stress as some Members who exit.</p> <p>Interviewer: <i>Because of your job.</i></p> <p>Andrea: And I think that financial stress that they have is tremendous (495-497).</p>
<p>Relational</p>	<p>Adhering to or developing familial rituals.</p>	<p>Rosie: We have Saturday night movie night now, where we go off line and we watch a movie together and we do that (182).</p>
	<p>Maintaining familial loyalty and empathy by drawing on a positive relational history.</p>	<p>Andrea: To keep my family healthy and, and to keep it, and, to help him especially. The marriage was really important to me, too; right? So, because we were really good friends, and we’ve just known each other for so long (397).</p>
	<p>Access to formal social supports that offer skills, knowledge, and resources to combat relational stress.</p>	<p>Michelle: Having those coaching sessions was a chance to go, “Okay, where are we? What’s happening? You know, what strategies, can we use here and how can we move forward?” (225).</p>

Cumulative Stress	Maintaining or developing a positive and realistic outlook by recognizing both losses and opportunities.	Jane: And actually we can recognize at this point probably some positives associated with not being in the military any more, like stable, you know, our, our family. We can stay, we'll stay in [C] we don't have to do any more moves (125).
	Engaging in self-care.	Jane: I have very good um, sort of built-in social self-care activities that I do at home (187).
	Engaging in open emotional expression to gain clarity on the situation.	Andrea: We had a big argument and he then told me that he felt like he needed help. Like, he admitted to me that he felt something was wrong with him (72).
	Empathizing with other families journeying through MCT.	Sarah: And our kids, they're just really, really resilient and genuinely good kids, but it's probably not the same for everybody (434).
	A willingness of members to take initiative in managing stress and to collaborate.	Lydia: When we first found that he was going to be medically released, we always talked about different contingency plans, without careers (334).

Levels of resiliency appeared to vary among the participating families. Those who cultivated high levels of resiliency provided evidence that they had successfully overcome or managed the stressor events that had arisen during their MCT journey with a mental health problem. Jane demonstrated that her family had cultivated resiliency when describing how her partner “is a very good dad” (148) despite feeling the negative impacts of his mental health problem and the emotional loss of his military career. Although her family is in the midst of dealing with MCT and mental health stress, Sarah noted that “every year so far it’s just gotten maybe a tiny bit better in some ways” (418). Those who cultivated lower levels of resiliency provided evidence that they were still in the process of overcoming and managing the stresses associated with journeying through MCT with a mental health problem.

Despite the varying levels of resiliency depicted in the participants’ accounts of their

MCT experiences, all participants demonstrated that their family possessed the capacity to be resilient. The participating families cultivated resiliency in light of MCT and mental health stresses by capitalizing on protective factors in their intra-familial contexts, enacting resilience processes, and utilizing resources available through their informal support networks, VAC and the CAF, and their civilian communities. By leveraging protective factors within their intra-familial and broader social contexts and enacting resilience processes, the participating families demonstrated a capacity to withstand and rebound from the various forms of stress intrinsic to the data. The various pathways used by participants to cultivate family resiliency will be further expounded in the following sections of this chapter.

Intra-familial Factors

Intra-familial factors refer to the characteristics of a family and of its members that influence how the family responds to stress. An intra-familial factor uncovered in this analysis that supported families in cultivating resiliency was a willingness of family members to both take initiative in managing stress and to collaborate with other members. Rosie reported that her and her partner are both “trying to figure out how to be together as a unit” (415). Like Sarah and Rosie, Michelle described how she constantly felt she was “nagging” (Sarah, 332) her Veteran family member when trying to encourage and improve their familial situation. She noted that their familial situation improved when her Veteran partner suggested trying a group and couple therapy program. According to Michelle, she was emotionally burned out when her partner “came up with the idea that [they] would do that program” (202). Lydia likewise expressed that a positive turning point in the healing trajectory of her Veteran partner’s PTSD was when he came to her for help. When family members worked in partnership, they were able to more effectively manage and tolerate familial stress.

Another intra-familial factor that supported families in cultivating resiliency was a willingness to remain loyal and committed to the wellbeing of the family. Lydia stressed that throughout their MCT journey, her “end goal was always to keep the family together” and that her partner affirmed that “he would follow [her] anywhere” her career took her (334).

Participants were willing to try new strategies and seek help both within and outside their family when faced with MCT and mental health stresses that threatened to compromise the wellbeing of family members.

The presence of a strong relational history to draw on as a source of emotional strength when faced with significant stress assisted family members in maintaining their familial loyalty. When describing how she has demonstrated resiliency during MCT, Sarah reported that “if it was just a brand new boyfriend, there’s no way I’d be here” (316). Andrea likewise described how her relational history with her partner provided her with a sense of purpose that she viewed as instrumental in sustaining her ability to perform her familial roles as a mother and a partner.

To keep my family healthy and, and to keep it, and to help him especially. Ah, and our, my, the marriage was really important to me, too; right? So, because we were really good friends, and we’ve just known each other for so long; right? I could tell when he, you know -- I mean, probably I know faster than anyone when he’s really off, you know, something’s wrong with him. So, that’s important. And we like many of the same things, and, you know, keeping that relationship, that purpose, that was important (397).

Memories of their Veteran family members before the onset of mental health challenges and MCT stresses often served as motivating factors to remain committed to their family relationships. Rosie suggested an educational or counselling service that could resemble “pre-marital counselling” to support families through MCT. In the program described by Rosie,

partners of military members would become more informed in regards to the challenges associated with the military family experience before they fully commit to the relationship. This suggestion is reflective of a recognition of the importance of having a robust relational history when it comes to weathering familial MCT and mental health stresses.

Drawing on their family history also helped family members to facilitate empathy within their families. The participants' ability to empathize with family members was instrumental in sustaining their familial loyalty. Participants who reflected on their relational history with the Veteran saw their relationship as a worthy cause despite the stress that their Veteran family member brought into the family. After describing feeling emotionally and physically exhausted from caregiving duties and managing her career, Andrea described how her commitment to her marriage and family served as a source of strength.

So, to carry on, you just have to have something in reserves there that -- You got to continue to have that empathy that you have for that person and what they're going through, and what every day is like for them. And so that's what I want to make sure I continue to have (400).

By remembering who their Veteran family members were before the onset of MCT and mental health stresses, participants worked towards understanding their situations from their Veteran family members' points of view. Sarah recognized her partner's behaviour as a reflection of his response to familial stress and as indications of mental health challenges rather than as spiteful actions against her. The ability to empathize with other family members was an intra-familial factor that assisted the participating families in reframing their situation in a manner that supported them in cultivating resiliency.

Resilience Processes

In addition to intra-familial factors, the cultivation of resiliency within the participating families was also influenced by a family's willingness or ability to engage in resilience processes. Walsh (2007) provides a useful framework for identifying the familial processes that embody family resilience. These familial processes can be categorized as being related to a family's belief systems, organizational patterns, and communication. The following section is organized using these categories.

Belief Systems: Walsh (2007) identifies normalizing, contextualizing, developing a sense of coherence amongst a seemingly chaotic situation, reframing the situation so that the situation appears meaningful or manageable, and establishing a positive, hopeful and realistic perception of the future as examples of meaning-making processes that aid families in cultivating resiliency. Empathizing with other families journeying through MCT assisted the participants in cultivating resiliency by helping them to contextualize their situations. Contextualizing their situations involved considering how their circumstances were influenced by factors within their broader social contexts. By imagining how other families may undergo MCT in more stressful circumstances than their own, the participants were better able to both appreciate and identify their available resources. Rosie pointed out that their MCT and mental health challenges would be magnified for families with children and families with children who have disabilities. Participants were able to maintain or develop a positive outlook on their situation by means of empathy.

Participants also maintained a positive and realistic outlook by recognizing both their losses and the opportunities inherent to their situation. After describing how her partner had to

grieve the loss of his military career, Jane emphasized that their family had also benefited from leaving military contexts.

And actually we can recognize at this point probably some positives associated with not being in the military any more, like stable, you know, our family. We can stay, we'll stay in [C] we don't have to do any more moves. We would have been moving if he had stayed military (125).

Although Michelle felt sad that her fifteen-year-old son cannot remember his father before the onset of his father's mental health problems, she appreciates that they are able to spend more time together now that her partner has been released from service. Andrea similarly described how her and her children had to grieve the loss of who their father and husband was before the onset of PTSD symptoms. Throughout this grieving process, she articulated that she still desired to appreciate what is positive about their situation.

You grieve the loss. And then you have to be able to see if you can accept it, and I think some of my struggle right now from time to time is just saying, "Can you accept what, you know, the way life is-- now. Yeah, with all the good and bad that comes with it (290-299).

The act of accepting one's losses while identifying opportunities supported families in maintaining a hopeful, positive, and realistic perception of their present situation in light of significant MCT and mental health stress.

Organizational Patterns: Walsh (2007) also describes restoring or establishing routines, reallocating roles, establishing leadership within the family, and maintaining kin and community connections as examples of resilience processes that aid families in reorganizing themselves in order to respond to stress in productive ways. Participants engaged or desired to engage in self-

care as a means of reinforcing healthy boundaries within their family. By means of self-care, participants were able to buffer familial stresses and sustain their ability to offer emotional and practical support to other family members. This phenomenon is exemplified by Rosie who stated that “My priority was me, so that I could be the best for my family” (315). According to Rosie, she had to “take care of [her] own mental health so [she had] the stamina to deal with this aftermath” (237). When outlining how herself and her Veteran partner overcame relational tensions connected with his PTSD symptoms, Michelle noted that they were “both doing really well at making sure our own needs are met” (229). Andrea also pointed out that “[she] did look after [herself]” as a means of managing familial stress. Jane similarly highlighted how her and her partner have “very good self-care practices” (183) that have supported them in their efforts to manage MCT and mental health stress. Mechanisms of self-care discussed by participants ranged from early morning exercise routines to establishing a small business outside of the home. Engaging in self-care helped the participants to recharge so that they were able to more effectively respond to familial stresses and contribute emotional and practical support within the family.

