

The Effectiveness of Outdoor Therapy with Military Veterans:

Exploring Participant Perspectives

by

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## ABSTRACT

**Objective:** This study explores an understudied area of outdoor therapy, an alternative therapeutic model for addressing mental health with military veterans. It includes the perspectives of outdoor therapy participants to inform the research findings.

**Method:** A phenomenological approach inquired veteran perspectives of mental health recovery and outdoor therapy. A gender-based analysis uncovered themes regarding hypermasculinity within military culture. Interview questions explored experiences with Warrior Adventures Canada (WAC), the efficacy of outdoor therapy, and military culture. The study also evaluated responses to program evaluations completed by past WAC participants.

**Results:** The findings indicate positive improvements to mental health and mental resiliency. These interviews highlight the cultural nuances and gendered differences within the military, which can influence mental health deterioration.

**Conclusion:** Qualitative data suggests beneficial aspects for mental health recovery not typically found within mainstream trauma-focused approaches, relating to the comfort, safety and trust innately found in the program of WAC.

## **LIST OF ABBREVIATIONS USED**

ACE	Adverse Childhood Event
CAF	Canadian Armed Forces
CBT	Cognitive Behavioural Therapy
CPT	Cognitive Processing Therapy
CoC	Chain of Command
OSI	Operational Stress Injury
PE	Prolonged Exposure Therapy
PTSD	Post-Traumatic Stress Disorder
WAC	Warrior Adventures Canada

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## CHAPTER ONE: INTRODUCTION

I believe that reforming the mental health care of military populations requires a unique and alternative approach; one that requires thinking outside of the box. Quite literally, outside of the box. Traditional mental health care takes place within the perimeters of four walls. I thought to myself, why inside—why not outside? What if the key to reformation is to support individuals in a place that is most familiar to humanity and provides a sense of peace? Maybe mental health healing can take place in an outdoor setting?

So, what is outdoor therapy? I appreciated the definition provided by Russell (2001), who described this therapeutic approach as engaging participants through outdoor-based activities both one-to-one and through group practice, to promote self-development, education, therapy, rehabilitation, leadership, socialization and foster recreational engagement to support individual healing and psychological wellness. This model uses outdoor skills to engage in activities such as, but not limited to, hiking, backpacking, rafting, canoeing, camping, and journaling. Other academic material I looked at call the similarly structured design as wilderness therapy, nature therapy, adventure therapy or peer outdoor support therapy (Russell, 2001; Harper et al., 2021; Bettmann et al., 2022; Bird, 2015). My chosen term for this approach is outdoor therapy, as a means of promoting wellness and mental health healing with a peer-based structure. When I came across the Warrior Adventures Canada (WAC) organization, I felt that their organizational structure aligned with not only the definition of outdoor therapy I had in mind, but their mission to support veterans was unique in design.

When I started thinking outside of the box, I felt that supporting veterans in an outdoor setting was a transformative away to support mental health effectively, while challenging the barriers of the stigma that exist in this culture (Bettmann et al., 2022). This study is shaped by a

critical perspective of current mental health systems that address the mental health care of veterans, as well as active military personnel. Moving away from a strictly medical model of mental health and incorporating holistic care is necessary. There is an overemphasis on the medicalization of mental health, and underemphasis on other contributing factors such as social and environmental factors. In this sense, it is limiting because of its inherent belief that it can only be cognitively, biologically, or chemically treated through evidence-based practices. Incorporating a holistic lens offers a more unique and comprehensive approach to better understanding the way in which mental health is influenced and problematized within the military.

### **Military Issues in Social Work**

Within the realm of social work practice, we often find different niche areas that are impacted by governing policies, and therefore impact our practice. From a critical perspective, social work lends its hand within the military domain. To be effective in practice, it is necessary to understand the complex web that is relevant to military culture. The intention behind this study was to highlight issues relevant to military veteran mental health, particularly as a niche. This is done by looking exploratively at the mental health challenges experienced by the military and veteran community, and its relevant practice approaches used to address these challenges. I will look at the impact of the military's cultural dynamics and how these play a direct role in the mental health crisis amongst veteran communities. The transition from military personnel to veteran status comes as a harsh transition for many, as they are often faced with various difficulties that include navigating employment, housing, social community, finances, and relevant services. It follows that veterans are often relearning belonging and identity within the civilian community, and with their previous histories in the military that often come with their

own traumas, can result in an exacerbation of various mental health challenges. Treatment of mental health needs to be tailored to the individual needs of each veteran, which may require a more versatile approach.

Post-traumatic stress disorder (PTSD) is a relevant mental health issue that permeates military culture. The disorder is often a result of witnessing or experiencing traumatic events within the environment and context of the military. This can begin as an operational stress injury (OSI), or an accumulation of OSI's, or as a disorder, namely PTSD. The Diagnostic Statistical Manual fifth edition (DSM-5) is used to diagnose PTSD to qualify military personnel and veterans for mental health. The DSM-5 defines PTSD as a presence of one or more intrusive symptoms, avoidance of stimuli, or alterations and reactivity that are associated with an exposure to a traumatic event following its occurrence that are marked by a persistence and disturbance which lasts longer than one month (American Psychological Association, 2013). It can directly impact an individual's well-being and functioning, and bleed into the work setting and work performance. It is also highly correlated to a high rate of suicide (Government of Canada, 2021). For such reasons, the treatment of PTSD is worth notable concern. PTSD often also comes with resulting complex impacts on the individual's physiological and physical health, which can vary in symptoms. While PTSD occurs in high prevalence, it should be noted that this study also evaluates the recovery of other mental health conditions as well, which fall under the OSI umbrella. These conditions include a broad range of diagnoses that are persistent in nature and interfere with daily function, although may be less severe in comparison to PTSD (Government of Canada, 2023). As Table 1 on page 48 shows, these conditions included, but are not limited to, generalized anxiety disorder, depression and substance use disorders.

At present, many of the response systems utilized by veterans for mental health supports implement evidence-based therapies to treat service-related mental health conditions. In addition to this, pharmacological use of psychiatric medications is relied upon to mitigate the resulting mental health symptoms (Government of Canada, 2023). These conventional approaches are meant to be short-term and solution-focused and are strategically structured this way in recognition of the academic research in the health and social sciences field. These approaches often align with cost efficiency within neoliberal structures. However, the question remains whether these approaches provide a sufficient solution to the underlying issues in trauma recovery (Engel, 2013). Many service-users do not complete treatment with conventional therapies, retain their PTSD diagnosis and continue to suffer from their psychological disturbance and day-to-day dysregulation related to PTSD (Steenkamp et al., 2015). This study intends to explore the alternative use of outdoor therapy to understand its efficacy with military veterans.

My interest in outdoor therapy began to develop when I was completing my undergraduate degree, when I came across the concept of outdoor education with youth in the United States. I was fascinated with the idea of traditional education and therapy taking place in an outdoor setting, given that it fostered the opportunity for learning and development to take place within a familiar landscape that had the ability to connect individuals to the primordial parts of themselves, which I theorized was both revitalizing and self-actualizing on a spiritual level. Fast forward a few years, I developed a passion for social work and counselling within military settings. The two areas became married together in my mind, and I was pleasantly surprised to learn that there were already grass-roots initiatives supporting veterans with outdoor-based recreation. I felt that this area was missing evaluative research, so I took it upon myself to

begin navigating this territory within my master's education. In my professional life, the journey also led me into the world of working with veterans.

I often find that veterans confide in me with caution and sometimes distrust. They come from an institution that penalizes them for having an emotional response—apart from anger—to copious amounts of stress and trauma. Their work environments are not always favorable or compassionate to that experience. This penalization exists in the form of harsh criticism from both superiors and peers, gossip, poor treatment and quite often being medically released from their occupations. The penalization can involve detrimental impacts to their job, financial circumstances, and the worst—destruction to one's self-identity. This influence results in a reluctance to speak up because of self-stigma. Self-stigma can be defined by the internalization of stereotypes and negative public attitudes that result in poor self-esteem or sense of self-worth because of a perceived notion of social unacceptability that is based on their conditions with mental health. Self-stigma can also endorse negative feelings towards psychological treatment (Tucker et al., 2013). I am saddened that many veterans struggle with this internal battle that prevents them from seeking out the support and therapy that may really benefit them in a meaningful way. This gave me more drive to demonstrate that an alternative approach such as outdoor therapy can be effective in supporting mental health of military personnel and veterans.

The intention of conducting this research study was to target participants who have had experience with the conventional trauma therapy models and have also engaged in an outdoor therapy program intended for military veterans in Canada. This is intentional to provide a comparison of treatment from a participant's perspective, which can contribute to research knowledge by highlighting what works well and what may require more critical review in terms of enhancing support for this specific population of individuals. There is limited research that

reviews the effectiveness of the use of outdoor therapy as a trauma intervention model. The benefit of reviewing this understudied area can support evidence for the effectiveness of alternative therapy models with the targeted population. Currently, outdoor therapy is not considered an evidence-based model in supporting trauma recovery.

### **Who Are Warrior Adventures Canada?**

Warrior Adventures Canada (WAC) is a peer support organization that uses adventure and peer-based experience to prevent and reduce the effects of operational stress and post-traumatic stress in both veterans and first responder communities, according to their 2021 summary. As part of their model of supporting mental wellness and recovery, they teach their participants outdoor skills and performance strategies through a weeklong outdoor adventure which is guided by experienced leaders. They support their participants in developing greater resiliency by using a combination of nature exploration in the Canadian outdoors, a teaching of new skills, their values and ethos and communal work (Warrior Adventures Canada, 2021). WAC's organization and programs were well suited for my defined concept of "outdoor therapy" for this research study. I established a working relationship with the directors of this program, and they were agreeable to supporting this research endeavour.

A unique aspect of this program is that it is informed by peers who have had firsthand experience within the military realm as personnel, which allows them to connect with their participants on a personal level. As it is indicated in the literature review, a barrier to service often includes distrust with civilian professionals who do not understand the scope of their profession and military experience (Possemato et al, 2018; Ouimette, 2011). The relevance of examining this outdoor therapy program and its peer-to-peer model is to better understand the positive outcomes that are fostered by a space of mutual understanding. The model also supports

in re-integrating veterans into community, facilitating social connection, and reconnecting with a familiar camaraderie, as a way of addressing the significant barrier of isolation as part of mental health recovery among veterans (Dietrich et al., 2015). The WAC team humbly accepts that it is not composed of psychologists or other mental healthcare professionals but are taking the initiative to formulate a model that works well to provide therapy through adventure in the outdoors as research is developed (Warrior Adventures Canada, 2022). It also facilitates an opportunity to close the gap between the complexity of military culture and academic research to make sense of vital issues regarding mental health delivery. While they do not have qualified mental healthcare professionals, their team has completed training in mental health first aid. In addition to this, they have completed relevant courses in outdoor education including, but not limited to, wilderness first response and swift water rescue.

When I met with my research participants, I took the time to understand how they learned about WAC's organization and programs. Many of the interviewees shared that they first learned of WAC from other peers who had participated in the program. Other common responses included through social media, the Veterans Transition Network and being directly contacted by WAC to participate. Positive experiences with WAC appear to have a positive correlation of generating greater recognition and interest. Given the barriers in relation to seeking mental health support discussed within the literature review, this is a strengthening characteristic about this type of approach given that it is positively regarded and recommended based on rapport by the veteran community and its affiliates. Social media is also a strong marketing tool that can help to reach veterans across the country, since the veteran community at large is spread far and wide within the nation and the outdoor-based trips themselves are location specific. This presents the

opportunity to veterans that may not otherwise hear about it if they do not live within the areas in which the trips are offered, reducing barriers to accessing an alternative wellness option.

## **Outline of the Thesis**

The issue of mental health recovery with the targeted populations in an outdoor therapy program will be examined through relevant research questions that include gathering participant perspective regarding their experiences with outdoor therapy, as well as an intersectional and gender-based analysis into the military culture and its influence on mental health. In the following chapter, I conducted a literature review that begins with providing a background on the cultural context of the military community in relation to mental health. It follows with a gender-based analysis, exploring hypermasculinity and the use of feminist theory as an examination. It then moves into discussing challenges with current conventional models used for trauma treatment, followed by a review of outdoor therapy for trauma healing and well-being improvement, and concludes with looking at the connection between adversity in early development and service-related mental health injuries. I close the literature review by highlighting gaps, limitations, and areas for future research. After the literature review, I provide a comprehensive discussion of the methodology used, the targeted population and sample, the intended methods for data collection and analysis, ethical considerations, and potential benefits of the study. I then provide my findings from the data collection, and lead into a larger discussion about the findings as they relate to the current literature, as well as implications for practice and policy. I will close my thesis with the final chapters of a summary and conclusions.



