

# **A Social Worker's Journey of Residing with a Military Member with Post Traumatic Stress Disorder**

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**Abstract:** This reflection explores my experience residing with a military member diagnosed with military-related post traumatic stress disorder (PTSD). Despite being a social worker, I was unsure what was happening to my partner and myself following the diagnosis. With little supports and understanding from others about what I was facing, I felt completely defeated and hopeless as my own mental health plummeted to the point that I was also diagnosed with secondary PTSD. This paper reflects upon this journey while also sharing insight to help others in similar situations, researchers, and practitioners so that they are better equipped to address the concerns. The connection between healing the body, mind, and spirit was instrumental in my healing. It is hoped that through some of the strategies, and by demonstrating that healing is possible, hope will be instilled in others while also educating helping professionals on the impact of PTSD.

**Keywords:** self-reflection, military, secondary trauma, healing

## **Introduction / My Background Information**

The military is part of my (Collins') family story. My mother identified as a "military brat" growing up. Throughout my mother's childhood, her father was a chaplain in the military. I never met my grandfather as he had passed away in an automobile accident when my mother was 16 years old. My maternal uncle also enlisted in the military as a military dentist. Although stories about the military helped define my life, I had no direct contact with military life until I was an adult. In 2003 I met my former military partner; we lived together until 2019 and currently share custody of our 15-year-old daughter. In 2008 my former spouse was diagnosed with post traumatic stress disorder (PTSD) as a result of his military service. Although I was a social work professional during much of the time he was struggling with symptoms of PTSD, as an "insider" it was difficult to recognize the disorder in my family member. The anger, the hypervigilance, the need to have everything in order, the alcohol use, the avoidance, and the self-destruction all began to make sense once he was formally diagnosed. While living through it, I personalized it all. Perhaps if I shared my experience earlier with a professional, the diagnosis would have come earlier and the pain we faced would have gone away quicker.

In 2015, after struggling with PTSD and substance use for several years, my partner accessed an inpatient mental health treatment facility. I was left alone for eight weeks to care for our daughter despite barely functioning myself. I was fortunate to have the support of family during this very difficult time. In a way him being away was good because I did not feel belittled and did not need to constantly worry about affairs or being yelled at because something I was doing was not good enough. On the other hand, I was hurting a lot emotionally during that time and was not sure even then how I got through it, let alone parented my daughter. Other times I did not know if I wanted to live anymore. I felt like I could not bear being put down anymore and felt worthless. It was at this time that I myself was diagnosed with PTSD, as a result of residing

with my former partner—I had not realized such a thing was possible. Shortly after, my daughter was also diagnosed with anxiety and depression. I hope by sharing my story I raise awareness of this issue for professionals and bring hope to those who suffer similarly. In bringing awareness of the many challenges family members of those with PTSD face, I hope that helping professionals develop a deeper understanding of the far-reaching impacts of PTSD.

### **Post Traumatic Stress Disorder and Military Families**

PTSD is a psychiatric diagnosis detailed in the fifth edition of the *Diagnostic and Statistical Manual for Mental Disorders* (DSM-5-TR) that falls under the category of Trauma-and-Stressor-Related Disorders (American Psychiatric Association, 2022). In order to be diagnosed with PTSD, individuals have to have undergone a traumatic experience and meet the DSM-5-TR diagnostic criteria which include intrusion symptoms, avoidance, negative alteration in cognitions and mood, and alterations in arousal and reactivity (American Psychiatric Association, 2022; Kramer et al., 2016). Active military duty in combat has been recognized by many researchers to be a traumatic event that may lead to PTSD (Figley et al., 2020; Kenny et al., 2022).

In Canada, veterans who formerly served in the Canadian Armed Forces (CAF) number approximately 597,200 (Veterans Affairs Canada, 2020), while active CAF military members number around 70,000 (Canadian Institute for Military and Veteran Research, 2017). Depending on the intensity of combat, rates of PTSD vary. For example, Zamorski and Boulos (2014) completed an epidemiological study and found that following deployment to Afghanistan, the prevalence of PTSD in CAF members ranged from 8 to 20 percent. When PTSD is present, it impacts virtually all areas of functioning including family well-being (Blessing et al., 2020; Brennan et al., 2021; McGaw et al., 2020). Families of CAF include approximately 34,906 married spouses, which does not account for other partner types (Manser, 2018). Many of these individuals may be exposed to military service-related PTSD and struggle with their own PTSD.