Three of the seven participants also maintained stability in the family in light of significant stress by adhering to or developing familial rituals. These rituals involved the repeated practices and routines that were enacted together by family members. Rosie described how her and her partner try to spend time together watching television in the evenings and have a special Mother’s Day dinner every year as a means of intentionally working to improve the quality of their relationship. Andrea’s family also prioritized and reduced their extracurricular activities in order to ease familial stress and make time for adhering to familial rituals.

So there were activities, but they weren't, like, full-blown-all-the-time. And for about their first year-and-a-half that's what it was. And what that did is: allowed us time at home. It was less stressful. We weren't running everywhere. Because my life had always been running from school, work, activities, school, work, activities; right? So, shutting that down just meant we had time as a family. We played board games together Friday nights. We did stuff together. We hung out. I started running. My husband started running with me. That was a way to get him out to do that (414).

Maintaining or developing familial rituals served as a means of establishing a sense of coherence while managing MCT and mental health challenges.

Communication: According to Walsh (2007), effective problem solving and clear communication among members can be evidence of resilience processes. Participants who cultivated high levels of resiliency often demonstrated an ability to problem solve as a family. When Sarah discovered that her partner was leaving their two young children unattended during the day, she effectively communicated with her partner so that he understood the danger of their situation in addition to the relational consequences. She also devised a plan to ensure their children's safety and supervision should her partner feel the need to leave the children unattended in the future. Before her partner left for a deployment in Afghanistan, Michelle and her partner strategized together to ensure that they were prepared for and could withstand potential mental health stress.

When he finally found out he was going to Afghanistan, like, he was feeling a lot better, excited, and we had this conversation of, 'What if it's like it was when you came back from Bosnia?' Like, that was our fear, and we talked about it, and had a plan in place, that, you know, if there are any issues we'll get help. This is what we'll do (95).

Effective communication and problem solving aided the participating families in gaining clarity on their situations. Andrea exemplified this phenomenon when describing how she has gained new skills and capacities while managing familial MCT and mental health stresses.

I think to kind of get through this, you have to develop some additional skill sets to kind of find your way to help de-escalate, to have better insight to sometimes, just be a little bit more honest in talking about what's happened. Like, even to say to him, like, to be able to say to them, "What's going on?" "This is a good day." "It's a bad day." "What happened?" rather than kind of ignoring it, and kind of ploughing through it. But to say what's actually happened (487).

This clarity could reinforce their capacity to make familial decisions or familial adaptations that support the cultivation of family resiliency.

The participants also described how an ability or willingness to express emotions openly with other members brought clarity to their situations. Extreme stress or crisis appeared to facilitate this open emotional expression. In addition to aiding families in gaining clarity on their situation, the act of openly expressing emotions prompted families to make internal familial changes or to seek external supports in order to accommodate for the stress. It was only after Hannah recognized that she was becoming emotionally burned out, that she became willing to share her emotional experiences with her therapist. Hannah stated that "I was really starting to crack at the seams, and [therapy] wasn't anything optional, anymore" (455). Although the marital unfaithfulness of Andrea's partner was a significant source of emotional hurt and relational stress, Andrea emphasized that this stressor event led to open emotional expression within the couple relationship. Open emotional expression in turn led her partner to acknowledge his need for necessary psychological support. Andrea asserted that "a lot of the crisis was around

the affair. But it ended up getting him into the [H] hospital, because I told him he had to get help” (84). When faced with significant stress, participants were compelled to try new strategies or leverage supports outside of their normative support network. The ability and willingness to communicate, express emotions openly, and strategize collaboratively supported families in taking the initial steps to effectively coping with or in some cases surmounting MCT and mental health challenges.

Contextual Factors and Resources

Five of the seven participants also testified to the importance of their formal and informal support networks when it came to responding resiliently to MCT and mental health challenges. Informal supports were conceptualized in this thesis as the emotional and practical resources that were offered voluntarily by friends, family, and other community members. In contrast, formal supports entailed the emotional and practical resources administered by established and organized social institutions at an exo-level of analysis. Andrea asserted that her Veteran partner would be “in trouble” (498) without the health services that are offered through VAC. Utilizing the formal supports offered through VAC and the CAF aided families in navigating and responding to MCT and mental health stresses.

Formal supports offered within civilian spheres also supported the participating families in cultivating resiliency. Michelle noted that her family was able to leverage the supports and resources they already had established within their civilian community to ease their MCT experience. Due to the nature of being a Class C Reservist, where her partner served part-time in the CAF while also holding onto a permanent position within his civilian community, Michelle’s family did not experience the financial and changes in everyday life stresses associated with relocating to a new community and searching for employment. They also had access to a family doctor in their civilian community.

This is the positive thing with being a Reservist was we had our own family doctor, so that was huge, because he was very supportive, very understanding, and he would have put in a referral for the psychiatrists here, along with trying him out on different medications, as well (116).

Although Michelle affirmed that moving through MCT with a mental health problem was a challenging and lengthy process, her and her family were able to capitalize on resources and supports within their civilian and Veteran community in order to withstand the familial stresses. Andrea's family likewise capitalized on the civilian resources that Andrea had established while developing her career in a civilian community. Andrea recognized that her Veteran partner was fortunate because "he could see [her] family doctor" (446) whereas many Veterans begin MCT with the task of navigating and obtaining medical services within an unfamiliar healthcare system. Both Michelle and Andrea demonstrated how family members who are already integrated into a civilian community can act as gatekeepers to civilian resources and supports for other members. Access to these resources and supports served to ease MCT and mental health stress.

In addition to the financial and medical formal supports offered within VAC, the CAF, and civilian spheres, participants articulated that they had benefited from formal social supports tailored to the needs of Veteran families. Michelle attributed the skills and support offered through the COPE program, a program that offers group and couple therapy for those impacted by PTSD, to her and her partner being at a "better place" (194) as compared to when they initially felt the impacts of MCT and mental health stresses. Lydia and her partner also leveraged formal social supports to rebound from significant familial stresses. Her Veteran partner benefited from the Operational Stress Injury Social Support (OSISS) network and

psychotherapy. Lydia expressed an eagerness to partake in a family peer support program that she anticipates will be offered in the near future at their local Military Family Resource Center (MFRC). Although Andrea experienced a breach in confidentiality when participating in a formal social support group for partners of those impacted by PTSD, she noted that her partner has benefitted from a similar group. According to Andrea, her partner was initially “completely resistant to it” but now “he looks forward to it” (504). When conducted professionally, formal social supports can be a means of overcoming the stress of social isolation.

In addition to benefiting from formal social supports, three of the seven participants suggested that their informal social support networks played a role in easing MCT and mental health stresses. The ability of an informal social support network to buffer familial stress is quickly apparent in Jane’s account of the factors that helped her family move through MCT with a mental health problem.

My mum was locally so I have really great family support. [D]’s mum, as well, ah, both, once he was hospitalized, came to stay with us to, to help support both me and to sort of help support [D]’s needs. Um, so great family support. I have, I, I work in the system, I, you know, surrounded by therapists all day, so I have really great co-workers, really great friends (183).

Hannah also provided a clear depiction of how her informal support network bolstered her efforts to respond to MCT and mental health stresses. A significant MCT challenge for Hannah’s family was reworking their military-influenced identity while living within civilian contexts. After voluntarily leaving the CAF with “no desire to connect with anything military” (561), she reported experiencing a “nagging feeling” that she was missing something intrinsic to her identity. Reconnecting with childhood friends from her time living within military contexts by

means of social media eased this stress.

While managing her partner's mental health problems and journeying through MCT, Lydia indicated that her family heavily invested in and relied on their informal support networks. She noted that they chose to relocate to the area to be close to her partner's family. Both her partner's father and brother served in the military and have been diagnosed with PTSD. Due to their common experiences, Lydia felt that she could confide in her mother-in-law and her sister-in-law. Before beginning MCT, Lydia described how friends within the CAF medical community offered advice that was instrumental in obtaining and navigating the CAF healthcare system. Lydia also noted that her Veteran partner was able to find solace with friends in the CAF who were also undergoing PTSD. After her partner's release from service, Lydia demonstrated that she made an effort to invest in her civilian community and was surprised at her communities' desire to understand her situation. Lydia reported that this experience helped ease familial stress because she "got to know people and talked with veterans and civilians" and was "impressed because they want to understand" (326). Capitalizing on informal support aided Lydia's family in managing MCT and mental health stress resiliently. A willingness to offer and receive emotional and practical supports within their broader social context supported Lydia's family in navigating and responding to the challenges associated with journeying through MCT with a mental health problem.

Drawing on formal civilian or Veteran supports and resources had a more noticeable and positive influence on the levels of resiliency within the participating families as compared to the enactment of resilience processes and the leveraging of intra-familial strengths. Families who sought out formal supports demonstrated higher levels of resiliency than those who felt isolated from social supports or were reluctant to access them. A potential explanation for this

phenomenon would be that these supports helped families facilitate resilience processes and leverage their intra-familial strengths and resources. Michelle attributed the effectiveness of the COPE program to its ability to equip its participants with skills and strategies that can be employed after program completion.