## CHAPTER TWO: LITERATURE REVIEW

In conducting my literature review, I found various interesting themes. However, for the purpose of relating it to the findings of this research study, I chose to focus on the following areas: mental health in relation to military culture, gender-based variances in military mental health, the social challenge of hypermasculinity and use of feminist theory, limitations to current conventional treatment models, the outdoors and its relationship with healing, and precursors of military service-related mental health and stress injuries. I conclude this chapter with gaps, limitations, and areas for future research.

### **Mental Health and Military Culture**

In war and military settings, this culture was traditionally comprised of men in different ranks and positions. It did not hold space for women in these same ranks and positions until the military began to evolve in the later years. Thus, masculine identities have fortified some of the attitudes towards mental health and work performance in military. Some men have been inspired by their own fathers, grandfathers, and those before them to follow suit to serve for their country (Hinojosa, 2010). As Keats (2010) points out, masculine stereotypes also enforce that war and politics are “man’s work” (p.295). During the First World War, a soldier who displayed post-traumatic stress symptoms, or known then as “war neuroses”, was thought to be an inferior human being or “morally invalid”; not deserving of any medical treatment and often dishonorably discharged from service (Herman, 1992, p.21). Veterans are often left vulnerable to lasting psychological damage which can impact them even 10 years after, such as in the Vietnam war, and often results in a loss of sense of self (Herman, 1992).

Even during the modern era of the military in the 2020's, the hypermasculine values and behaviours such as strength, toughness, violence, insensitivity and aggressive or exaggerated heterosexuality continue to be instilled in training military recruits (Keats, 2010). Braswell & Kushner (2012) point out that the "warrior culture" has deterred soldiers from speaking openly about their psychological and emotional fragility (p.531). Men are also conditioned to anger and avoiding vulnerable emotions provides safety, and so trauma influences masculinity to normalize the avoidance of pain, fear, and sadness (Augusta-Scott, 2020). PTSD symptoms are exacerbated and reinforced by the values and behaviours that are trained into recruits, and correlated to emotional numbing and limited emotional expression, alexithymia, and anhedonia (Keats, 2010). Military personnel often engage in maladaptive denial when they disregard serious signs of their war and stress related injuries, such as suicidal and homicidal thoughts, or when the military leaders use stigma against their personnel to humiliate or blame them for their conditions, making it difficult to obtain treatment, and generally treating them poorly (Russell & Figley, 2021). In addition to suffering silently, one of the existing challenges is that there seems to be a distrust in professionals that are perceived as non-experts in military-related settings and PTSD (Possemato et al, 2018; Ouimette, 2011). There is also a pattern of avoidance with PTSD treatment, highlighting a reluctance to discuss painful memories and emotions (Ouimette, 2011).

The pressure to conform to masculine gender norms, experienced also by both men and women, often results in dissuading any support for mental health and self-reliance in the military community, resulting in higher risk of suicide due to a fear of being perceived as weak or unfit (Burns & Mahalik, 2011; Wills et al., 2021). Soldiers in the military experience stigma; they perceive help-seeking behaviour as a sign of weakness attitude based on a collectivistic and interdependent culture. As such, many feel that leadership may be less than supportive or have

concerns about how mental health affects one's career and security clearance, which often leads to the stigma around mental health. Leadership behaviours are a predictor of help-seeking behaviour and attributed to perceived barriers to care (Hall-Clark et al., 2019; McGuffin et al., 2021). Personnel in leadership roles also experience stigma that they will be perceived as weak, especially given their position and influence, which reduces the likelihood of seeking mental health care (Hamilton et al., 2017). Help is often only sought out when crisis has been reached and there is a risk of their life, liberty, family, or job (Wheeler et al., 2020). Personnel may require assistance with reframing the perceived problem of speaking up by objectively viewing it separate from their identity. In this case, it would refer to vulnerability and weakness as the problem, and that being vulnerable does not make them weak (Augusta-Scott, 2020). When navigating masculine narratives within trauma-informed practice, it is helpful to illicit questions that attach strength and courage to the client's story, something that probably has not been instilled as a value given the hypermasculinity that has been ingrained during their time in the military (Augusta-Scott, 2020).

A developing occurrence within the military is "sanctuary trauma", which is the disenfranchisement and iatrogenic trauma caused by an organization or system that is meant to protect and support an individual. On the contrary, it adds on additional stress to the initial manifestation of stress or trauma. This is often demonstrated with veterans who struggle with mental and/or physical injuries and are presented with an additional bureaucratic battle (Rose, 20 March 2022). This trauma exacerbates mental health through the disapproval of applications, which are rightfully due approval, and subsequent additional paperwork, which delays access to disability benefits and clinical care (Rose, 20, March 2022). Sanctuary trauma results as a betrayal by the system, as all individuals who enter the military assume unlimited liability as part

of a self-sacrificing commitment. However, they are often left feeling that they are not taken care of by the system upon their completion of service, which is based on the inherent assumption that the system would hold their end of the military covenant (Rose, 20 March 2022; Department of National Defence, 2003).

### **Gender-Based Variances in Military Mental Health**

There is a distinct difference of experiences among men and women within the military that is often overlooked within this system. A gender-based analysis is an emerging research approach to better understanding these distinctive differences, and the relevance to this era is even more important as issues specific to women, and other non-dichotomous genders, arise in the military. As an introductory example, varying differences exist which indicate that women have a poor social support system, higher degree of combat-related stressors and perceived combat threat, and higher reporting of previous life stressors and sexual harassment during deployment in comparison to their counterparts (McGraw, 2016). Eicher (2022) explores using a gender-based analysis with thirty-three Canadian cisgender women veterans who served during the years of 2015 to 2020. The study identifies that women often feel that they must conform to the masculine ideal and male norm as they try to “prove” themselves and “work twice as hard, as a woman, to be considered half as good”. The narratives also suggest that women did not receive equitable care or treatment “in a health care system designed to serve men” (Eichler, 2022, p.38). In 2014, Eichler wrote that: “these conceptions of masculinity serve to subordinate women and femininity in domestic and global systems of power” (p.83). Callaghan (2021) describes the definition of “old-fashioned sexism” which is founded upon “sociobiological myths of the inferiority of women and other non-hetero-male genders and sexualities”, and influenced by the

concept of the hypermasculine and warrior mentality that exists in the military and suggests that women do not have a place in the military (p.78).

The conditioning of women begins at the recruitment stage, where an intensive regiment of training and socialization begins, and the meaning of a “soldier” takes shape as the equivalent of “becoming a man” (Lane, 2017, p.471). Davis (2022) demonstrates in their study the implications of sustained cultural processes of gender and culture within the Canadian military by pointing to the complexity of influences, specifically the framework of military masculinity. It is based on assumptions regarding the “essential differences” between the dichotomous groups of women and men, which suggests a foundational belief of operational effectiveness that was historically understood to be dependent on male-sex and heterosexuality within a team and combat setting. While the current challenges of gender-related change can be adopted through the removal of historic policies and moving towards a greater representation of women in the Canadian military, there needs to be greater monitoring and holding the system accountable of socio-cultural change given the complexity of cultural change (Davis, 2022). Essentially what this signifies is that there is more to gender-based challenges than meeting federal objectives based on face value; a critical perspective suggests a need for a greater focus on the real-life implications that continue to create inequity for women within this culture.

The gender-based analysis in the literature review also uncovers the deep history of sexual misconduct, physical abuse and, discrimination in the CAF that has come to light in the recent years. Eichler (2022) notes that half the women who participated in the study reported facing gender-based violence during their service in the military that often resulted in various health issues, such as PTSD, eating disorders, chronic pain, fibromyalgia, migraines, and depression, in addition to premature releases. While sexual misconduct primarily is targeted

towards women, men are often victims themselves as well while in uniform and by those in uniform. A disproportionate number of women have been identified, with an average ratio of 15.5% of women, and 0.8% of men reported that they have experienced sexual assault while in the military (Watkins et al., 2017). Given that the CAF is a legally distinct entity with its own operating legal system, it has been difficult to persecute offenders, and rather easier to shield perpetrators, due to the lack of an impartial legal system. Historically, victims have found that their claims have gone without restitution, being believed, difficulty reopening their cases and systemic mishandling of their cases. Many of these cases were impeded by other senior officers who would often turn a blind eye, or otherwise the victims themselves were punished (O'Hara, 1998; Johnstone & Tait-Signal, 2023). The sexualized violence in the CAF may be influenced by the violent and masculine culture (Johnstone & Tait-Signal, 2023).

Poor health outcomes are relevant with both men and women. The poor health outcomes can include various issues. This review focused on the occurrence of issues with being overweight or obesity and having difficulties with hazardous drinking. Men tend to have higher alcohol-related issues compared to their female counterparts (World Health Organization, 2018). Comparatively, women who drink in greater excess may experience a higher risk of alcohol-related morbidity, mortality, and social problems (Erol & Karpyak, 2015). Contributing factors to excessive alcohol use include the stress of relocation and posting in isolated, remote, or rural areas, and a history of past trauma and/or adversity in childhood (Blume et al., 2010; Griffith, 2017; Evans et al., 2017). There can be an influence from a lack of recreational activities, social contexts, and cultural attitudes towards excessive drinking (Richer et al., 2022). It is an ingrained part of military culture to meet physical fitness and body fat standards (Almond et al., 2008; Littman et al., 2013). In the US, it is shown that men who are released from the military may

experience a weight gain around the time of the release, up to 6 years with a tripling of risk of obesity. Women as well had a greater prevalence of weight gain than men following release. Weight gain could be associated to the change of physical activity and diet following release, as some participants indicated that their physical activity substantially decreased. As well, food was indicated as a coping mechanism to deal with stress and anxiety (Littman et al., 2013). Sleep deprivation was also identified with an association to weight gain (Boggs Bookwalter et al., 2019).

### **Hypermasculinity in the Military and Feminist Theory**

Military culture is heavily influenced by hypermasculinity through attitudes, ideals, and traditional social expectations. The culture is also shaped by patriarchy given its historic foundation. This hypermasculinity infiltrates the work environment, and when the demands of the work climate and social pressures impress on mental health in a detrimental way, this often results in a reluctance to seek out assistance (Wills et al., 2021). Wills and colleagues (2021) highlight that “help-seeking goes against hypermasculine institutional work culture of protective services, which emphasizes being tough and independent” (p.425). Whelan (2017) also expressed in his book that self-stigma is fundamentally set-up by this expectation in manhood, where one ignores their reactions and moves on. He also suggests that military personnel can often “get lost in these roles” (p.26), and they “can internalize them to such an extent that their psychological stability can be derailed” (p.27).

An expectation of resiliency, courage, authority, and fearlessness are necessary, as more ‘feminine’ characteristics such as care, sensitivity and compassion are a potential risk or harm, and thus a disregard of acknowledging non-masculine feelings results in higher degrees of stress

in the workplace culture of the military (Crawley, 2004). The interference of such belief systems around conduct and behaviour is critically damaging to the recovery of mental health, specifically as it relates to PTSD (Hall-Clark et al., 2019). To counteract the influences of hypermasculinity, there must be a resolve to break down the current dichotomy and attitudinal change (Pin-Fat & Stern, 2005). This top-down approach would be influenced by feminist theory to better understand the culture as a “set of workings and effects” (Mohr et al., 2021).

Eichler (2022) alludes to the challenge experienced by many veterans who are women, which suggests that they are often “expected to fit the male norm and masculine ideal of the military member during service”. There is a hyper-responsibilization on women because they are expected to live up to traditional feminine character traits, which brings awareness to the unfairness of the expectations (Eichler, 2017). By this, women are often held to standard of inadequate performance within spaces predominately occupied by men, because of the pressures that come from traditionally held societal expectations of women. And while the military is dominantly comprised of men, women offer considerable value through various occupations in the military. What is often forgotten, perhaps due to a lack of historical gender-based analysis, women experience their own pressures within the military hierarchy. They must battle the same pressures, in addition to challenges that are seemingly invisible to that of men. It is an unbeknownst challenge to most men when there is a removal of gender indicators and consideration of gender in a larger context, it poses dangerous implications for women based on the application that “gender-blindness is the solution” (Drolet, 2018).