### **Theory of Intergenerational Transmission of Trauma**

When a military member has PTSD, it is not uncommon for their family members to also face mental health issues. PTSD can be diagnosed in family members (including partners and children) as a result of being exposed to a military family member's PTSD; this is known as secondary trauma or intergenerational transmission of trauma (Bride & Figley, 2009; Canfield, 2014; Nelson Goff et al., 2009; Yehuda et al., 1998). Theories of intergenerational transmission of trauma are not new. For example, offspring of Holocaust survivors were also shown to be at risk of developing PTSD (Danieli, 1981; Yehuda, 1999; Yehuda et al., 1998). Even when the offspring are exposed to comparable life events to non-Holocaust survivors, the children of Holocaust survivors reportedly found similar situations to be problematic or, at times, crises (Yehuda et al., 1998). PTSD trickles down and impacts everyone in the family. In fact, secondary trauma-induced PTSD can occur at similar rates to that of the military member with PTSD (Dirkzwager et al., 2005; Vasterling et al., 2015). I learned this on a personal level. I became one of these statistics. Although this reflection shares my own story as a partner of a military member with PTSD, it is important to consider that we also have a child, and children

are also impacted by living with their parent's mental health issues. However, that story is hers to tell if, and when, she chooses to do so.

### **My Story**

Prior to residing with a military member with PTSD, I would say that overall, I was happy and had good mental health. Like many, I had my ups and downs but functioned well enough to earn bachelor's and master's degrees in social work. In 2015 when I was diagnosed with PTSD, I also began my PhD in social work. Despite high hopes of success, I found that over time, as my partner's symptoms of PTSD worsened, my mental health also deteriorated. I had good days, bad days, and really bad days. On the bad days, I struggled to be present in class and complete my school assignments. On the really bad days I experienced debilitating physical symptoms and occasionally had suicidal thoughts. When I was particularly hypervigilant and anxious my body would feel like it was vibrating from the inside. Although it may not have been visible to others, I could feel pulsing in the pit of my stomach and throughout my body. Very little seemed to help other than my attempts to soothe by curling up in a fetal position.

This disorder took a tremendous toll on my self-esteem and self-confidence. It changed me. I was no longer happy and felt alone. PTSD tore me apart. I felt like my heart was being ripped out every time I was yelled at. I remember being yelled at for simple things like not cleaning the sink enough. Every time there were affairs I felt destroyed, and there were many. My family no longer recognized me. They did not like what he was doing to me and did not want to hear me talk about him. They loved me but noticed I was not the happy and easygoing person I once was. During that time, I recall meeting one of my friends, who I had not seen for a few years. She told me how much I had changed from being someone who radiated confidence to someone who would cower at loud voices. It was true. Whenever someone raised their voice, I would feel the shakiness come back full force. At times my disorder would put me in a state where little could help calm my symptoms. I would just have to wait things out or take a fast-acting anxiety medication and go to sleep. I felt hopeless.

I never missed a deadline for my assignments and, in fact, managed to do quite well in my courses. However, overcoming the PTSD-induced debilitating physical symptoms and the resultant deterioration of my self-esteem and self-confidence proved more difficult.

### **My Healing Journey**

I did not start to heal from PTSD until after my relationship with my former partner completely broke down. Although I tried to heal while in the relationship, I was—and we were both—still immersed in the trauma. We went to couples counselling more times than I can count. I went to individual counseling. Nothing seemed to work. We accessed all of the possible services through the military but still my partner was not okay, and neither was I. I could not concentrate. I could not think. I was not functioning. I felt broken.

Suffering from PTSD for so many years in my relationship incapacitated my tolerance for loud noises and criticism. We were not a good match. I am sensitive and tend to personalize other

people's behaviours and criticisms. And he was a screamer. My own PTSD and having a partner with active PTSD destroyed any chance for healing. Healing did not, or maybe could not, take place until after I was out of the relationship. Healing might be possible for some people while they are in the relationship; this was not the case for me. Even with supportive friends and family around it was not enough. No one in my family had been diagnosed with a mental health issue, so they did not understand why I stayed or the reason for my pain after the relationship broke down. I have friends who have depression and/or anxiety and so they had some understanding of what it was like to experience mental health challenges. They too did not really understand why I stayed in such a "toxic" relationship. During this time, I also went to group therapy and individual therapy which helped to a point, but not enough for me to feel "unbroken." At the beginning I could not even process what my therapist was saying or asking. In a way I felt unsafe. Not unsafe with my therapist, per se, but unsafe with myself—and I felt like I was going crazy. There was a lot of "gaslighting" in the relationship, and I no longer knew what reality was and feared that others would not believe some of the things that happened. I was afraid they would doubt me like I doubted myself.

So, what did help? There are three things I attribute as key to my recovery. One way that healing took place for me was by meditating. To be honest, I was quite skeptical of it and thought it was "new age" and not for me. But I was desperate. A friend of mine ran a meditation group online which I began to attend regularly. Although my mind continued to race some days, over time and through meditative practice it began to quiet. We practiced every day for ten minutes until my body and mind finally slowed down. Now I practice on my own and only when I feel stressed out.