Where, but where we had the coaching with COPE, it was, like, you know, you're, you're moving forward as a couple. You're moving forward as an individual. And then if [B] starts falling back --excuse me -- into his old patterns, then I'm falling back into mine, and being, you know, more reactionary. So I mean, having those coaching sessions was a chance to go, "Okay, where are we? What's happening? You know, what strategies, you know, can we use here and how can we move forward? (224).

Lydia similarly described how formal supports, such as her son's psychologist and school counsellors, helped her family gain coping and life skills that have been exercised to ease familial stresses.

We thought he was okay with everything but we just wanted him to have a chance to talk to someone, and just make sure that he was okay. So he did about ten weeks with VAC, and he just took in some good life coping skills, and said that was a, that he had adapted very well. And the school system as well in [H], they have counselors that would come in and talk to the kids (248).

During the initial onset of her partner's mental health problem, Lydia also noted that she had to carefully monitor social situations for her partner's PTSD triggers. By means of psychotherapy, Lydia's Veteran partner increased his self-awareness and is now able to identify these triggers on his own. Lydia reported that "in the beginning [she] began to recognize what was going on, so could – watching the situations, and now, through therapy and everything – he will recognize his

triggers, as well” (240). When formal and informal social supports were accessible to participants and participants were willing to partake in them, these supports played a salient role in the cultivation of resiliency.

Formal and informal protective factors and resources bolstered a family’s capacity to respond to MCT and mental health stresses by buffering these stresses. When families drew on their resources within their broader social context to buffer stress, they were better able to manage this stress in a manner that promoted familial wellbeing. Jane illustrated how financial supports and medical services alleviated familial stress. She noted that after a manic episode, “Veterans’ Affairs have really helped him put in some good programs” (218). According to Jane, these programs included access to personal training, occupational therapy, psychotherapy, and respite services while her partner was hospitalized due to his mental health problem. By alleviating MCT and mental health stresses, formal and informal protective factors and resources aided families in cultivating resiliency.

The notion that formal and informal social supports play a central role in the cultivation of resiliency was reinforced by the policy and service suggestions put forward by the participants. When asked for suggestions of how formal institutions can better support families through MCT, Hannah, Andrea, and Jane suggested that the process should be slowed down and started earlier. This is exemplified in Jane’s description of her family’s experience before and after her partner’s release from the CAF.

And the military tries to support that as best they can, and he had some good supports, but he probably could have used some of the supports that Veterans’ Affairs puts in place now, like some, the, the counseling, um, the gym, those, those pieces probably could have been, um, a lot more well-received. More information. So the communication

wasn't always great. Um, once he got set up with a [VAC] case worker, communication definitely improved (218)

Participants felt that VAC supports and services offered earlier in their MCT trajectories could ease familial stress during MCT.

Rosie also suggested that formal institutions should aid Veterans during MCT by training them how to be civilians. She highlighted the discrepancies between the high levels of support that assist civilians in their transition into the military and the low levels of support these members receive when transitioning out of the military. Both Rosie and Hannah felt that the responsibility to “train” (Rosie, 391) members to be civilians currently rests primarily on families, who are simultaneously being impacted by MCT stresses. This concern was clearly voiced by Hannah when describing the approach of the CAF and VAC to supporting Veterans experiencing difficulty while transitioning out of the military and into civilian communities.

[The military] are going to put that expectation on the family - that they're that conduit to the civilian world. Yet the spouse, the children, whatever, but it's a whole lot of expectation, but we see that Member as the strong person, and we can't be strong if they can't be strong (505).

These suggestions underline the notion that policies and programs that seek to ease MCT and mental health stress for Veterans should involve and aid families in supporting their Veteran family members. Participants recognized that formal supports and services could create a context ripe for the cultivation of family resiliency by rendering MCT and mental health stresses more manageable.

This analysis has revealed that the variation in the levels of resiliency and the varying pathways used to cultivate resiliency can be attributed to the differing familial histories and

individual characteristics that influenced how the participants perceived their circumstances and what resources they had to respond to their challenges. Living within different social and geographic locations that hold different resources also influenced how the participating families cultivated resiliency. These findings have both research and practice implications that will be discussed in the following section.

Chapter 6: Discussion

Throughout the interview process, participants offered narratives of the stresses arising from the intersections between family life, mental health problems, and the transition out of the military and into civilian communities. In addition to the stresses they experienced while journeying through MCT with a mental health problem, participants also described their responses and the familial outcomes associated with these stresses. Using a multi-dimensional and integrative approach to conceptualizing resiliency and constructivist grounded theory coding techniques to analyze the data, this analysis responded to the question, “How do family members of CAF Veterans in Atlantic Canada with a mental health problem cultivate family resiliency during MCT?” The findings from this analysis offer both theoretical insights and support the existing literature on resiliency within military and Veteran families. In this section, theoretical contributions are discussed along with the limitations and implications of the findings for policy development, service provision, and research. As this thesis was conducted within the interpretivist/constructivist paradigm, where the findings are a reflection of my interpretations, the findings are discussed against the backdrop of my position within this thesis.

Researcher Position

As someone who is not a military or Veteran family member, I came into this project with an outsider’s perspective. Due to my distance from military and Veteran family life and

cultures, I was required to work towards developing and maintaining military cultural humility. By means of a concept analysis, Foronda, Baptiste, Reinholdt, and Ousman (2015) define cultural humility as “a process of openness, self-awareness, being egoless, and incorporating self-reflection and critique after willingly interacting with diverse individuals” (p. 213). Foronda et al. (2015) emphasize that cultural humility facilitates life-long learning and is a means of overcoming power-imbalances. As I hold a different culture than that of the participants, I viewed my understanding of military and Veteran family cultures to be permanently limited. Although my personal familial experiences provided a foundation in which to image the social worlds of participants, this foundation was contextualized with a sensitivity to how military family experiences would differ from my civilian one. Perceiving my military and Veteran cultural understanding as permanently limited supported me in remaining open to learning from the participants’ accounts of their familial experiences of journeying through MCT with mental health problems.

I approached the task of developing cultural humility by engaging in reflexive practises to increase self-awareness and by building a knowledge base of the facets of military family life and culture that render this population distinct from other groups within Canada. Figley (2002) describes reflexivity as a “thoughtful, conscious self-awareness” (p. 532) that aids researchers in identifying “how subjective and intersubjective elements influence their research” (p. 531). By means of reflexive practises, such as reflexive journaling, I became more aware of my own preconceptions of military and Veteran family life and cultures that may differ from the lived realities of the participants. In addition to intentional reflexive practises, I also found myself inadvertently reflecting on the participants’ stories even when not engaging in the analysis or writing process. Reflexivity assisted me in identifying how my desire to see the participants

overcome their stressful circumstances and my personal familial experiences influenced my interpretations. My thesis advisor and members of my thesis committee also offered questions and insights that encouraged me to challenge my taken for granted assumptions and to deepen my understanding of the experiences and cultures that shape the participants' everyday lives.

My knowledge base of military family life and culture was built on scholarly literature found in academic journals on the military and Veteran family experience, MCT, and family resilience and resiliency. Charmaz (2014) emphasizes that constructivist grounded theorists should prepare for and remain conscious of preconceptions about the data during the data analysis stage by “achieving familiarity” (p.159) with the studied phenomenon and the social worlds of the participants. Although scholarly literature on the military and Veteran family experience and cultures provided a wealth of informational knowledge, this literature was unable to provide emotional knowledge on the familial experience of journeying through MCT with a mental health problem. According to Woodward (2003), informational knowledge is rooted in the facts and narratives that fit into the “condensed frame of a news story” (p.65). In contrast, Woodward (2003) describes emotional knowledge as rooted in the information that “reflects a vital connection to the unique life” (p.65) and provides a rich understanding of a given phenomenon. Scientific language and writing conventions often lack the capacity to fully capture the nature of profound, latent, and emotional human experiences. In contrast to the scholarly literature that shaped my initial understanding of the familial MCT experience, the participants in this study offered honest and dynamic accounts of their lived realities.

While I did not directly engage with participants, I was still given the opportunity to hear their deeply personal accounts of their MCT experiences. I was conscious of how these accounts may have not been shared before or may have only been shared within the confines of an

emotionally close or intimate relationship. With this awareness, I viewed my access to the data as a privilege not to be taken lightly. This awareness of my privilege added weight to my responsibility to conduct the analysis in a manner that demonstrated respect for the participants and that would ideally have a positive impact on their lives.

Constructivist grounded theory coding techniques assisted me in becoming familiarized with the participants' accounts of stress, and resiliency. During the analysis stage, I was able to envision their lived realities and gain an understanding of their worldviews and perspectives. The past and present familial circumstances described by the participants were characterised by hardship. As a researcher who approached the data analysis stage with an understanding of the military family experience and culture shaped by scholarly literature rather than lived experience, I found the participants' accounts of their familial hardships to be alarming. In light of their intense and at times traumatic experiences of hardship, the participants exuded an internal emotional strength and a commitment to improving their familial situation that I found to be inspirational.

At the same time, I found their poignant accounts of stress and resiliency to be particularly unsettling. The participants in this thesis took on leadership roles in their families that were laden with lofty expectations and obligations to ensure the wellbeing of their family members. In the face of these lofty expectations and obligations, the participants largely navigated their stressful circumstances alone. Due to the nature of conducting a study with more than one participant, I was conscious of how the participants were not alone in their experiences of journeying through MCT with a mental health problem. This consciousness reaffirmed the value of formal social supports that bridge barriers to social connection between military and Veteran families and increase collaboration between the CAF, VAC, CAF Veteran personnel,

and their families.