The challenges posed by not acknowledging gender difference results in an ongoing battle that the personal is political. Historically it may have been that the variance between men and women in the CAF is based on strength, aggression, values, and leadership styles (Drolet,



2018). Gingras (1995) writes: "... The attitudes of women, still a minority in the defence community, would reflect numerous contradictory pressures: the traditionalism and support for the existing social order long seen as a characteristic of femininity; the pacifism that is often associated with women's movements; the pressure felt by any minority to over-conform to a community's ethos in order to gain the acceptance of the majority; and the exasperation and other feelings caused by the chauvinism (and harassment) of which numerous women seem to be victim in the male-dominated Armed Forces" (p.210). The marginalization of women continues to be a profound issue within the Canadian military. Though there seems to be existing literature that discusses the gender differences or sex roles in the military, they tend often to be concerned more with the attitudes towards women, rather than the differences between men and women (Gingras, 1995).

### **Limitations to Conventional Trauma Therapy Models**

Mental health in Canada is most commonly treated with a focus on medicalization of symptomology and treatment modalities, which are attributable to the Diagnostic and Statistical Manual of Mental Disorders, 5<sup>th</sup> ed. There is a heavy reliance on pharmacological treatments to manage symptoms, as well as psychotherapy treatments (Leighton et al., 2021). The Government of Canada (16 May, 2023) website provides information on evidence-based treatment modalities used to treat PTSD, outlining four specifically approved medications for PTSD treatment: sertraline (Zoloft), paroxetine (Paxil), fluoxetine (Prozac), and venlafaxine (Effexor). While these are approved treatment options and offer positive benefits, there is often the accompanying challenge that individuals feel the stigma of being "labelled", and as such can feel troubled by being reduced to "patients" who rely on "expert" opinion (Leighton et al., 2021; Russell & Figley, 2021).

Pharmacology is one part of the medicalized treatment model. Strong recommendations to treat PTSD conditions also include the use of specific evidence-based therapies, including Prolonged Exposure (PE), Cognitive Processing Therapy (CPT) and Cognitive Behavioural Therapy (CBT), for their greatest supporting empirical evidence in outcome efficacy (Wachen et al., 2019). A challenge in the literature is indicated by small sample sizes and combinational use of pharmacology (Asmundson et al., 2019), which limit researchers from understanding the true impact of a model such as CPT and provide low quality evidence (Whelan et al., 2021) from which a critical analysis can be derived. It is suggested though that CPT is more suitable in residential treatment settings in cases of active symptomology and comorbidity presentation in comparison to the use of PE (Cook et al, 2013). However, those experiencing psychological impairment and unresolved crisis such as trouble with the law, actively engaging in domestic violence or drug use may not experience positive outcomes from PE treatment (Cook et al., 2013) as it can exacerbate symptoms of PTSD. Researchers suggest that the literature that focuses on delivery of specific conventional models, such as PE may benefit from the provision of effective clinical strategies and techniques to successfully conduct these modalities in practice and produce efficacious results (Hall-Clark et al., 2019). It is also recommended that there be greater focus on measuring psychophysiological changes as part of CBT-PTSD treatments, since the evidence suggesting the improvement of symptomology following treatment seems to be scarce (Papazoglou, 2017).

Khoo and colleagues (2011) demonstrated symptomology reduction in their study of CBT that included 3-, 6- and 12-month post-evaluations with a military service-related sample of 298 participants. The most significant degree of symptomatic gains was recorded during the first 3 months, offering results of 60% of participants who demonstrated changes in a “clinically

significant way” (p.671). By 9-month post-evaluation, there was no statistically significant changes following treatment in relation to overall quality of life (Khoo et al., 2011). Other studies also suggest that PTSD symptomology and diagnosis are retained even following treatment, including an estimate of 60-72% of participants within one study (Steenkamp et al., 2015). CBT can be effective in resulting positive outcomes with trauma-related cognitive distortions; however, they seem to precede PTSD symptomology change, indicating that it has limited efficacy (Dondanville et al., 2016).

There are several barriers related to the engagement in conventional treatment models that are identified in the literature. When individuals do engage in treatment, many often do not complete the treatment that is offered over several sessions and weeks. Completion of treatment is additionally defined by self-reports of reduced or extinct levels of emotional distress, and ability to independently manage and engage in avoided situations with minimal anxiety (Driesenga et al., 2015). Hinton and colleagues (2021) identify males as having higher drop-out rates in comparison to women within military and first responder populations. A significant variable of drop-out is identified as “problematic anger”, suggesting that it interferes with treatment and leads to poorer outcomes. Hinton and colleagues (2021) explore the expression of anger as a potential avoidance mechanism within therapy. Anger is a common symptom and emotion for people with PTSD, which require de-arousal strategies. Having de-arousal strategies can predict more positive outcomes during treatment with CBT to effectively manage their anger, which otherwise results in anger-related avoidance and interpersonal difficulties that are damaging during the treatment process (Hinton et al., 2021; Driesenga et al., 2015). In this study, 59% of the cohort dropped-out during treatment. Another study reports that one-fourth of patients enrolled in treatment drop out (Steenkamp et al., 2015) which highlights the significant

issue of treatment non-retention that exists in treating military PTSD. This could be related to the “extended, repeated and intense nature of deployment trauma and the fact that service members are exposed not only to life threats but to traumatic losses and morally compromising experiences that may require different treatment approaches” (Steenkamp et al., 2015, p.497). Whelan (2013) suggests that treating PTSD conditions in the community following military release may result in similar treatment outcomes if clinicians in the community are to re-engage veterans through the same CBT or PE therapy treatment models that they utilized prior to their release.

Other barriers to treatment include the subject of status. Some distrust, disconnection and emotional distance is often present in therapeutic relationships between civilian therapists and older service members (Litz et al., 2019), as well as a non-understanding of specific military knowledge and terminology (Wheeler et al., 2020), creating challenge for dialogue or disclosure within treatment. There is also a lack of social support available for veterans during therapy, creating further complications to completing treatment (Wheeler et al., 2020). The literature indicates that many are challenged by extensive wait times and difficulty with public transportation systems to access services (Wheeler et al., 2020).

Military intervention focuses on the use of evidence-based practice as a way of minimizing emotional costs of war by utilizing methods that provide rapid treatment in the goal of returning soldiers to combat quickly (Olson, 2014). However, providing evidence-based practice still results in significant gaps in the evidence of support provided for mental health, which results in questions about its efficacy with this population (Olson, 2014). This short-term treatment is predetermined to keep the client on a “timeline” of recovery, tight on time which forces a goal recovery date and results in long wait-times due to the systematic procedures and

creates the challenge of the client having to suffer longer (Bryan & Barrett, 2020, p.156). A critical assessment of these recommendations must consider the role of neoliberalism in a capitalist society. This is the notion that the government's role in business matters be minimized by providing strategies and implementing services in military settings, and the responsabilization of veteran participation in such programs (Brown, 2020).

### **Outdoor Therapy and Trauma Healing**

Outdoor therapy is a diverse approach that is delivered within natural settings, actively engaging individuals and increasing their connection with nature (Harper et al., 2021). It can entail different types of exposure and intensity, including experiencing natural views or observing animals, engaging in adventure-based sports that rely on skill, risk and leadership, some degree of physical exercise, and engaging emotional components of thrill, overcoming fear, and experiencing joy through mutual peer supported groups (Russell, 2001; Buckley et al., 2018). Outdoor therapy has been linked to reducing hyper-arousal symptoms associated with PTSD in a way that current psychological treatments for PTSD are not able to treat adequately (Wheeler et al., 2020). The discipline of psychophysiology has recognized that PTSD symptomology is often misunderstood as the root cause of an individual's dysfunction of wellbeing and as such becomes treated psychiatrically. What needs to be understood is that the body becomes unstable and operates under a maladaptive physiological homeostasis because of the neuroplastic processes that have been misaligned by PTSD (Deppermann et al., 2014). Trauma not only affects the cognitive and mental functions of a person's behaviours, thoughts, emotions, and characteristics, but it has also been understood to be remembered by the body and living in it (Van der Kolk, 2014).

Military occupations, such as roles that entail combat and other high stress tasks, involve chronic exposure to scenarios that alter psychophysiological response and development of pathologies, and a maintenance of a high sympathetic nervous system activation (Delgado-Moreno et al., 2019). The nervous system can continually be aroused even when the threat has passed and been survived, allowing the trauma to pervade the present (Rothschild, 2000). When trauma becomes blocked or trapped in the brain's responsive functioning, it hinders the body from being able to 'reactivate' and connect with its core physical body and sense of self as a means of survival (Van der Kolk, 2014, p.89; Herman, 1992). Trauma can often leave intense distress in the body, resulting in hyperarousal changes to cardiovascular and nervous system (Jovanovic et al., 2008), gastrointestinal disturbance, sleep dysregulation, musculoskeletal pain, pain sensitivity, stomach pains, dysregulation of the endocrine system, and higher degrees of immunological challenges (Stam, 2007). The body retains a somatic memory of the trauma, translating to somatic suffering and an inability to detect the environmental signals in a reliable manner (Van der Kolk, 2014).

The literature suggests that veterans struggling with PTSD can experience overall wellbeing improvement from the exposure to nature and outdoor recreation by supporting attention and cognition, memory, stress and anxiety, sleep, and quality of life. Furthermore, engaging in the learning of a new skill, such as surfing, can be distraction from everyday concerns to practice problem solving and solutions rather than avoidant coping behaviours to overcome difficulties (Wheeler et al., 2020). A study by Bird (2015) suggests that veterans self-report improvements to confidence, physical ability, emotional state, and success following the participation in outdoor therapy, as well as reductions in re-experiencing traumas, avoidance and numbing hyper-arousal, mood disturbance, tension, depression, and anger. Nature is an essential

and foundational component to the human psychological experience, healthy development, and overall well-being, and documented for their relaxing, healing, and restorative benefits (Naor & Maysseless, 2020).

Incorporating nature into mental health treatment is based on the inclusion of spiritual care within healing. It is often seen as a vital element of health care in the sense that it is a potential coping mechanism during events of physical or psychological deterioration by allowing the individual to make sense of adverse situations and finding solace outside of the treatment room (Pečičnik & Gostečnik, 2020). The connection between nature and humans goes beyond just the environmental experience; it is considered a part of the psychotherapeutic process that supports individual connection with themselves and others, as well as their physiological health. This is a unique by-product of witnessing the amazing power and beauty of nature, which can result in long-lasting and major self and life transformations, as well as interpersonal change within groups (Naor & Maysseless, 2020; Leighton et al., 2021). Immersion in nature can trigger peak and transcendent experiences that result in feelings of connection and unity, and metaphorical understandings about life through the natural environment (Naor & Maysseless, 2020). The findings from narrative interviews conducted by Leighton and colleagues (2021) highlighted that some often find relief and increased feeling of being “grounded” as part of mental health treatment within outdoor environments.

Ferneer and colleagues (2017) provided a “realist synthesis” on the premise that there was a lack of understanding why and with whom the treatment of outdoor-based therapies worked. In the discussion they share that a more theoretical framework is needed, as presently outdoor-based therapy stands as a conceptual model which is not easily understood. It also recognizes that outdoor therapy integrates “psychotherapeutic” and “psychosocial self” factors as a “new”

way in the alternative framework, which may be a differing component in comparison to conventional methods (Ferneer et al., 2017). It is not a passive process, but rather an experience where one is influenced through the interaction with the environment, transducing the individual into experiencing a psychobiological with their emotions and activated memories (Burns, 1998, as cited in Ferneer et al., 2017, p.126). Integrating natural spaces into therapeutic settings is a way to counteract the maladaptation and “nature-deficit disorder” by creating a supportive strategy that enhances the physical, psychological, emotional, and social of an individual, and in turns improves overall well-being (Greenleaf et al., 2014).

Centering therapy within outdoor-based programs offers an additional and highly beneficial aspect to veterans. In addition to offering the opportunity for veterans a long period of time alone to reflect on their thoughts, outdoor therapy also helps to establish bonds with other veterans through the experience of outdoor recreation (Dietrich et al., 2015). This is done through gradual re-socialization and re-entry into social settings, and the opportunity to exchange stories and struggles with both military and civilian life (Dietrich et al., 2015). The peer-to-peer experience within outdoor therapy programs helps to reduce stigma for mental health treatment and receiving emotional and practical assistance in the early stages of recovery (Theal et al., 2020). Outdoor therapy that is centered around supporting veterans has an embedded component of camaraderie, which facilitates positive experiences with working together to mutually achieve challenging tasks and often resembles a military unit. Healing is suggested to be powerful and effective within community groups and with relationships (Mehl-Madrona, 2003). The peer-to-peer benefits within group settings offer a sense of empowerment that is accompanied with noncritical and unmediated support, reinforces personal strengths, and provides a sense of belonging (Shoher et al., 2023). The use of physical therapy in this therapeutic model, in



combination with the encouragement of social connection, and provision of a sense of purpose and accomplishment have healing benefit to mental health, offering greater insight into one's circumstances and simultaneously working to stabilize physiological symptomology (Bird, 2015; Fernee et al., 2017).