Second, although I was physically active growing up, I had never really gone to the gym. I hated the treadmill. Other members of my family were going to the gym. My parents saw how "damaged" I was and offered to pay for a fitness trainer—thinking maybe that would help. In many ways I think this saved me. I was forced to exercise and could not cancel without having to pay. At that time, all I wanted to do was stay in bed and sleep ... which I did some days, but being forced to move on days I did not want to helped. My trainer was amazing. She could tell that I was struggling emotionally but encouraged me to not give up. She pushed me to be the best I could be even when I did not believe I could accomplish anything. I started to slowly get stronger physically, and I saw glimmers of hope that I would heal emotionally. In fact, despite not being a "gym person" in the past, I love it now. It continues to ground me and makes me feel good.

Third, I also attended individual therapy regularly. Although I would say that the gym and meditation were instrumental, I found that therapy was complimentary. I think the meditation and gym helped ground me enough to be able to take in and process what I learned from therapy. Meditation and the gym also helped me feel safe enough in my own body to listen and share what was going on for me. My therapist was gentle and patient with me despite rapid mood swings initially. When I felt hopeless, she reassured me that recovery was possible, and it was. I saw her on a weekly basis and then every two weeks, and then one day I no longer needed her. Although I had my ups and downs, I saw myself slowly get better. I began trusting myself

more and felt hope. I took two steps forward and one back. I no longer attend therapy but feel that I am self-aware enough to know when I might need to seek help again.

I still struggle with anxiety which can impede my performance in most areas of my life, but in particular with teaching or oral exams—all too common activities for aspiring academics. But with the different supports it is no longer as debilitating as in the past.

### **Implications for Helping Professionals**

In a *Canadian Forces Mental Health Survey from 2013–2014* (the most recent available data), Statistics Canada (2014), reported that 6.5 percent of Canadian military members will have PTSD over their lifetime. Yet approximately 35.2 percent of Canadian military members with PTSD do not seek treatment (Fikretoglu et al., 2008), and when they do, one-fourth prematurely discontinue treatment (Steenkamp et al., 2015) or find that their needs are not met (Hoge et al., 2014). In order to meet military members' needs, engaging them in appropriate effective treatment is critical. Interventions with their partners and children may be a way to further help military members in ameliorating the intensity of PTSD symptoms (DeVoe et al., 2018; Kenny et al., 2022). With the interconnection between military members and their families' interventions, working with partners, children, couples, or entire household units through family therapy may be beneficial to all parties.

A 2016 scoping review by Cramm et al. explored PTSD among military members and found that three-quarters of manuscripts came from the United States, with the remaining dispersed between Australia, the Balkans, Canada, Iran, Israel, and Portugal; of the 660 articles included in the review, only 21 studies mentioned how military families are impacted. Even less is known about the impact of PTSD on military children and youth (DeVoe et al., 2018; Manser, 2020). Despite the growing body of literature establishing the connection between a military members' PTSD and families' mental health, McGaw and colleagues (2020) found that available studies “predominantly focus on assessments of the Veteran symptomatology, relationship satisfaction, or psychopathology in the spouse or children” (p. 456). Military families' experiences of their own mental health challenges are not readily heard (DeVoe et al., 2018; Manser, 2018; McGaw et al., 2020).

Despite this lack of attention in the research literature, the voices of military family members impacted by PTSD are often screaming out to be heard and need to be acknowledged in order for healing to take place. More research from the perspectives of family members of military personnel with PTSD can help to better understand their challenges and how best to develop therapeutic interventions designed to meet their needs. My story, while only shedding light on the experience of one family, hopefully highlights the challenges that families can face when they live with a military member with PTSD. My story and the many other untold stories of military family members call for more research of this important topic. Creating a knowledge base upon which to inform the development of services geared towards meeting their unique needs is critical.

Although my experience is with living with a military member with PTSD, developing my own diagnosis, and moving towards healing, healing happens on multiple levels and in diverse ways. It is not enough to look at one aspect of an individual. Not only did I need to heal my mind, but also my body and spirit through such activities as meditation, exercise, and individual counselling. The concept of exploring all aspects of the individual is not new. Trauma specialist Dr. Bessel van der Kolk in his 2014 book *The Body Keeps the Score* recommends focusing on holistic healing when working with someone who experiences PTSD or trauma-related symptomology. For me, and perhaps others, connecting my body, mind, and spirit was a crucial first step in healing.

### **Conclusion**

While living in the throes of secondary trauma-induced PTSD, I never thought healing was possible. Hopelessness prevailed in my life, until it no longer did. For anyone reading this, whether you are a researcher, practitioner, or someone struggling with your own PTSD, I want to reassure you there is hope for the “broken.” I still have a difficulty with yelling, and I occasionally have bad days. The bad days, however, are fewer and are overshadowed by many good days. I wish I could assure helping professionals that therapy was my main conduit to healing. It helped, but it was not enough. Connection with others who had healthy coping mechanisms helped me feel like I belonged, and that healing was possible; and it was imperative in overcoming the challenges I faced. Following pathways to connect mind, body, and spirit was also instrumental in my healing. Even though this is a singular account, my story of healing, it is my intention that my journey can be useful for others confronted with similar issues and the helping professionals tasked with serving them.

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