While the participants provided accounts of the cultivation of resiliency, they also demonstrated that their familial circumstances were still characterized by stress. Their suggestions to improve their current formal social support systems revealed that their individual and family wellbeing may still be threatened by MCT and mental health stressors. An awareness of how the participants may be vulnerable to MCT and mental health stressors reaffirmed the importance of knowledge translation initiatives. Based on an exploration of knowledge-exchange processes in Canada, Campbell (2010) defines knowledge translation as “a dynamic and interactive process that includes synthesis, dissemination, exchange, and ethically sound application of knowledge” (p. 67). Campbell (2010) stresses that innovative methods to disseminate and translate research are needed to ensure that research is used in tangible ways to improve the lives of community members. Throughout the analysis and writing stage of this thesis, I became increasingly sensitive to my responsibility to communicate findings from this thesis with stakeholders.

Contributions to the Literature

A significant way in which this thesis contributed to the current understanding of the familial experience of journeying through MCT with a mental health problem was by affirming what is already known about this experience. The notion put forward by Blackburn (2017) that “MCT is a particularly stressful and complex period that affects several dimensions of life” and that “personal, social, family, financial, and administrative elements can have positive or negative impacts on this experience” is reflected in this analysis. Findings are consistent with Windle’s (2011) assertion that the presence of significant stress can create a context for the cultivation of resiliency. All participants provided evidence that their family had withstood or

rebounded (Walsh, 2002) at some level from the stresses characteristic of their journey through MCT with a mental health problem.

The cumulative and interconnected nature of the stresses experienced during MCT both aided and stunted the cultivation of family resiliency. While the experience of journeying through MCT with a mental health problem held stressor events that prompted the participating families to engage in the process of cultivating resiliency, the cumulative and interconnected nature of their stress and a lack of external supports also served in some cases to hinder the cultivation of resiliency (Boberiene & Hornback, 2014; Crane & Searle, 2016; Easterbrooks et al., 2013). Significant forms of stress experienced by participants included feeling isolated during MCT, managing mental and physical health problems, facing financial uncertainty, lacking a meaningful or fulfilling routine, and experiencing relational tension.

Mental health problems in particular encumbered the participating families' ability to enact resilience processes and leverage both their intra-familial and contextual resources in ways that allowed them to weather MCT and mental health stress. A key finding from Ray and Vanstone's (2009) phenomenological study concerning family relationships and the healing trajectories of Veteran's with PTSD was that emotional withdrawal and anger are PTSD symptoms that can generate relational distance within families. Although this finding put forward by Ray and Vanstone (2009) does not specifically speak to the MCT experience, it mirrors the participants' accounts of their familial experiences of journeying through MCT with a mental health problem. Symptoms of mental health problems and side effects of medications often led the participants' Veteran family members to distance themselves emotionally from other family members and within their broader informal social support networks. This emotional withdrawal from social support may prevent Veterans and their families from accessing

resources and activating protective factors that could bolster their efforts to cultivate resiliency.

Geographic isolation and a reluctance to seek help outside of one's self or family also prevented families from accessing formal supports and services and developing civilian informal support networks that could bolster a family's efforts to cultivate resiliency. This finding is consistent with Black and Lobo's (2008) assertion that "family isolation with a lack of social support can erode resilience" (p. 48). A reluctance to seek help outside of one's self may be connected to military cultural values, as suggested by Convoy and Westphal (2013), and intensified by a mental health problem that predisposes an individual to emotional withdrawal (Ray & Vandstone, 2009; Galovski & Lyons, 2004). The inability or reluctance to access formal supports and communicate openly within one's family, informal support network, and with service providers could serve as a barrier to a Veteran's recovery from a health problem and could prevent families from capitalizing on resources and protective factors that strengthen their capacity to respond productively to MCT and mental health stressors.

A key finding from the analysis was that symptoms of mental health problems and side-effects of medications led Veteran family members to engage in behaviours that caused relational tension, were a source of emotional hurt, produced fear, or compromised communication within the family. Symptoms of mental health problems and side-effects of medications included emotional withdrawal, depression, anxiety, difficulty sleeping, and irritability. Behaviours connected to the Veteran's mental health problems impeded the cultivation of resiliency by hindering the Veteran's reception of familial support. Behaviours that hindered the reception of familial support included a reluctance to seek help and to communicate openly with other family members. A lack of communication within Veteran families could hamper their efforts to enact familial processes that support them in being resilient. Walsh (2007)

pinpoints emotional sharing and support, having clear and consistent information related to the stressful circumstance, and the ability to problem solve collaboratively as familial processes that support the development of resiliency. Within this analysis, poor communication between the Veterans and their family members inhibited families from responding to MCT and mental health stresses in ways that fostered familial wellbeing.

Although participants alluded to the notion that their family relationships and their MCT trajectories were strained by the presence of a mental health problem, they also demonstrated that they had cultivated family resiliency. While the combination of stresses related to MCT and mental health problems may strain family relationships, family relationships were revealed in this analysis to play an important role in supporting the wellbeing of Veterans. In addition to providing emotional support and encouragement, participants were able to advocate on behalf of their Veteran family members to ensure these family members were receiving adequate healthcare and social support. The participating families demonstrated that they had cultivated resiliency by continuing to fulfil familial roles successfully (Bowen & Martin, 2011) within the context of MCT and mental health stressors.

The findings affirmed the notion that families enact resilience processes related to their belief systems, organizational patterns, and communication problem solving tactics (Walsh, 2007) as means of cultivating resiliency. In addition to affirming the work of Walsh (2007), the findings also contributed to the understanding of resilience processes by drilling down on how these processes may be manifested within CAF families who are experiencing a mental health problem while journeying through MCT. As suggested by Walsh (2007), families may contextualize their situation as a means of gaining “a sense of coherence” that enables them to perceive their situation as “comprehensible, meaningful, and manageable” (p. 211). Participants

demonstrated that they had accomplished this by empathizing with other families experiencing MCT in more stressful circumstances than their own. Likewise, findings affirm that self-care and adhering to family rituals assist families in being resilient (MacDermid Wadsworth, 2013). By describing familial rituals and self-care mechanisms, participants offered insight into how they explicitly enacted these processes. Walsh (2002) also noted that families may “need to develop tolerance” (p.132) for familial differences and “mutual empathy” (p. 132) within the family when seeking to adapt successfully to significant familial stress. As a means of developing tolerance and mutual empathy, the participants drew on their familial histories. Having a strong relational history to sustain familial loyalty and to create a foundation in which to empathize with other family members was a factor that supported the cultivation of resiliency. This analysis contributed to family resilience literature by offering illustrations of how resilience processes may operate within CAF families impacted by MCT and mental health stressors.

Findings from this analysis are also consistent with the notion put forward by Black and Lobo (2008) that having a robust informal support network and accessible formal supports and services could aid families experiencing significant stress in being resilient. Bowen and Martin (2011) emphasize that both informal and formal supports are integral to the development of resiliency due to their ability to serve as “guardrails” (p. 169) that prevent familial crisis and guide families in responding productively to stressor events. Participants who described benefiting from informal and formal supports cultivated higher levels of family resiliency than those who reported feeling isolated from these supports.

When examining the resources that promote a successful adjustment to civilian life among CAF Veterans, Hachey et al. (2016) likewise found that a sense of community belonging and the presence of strong social supports are protective factors that can ease the MCT

experience. This analysis revealed that the presence of social support is likely to promote family resiliency. By easing familial stresses for the participating families, formal and informal supports created a context ripe for the cultivation of resiliency. A willingness and ability to access formal and informal social supports may provide a strong foundation for cultivation of family resiliency due to the ability of these supports to provide skills, knowledge, and emotional resources that can facilitate the enactment of resilience processes and the leveraging of familial strengths.

Bogenschneider et al. (2012) assert that effective social policies and services should support families in undertaking the normative familial functions that involve providing for the needs of members. Formal supports and services that promote family wellbeing will bolster a family's ability to be self-sufficient rather than replacing the need for family members to fulfill familial functions and responsibilities. Participants described how formal social supports equipped them with helpful skills and strategies to more effectively navigate relational tensions and respond to future familial stressors. Formal and informal supports and protective factors external to the family can promote other pathways to family resiliency. Formal and informal supports, such as psychotherapy and social support groups tailored to the needs of Veteran families, can encourage the enactment of intra-familial resilience processes and the leveraging of intra-familial strengths.

The notion that drawing on protective factors external to the family could yield greater results in regards to the cultivation of resiliency than by primarily relying intra-familial protective factors reinforces the importance of "thinking systematically" (Shaw et al., 2016, p.37) when it comes to developing a conception of resiliency that is reflective of the lived experiences of Veteran families. The participants' accounts of their experiences with withstanding and rebounding from MCT and mental health stresses provide evidence to support

Easterbrooks et al.'s (2013) claim that resilience should be recognized as a product of the “interactions between people and their environments” (p. 100). The participating families who cultivated high levels of resiliency did not accomplish this in isolation, but rather benefited from existing protective factors intrinsic to their broader social contexts. Findings from this thesis indicate that Veteran families who are socially connected through friends, family, and employment within civilian communities may demonstrate higher levels of resiliency in light of MCT and mental health stresses than those whose families hold few civilian social connections. When relinquishing connections within the military context, Veteran families who can draw on resources within both civilian and military social spheres will have a stronger foundation in which to cultivate resiliency.