The costs of nature therapy are minimal in comparison to the conventional options that are available to support mental health disorders in the urban world. A study by Gascon and colleagues (2015) that the United States invested \$2.5 trillion dollars in 2010 as a burdening cost to support mental health efforts, with an estimated \$6.0 trillion that may be output in the year 2030. Utilizing green spaces with vegetation (i.e. trees, grass, forests, parks, etc.) and blue spaces that have water bodies (i.e. lakes, rivers and coastal water) are recommended to be accessible within 300 m distance in residential areas (Gascon et al., 2015) and are part of the natural environment and accessible at little to no cost. Having local access to green spaces, activity in nature, and even the mere viewing of visual images of nature scenes has been positively correlated with positive mental and physical health, and a lack of such has been correlated with poorer health outcomes, especially for those who are of lower socioeconomic status (Greenleaf et al., 2014). Nature therapy fulfills a restorative movement towards mental health in the sense that it utilizes elements which are more compatibly aligned with an individual's preferences and inclinations, as well as involuntarily engaging the individual through "fascination", which requires effortless interest and utilizes their sense of curiosity (Greenleaf et al., 2014).

### **Precursors of Service-Related Mental Health Issues and Stress Injuries**

There seems to be a reoccurring relationship between the development of service-related mental health issues and a childhood history of adverse experiences or traumatic events. Adverse childhood events (ACE) are known to have a high correlation with poorer mental health

outcomes, which can include depression, anxiety, and suicide attempts. ACEs can include various events or experiences during early development years, which include physical and sexual abuse, emotional abuse, parental conflict and divorce, domestic violence, a non-nurturing environment, delinquency and antisocial behaviour, poor education, and lack of access to health care and support (Murphy & Turgoose, 2022). Interestingly, CAF personnel in the Regular Forces seem to have a higher occurrence of childhood abuse compared to their civilian counterparts. There was found to be a comparison of 47.7% of personnel who experienced childhood abuse, compared to the respective 33.1% in the civilian population (Afifi et al., 2021). It was found that 29% of female veterans reported experiencing childhood abuse, which was predictive of poor physical health and greater depressive symptoms (Mercado et al., 2015). In a study with a male cohort of veterans, it was found that a history of multiple childhood traumatic events distinctively increased the likelihood of PTSD symptomology in adulthood, especially as it related to military service (Agorastos et al., 2014). Individuals who are exposed to childhood trauma may voluntarily escape the adversity encountered in their homes (Blosnich et al., 2014), and seemingly in attempts to improve their life circumstances through the career and education opportunities made available through the military (Afifi et al., 2016).

The research findings of Battaglia and colleagues (2019) demonstrate that emotional abuse during childhood can confer risk for the perception of moral injuries in adulthood. Furthermore, those who have experienced ACEs may develop alternative negative beliefs about themselves, others, and the world, which puts them at greater risk of developing moral injuries. Experiences of ACEs and exposure to traumatic events does not always result in moral injury, nor do they always lead to the development of PTSD (Santiago et al., 2013). The findings of Whelan (2013) suggest that veterans who were diagnosed with PTSD were reported to have

significantly high incidences of childhood sexual and physical abuse, as well as high adolescent and military substance use rates. Personnel may deny or downplay the frequency or severity of the events during early development, for fear that their military OSIs may not be taken seriously. However, the implications of skewed or absent information can have severe implications for post-service treatment recommendations, especially if clinicians fail to assess the relevancy of ACEs and previous traumatic events in early development (Whelan, 2013).

A study in the United Kingdom found that 44% of veterans reported experiencing six or more ACEs, compared to 24% of the general military population (Murphy & Turgoose, 2022). The study also suggested that veterans are typically less favorable in responding to mental health treatments than other groups due to the complexity of their presentation, which could include the historical background of ACEs and combat stressors combined (Murphy & Turgoose, 2022). The severity of PTSD presentations, comorbid mental difficulties, childhood adversity and disassociation are all found to be associated with poor treatment responses, thus the complexities of veteran cases with mental health need to be inquisitively understood to determine suitable treatment options (Murphy et al., 2020). The psychobiological impact of early trauma is different than the psychobiological effects of trauma during adulthood, thus it is extremely relevant to address early trauma histories in addition to more recent events (Sher, 2017).

### **Gaps, Limitations, and Areas for Future Direction**

The literature review revealed several gaps, and areas for future direction of research in this area. The main challenges that are identified are relational to a lack of participant feedback that informs the delivery of trauma-informed care, fostering change around mental health stigma, and identifying theoretical basis in outdoor therapy.

Current literature does not offer much insight into participant perspective on trauma recovery that is assisted through the therapeutic use of the outdoors, and spirituality in care (Leighton et al., 2021). There has been little research conducted on patient preferences or on other behavioural and biological predictors of drop-out rates which is predicted to have a strong influence on treatment efficacy (Steenkamp et al., 2015). Future research could make an emphasis to focus on the inclusion of participant feedback. A focus on integrating participant perspectives during diagnosis assessment and aligning expectations of treatment can reduce dissonance and conflict between the service-user and healthcare professional during the treatment process (Siminoff, 2013) which results in mutual understandings and positive change. When research dismisses the voice of the participant, it undermines the expertise clients have on their own experience, their worldviews, and values. As well, it fails to acknowledge schedules around personal commitments with family or work (Held et al., 2020) which attribute to their inability to resolve trauma.

Furthermore, there is a reluctance and low responsiveness to clinical treatment models within the veteran community to address mental health, as it seems to be entrenched in stigma around mental health, as the premise of seeking out support often contradicts the value of what it means to be a strong soldier (Bird, 2015). More could be done from a feminist lens to encourage the reconstruction of masculine identities and social scripts about dealing with trauma. For example, expressing emotions could be constructed as courageous or an act of determination versus something that is shameful or embarrassing (Burns & Mahalik, 2011, p.351).

Current literature has limiting evidence that demonstrates the causal relation between mental health and nature in the adult population (Gascon et al., 2015), despite the benefits of nature that have been observed (Gascon et al., 2015; Kenieger et al., 2013; Greenleaf et al.,

2014). Additionally, it seems that personal narrative reflections and stories of personal and meaningful engagement in outdoor therapy are limited in availability (Leighton et al., 2021). Evidence to support the causal relationship can be verified through measuring psychophysiological changes of mental health symptomology and establishing a clear theoretical framework for outdoor-based therapy (Papazoglou, 2017; Harper et al., 2021). Post-participation questionnaires provide limited statistical analysis on effectiveness, as many participants do not complete follow-up questionnaires following intervention. This hinders the research from being informed on the outdoor therapy's effectiveness (Bird, 2015). Forsyth and colleagues (2020) similarly propose that future studies focusing on outdoor-based therapy with military populations could benefit from analyzing a one full program year at minimum by focusing on longer-term outcomes with participation (Forsyth et al., 2020). Future studies can also benefit from formulating program theories that can identify intervention input, activities, and long-term outcomes as part of clarifying the effectiveness of outdoor therapies (Harper et al., 2021).

## CHAPTER THREE: METHODOLOGY

This chapter of the thesis dissertation describes the methodology and design utilized for this research study. Below are the research questions and hypothesis that inform the research study. The research questions and hypothesis are followed by a detailed explanation regarding the research design, including the theory and framework used to inform the study approach and objectives. The methodology then discusses the sampling procedure, data collection procedure and a discussion regarding the analysis used. The methodology chapter concludes with dialogue regarding how confidentiality and anonymity were handled, ethical considerations and issues, and a discussion of potential benefits of this research study.

### Research Questions

Given the objective of this research study to determine the efficacy of outdoor therapy with military veterans, the exploration and analysis was guided by these questions:

R1: How do participants regard the experience and use of outdoor therapy?

R2: How does this experience with outdoor therapy offer effective assistance as a trauma-responsive therapy in fostering positive impacts to mental health conditions that are sustained from military experience?

R3: Does the role of gender, military rank and/or role, which are often influenced by hypermasculinity, have any possible impact to the development of mental health issues?

### Research Design

The study design utilizes a qualitative design to analyze the data collected in this study. The relevance of using a qualitative design was to address the lack of missing participant

perspectives that inform the available research. The literature review demonstrated an absence of participant perspectives to inform understanding on trauma recovery, specifically that of the therapeutic use of the outdoors. The current use of evidence-based approaches may not necessarily contribute the value as it has historically been theorized and empirically proven to provide to active personnel and veterans as part of reducing mental health challenge. By extending an opportunity to military veterans who have utilized outdoor therapy as part of their mental health recovery within this study, their expertise helps to inform academic research what they find to be most helpful and efficacious as part of their recovery, and what may be creating barriers for them within mainstream practices.

Within the military culture, one must understand the institutionalization involved—the rigid authoritative approach that dictates the behaviour, belief systems and social practices within this culture. Understanding this social process helps to explain why a qualitative approach is suitable for a study design such as this. As was discussed in the literature review, mental health struggles are often not shared or brought to the attention within the CoC due to fear of repercussions, and furthermore adequately addressed by the system in which they operate. This contributes to a self-stigma, distrust, and reluctance to speak up. As such, the phenomena lacks qualitative merit and remains to be better understood. Therefore, the analysis of responses within the study cannot be measured quantifiably because to be understood, one must examine the matter through a reflexive critique to make sense of the conceptual social contexts and nuances involved as I shared above. Some of the themes that are discussed within this research design cannot be analyzed accurately, and perhaps logically, from an empirical stance. To be more effective, the research needs to look more carefully at the narratives, and overarching systemic and environmental factors that contribute to the challenges with mental health recovery from a

perspective that honors veterans and mental health service users. These factors include the treatment of personnel within the military hierarchy of command, the role of social influence from peers and superiors, and provision of care and treatment for mental health injuries.

Deschaux-Beaume (2012) puts it well: first-hand information that is analyzed from a qualitative approach is valuable since military-related research does not have extensive access within grey literature or internal documents, and specific military language within a research context is difficult to find and assess given the “culture of secrecy” (p.102). It is important to understand this information inside-out. Listening to the discourse of military personnel or veterans can help to understand this dialogue as “a set of regulated and specific social practices among other practices” by applying careful meaning they give to their actions (Deschaux-Beaume, 2012, p. 106). This approach also allows voices that are often left out of medical discourses, or otherwise invalidated, to be heard (Leighton et al., 2021). Considering the vast complexity of understanding mental health responses and challenges faced within the military culture, the qualitative research inquiry is analyzed using a phenomenological approach and hermeneutical interpretation.

### *Hermeneutic Phenomenological Research*

To provide a rationale on why it is necessary to review the current approaches to mental health, we must examine the present social challenges and barriers to mental health recovery. I propose this is related heavily to the makeup of the military culture, which needs to be reviewed from a hermeneutic phenomenological lens, using a top-down approach. This research study is informed using the research theory of phenomenology. Phenomenology aims to understand subjective perspectives through a particular group, specific to one context which can provide the researcher a mode of interpretation and analysis through qualitative evidence that is collected



through an interview method (Creswell & Poth, 2018; Mayoh & Onwuegbuzie, 2015). The application of hermeneutics in a phenomenological study method offers the possibility of qualitative interpretation that examines the subjective experiences of military veterans, while also producing data on the social attitudes and culture within these contexts by relying on these subjective lived experiences to make meaning (Creswell & Poth, 2018). The value of using a phenomenological approach to this research design also elucidates how subjective experiences can reveal shared nuances and themes within the profession of the military, particularly to the subject of mental health (Bush et al., 2019; Easterbrook et al., 2022).

Hermeneutic phenomenology develops a close relationship with transcripts of those who express their lived experiences. It focuses on identifying the experiences within the transcripts, and isolating themes to uncover thematic findings and more meaningful interpretations of what is being shared with the researcher (Sloan & Bowe, 2014). It is the essence of the experiences that helps the researcher to redefine the appropriate themes and determine how they are relevant to the research inquiry. Conducting research that is grounded in a hermeneutic phenomenological approach is complex because of its qualitative nature, since it can be difficult to determine if one “got it right”, the correct definition or if the meaning of an experience is appropriately extracted from the data. Essentially, it allows the context to dictate how the data is analyzed (Sloan & Bowe, 2014). The interpretations may not always be completely precise, since its dependent on the how the researcher makes sense of it (Pérez-Vargas et al., 2020) based on their own understanding and knowledge available to them.