The salient role of having adequate access to formal and informal supports and services external to the family also speaks to the utility of the ecological systems model (Bronfenbrenner, 1977). Systemic issues, such as the stigmatization of mental health and non-traditional family structures, could prevent families from capitalizing on or obtaining resources available to other families that are experiencing similar stresses but are living within different social and geographic locations. This analysis exemplified how macro-level cultural systems can influence how families approach the task of responding to MCT and mental health stress. The military cultural value of stoicism could prevent families from benefiting from resources within their mesosystems. Familial resources within the meso-level of analysis served to influence the participating families on a micro-level of analysis by providing them with skills and knowledge that assisted in their efforts to withstand and rebound from their stressor events. As suggested by Bowen and Martin (2011), the effectiveness of formal and informal supports is partly dependent on “securing necessary input and participation” (p. 169) from the target population. Formal and

informal supports were rendered ineffective when cultural, institutional, or intra-familial factors prevented the participating Veteran families from accessing them. Findings from this thesis are consistent with Bronfenbrenner's (1977) assertion that intra-familial circumstances and processes can interact with external familial conditions.

Implications for Research

An overarching theme within this analysis was that formal supports can play a central role in the cultivation of family resiliency. Henry et al. (2015) noted that within the field of resilience research, future studies should seek to determine the risks, protective factors, and long-term outcomes of interventions and prevention measures that support family resiliency. According to Henry et al. (2015), literature on resiliency approaches in preventing or intervening in familial crisis are concentrated on individual rather than family resilience. Future research endeavours should seek to better understand the outcomes and decipher the elements of formal social supports offered to families undergoing MCT and mental health stress that aim to strengthen family resiliency as a means of promoting familial wellbeing.

Future research is also needed to better understand the lived experiences and service needs of Veteran families living within rural locations. The notion that external familial conditions can either support or hinder the cultivation of family resiliency was exemplified in this thesis. Participants provided accounts of feeling isolated from formal social supports and services. Being isolated from these supports and services slowed the process of cultivating resiliency. Living in a rural location restricted families in their ability to access formal social supports and in-person medical services while also impairing communication with service providers. Restricted access and communication with service providers could hamper a Veteran's recovery from a health problem by limiting the transfer of information between healthcare

providers and the family and by limiting the family's ability to advocate on behalf of their Veteran family members. The notion that Veteran families may experience "feelings of separateness" within familial and community contexts (Pease, Billera, & Gerard, 2015, p.1) during MCT due to discrepancies between military, civilian, and familial cultures is present within existing literature focused on MCT and the military family experience. In light of this awareness, there is still a need for a greater understanding of how physical geographic separateness could influence a CAF Veteran family's MCT trajectory.

Implications for Theory, Practice, and Policy Development

The approaches used to cultivate family resiliency while undergoing MCT and mental health stress were distinct for each family and were reflective of the families' social and geographic locations. This overarching finding reinforces the distinction between the concepts of resilience and resiliency. This thesis drew on the work of Bowen and Martin (2011) to conceptualize resilience as the processes that enable families to collectively respond to stress in ways that promote resiliency. In contrast, they define resiliency as the outcomes that are "represented by successful performance of life roles" (p. 168). By depicting differing approaches to cultivating resiliency, this analysis exhibited how the existence of family resiliency is not solely contingent on the enactment of intra-familial resilience processes. Some participants provided evidence that they had cultivated family resiliency by primarily drawing on intra-familial strengths and contextual resources while engaging in few resilience processes initially. Luthar et al. (2000) and Henry et al. (2015) advocate for conceptual clarity in regards to the concepts of resiliency and resilience. The varying pathways to family resiliency exemplified by participants reaffirm the need for this clarity. Conceptualizing resilience as processes and

resiliency as an outcome (Bowen & Martin, 2011) offered a means of overcoming this conceptual confusion.

The varying pathways used to cultivate resiliency also confirmed the utility of the multi-dimensional and integrative approach to conceptualizing resiliency employed within this thesis. This approach to conceptualizing resiliency offered a means of deciphering the subtleties and complexities that shape how families cultivate resiliency that occur both within and outside of the family. Developing a sensitivity to the contextual, intra-familial factors, and familial processes that families utilize to withstand or rebound from significant stress could be useful for policy makers and service providers as they seek to support families in being resilient. This analysis underlines the validity of the notion put forward by Boss (2002) that “although stress is inevitable, crisis is not” (p. 72). Policies and services founded in an understanding of the contextual and intra-familial factors supporting or hindering the capacity for families to be resilient could prevent familial crises within Veteran families journeying through MCT with a mental health problem.

Findings from this thesis also indicate a need to conceptualize MCT broadly. The definition of MCT put forward by VAC in Thompson and Lockhart’s 2015 backgrounder to the R2CL program of research and utilized in this thesis may be inadequate when it comes to conceptualizing MCT holistically. Thompson and Lockhart (2015) operationalize MCT as the peri-release time “from a few months prior to release from service to two years after” (p.3). Participants alluded to the notion that they emotionally and mentally began the transition well before they started the official process of being released. Likewise, the participants’ MCT experiences appeared to be ongoing. The MCT experiences of CAF Veterans may not fit within a definitive timeline. Participants articulated a desire for the formal supports designed to ease

MCT to be offered earlier. Participants also suggested that these supports should ideally have the capacity to accommodate for the nature of persistent mental health problems in addition to the changes within one's broader economic and social context. Conceptualizing MCT as an ongoing process could assist policy makers and service providers in offering support to CAF Veteran families that effectively buffer MCT and mental health stressors.

Limitations

The implications of the findings should be considered in light of the limitations of this research endeavour. In qualitative studies, data collection and analysis occur simultaneously (Richard & Morse, 2013). A limitation of this thesis would be that I did not have the opportunity to engage with participants and to build a researcher-participant trusting relationship (Yardley et al., 2014). Building researcher-participant relationships and the act of collecting data could have yielded insight into the phenomenon under study. The original study was also conducted with different research questions in mind. Although the gathered data is relevant to the research question, I did not have the opportunity to probe and ask further questions that would be tailored directly to the research interests of this thesis. These limitations were mediated through collaboration with researchers involved in data collection, reflexive practices, and through rigorous adherence to grounded theory analysis conventions.

This thesis is also limited in its ability to provide a depiction of the cultivation of family resiliency that can be confirmed as accurate. The findings were founded solely in the accounts of family members of CAF Veteran personnel. Participants were able to offer only one perspective on their familial experience of journeying through MCT with a mental health problem. Due to the self-reported nature of the data, the findings could also be subject to bias and selective memory. Their perspectives have the potential to differ from those offered by the implicated

CAF Veterans or other family members. Future research could enhance the current understanding of the cultivation of family resiliency during MCT by seeking out the voices of CAF Veterans in conjunction with their family members.

Future research could also enhance this understanding by seeking out the voices of men, children, and parents who are family members of CAF Veterans. Due to the absence of men, children, and parents of CAF Veterans, this thesis was limited in its ability to fully capture the phenomenon of family resiliency within CAF Veteran families who have recently undergone MCT with a mental health problem. As a result of gender ideologies and differing familial roles, men, children, and parents can offer insight into facets of the familial journey through MCT with a mental health problem that may be experienced differently by adult daughters and intimate partners who are women, such as the individuals involved within this thesis.

Findings from this thesis should be applied with a sensitivity to their ability to speak to only one representation of a reality. As noted by Pangallo et al. (2015), perceptions of what constitutes successful adaption to stress will differ “in relation to historical, cultural, and developmental contexts” (p. 16). My perception of family resiliency was shaped by how the participating families described their familial conditions after responding to stress. My perceptions and the perceptions of the participants are likewise influenced by historical, cultural, and developmental factors. Although the findings are not generalizable, they are able to provide insight into the cultivation of family resiliency from the perspective of family members of CAF Veterans journeying through MCT with a mental health problem.

Conclusion

This thesis sought a better understanding of how CAF families develop the capacity to rebound from or withstand the potential stresses that are associated with having a mental health

problem while moving through MCT. This thesis was guided by the question, “How do family members of CAF Veterans in Atlantic Canada with a mental health problem cultivate family resiliency during MCT?” Constructivist grounded theory coding techniques and a multi-dimensional and integrative approach to conceptualizing resiliency were employed to analyze in-depth interview data involving family members of CAF Veterans. Through the use of constructivist grounded theory coding techniques, this study was able to affirm significant themes in the literature and make theoretical contributions. The findings affirmed both the need to differentiate between the concepts of resiliency and resilience and the validity of conceptualizing resilience as processes and resiliency as an outcome. The findings also affirmed the utility of the multi-dimensional and integrative approach to conceptualizing resiliency that shaped this thesis.

The analysis revealed that journeying through MCT with a mental health problem can be an experience that is laden with social, financial, health-related, changes in everyday life, and familial stresses. Participants adjusted their familial roles, daily routines, and perceptions of family life to accommodate for these stresses. Intra-familial factors that supported the participating families in cultivating resiliency during this time of stress included familial loyalty, a willingness to take initiative in managing stress, and a willingness to collaborate together. Families also cultivated resiliency by engaging in resilience processes that involved maintaining a positive and realistic outlook on the stressful situation, engaging in self-care as a means of maintaining healthy relational boundaries, and utilizing collaborative problem solving skills. This analysis affirmed the notion that having accessible formal medical and social supports and an informal support network are protective factors that can support families as they withstand and rebound from MCT and mental health stresses.

Policies and services that empower families to partake in the noted resilience processes, develop intra-familial capacities, and draw on other informal and formal supports could bolster a family's ability to respond to MCT and mental health stresses resiliently. Formal social supports acted as catalysts for the cultivation of resiliency by creating a space for the participating families to learn and practice resilience processes and to capitalize on their intra-familial strengths and resources. Findings reaffirm the value of formal social supports and networks that equip families with the skills, knowledge, and emotional resources needed to respond to familial stresses in ways that promote familial wellbeing.

Service providers and policy makers should consider barriers to accessing formal social supports, such as rurality and lack of healthcare continuity while transitioning from the CAF to VAC. Future research on the intersections between family life, MCT, and mental health problems should be conducted with a sensitivity to the family's broader social context. When faced with the stresses associated with journeying through MCT with a mental health problem, families did not cultivate high levels of resiliency in isolation. Families who cultivated high levels of resiliency capitalized on resilience processes and their intra-familial strengths while being upheld by an informal and formal social support network.

References

- Basit, T. (2003). Manual or electronic? The role of coding in qualitative data analysis. *Educational Research, 45*(2), 143-154. doi:10.1080/0013188032000133548
- Beks, T. (2016). Walking on eggshells: The lived experience of partners of veterans with PTSD. *The Qualitative Report, 21*(4), 645-660. Retrieved from <http://nsuworks.nova.edu/tqr/vol21/iss4/4/>
- Black, K., & Lobo, M. (2008). A conceptual review of family resilience factors. *Journal of Family Nursing, 14*(1), 33-55. doi:10.1177/1074840707312237
- Blackburn, D. (2017). Out of uniform: Psychosocial issues experienced and coping mechanisms used by Veterans during the military–civilian transition. *Journal of Military, Veteran and Family Health, 3*(1), 1-8. doi.org/10.3138/jmvfh.4160
- Blackburn, D. (2016). Transitioning from military to civilian life: Examining the final step in a military career. *Canadian Military Journal, 16*(4), 53-61. Retrieved from <http://www.journals.forces.gc.ca/vol16/no4/PDF/CMJ164Ep53.pdf>
- Boberiene, L. V., & Hornback, B. J. (2014). How can policy strengthen community support for children in military families? *American Journal of Orthopsychiatry, 84*(5), 439-446. doi:10.1037/h0099862
- Bogensneider, K., Little, O. M., Ooms, T., Benning, S., Cadigan, K., & Corbett, T. (2012). The family impact lens: A family-focused, evidence-informed approach to policy and practice. *Family Relations, 61*(3), 514-531. doi:10.1111/j.1741-3729.2012.00704.x
- Bonanno, G. A., & Mancini, A. D. (2012). Beyond resilience and PTSD: Mapping the heterogeneity of responses to potential trauma. *Psychological Trauma: Theory, Research, Practice, and Policy, 4*(1), 74-83. doi:10.1037/a0017829

- Boss, P. (2002). *Family stress management: A contextual approach* (2nd ed.). Thousand Oaks, CA: SAGE.
- Bowen, G. L., & Martin, J. A. (2011). The resiliency model of role performance for service members, veterans, and their families: A focus on social connections and individual assets. *Journal of Human Behavior in the Social Environment, 21*(2), 162-178. doi:10.1080/10911359.2011.546198
- Bronfenbrenner, U. (1977). Toward an experimental ecology of human development. *American Psychologist, 32*(7), 513-531. doi:10.1037/0003-066X.32.7.513
- Bronfenbrenner, U. (1986). Ecology of the family as a context for human development: Research perspectives. *Developmental Psychology, 22*(6), 723-742. doi:10.1037/0012-1649.22.6.723
- Bryman, A. (2013). *Social research methods* (4th ed.). New York: Oxford University.
- Campbell, B. (2010). Applying knowledge to generate action: A community-based knowledge translation framework. *Journal of Continuing Education in the Health Professions, 30*(1), 65-71. doi:10.1002/chp.20058
- Castro, C. A., & Kintzle, S. (2014). Suicides in the military: The post- modern combat veteran and the Hemingway effect. *Current Psychiatry Reports, 16*(8), 460-469. doi:10.1007/s11920-014-0460-1
- Castro, C. A., Kintzle, S., & Hassan, A. M. (2015). The combat veteran paradox: Paradoxes and dilemmas encountered with reintegrating combat veterans and the agencies that support them. *Traumatology, 21*(4), 299-310. doi:10.1037/trm0000049
- Charmaz, K. (2014). *Constructing grounded theory* (2nd ed.). Thousand Oaks, CA: SAGE.
- Convoy, S., & Westphal, R. J. (2013). The importance of developing military cultural competence. *Journal of Emergency Nursing: 39*(6), 591-594. doi:10.1016/j.jen.2013.08.010

- Cope, D. G. (2014). Methods and meanings: Credibility and trustworthiness of qualitative research. *Oncology Nursing Forum*, *41*(1), 89-91. doi:10.1188/14.ONF.89-91
- Cozza, S., Holmes, A., & Ost, S. (2013). Family-centered care for military and veteran families affected by combat injury. *Clinical Child and Family Psychology Review*, *16*(3), 311-321. doi:10.1007/s10567-013-0141-3
- Crane, M. F., & Searle, B. J. (2016). Building resilience through exposure to stressors: The effects of challenges versus hindrances. *Journal of Occupational Health Psychology*, *21*(4), 468-479. doi:10.1037/a0040064
- DeGraff, A., O'Neal, C., & Mancini, J. (2016). The significance of military contexts and culture for understanding family well-being: Parent life satisfaction and adolescent outcomes. *Journal of Child and Family Studies*, *25*(10), 3022-3033. doi:10.1007/s10826-016-0471-0
- Dekel, R., Goldblatt, H., Keidar, M., Solomon, Z., & Polliack, M. (2005). Being a wife of a veteran with posttraumatic stress disorder. *Family Relations*, *54*(1), 24-36. doi:10.1111/j.0197-6664.2005.00003.x
- Dekel, R., & Monson, C. M. (2010). Military-related post-traumatic stress disorder and family relations: Current knowledge and future directions. *Aggression and Violent Behavior*, *15*(4), 303-309. doi:10.1016/j.avb.2010.03.001
- Dekel, R. (2016). My personal and professional trauma resilience truisms. *Traumatology*, *(23)*1, 10-17. doi:10.1037/trm0000106
- Easterbrooks, M. A., Ginsburg, K. R., & Lerner, R. M. (2013). Resilience among military youth. *The Future of Children*, *23*(2), 99-120. Doi:10.1353/foc.2013.0014

- Evans, L., Cowlshaw, S., & Hopwood, M. (2009). Family functioning predicts outcomes for veterans in treatment for chronic posttraumatic stress disorder. *Journal of Family Psychology, 23*(4), 531-539. doi:10.1037/a0015877
- Figley, C. R. (1995). *Compassion fatigue coping with secondary traumatic stress disorder in those who treat the traumatized*. New York: Routledge.
- Finlay, L. (2002). "Outing" the researcher: The provenance, process, and practice of reflexivity. *Qualitative Health Research, 12*(4), 531-545. doi:10.1177/104973202129120052
- Foronda, C., Baptiste, D., Reinholdt, M. M., & Ousman, K. (2016). Cultural humility. *Journal of Transcultural Nursing, 27*(3), 210-217. doi:10.1177/1043659615592677
- Galovski, T., & Lyons, J. (2004). Psychological sequelae of combat violence: A review of the impact of PTSD on the veteran's family and possible interventions. *Aggression And Violent Behavior, 9*(5), 477-501. doi:10.1016/S1359-1789(03)00045-4
- Guba, E. G. (1990). *The paradigm dialog*. Newbury Park: SAGE.
- Hachey, K. K., Sudom, K., Sweet, J., MacLean, M. B., & VanTil, L. D. (2016). Transitioning from military to civilian life: The role of mastery and social support. *Journal of Military, Veteran and Family Health, 2*(1), 9-18. doi:10.3138/jmvfh.3379
- Hankivsky, O. (2004). *Social policy and the ethic of care*. Vancouver, B.C.: UBC Press.
- Henry, C. S., Sheffield Morris, A., & Harrist, A. W. (2015). Family resilience: Moving into the third wave. *Family Relations, 64*(1), 22-43. doi:10.1111/fare.12106
- Herman, A., & Yarwood, R. (2014). From service to civilian: The geographies of veterans' post-military lives. *Geoforum, 53*, 41-50. doi:10.1016/j.geoforum.2014.02.001
- Hine, C. (2011). Internet research and unobtrusive methods. *Social Research Update, 61*, 1-4. Retrieved from <http://sru.soc.surrey.ac.uk/SRU61.pdf>

- Koenig, C. J., Maguen, S., Monroy, J. D., Mayott, L., & Seal, K. H. (2014). Facilitating culture-centered communication between health care providers and veterans transitioning from military deployment to civilian life. *Patient Education and Counseling, 95*(3), 414-420. doi:10.1016/j.pec.2014.03.016
- Lundquist, J., & Xu, Z. (2014). Reinstitutionalizing families: Life course policy and marriage in the military. *Journal of Marriage and Family, 76*(5), 1063-1081. doi:10.1111/jomf.12131
- Luthar, S. S., Cicchetti, D., & Becker, B. (2000). The construct of resilience: A critical evaluation and guidelines for future work. *Child Development, 71*(3), 543-562. doi:10.1111/1467-8624.00164
- Macdermid Wadsworth, S. M. (2010). Family risk and resilience in the context of war and terrorism. *Journal of Marriage and Family, 72*(3), 537-556. doi:10.1111/j.1741-3737.2010.00717.x
- Maclean, M., Van Til, L., Thompson, J., Sweet, J., Poirier, A., Sudom, K., & Pedlar, D. (2014). Postmilitary adjustment to civilian life: Potential risks and protective factors. *Physical Therapy, 94*(8), 1186-95. doi:10.2522/ptj.20120107
- Macphee, D., Lunkenheimer, E., & Riggs, N. (2015). Resilience as regulation of developmental and family processes. *Family Relations, 64*(1), 153-175. doi:10.1111/fare.12100
- Marek, L., & D'Aniello, C. (2014). Reintegration stress and family mental health: Implications for therapists working with reintegrating military families. *Contemporary Family Therapy; An International Journal, 36* (4), 443-451. doi:10.1007/s10591-014-9316-4
- Masten, A. (2001). Ordinary magic - resilience processes in development. *American Psychologist, 56*(3), 227-238. doi:10.1037/0003-066X.56.3.227