The use of hermeneutic phenomenology is relevant to this research study because it intends to make sense of a phenomena that has not been empirically or qualitatively examined thoroughly. The concept of hypermasculinity combined with the challenges of systemic

imbalances, mental health stigma, using alternative treatment modalities that are not grounded in quantitative evidence is necessary to understand from a critical perspective using this approach. It allows the research to deeply consider matters that can only be qualitatively examined, so that the available empirical and quantifiable data that informs the current structure of military mental health can be understood from a different perspective and could ultimately transform positive change. Participant perspectives need to be deeply examined to appreciate the conceptual and abstract challenges that are not visible, nor discussed within a regimented environment such as the military.

### *Deconstructing Hypermasculinity Through Feminist Theory*

Feminist theory recognizes that gender stereotypes can harm both men and women. This is done by critically examining the harmful impacts of hypermasculinity by deconstructing its historically patriarchal structures and influences that impact mental health care within the military. On the premise of equity, might advocate that all who struggle—despite their gender identity—in the military should be able to voice and be able to address the struggles they are experiencing with their mental health, rather than repressing it as per the general expectation. In the deconstruction of this hypermasculinity, it challenges the notions of gender socialization by better understanding the role of patriarchal structures and power dynamics that exist which exacerbates the challenge of speaking up. With the careful consideration of applying a feminist approach, it is acknowledging these historically influenced norms and scripts that are often adhered to by men impose limits on their agency and ability to express themselves (Trivedi, 2020). From a research perspective, this impacts the subject of military mental health in the sense that it looks at the systemic factors that contribute to patriarchy, and in a sense, challenges it to move towards individual healing (Trivedi, 2020). Arguably, it would also challenge the

system, which is built upon patriarchy given that the military historically formed upon the idea that it was a man's job and a man's world.

Thus, a feminist theory has no relevance without acknowledging the significant disparity between genders and utilizing a gender-based analysis. The gender focus of this study unravels the social construction of masculinity. In doing so, it helps to better understand the traditional and sometimes patriarchal dichotomies that have historically existed within the culture of the military. The relevancy is that this notion needs to be deconstructed. The fact that women are women, and their needs are different should not pose barriers. A traditional feminist lens brings attention to the power imbalances and advocates for equity. The fact of the matter is that women's experiences with mental health and issues such as substance use are inherently different. The study design was deliberately designed to offer the opportunity for all individuals to share their unique experiences to provide an opportunity to inform a need for more effective and individualized care. It is central to uncovering the systemic issues and oppression of individuals who do not fit into the binary category of "men".

The unique experiences of women have been explored, which suggest that the distinct needs of women are often overlooked. The camaraderie and brotherhood within the military culture may provide a space of belonging for many, but the emphasis on male bonding can often result in derogatory and vulgar dialogue, and actions which are reinforced by hypermasculine ideals. The "locker room talk" dialogue is often a reflection of the carelessness behind some of the unfortunate atrocities that happen to both women and men. This is evident in the numerous cases that have been discussed and continue to come forward regarding cases of sexual harassment, assault and abuse that have historically occurred while women have tried to find their acceptance of the majority group, that is men. It deepens the analysis by shedding light to

the additional intersectional layer in which many women must relearn safety and trust. This is not limited to the experiences of women, since the recent years have demonstrated the high occurrence also amongst men (Taber, 2020). By applying a feminist-approach that embraces compassion, resiliency, understanding and vulnerability in the process of treating mental health, it can result in greater recovery when individuals become immersed in an environment that focuses solely on the improvement of self and health in a supportive peer-based environment.

### *Informing Best Practices in Mental Health for Military Veterans*

The objectives of this research study are to determine how participants regard their experiences with outdoor therapy, as well as gaining perspective on how these experiences offer effective assistance as a trauma-response model by evaluating the program's tools and use of community connection. Integrating this methodology into the research study can be of great benefit as it relates to the outlined research questions. It provides the opportunity to understand whether outdoor therapy is effective with individuals who have a military background and training, provide insight into the challenges in overcoming mental health that are inherent to the culture of the military, and determine the role that hypermasculinity plays in relation to mental health challenges. In this exploration, I intend to determine whether there are specific elements or components in outdoor therapy that accelerate or assist in trauma recovery more efficiently than some other conventional approaches.

A hermeneutic phenomenological application is well suited to understand the challenges that military veterans highlight through their lived experiences within the military culture and profession, and to investigate outdoor therapy as a trauma-response model, and interpreting meanings based on what they attribute to those experiences. It can provide valuable insight into the challenges faced by military personnel, and better inform the development of greater efficacy

in mental health intervention and policies for military veterans. By effectively utilizing a feminist-theory to cross analyze, it offers the additional intersectional analysis of deconstructing how hypermasculinity influences mental health recovery negatively, while also exploring the divergent themes that arise when a gender-based analysis is applied to demonstrate the disparity amongst the traditional gender dichotomies. It highlights the importance of empowering individuals to play an active role in their mental health, rather than simply treating their symptoms by destabilizing systems of power and oppression (Arinder, 2023).

### **Sampling Procedure**

The sample was collected with the support of the directors of the participating agency, WAC. As I outlined earlier in the introduction, WAC is a charitably funded program that supports both the military and first responder community with mental health resiliency by providing opportunities to engage in outdoor-based recreational therapy. Their mission is to use therapeutic adventure and peer support to prevent and reduce the effects of operational stress and PTSD in veterans and first responders (Warrior Adventures Canada, 2023). Their program provided a suitable population of individuals for this research study to answer the research questions about the efficacy of outdoor therapy.

I, as the researcher, provided the directors with a criteria summary, invitation letter and a link to the screening questionnaire to distribute to participants who had attended their program during the years 2021 and 2022. The criteria were as followed, that an eligible candidate must:

- 1) Be a retired veteran of the Canadian Armed Forces (CAF) military
- 2) Have participated in WAC's outdoor therapy program as part of their mental health recovery

- 3) Have also received mental health therapy through a CPT, CBT, PE or other therapy approach in the past as part of their mental health recovery
- 4) Be agreeable to a follow-up interview with the lead researcher over Microsoft Teams

The sampling procedure was not limited to a specific gender or sex, however the follow-up interview questions entailed exploring the gender roles and expectations within the military culture to better understand how hypermasculinity may influence the mental health recovery process. This was done by applying a feminist theoretical framework. It offered me the opportunity to provide a gender-based analysis to evaluate any difference in perception of the hypermasculine nuances in military culture. During the recruitment process, I intended to recruit between six to eight participants for this research study. Participants were vetted by use of screening questionnaires that are informed by the above stated criteria. The total number of participants recruited were seven, five of which identified as males and two that identified as females within the open-ended question that inquired about their gender identity. The recruitment process resulted in the vetting of 19 individuals who completed the screening questionnaire. Of those 19, only eight respondents qualified to complete the study based on the outlined criteria, and only seven pursued the invitation to complete the interviews with me.

The sample size was selected with the consideration of available guidance within academic research on phenomenology. Various sources offer differing perspectives on an appropriate sample-size for phenomenological research. In the literature review findings, one article suggests that an appropriate sample size for phenomenological research can range between six to 12 people. Typically, after six interviews, the research will demonstrate “thematic redundancy” (Beiten, 2014). Noon (2018) notes in their findings that three is sufficient for a master’s level study focused on phenomenological research, and Bartholomew and colleagues (2021) provide

supporting information on this. Because phenomenological research intends to interpret thematic findings, the key to a good sample size is having thematic saturation and generalizability (Bartholomew et al, 2021). With the consideration of these academic findings, I took the direction to try to recruit between six to eight, however was satisfied with the seven qualifying participants who offered a diversity of gender. On the following page, Table 1 provides a visualization of the demographics collected from the screening questionnaire.

Table 1: Statistical Demographic Information from Screening Questionnaires

<b><i>Respondents</i></b>	<b><i>Total screened</i></b>	19
	Eligible	9
	Participated	7
<b><i>Gender</i></b>	Male	11
	Female	8
	<i>Males who participated</i>	5
	<i>Females who participated</i>	2
<b><i>CAF Veteran Status</i></b>	Yes	12
	No	7
<b><i>Participation with WAC</i></b>	Completed the program	17
	Did not complete the program	2
<b><i>Disclosed Mental/Cognitive Conditions</i></b>	PTSD	13
	Depression	8
	Anxiety	7
	Substance use	2
	Traumatic brain injury/concussion	2
	Other mental health condition	2
	No diagnosis	2
	Unspecified	1
<b><i>Access to Previous Treatments with Evidence-Based Therapies or Other Therapy Modalities</i></b>	Have previously accessed treatment	13
	No previous treatment	6
	CBT	12
	CPT	3
	PE	4
	EMDR	3
	Somatic and SRT	1
	DBT	2
	Neurofeedback	1
	Unspecified or other psychotherapy modalities	2



## Data Collection

As I mentioned previously, I established a connection with an outdoor-based therapy program in Canada, who are known as ‘Warrior Adventures Canada’ (WAC). This program fit the defined criteria of outdoor therapy within this research design as outlined in the introduction, and specifically in the sense that it supports mental health recovery with, while not limited to, military populations.

In this qualitative design, I conducted the interpretation of two sets of data results simultaneously that were not contingent on one another. One set of the qualitative data that I obtained for the purpose of the study were anonymous program evaluations from WAC between the years of 2018 to 2021. This secondary data was analyzed to gather information about what their participants interpreted as positive and helpful aspects of the program, comments on what the guides did well and perhaps needed improvement on, learned skills and techniques that aided in recovery or prevention of future injuries. This information was gathered by evaluating the feedback for the following two questions that were extracted from their program evaluation forms. These questions were:

1. Any areas where the guides did particularly well? Any areas of improvement for the guides?
2. Has the trip provided you with tools and techniques to aid in your recovery or prevent a future injury? Does it allow you to live a more fulfilling life and overcome future obstacles? Explain.

This feedback is helpful in demonstrating strength in the efficacy of this model. While the program evaluations provide feedback using rating scales and open-ended questions, the program

evaluations that were analyzed extracted information from two specific qualitative questions, which complement the second set of data.

The second set of data was collected as new data throughout the duration of the study, by use of semi-structured interviews with participants to gather a phenomenological interpretation of experience that were roughly one and a half hours on average. This approach of utilizing two sets of qualitative data allowed for a rich discussion of understanding broader themes regarding mental health recovery in conjunction to an outdoor therapy model in order to understand what the participants reported works well with the WAC program, and how it aided them in addressing mental health issues and specific military related stress-injuries as a comparison to other conventional treatment models. This facilitated a deeper understanding of the social and cultural influences in the context of the military. I also wanted to explore how this helps inform the way traditional mental health service delivery is provided through participant expertise, reflections and experience with the program, the benefits and/or ongoing challenges with their mental health recovery since attending, and their transformed identities as a result. While I did not expect that I would find such a large thematic finding on previous adverse childhood events and/or traumas, this became another focal point within the broader themes.

There were no direct observations of the WAC program made in this research study since the interviewees were conducted using Microsoft Teams long after their participation in the program. Apart from WAC's support in distributing the research study invitation, I was solely responsible for the recruitment of participants, developing the research design, implementing the questionnaires and interviews, collecting, and analyzing data, and disseminating the results. Supervision, guidance and editing direction were provided by Dr. Nancy Ross throughout the duration of this research study, with whom I met and consulted with on a regular basis.

## **Data Analysis**

This study intended to analyze a minimum of one full program year and to focus on longer-term outcomes with participants. While this study was not structured as a traditional longitudinal study, I intended to see how participants perceived their previous experience with outdoor therapy and the impacts this experience had on their recovery with mental health following a minimum of one year.

It was anticipated that the outlined themes in the interview script would allow participant perspectives to emerge and inform how efficacious outdoor therapy is. The data analysis is based on two sets of qualitative data that evaluate participant's experiences with WAC, specifically what they found to be most helpful in terms of skills and tools that they took away, and general helpful experiences with the program. The analysis also examined areas that would be relevant to a trauma-informed model to address mental health conditions attributed to military service. The use of both the interviews and program evaluations are not contingent on one another, nor are they linked to the interviews since they were anonymously collected between the years of 2018 to 2022. Interestingly, though, they demonstrate consistent positive outcomes and narratives that suggest this modality is effective in practice with veterans. The trends and relationships to both the research question and the interview questions were examined.