- Masten, A. S. (2014). Global perspectives on resilience in children and youth. *Child Development, 85*(1), 6-20. doi:10.1111/cdev.12205
- Meyer, E., Writer, B., & Brim, W. (2016). The importance of military cultural competence. *Current Psychiatry Reports, 18*(3), 1-8. doi:10.1007/s11920-016-0662-9
- Ministry of Justice. (2016). *Canadian forces members and Veterans reestablishment and compensation act*. Retrieved from <http://laws-lois.justice.gc.ca/PDF/C16.8.pdf>
- Monson, C. M., Taft, C. T., & Fredman, S. J. (2009). Military- related PTSD and intimate relationships: From description to theory- driven research and intervention development. *Clinical Psychology Review, 29*(8), 707-714. doi:10.1016/j.cpr.2009.09.002
- National Defence and the Canadian Armed Forces. (2016). Post-traumatic stress disorder: Backgrounder. Retrieved from <http://www.forces.gc.ca/en/news/article.page?doc=post-traumatic-stress-disorder/hjlbrhp4>
- Neal, J. W., & Neal, Z. P. (2013). Nested or networked? Future directions for ecological systems theory. *Social Development, 22*(4), 722-737. doi:10.1111/sode.12018
- Norris, D., & Cramm, H. (2017). Advancing the Military Family Resilience Model: A scoping review. Unpublished Manuscript.
- Norris, D., Cramm, H., & Schwartz, K. D. (2017). *Qualitative study on the health and well-being of families of Canadian Armed Forces Veterans with mental health problems*. Unpublished manuscript.
- Office of the Veteran's Ombudsman. (2016). *Support to military families in transition: A review*. Ottawa: ON: Government of Canada. Retrieved from <http://www.ombudsman-veterans.gc.ca/pdfs/reports/Support-to-Military-Families-in-Transition-Eng.pdf>

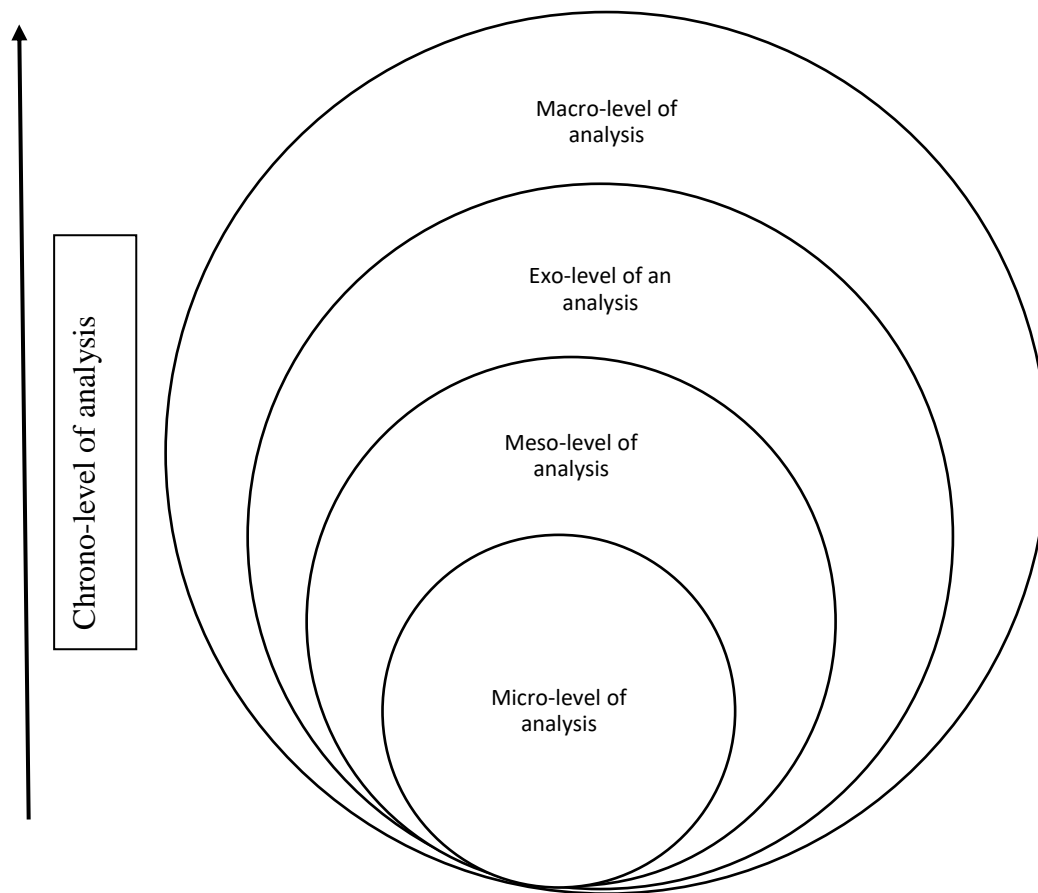
- O'Neal, C. W., Lucier-Greer, M., Mancini, J. A., Ferraro, A. J., & Ross, D. B. (2016). Family relational health, psychological resources, and health behaviors: A dyadic study of military couples. *Military Medicine, 181*(2), 152-160. doi:10.7205/MILMED-D-14-00740
- Padden, D., & Agazio, J. (2013). Caring for military families across the deployment cycle. *Journal of Emergency Nursing, 39*(6), 562-569. doi:10.1016/j.jen.2013.08.004
- Pangallo, A., Zibarras, L., Lewis, R., & Flaxman, P. (2015). Resilience through the lens of interactionism: A systematic review. *Psychological Assessment, 27*(1), 1-20. doi:10.1037/pas0000024
- Patterson, J. M. (2002). Integrating family resilience and family stress theory. *Journal of Marriage and Family, 64*(2), 349-360. doi:10.1111/j.1741-3737.2002.00349.x
- Pease, J. L., Billera, M., & Gerard, G. (2016). Military culture and the transition to civilian life: Suicide risk and other considerations. *Social Work, 61*(1), 83-86. doi:10.1093/sw/swv050
- Pranger, T., Murphy, K., & Thompson, J. M. (2009). Shaken world: Coping with transition to civilian life. *Canadian Family Physician, 55*(2), 159-161. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2642502/>
- Ray, S. L., & Heaslip, K. (2011). Canadian military transitioning to civilian life: A discussion paper. *Journal of Psychiatric and Mental Health Nursing, 18*(3), 198-204. doi:10.1111/j.1365-2850.2010.01652.x
- Ray, S. L., & Vanstone, M. (2009). The impact of PTSD on veterans' family relationships: An interpretative phenomenological inquiry. *International Journal of Nursing Studies, 46*(6), 838-847. doi:10.1016/j.ijnurstu.2009.01.002

- Redmond, S. A., Wilcox, S. L., Campbell, S., Kim, A., Finney, K., Barr, K., & Hassan, A. M. (2015). A brief introduction to the military workplace culture. *Work (Reading, Mass.)*, 50(1), 9-20. doi:10.3233/WOR-141987
- Richards, L., & Morse, J.M. (2013). *README FIRST for a user's guide to qualitative methods*. (3rd ed.). Thousand Oaks, CA: SAGE
- Rouleau, M., Desjardins, C., Nasreddine, R., Gurr, J., Dooling, P., Belcourt, M.,...& Duquette, J. (2013). *On the Homefront: Assessing the well-being of Canada's military families in the new millennium*. Ottawa, ON: Canadian Forces and National Defence Ombudsman. Retrieved from www.ombudsman.forces.gc.ca/assets/OMBUDSMAN_Internet/docs/en/mf-fm-eng.pdf
- Shaw, J., Mclean, K. C., Taylor, B., Swartout, K., & Querna, K. (2016). Beyond resilience: Why we need to look at systems to. *Psychology of Violence*, 6(1), 34-41. doi:10.1037/vio0000020
- Shields, D. M., Kuhl, D., Lutz, K., Frender, J., Baumann, N., & Lopresti, P. (2016). *Mental health and well-being of military veterans during military to civilian transition: Review and analysis of the recent literature*. Vancouver, BC: Canadian Institute for Military and Veteran Health Research & Veterans Affairs Canada. Retrieved from <https://cimvhr.ca/fr/documents/R2CL-PVVC-Health-and-Wellbieng.pdf>
- Starks, H., & Trinidad, S. B. (2007). Choose your method: A comparison of phenomenology, discourse analysis, and grounded theory. *Qualitative Health Research*, 17(10), 1372- 1380. doi:10.1177/1049732307307031
- Sullivan, K. (2015). An application of family stress theory to clinical work with military families and other vulnerable populations. *Clinical Social Work Journal*, 43(1), 89-97. doi:10.1007/s10615-014-0500-7