### *Raw Summaries*

The interviews were firstly audio-recorded using Microsoft Teams and developed into textual scripts. This process was lengthy, as it took hours of audio data which were listened to, and re-listened to, and then converted into text by the researcher through manual transcribing. Fortunately, Microsoft Teams offers a transcription tool when recording. From this I was able to

download a copy of the generated textual script as a base. I would then edit and revise it throughout the process of re-listening and textually scribing. Through this approach, I was able to become familiar with the data and confirm accuracy of the interviewees' language and experiences.

Once the interviews were all transcribed, I created a master document with all the interview questions, and beneath it extracted all the key points from all interviewees corresponding to each of the interview questions from the semi-structured script. This was helpful initially to break down raw summaries about each person's subjective experiences without it being influenced by any bias, and to give me some general ideas before I began the coding process in Nvivo. I often went back and forth between the theme summaries and Nvivo coding. I found that doing the theme summaries helped me to quickly look up the main points of conversations regarding each interview question, and also getting a better feel for the different thoughts and experiences of each participant. This was harder to do looking at the coding in Nvivo because by the end of the coding process, most things amalgamated together.

### *Nvivo*

The benefit of using Nvivo for the qualitative analysis of this research study was to allow all data formats to be reviewed within one digital format, given the complexity of coding and ambiguous data involved (Goble et al., 2012). The program also allowed the flexibility of offering cross-coding given the data sets of the interviews, and program evaluations, to show overlap and greater evidence of thematic findings. All the data for the interview scripts and program evaluations were organized and reviewed using the Nvivo software.

## **Coding**

I used Nvivo to work on breaking down the key categories and theme findings. Coding took place in increments. Firstly, I analyzed the data by prescribing a generalized approach to coding. I created roughly 25 nodes in which I categorized significant pieces of the transcript. From there, I delineated the coding further into subcategories, or nodes, to focalize what I interpreted as the main themes or essence of the interviews by using deductive reasoning. As Crotty (1998) shares: “Understanding turns out to be a development of what is already understood, with the more developed understanding returning to illuminate and enlarge one’s standpoint” (p.92). By using this reasoning, this deductive approach allowed me to conclude more concise conclusions about what the interviews were suggesting. For this, it was necessary to analyze the interviews thoroughly several times to ensure that the information was sifted and refined as much as possible.

## **Theme Frequencies**

When I finished categorizing my primary 25 codes, I looked at the ones that had the greatest frequency of coding. This was, while not foolproof, a helpful tactic that brought my attention to what the participants most discussed as relevant aspects to their experiences with WAC, the influence the military had on their mental health and recovery, helpful skills, and tools and overall, their thoughts on effective aspects of outdoor therapy. From this, I was able to categorize the larger themes.

## **Queries**

A powerful component of Nvivo that was helpful after the coding was completed was the query option. Running queries on the sub-nodes indicated which words showed up most

frequently for each theme. By doing this, I was able to focus on specific quotes and thoughts that interviewees shared with me. Ultimately, this helped inform the data analysis and findings. When I saw a trend of similar words, it told me I needed to look more deeply at the context that was being shared to inform the phenomenological framework. It also helped identify patterns between themes, and the experiences of interviewees.

### **Word Clouds**

With the use of the word cloud feature, I entered the sub-codes through an analysis to compose and focalize word groups that highlighted some of the frequent words that came up within a visualization. It was similar to running queries but provided a different format to observe the patterns and relationships through. While this was not always effective, it did at times direct me towards specific script passages that deepened insight about attribute information that was relevant to the study (Byrne, 2009).

### **Confidentiality and Anonymity**

During recruitment, a confidential process was used to screen participants with WAC distributing invitation emails to interested individuals who participated in their program during the years 2021 to 2022. They were directed to contact me directly, as WAC otherwise did not have a role in the research study apart from supporting recruitment and providing the anonymous program evaluations. In the email from WAC, interested individuals were also directed to a screening questionnaire that I created using the Opinio application available at Dalhousie. This was a secure format that only I had access to. As well, I used this to gather email contact information for follow-up so that I could provide further study information and gather informed consent. The informed consent was only made available to eligible respondents of the screening

questionnaire. This outlined all ethical considerations pertaining to the study itself and engaging in an interview. Respondents reviewed this information and provided consent using another survey Opinio.

The interviews were audio-only recorded using Microsoft Teams. I confirmed consent with all participants prior to engaging them in the interview, to ensure that the process was voluntary in all stages and that an opportunity to withdraw was provided to all. Interviews were manually textually transcribed using both the Microsoft Teams generated script and relistening to the audio. I ensured that no names of either the interview or anyone from the WAC program was saved in the script. After transcribing, the audio recordings were deleted from the confidential drive. Only textual transcription was used for the data analysis. All scripts were saved as password-protected documents and de-identified in the file name using key-codes. The scripts were saved on a USB-drive that was kept locked in a filing cabinet to ensure maximum data security and privacy.

All participants were provided with two opportunities to confirm informed consent, both following the selection of candidacy and prior to initiating the interviews. Although the program evaluations were anonymously provided to me by WAC, participants were initially asked in both the informed consent and prior to the interview for their consent to release this information, should their names be on the evaluation forms to caution for any error. Because the program evaluations were anonymous, they are not outlined as a requirement from participants in the methodology as per the approval from the Dalhousie Research Ethics Board since they did not pose a risk of identification. No participants chose to withdraw from the study at any point, and none requested for their information to be withheld.

Key-codes were linked to pseudonym names. The pseudonym names are which you see in this final report to ensure the confidentiality of identity. All data collected was of a relatively personal and sensitive nature including contact information, demographics, and participant responses regarding their mental health diagnoses and access to previous therapy modalities. The interviews themselves, in their semi-structured manner, led to conversations that were raw and sensitive as well. For these reasons, it was incredibly important to protect the names of both respondents to the screening questionnaire, informed consent, and the interviewees. I kept separate Excel sheets to keep track of the screening questionnaire responses, informed consent, and the pseudonym names in their own corresponding files. All the files were password protected on a separate USB-drive and locked in a separate area of the filing cabinet to ensure that information could not be identified to any person or their interview content. In the informed consent, respondents were explained that data will be retained by me for five years after the release of the final report. This information is subject to any relevant and future research advancement and publications. It will be deleted thereafter.

Informed consent respondents were explained that ensuring anonymity entirely may not be possible. This is attributable to their quotes potentially being identified by the WAC community, and if their program evaluations were requested from WAC. They were informed as well that key-codes would be attached to their corresponding interview scripts, and that their real names would not be used in the final report. If the relevant quotes posed a risk of identification, they were paraphrased or not used to protect their identity.

The interview scripts were only accessible by me. My supervisor had access to some of my field notes and sample pieces of my writing, but was never informed about the participant's names, key-codes, or pseudonym names. Participants were all explained in the informed consent



regarding the “Duty to Disclose” legal duty in the case of disclosure, and the need to provide follow legal requirements as such.

### **Ethical Considerations**

There were various considerations during the development of this research study. Particularly, three different areas were considered during the process. First, I intentionally chose veterans as a focus for this study. For a start, it provided simplicity to focus on one population of individuals as opposed to considering experiences with the diversity of active military personnel and first responder communities, which WAC supports. Another rationale for this was the additional layer of ethical review required with the Social Science Research Review Board (SSRRB) when working with active military personnel. This additional review could have created some challenges with the study timeline. For the benefit of the study, I felt it was better to focus on the veteran population. Working with veterans also offered protection in the sense that what they shared with me during their interviews was not going to have an impact to their professional careers in the military. As an ethical responsibility, I did not want to pose any risk to their professional career or reputation, especially in the case that the information they shared was not of a positive reflection of CAF. Veterans generally faced lower risk since they were no longer obliged to the CAF, as some indicated. There were some incidents during the interviews where participants did not want to get into too much detail regarding the context of negative social experiences with the military, even years after their military release. I was respectful not to query too much, nor did I pry for information. I did my due diligence to provide the interviewees the right to privacy of their personal information.

Another area that I felt was worth consideration was the vulnerability of this population. Given that the study focused on mental health recovery of a population exposed to very horrific

atrocities within combat and warfare settings, amongst other challenging circumstances attributing to mental health conditions, I wanted to be sensitive while attempting to obtain relevant research data. Interviewees were informed regarding the sensitivity of the questions and were offered the option to decline to answer if they did not feel comfortable. Some of these questions included asking about previous history of childhood adverse events or traumas. The questions regarding previous experiences in the military, including the perceived gender differences, also posed some risk of vulnerability. Prior to the interviews, I offered resource information in the case they were to experience any form of distress following the research study. Unfortunately, I had no way to monitor this, as I did not have contact with participants following the interviews besides from general follow-up. The interviewees were generous in offering some information that was very personal and sensitive in nature, which I held with much honour within my position in research. Participants were offered compensation in the form of a \$50 gift card for their participation in the study.

The last ethical consideration was regarding the previous involvement with WAC. The program uses a peer-to-peer model, meaning that there is the possibility that some of the interested respondents or participants could be involved with WAC on a professional level or have a desire to be one day. It was a duty of mine to protect the identity and information shared during the interviews as I started writing this final report. WAC did not have access to the personal information, whether in the form of screening questionnaires, informed consent, and interview scripts, that were collected during the duration of the study.

## **Study Benefits**

As I mentioned at the start of this methodology chapter, one identified area within the literature review was the missing perspectives of service-users and participants of mental health programs. The participants may benefit from the study by means of empowerment, that their voices have directly influenced to the contribution of new knowledge, research and understanding. Especially since participant perspectives are often missing from academia, this is a powerful way to support them to feel positive about their recovery and supporting the development of meaningful trauma recovery based on their own feedback.

There could be potential benefits to furthering academic research in two ways: 1) It may support in contributing to participant perspectives, which are often excluded in the academic research on evidence-based practice, that elicit information about the effectiveness of outdoor therapy, as well as participant preferences that could influence efficacy and 2) a greater understanding of the causal relationship between adult mental health and outdoor-based programs. The outcomes of the study could potentially support the consideration of evaluating outdoor therapy as part of an evidence-based approach, which could have a larger impact on the way it is currently funded and made available to individuals who are seeking support with their mental health. One day we could see outdoor therapy programs covered under extended health benefits and funded by public government grants. Most importantly, it is informed by the unique and valued perspective of participants by considering their feedback on effective and helpful aspects of outdoor therapy during trauma recovery. In that sense, it can support in creating a theoretical and sound basis for service delivery.

## **CHAPTER FOUR: FINDINGS**

In this chapter, I present my findings from the interview data that I collected with the eligible candidates of this research study. The seven interviewees all attended and finished a program offered by WAC and identified as having a veteran status. In meeting with the interviewees, I intended to gather in-depth information from the semi-structured interview I conducted that elicited information from three specific subject areas: their personal experience and reflections regarding attending a program with WAC, their perspective on the efficacy of outdoor therapy, and their perspective regarding the military's response to mental health. The general objective of gathering information from these areas was to determine qualitative findings that demonstrated the systematic challenges in military culture that contribute to mental health conditions. In doing this, I hoped to highlight the suitability of an alternative approach based on participant perspectives on the potential efficacy of outdoor therapy, as it compared to conventional treatment models based on their experiences with both. The interviews resulted in qualitative data that distributed well into these six key topic areas to follow. To introduce this chapter, I focus on the general findings on the perceived helpfulness of outdoor therapy as an approach, as expressed by the seven interviewees. The following sections transition WAC's peer-based model, a thematic theme of prior ACEs and traumatic events, understanding the military culture from the interviewees' perspectives, and a gender-based analysis. The final section of this chapter provides my interpretive findings from the anonymous program evaluations I retrieved from WAC from the years of 2018 to 2021.

### **Nature's Healing Touch**

Outdoor therapy was explored as an alternative treatment model within this research study to better understand the positive correlation of mental health recovery, specific to veterans

who have trialled other evidence-based therapies. The rationale for this was to gain greater insight into the varying benefits of this form of therapy, compared to other evidence-based therapies which in many cases do not offer the outdoor aspect, and perhaps missing the group-based approach as well. It was also relevant to this study to understand the barriers and gaps that participants identify with evidence-based therapy models based on their current and previous experiences, as well as getting their perspective on any perceived barriers and or gaps from their firsthand experience with outdoor therapy. On this topic, several themes arose, which are discussed below.

### *Learning to Live in the Moment*

Throughout the interviews, several references were made to the analogic experience of paying heed to the present moment and really reflecting on “What’s important now” for survival. The intention, as expressed by the interviewees, was to prevent one’s thoughts of present worries, the past or even future stresses from flooding the ability to focus and overload the nervous system. These concepts are pinnacle to managing stress and resilience, but more significantly for survival in periods of emotional distress and when recalling painful memories (Held et al., 2017; Nosek & Meade, 2023). Participant’s expressed testimonies that identified greater self-awareness. Query word results demonstrated relationship frequencies specific to changing and moving directions away from focusing on stressors, and rather on their priorities in the moment within the outdoor camp setting.

These expressions came from learning lessons as simple as rationing water, noticing when one’s backpack feels too heavy, or legs feel too tired to keep moving forward. These simplistic lessons are invaluable for military personnel and veterans who have been accustomed to a very regimented lifestyle. It can limit the ability to experience and enjoy freedom or

autonomy by taking away control over their schedules, duties and living conditions. Often these circumstances, there can be limited rest, and can result in a feeling of helplessness and frustration, which are variables of stress. They may also forgo their personal safety. This can often come with repressing one's own needs to complete a mission or task, even if it comes at the cost of their own mental and physical health. When this happens, it can become customary to forgo the need to be present and the risk of mental health injuries can increase. A tool utilized by WAC is the practice of mindfulness and meditation, which highlighted the development of greater intuitive thinking and awareness with one's mind and body.

Living by the words "What's important now" had a significant impact on all interviewees, who all in their own ways shared about its relevance and application to their present day lives. The idea is to really focus on addressing one thing at a time, as opposed to trying to manage everything all at once. It seems that it was a relevant shift of perspective, and although a simple concept, a very powerful one. The strength and recovery come from the idea that one can face challenges simply by being in the present. It was provided as an example that if one is not aware of the river, it can very well consume them—an obvious scenario, especially within the outdoor environment. And while canoeing and kayaking are recreational tasks, they still require a degree of performance. This can equate to powerful lessons within military workplace settings where one can be consumed by their workload. Practicing the concept of mindfulness or being present with the moment was also shared relationally being in autopilot. Thomas reflected:

"Before Warrior Adventures, you know, it was 'Go, go, go'. And you didn't really have time to stop and think, it was one thing after the other. And then the week is over, now the weekend... I found I was always running."

After integrating the teaching of reflecting on what is important, Thomas shared he is now more intentional of carving out time to reflect, avoiding “running away” and setting aside the time to focus on personal interests. In turn, he shared it resulted in a positive impact on his family life.

Kevin talked about the profound impact of mindfulness as meditation within his life. The value was evident in what he shared:

“Everything I’m dealing with is far more abstract. It’s far more in my head. It’s not an obvious obstacle out on the driveway—I’ve gotta stop and think. For example, often when I’m trying to go to sleep and my brain is racing, instead of just being worried about my brain racing, I just try to listen to it. I just try to let those thoughts go by so that I can, A, know that I’m in control and not my thoughts, but B, try to understand what my brain’s telling me. Because my brain—in my journey—I’ve discovered is that your brain never does anything unhelpful for you. It’s always trying to do things for your benefit, so it sounds counterintuitive. Like if you’re super stressed out or anxious, you’d be like, well, why is your brain super—well, it’s trying to tell you, it’s trying to release something or tell you something or whatever, right? It’s always trying to protect you. You just gotta listen to it and figure out what it’s trying to say.”

A few interviewees were excited to tell me about specific books that were recommended to read by WAC. An interesting reflection on mindfulness and meditation came from George, who discussed “Falling Awake” by Jon Kabat-Zinn. His takeaway was practicing “falling in” to awareness, both to the sensations of the body, the sounds within the external environment and the thoughts passing through the mind. He provided his own experience with PTSD and how the practice of mindfulness and meditation helped him to self-regulate more effectively:

“There are times where I become triggered by something and I can feel anger, and sort of just, this rage boiling up. And for a while, when I was first diagnosed, I had very little impulse control over that. It just happened, and then I would have to deal with the consequences of my anger. But now, I feel like I can feel when it’s about to happen. I think it’s because of the meditation practice and time dealing with the situated condition, I can recognize when it’s gonna happen to me and step back from my own fucking self, I guess. I can feel it happening in the body and go, ‘Whoa, slow down, stop. Do you want that to happen? Is that the right move for that?’ It gives me that split second of awareness and it allows me to often to suppress it entirely and avoid the situation. I’ll remove myself from whatever situation that’s happening. Take a couple of breaths and come back.”

Considering these accounts, the findings demonstrate that the combination of an outdoor setting, that provides an environment removed of stressors, facilitates the ability to tap into the potential to self-regulate. Mental health challenges, especially with PTSD, often are correlated with the challenge of managing emotional regulation and hyperarousal of physiological symptomology (Van der Kolk & Najavits, 2013). Reflecting on “What’s important now” is a practice of mindfulness and meditation that supports military veterans struggling with mental health to really focus on the present, without being influenced by the stress or grief related to past events that cannot be changed, or the future that has yet to arrive.

### *Mental Health is a Conscious Lifestyle*

The semi-structured interview attempted to gather information through a holistic lens by assessing the improvement of health in the mental, physical, emotional, and spiritual realms. Some interviewees identified that they were non-religious or spiritual, but many did express that



they reported that their health in the areas of mental, emotional, and physical realms had more positive outcomes as a result of their time with WAC and the lessons taken from the program. Overall, the positive outcomes were attributed to self-transformation and improvement of self by looking at these areas to better understand the impact of the program.

All interviewees had positive things to report regarding improvements to physical health. The entirety of the program is based on physical performance and endurance in a recreational context. The interviews presented information that suggests physical fitness would be a necessary asset to the participation in WAC. One interviewee expressed that he had prepared for the trip by improving their physical performance prior to arriving to WAC's camp trip. As a result of their participation, they continued to maintain their physical fitness after recognizing the importance of physical health, but the impact to their mental health as well.

One strength about the WAC programming was focusing on taking care of yourself through nutrition and exercise. It really reinforces the holistic approach to overall health and wellness. George highlighted:

“Because the body and the mind are connected, and if your physical health is shit, it will likely lead to or exacerbate any mental health symptoms that you do have... When [they] plan these trips, [they're] getting everyone like a physical workout every day. But then [they are] also feeding the participants nutritionist food, right? You're not eating garbage when you're on the trail. So carefully calculated macros between protein, carbohydrates, and fats. You're making people work while feeding them healthy foods. Talking to people about mental health and tools for looking after yourself around the fireside. You feel like you're part of a brotherhood again and that's the recipe right?”

And while George focused on nutritional health and physical health, he also highlighted the importance of feeling connected to a brotherhood and community, since many veterans often have similar experiences in that they feel isolated when they leave the military.

Another interesting point I found was shared to me by Kevin. It really highlighted the high degree of supports that veterans are involved with to help them manage both their mental and physical health which was impacted by their military service. While these appointments are necessary, it really demonstrated that it can also come with a lot of stress. He expressed:

“One of the biggest feelings I had coming off of that trip was realizing how much of a break I needed from being a patient. If that makes sense... So, you know, my normal week to week I’m inundated with therapy. I’m inundated with physiotherapy. I’m inundated with chiropractic and massage, and you know, group therapy and whatever else. So, having the opportunity to get away from all of that and get some fresh air, get some good exercise, spend time with like-minded people, it was a break from being a patient. Not to say that I don’t need all of those things and continue to need those services, sometimes you need to get away from it all.”

Outdoor therapy, then, seems to provide a recreational opportunity to navigate mental health with less stress and therapeutic relief, rather than focusing only on treating mental and physical health conditions from a medicalized model. However, it seems to be a conscious effort that one makes to set aside the time to focus on their own individualized identity and passion for the outdoors and recreational activity—a challenge that is posed within a medicalized approach to mental health.

While there is clear evidence suggesting that military veterans are impacted by suicidal ideation and have a higher risk of suicide, interestingly there does not seem to be much information available regarding the impact of combat and war and its influence on violent or homicidal ideation. What we often do not hear about it is the ruminating thoughts on violent tendencies and homicidal thoughts, especially amongst those diagnosed with PTSD. There seems to be limited or dated research in this area (Gallaway et al, 2012; Lendhardt et al, 2012, MacManus et al., 2012; Sullivan & Elbogen, 2014). There were two interviewees who expressed that they struggled with thoughts of homicide at some point in their recovery, one specifically who had increased thoughts of both suicide and homicide following treatment with PE therapy. I feel that Leo's experience holds a powerful message that future research should pay attention to:

“That experience [with WAC] has improved my life because I'm able to utilize a lot of tools to reflect on my emotions that might be negative in nature and try and utilize some tools that we'd learned on that trip to bring yourself back to being present and managing those emotions. For me, managing my own emotions is one of the most difficult things that I have. I can go from being angry and wanting to kill somebody, to being so fucking sad—uncontrollably sad—and suicidal. There's just so much emotional pain that I go through that having the tools to be able to manage those emotions that they're not as intense has been such a huge improvement for me. And I think I said at the start of this conversation, that emotional aspect was about being present in life... Having a different perspective and doing all the things that you need to do to stay present in that moment.”

It follows that a conscious lifestyle of practicing mental wellness by applying practical tools of mindfulness and meditation in a therapeutic and grounding environment could be beneficial in developing greater self-awareness with emotional regulation and better understanding the

disturbing thoughts that arise, regarding both suicide and homicide.

The last domain in the holistic spectrum of care is spirituality. As I mentioned, many interviewees did not identify as religious or spiritual. It is important to keep in mind that spirituality has a broad definition and construct which can mean different things to different people. For this study, I considered spirituality to be defined similarly to the way Southard (2020) describes, in that it is an aspect of humanity in which an individual seeks meaning, purpose, transcendence and experience relation with themselves, others and the environment around them. When I met with the interviewees, I did not influence their interpretation of spirituality and was more curious to see what they would respond with. I really appreciated Laura's response as it related to her mental health journey:

“I was walking with one of the guides... we were doing some mindfulness grounding as we were walking. And so, I was very open to nature and open to the universe speaking to me. I'm dealing with some grief stuff right now. I mean, have been for years, but I was very open and willing to address that. And I had these profound moments, and it only was a 5-minute hike, and I had—It was like one after the other, after the other. And the person I was with was witnessing it all.”

There were three other interviewees who described their experiences with the outdoors and the program to be spiritually enlightening. The outdoor therapy experience was described to be spiritual in the sense that it invigorated them to feel more connected with the history of their landscape, the spirit of the animals and plant life around them and generally their understanding of mindfulness and meditation from a more structured spiritual perspective.

## *Maintenance is Key*

From personal experiences, many indicated that they had a very active lifestyle that involved some sort of physical fitness or outdoor-based recreational activity. It was highlighted of great importance and something that requires routine maintenance. Perry interviewee expressed that his physical health had a direct correlation on to his mental health, expressing that leading a healthy life and being unfit can result in depression. During his time in the military, he had fractured his back. While he was at home, he was eating a lot of fast food. By the time he left the military, he had chosen a new career and had been making steps towards greater improvement of himself. In that he really began to value physical fitness. He added that he still works out daily. George shared that he was motivated to be physically fit and active to enjoy a meaningful life both now for himself, but also with his children for a long time. He concluded his thought by adding, “My body is my temple”. In these two conversations it was apparent to me that having a purpose and meaning are motivators for physical fitness, and in turn positive outcomes for mental health. Physical fitness alone is not what provides benefit, it seems to need some sense of connection, joy, and goal accompanying it. It could perhaps indicate that valuing physical fitness and exercise are factors that influence the evaluation of the outdoor therapy program.

Some of the interviewees expressed that while the participation with WAC provided some relief and support with their mental health, it can result in temporary upliftment. Throughout my interviews with the study participants, it became clear that many struggled when they returned home after bonding with other peers through a fun adventure. As one interviewee described, it was as if after a couple of weeks, he returned to his “baseline” of patterns and behaviours prior to attending the WAC trip. Some even shared it could feel like a “high” that

wears off upon returning home. However, it was recognized as well that there is an onus on the participants to engage in some form of maintenance using the skills, tools and resources learned from the WAC program. It was also expressed by two of the interviewees that the program itself may be of greater benefit if it was offered regularly as a boost or aftercare. Laura shared:

“If I do two of these trips a year, I don’t have to be on anti-depressants anymore. But, having a tune up is a really important thing”.

She later added:

“What’s helping me, maybe with these programs, is that I’m recovering from those incidents a little bit more quickly and understanding what they are and beating myself up about it”.

While attending the program may not have been an instant cure, it did offer greater insight and self-awareness about one’s challenges, and in turn inform the participant how to manage or regulate their mental health conditions more effectively.