- Taft, C. T., Schumm, J. A., Panuzio, J., & Proctor, S. P. (2008). An examination of family adjustment among operation desert storm veterans. *Journal of Consulting and Clinical Psychology, 76*(4), 648-656. doi:10.1037/a0012576
- Thompson, J., & Lockhart, W. (2015). *Backgrounder for the road to civilian life (R2CL) program of research into the mental health and well-being of Canadian armed forces members/veterans during military-civilian transition*. Charlottetown, PE: Veterans Affairs Canada. Retrieved from https://cimvhr.ca/documents/R2CL%20backgrounder%2029May2015_4_1.pdf
- Thompson, J.M., VanTil, L., Zamorski., M.A., Garber, B., Durson, S., Fikretoglu, D., ... Pedlar, D. (2016). Mental health of Canadian Armed Forces Veterans: A review of population studies. *Journal of Military, Veteran, and Family Health, 2*(1), 70-86. doi:10.3138/jmvfh.3258
- Thompson, J., Hopman, W., Sweet, J., Vantil, L., Maclean, M. B., Vandenberg, E., Pedlar, D. (2013). Health-related quality of life of Canadian Forces Veterans after transition to civilian life. *Canadian Journal of Public Health, 104*(1), 15-21. doi.org/10.17269/cjph.104.3403
- Ungar, M., & Corporation, E. (2012). *The social ecology of resilience a handbook of theory and practice*. New York: Springer.
- VanTil, L., Sweet, J., Thompson, J., Poirier, A., McKinnon, K., Sudom, K., Dursun, S., & Pedlar, D. (2017). *Well-being of Canadian regular force veterans, findings from the LASS 2016 survey*. Charlottetown: PE: Veterans Affairs Canada. Retrieved from http://publications.gc.ca/collections/collection_2017/acc-vac/V32-340-2017-eng.pdf
- Veteran Affairs Canada. (2015). Definition of a veteran. Retrieved from <http://www.veterans.gc.ca/eng/about-us/definition-veteran>

- Veteran Affairs Canada. (2016). General statistics. Retrieved from <http://www.veterans.gc.ca/eng/news/general-statistics>
- Walsh, F. (1996). The concept of family resilience: crisis and challenge. *Family Processes*, 35(3), 261-281. doi: 10.1111/j.1545-5300.1996.00261.x
- Walsh, F. (2002). A family resilience framework: Innovative practice applications. *Family Relations*, 51(2), 130-137. doi:10.1111/j.1741-3729.2002.00130.x
- Walsh, F. (2007). Traumatic loss and major disasters: Strengthening family and community resilience. *Family Process*, 46(2), 207-227. doi:10.1111/j.1545-5300.2007.00205
- Wick, S., & Nelson Goff, B. (2014). A qualitative analysis of military couples with high and low trauma symptoms and relationship distress levels. *Journal of Couple & Relationship Therapy*, 13(1), 63-88. doi:10.1080/15332691.2014.865983
- Windle, G. (2011). What is resilience? A review and concept analysis. *Reviews in Clinical Gerontology; Rev.Clin.Gerontol.*, 21(2), 152-169. doi:10.1017/S0959259810000420
- Woodward, K. (2003). Telling time: Aging and autobiography. *Generations-Journal of the American Society on Aging*, 27(3), 65-70. Retrieved from ProQuest Research Library
- Yardley, S. J., Watts, K., Pearson, J., & Richardson, J. (2014). Ethical issues in the reuse of qualitative data: Perspectives from literature, practice, and participants. *Qualitative Health Research*, 24(1), 102-113. doi:10.1177/1049732313518373

Appendix A: Ecological Systems Model



Bronfenbrenner, U. (1977). Toward an experimental ecology of human development. *American Psychologist*, 32(7), 513-531. doi:10.1037/0003-066X.32.7.513

Appendix B: Task 24 Interview Guide

Introduction:

- *Thank you for agreeing to participate in this study. Your input is extremely valuable to increasing our understanding of how Veteran families are dealing with a Veteran’s mental health problems, especially during the military-to-civilian transition process.*
- *Before we begin, do you have any questions about the introduction or consent form you signed?*
- *Can we also confirm that you consent to this interview being recorded?*
- *Just as a reminder, the purpose of this study is to better understand the impacts of Canadian Armed Forces (CAF) Veterans’ mental health challenges on the family, factors that contribute to the mental health and well-being of CAF Veterans and their families, and your perception of the effectiveness of current support services during the military to civilian transition period. We are interested also in identifying whether any changes or additions can be made to enhance the capacity of the current support services available to assist Veterans with mental health challenges and their families during this transition.*
- *In this study we define mental health in very broad terms. It can include a wide range of diagnosed and undiagnosed issues that affect mood, thinking, and behavior.*
- *You can choose not to respond to any question or stop the interview at any time for any reason.*

Interview Question	Potential Probe(s)
General Information	
<p>1. Would you like to select a pseudonym we will use for the interview, or would you like us to assign one?</p> <p>2. What is your age? And the Veteran’s age?</p> <p>3. What is your current relationship with the Veteran?</p> <p>4. Are there any children living in the home?</p>	<ul style="list-style-type: none"> • How long have you lived with the Veteran? • How strongly would you say you and the Veteran are/were engaged with one another on a daily basis? Probe for examples e.g., meals, socially, physical and mental care. • From this relationship? • Previous relationships? • How many? • What were their ages when the Veteran released? How about ages during any deployments?

<p>5. When did the Veteran /leave the military”?</p> <p>6. What has the Veteran been doing since release?</p>	<ul style="list-style-type: none"> • In the last 5 years, how many months of the year would the family unit be living together? • How long did your family member serve in the military? • What the nature of the Veteran’s work in the military? Trade? Officer? Deployment? If deployed, how many times? Can you tell us about the nature of the deployment(s)? • What prompted the decision to release/leave the military? Plan to retire? Health issues? Family needs? • Did you go through the transition process with the Veteran? • Work? Volunteering? Hobbies? Caregiving for other family members? Fitness? Managing health?
---	--

Objective 1. Identify the impacts of CAF Veterans’ mental health problem(s), (including OSIs), on family members and on the functioning of the family unit during MCT;

<p>7. How did the Veteran’s military service impact the household and family life?</p> <p>8. Tell us about the Veteran’s health. How does the health of the Veteran impact the family life? If his/her health has affected family life, tell us more about this.</p>	<ul style="list-style-type: none"> • What was fulfilling, what did you like? What were the challenges? Highlights/low lights? • Was there a medical release? For what kind of condition? Physical, mental? • Has there been a diagnosis of a mental health condition? • How and when was the problem identified/first became apparent? • Is he/she presently receiving treatment e.g., therapy/counselling, consultation, medication? • Who is providing the mental health support – family physician, psychiatrist, psychologist, occupational therapist? Other? What has been the impact of the treatment?
--	--

<p>9. What has changed since the mental health issues have been identified (including clinical diagnosis)?</p>	
<p>Use I Objective 2. Describe the mental health and well-being of family members of CAF Veterans who have mental health problems;</p>	
<p>11. How, if at all, have the mental health issues in your Veteran family member impacted you? Your family? How would you describe this effect/these effects?</p> <p>12. How, if at all, have you or other members of your family made adjustments to manage the impact of the Veteran’s mental health?</p> <p>13. Tell me about the relationship between your family member’s mental health and your/your family’s health/well-being?</p>	<p>Determinants of well-being e.g., employment effects, financial effects, impacts on health and disability, changes to social integration, impacts on housing, psychological effects. Are you experiencing any impacts? For example, hyper-vigilance, sleep disturbances, irritability, parenting, intimacy.</p> <p>For example, adjusting your behavior or expectations, using strategies like exercise to help calm, or day planners to organize health appointments?</p> <p>Is this asking if there are other mental health issues in the family and how those have been impacted by the Veteran’s health?</p>
<p>Objective 3. Identify, from the family member’s perspective, how family life is impacting and being impacted by the Veterans’ well-being during MCT (there will be no contact with the Veterans themselves);</p>	
<p>14. Your Veteran/family member has been managing both mental health issues and the transition into civilian life. Tell us more about how that’s been.</p>	<p>For example childcare, or other daily responsibilities.</p> <p>determinants of well-being--employment effects, financial effects, impacts on health and disability, changes to social integration, impacts on housing, psychological effects)</p> <p>Has it affected the relationships with children? With parents? Siblings? With family? With friends?</p>

<p>15. How have the mental health issues of the Veteran affected the transition to civilian life?</p> <p>16. Has your daily routine changed during or since your Veteran has transitioned to civilian life? In what way? Other changes?</p> <p>16. What impact do you feel family life has had on your veteran’s mental health during the military to civilian transition?</p>	<p>Have your social relationships changed? Do you still have the same routine with friends and family?</p> <p>How has this affected your relationship with the Veteran?</p> <p>How has it been a positive factor? A negative factor?</p>
<p>Objective 4. Identify interventions and supports accessed during the MCT and their success in addressing the needs of the family.</p>	
<p>17. What do you do to take care of yourself and your family through the transition process?</p> <p>18. How do these things help you manage the transition experience? Your family member’s mental health?</p> <p>19. Where do you find the greatest support during this transition period?</p> <p>20. What does this support mean to you?</p>	<p>Physical, social, spiritual supports. Formal/informal? Hobbies? Career?</p> <p>family, friends, community, church/mosque/synagogue military/Veteran family services.</p> <p>What are the positive aspects of this support? What are the negative (if any) aspects of this support?</p>

<p>21. As your family has made the transition to civilian life, what have you learned about your support system(s)?</p> <p>22. Have you or would you seek support targeted to Veterans and/or their families</p>	<p>Are you familiar with the OSI clinics, or other programs offered through military/Veteran family services?</p> <p>If yes, what was your experience of those services? What were the 'key ingredients' that were most helpful for you?</p> <p>Why or why not?</p>
<p>Objective 5. Based on the findings, identify interventions and supports that could enhance the overall health and well-being of families during MCT and into the future.</p>	
<p>25 Given your experience, what services and programs would help you and other families supporting members/Veterans with a mental health issue through the transition from military to civilian life?</p> <p>Is there anything you would change to existing programs to help make them better meet your needs now, or in the future?</p> <p>26. Is there anything else you think would be useful for us to know about mental health and transition that we haven't already covered?</p>	<p>How did you learn about these?</p> <p>Enhanced communication channels, greater awareness of supports and services, changes to financial benefits, use of technology to promote access.</p> <p>How would you like to get information about supports?</p>