The program was considered a “break” from the normal day-to-day routine. However, WAC seemed to provide guidance within their program on incorporating breaks into life to support a more efficient routine and intentional recovery, while encouraging the use of the tools and strategies that participants found to be most beneficial for themselves. The trip improves overall health, as what Kevin described, “for a fleeting moment of time”, and so negative feelings can often return following their arrival at home. Participants can often be isolated from the camaraderie that comes with the peer-based program, limited objectives and common goals, and a lack of excitement, which induces the prior negative feelings, patterns and/or behaviours. Although I had asked participants if they had remained in touch with or created strong bonds

with the guides or participants outside of their attendance with WAC, only few indicated that they had regular contact with participants or guides. Some did suggest they stayed in contact via social media, however the barrier seemed to be in that participants were from various parts of Canada.

### *Nature is the Great Teacher*

The integration of bringing the outdoors into a program such as WAC offered unique experiential learning that may not be learned from traditional therapy settings within clinical settings. Many interviewees offered interesting perspectives from the lessons they learned from their time outdoors and from nature itself.

One of the most common analogies I heard was “taking an eddy”—essentially translating to taking a break. Perry explained:

“‘Take an eddy.’ When you do white water, you’re always aiming for the eddies. So, you can get through a rapid and then you hit that eddy, and then you take your time out. You focus on your next challenge ahead. So, from that I took from—even in a day like if I got stressed from work, personal life or anything, I always make sure to take time out for myself to take that eddy.”

As Perry taught me, an eddy is a break in the river where you stop and get the water out of your canoe or kayak. As a real-life translation, this generally means that when life gets to be compounded with stressors, it is important to stop and take a break to reduce the load to focus on what else is ahead. Perry shared that the WAC guides encouraged participants to translate this to their own life and intentionally make the time to manage stressors.

Another analogy was shared by Sarah, who talked about her adventure on the Great Divide Trail with WAC:

“The Great Divide Trail is a whole bunch of series of mountains and peaks and valleys. You have a lot of peaks and valleys in your own healing journey cause its not a linear, easy path where you can just walk straight. It’s gonna trip you up and it’s gonna take your breath away, and then you’re gonna do good. You’re not gonna do good for a little while. And that’s where I found myself at the Warrior Adventures Canada. I was ready for another challenge in the healing journey.”

Similarly, Kevin shared his example of the river:

“When you’re coming up to obstacles, or you’re coming up to heavy water or whatever, the thing you always do is, you get out of your boat and you go and scout it and you go, okay, how can I navigate through this set of rapids or these obstacles so that I can get down at the bottom and still be safe? So, if I sort of transpose that to life, I’m having really bad thoughts or I’m really anxious, or whatever else. And coming up to that rapid, how can I get out of the boat? How can I take a step back from the anxiety, look at it objectively and go, okay, this is how I need to navigate this particular situation so that I can get down to the end of it and not feel completely overwhelmed?”

On a few occasions, I also heard the reference “River don’t care”. In this analogy, the river was referred to as the general context of life. Essentially, interviewees shared that they learned that the river does not care whether you thrive or if you drown, what challenges or history you have, or what hardships you have gone through or victories you have won. It treats everyone the same. The lesson many learned from this was to develop greater self-awareness and having greater control over one’s own perspective by trying to create the best version of yourself.



Being outdoors offered a disconnect from the business that comes with a working life, and a life integrated within complex systems and influenced by technology. One of the recurrent themes suggested that many took pleasure in the primitive-like living involved with being disconnected from their regular lives as a means of wellbeing. George expressed that from his perspective, some of the rudimentary things about the human experience are often taken for granted, especially from an evolutionary standpoint. It was summarized well by his statement: “Life is simpler on the trail”. Three other interviewees also expressed similar sentiments along the lines, that the disconnection from cell service removes “a lot of weight off your shoulders when you don’t gotta worry about life”. Laura expressed:

“I think being in the outdoors for extended periods of—particularly when there’s hardship—is that you get brought right down to basics. There is no technology to distract you. There’s no distractions, and you just have to do things like, put your shoes on, walk, feed yourself, get water. Very, very basic needs. It forces you to be mindful.”

The outdoor setting and being in nature offered many teachings to the interviewees, and in ways that really encouraged greater care for oneself by offering different perspective that may not have otherwise been gained from a more medicalized approach.

### *Developing Greater Confidence by Overcoming Challenge*

From the interviews, I elicited information that demonstrated that outdoor therapy seemed to instill greater confidence through some of the tough obstacles and adventures that participants take part in. The underlying theme was accomplishing shared tasks and goals within a team setting and bonding over these challenges, while mutually navigating their own personal journey with mental health recovery. Almost all interviewees made some reference or another

about overcoming hard challenges collectively together and achieving their own personal goals outside of WAC. George shared:

“I just felt really invigorated when I got back from the trip. All the life goals that I had, my energy level and motivation to reach those goals was driven up. I just felt reinvigorated for life in general, and the things going on at home. I just felt more confident that I could achieve it.”

Kevin also shared his thoughts on the power that comes from the shared hardship within a team setting such as the one supported by WAC:

“You can’t do it alone. You also need people that are on the journey with you, not just being a cheerleader from the side of the river. You know what I mean? ... They’re actively engaged in your struggles. They’re actively engaged in your successes. But, not solving the problem for you either.”

Laura shared similarly:

“Having other people around you—whatever burden that you’ve got that day—it’s a shared experience. It’s a shared load. It’s a shared effort from everyone. So, that’s huge. Like, for me in my journey, I can’t do this in isolation, and I can’t do this alone. And I know that now, and it’s taken me a long time to figure that out because you try to—you know, cause of my stigma. I tried to do things quietly and like, don’t wanna tell anybody like, what’s going on with me and that kind of thing. But you can’t heal by yourself, in my opinion. I can’t heal by myself. I need the support of others.”

It seems that while others may be involved in the process of the same goal based on mutual understanding, each individual leaves feeling good about their own contribution and successes.

In a larger sense, an individual is strengthened by the support of the collective group, which is where the growth stems from. This was supported by the sentiment from Leo:

“When you get a group of people together and you’re trying to accomplish something like paddling from this lake to that lake. And, you have some portages, and then it rains, and the fucking trip isn’t fun anymore. Like, embracing that kind of suck or that kind of shit is, what? Developing those strong bonds, that’s what outdoor therapy did for me. It was to prove to me that I’m capable of doing this and there are other people like you out there that are also going through the same shit, and we’re all doing this together. You have support.”

I think the one of the most powerful sentiments came from Sarah. Alongside the confidence of overcoming challenge with others, it was beautiful to hear about the transformative effect that this kind of program can have for individuals who are struggling with their mental health:

“We all have the capability—every single human on this planet has the capability of dropping shame and guilt, and doing what’s necessary and being better for it, I’d say. What I learned from this adventure was that you could come together with a bunch of hard asses. You can push yourself to the brink of extreme exhaustion every day, and still wake up ready to fight another day. And sing while you do it.”

### *Comparisons to Conventional Treatment Models*

One of the reasons why I took to understanding the efficacy of outdoor therapy with military veterans was because of the comparative limitations of traditional evidence-based approaches to mental health identified within the literature review. These dyadic approaches include pharmaceutical medications monitored by a medical practitioner, and psychotherapy

treatments with a trained professional, such as CBT, CPT, and PE, which were identified most frequently throughout the review. I intentionally chose participants for this study based on their previous experiences with other therapies to see how outdoor therapy fares in comparison.

Perry painted a picture for me regarding the military's medicalized approach to treating pain and mental health. He felt it was quite forcibly pushed upon him to follow the medical advice and take pharmaceutical medications. He shared about the impact of this regiment on his health:

“The time that they put me on pharmaceutical drugs, I just felt like shit the whole time. My sleep was frigged up, my stomach was frigged. Everything was frigged up. Then you go in here and they're telling you, “Nope, you gotta keep doing this. You gotta keep doing this”. You're like, but this thing called Google these days, and you do your own research and find out about all these topics and all these drugs and all their side effects and all... So, I research everything I put into my body and to go in there and be told “No, you have to take these drugs, you gotta take these and you gotta take them or...” I wasn't a big fan of their drug pushing techniques. And then criticize me when I say I wanna try cannabis. CBD oil, like that, is not even like getting high... Or compared to Percocets or Dilaudids that they wanted me to stay on. And yet, they would say no to a marijuana prescription. But I could get my Dilaudid prescription. I'm like, ain't this backwards? Like, shouldn't you be promoting something that does less harm?”

He reported having to take multiple pills at a given time, and other pills to manage side effects. Thomas had expressed that during his time at WAC, he learned more about the use of cannabis to manage his mental health from another camp participant. He gained greater confidence to talk

about it in more detail with his doctor once he returned home. So, while Perry experienced a sense of stigma within the military about exploring alternatives like cannabis, WAC created a less stigmatic environment for veterans to not only talk about mental health with trust, but also to learn about alternative medicinal options that could be of benefit from an individualized approach. This is different than the medicalized approach, which has for a long-time stigmatized cannabis use, despite positive perspectives provided by veterans (Krediet et al., 2020). It was interesting to hear from three interviewees that the outdoor recreational experience was like an “anti-depressant”, or that they did not feel the need to take any medications or substances because the experience itself provided an overall improvement to their health and wellness. It also seems that having a greater sense of purpose and meaning through outdoor recreation equated with more happiness, which in turn results in a non-reliance upon pharmaceutical medications and/or substances to manage mental health symptoms.

Other comparisons of conventional therapies looked at PE and CBT. Other comparisons included psychotherapy with no general specification. One interviewee expressed that being in the presence of other participants with whom he shared commonality and went through similar struggles, the campfire in the evening offered safe opportunities to talk about stories that would have otherwise never been shared with a psychologist. This simply came down to having a more comfortable environment to confide in. The lack of comfort was attributable to the clinical environment itself, the rigid structure of therapy, as well as perceptions that mental health professionals providing treatment did not have a true understanding of the impact the military profession had on their mental health. Sarah shared that the validation that comes from a group of peers had greater impact than that of a therapist, even if the therapist provided validation. She went on to say:

“It feels a lot more healing than just letting the wall take it, and then watching your trauma slide down the wall, and then end up a puddle on the floor. When you’re in a peer-group, other people get to get to help you fix it.”

Laura’s perspective also indicated that the “relaxed” structure of WAC reduced the pressure of opening up:

“Every night we would talk around the campfire, share experiences about what brought people there and everyone’s openness. And typically, it is one of the guides that starts the conversation. Either relating their own experience or somebody else’s, and that really sets the tone to be open and there’s zero pressure about it. You can share or not share.”

These last two passages seem to support that a group structure approach provides a greater degree of empathy, comfort, and safety where there is less pressure to have uncomfortable conversations regarding mental health and trauma. It also provides a degree of confidence that they will be supported by individuals who understand what they have been through based on their military background, rather than a singular mental health professional, who despite their best intentions, may not necessarily have the essential firsthand experience to provide the comfort veterans are seeking.

### **Comfort, Safety & Trust Found Through a Peer-Based Model**

One of the most effective components of outdoor therapy seems to be centred around the utilization of a peer-based model that is integrated within the program. A peer-based model is centred around the conceptual solution of implementing “peer support”, where an individual is immersed amongst support providers and other participants who have had personal experience with their mental health and attained significant improvements in their own condition. It provides

the opportunity for peers to share the skills, strengths, supports, and resources used to within their journey of recovery as it relates to the mental health condition. A peer-based approach is often quite effective by promoting social bonds, recovery and educating individuals about the healthcare system (Jain et al., 2015). The interviewees often discussed the role camp guides played in educating participants about strategies to help them to focus on mindfulness, nutrition, and prioritizing stressors in life in a way that can support them in achieving greater control on their mental health and managing more effectively.

### *Finding Your Tribe*

In Johann Hari's book, *Lost Connections*, he writes:

“To end loneliness—you need other people—plus something else. You also need... To feel you are sharing something with the other person, or the group, that is meaningful to *both* of you. You have to be in it together—and “it” can be anything that you both think has meaning and value... Loneliness isn't the physical absence of other people... It's the matter that you're not sharing anything that matters with anyone else... To end loneliness, you need to have a sense of ‘mutual aid and protection’.” (p. 83).

The relevance of this quote is in discussion with the subject of loneliness and disconnection. The subject of feeling disconnected from military comrades was brought up as a theme several times by interviewees. During the transition into the civilian community, veterans often encounter “lost connections”—the experience of disconnection when they become removed from their tribe of comrades. The subject matter of disconnection was shared by the interviews in relation to poor mental health outcomes and a lack of social belongingness during the civilian transition.

In my first account with George, he shared with me:

“I think people have to take time to find and grow themselves, their personality, and that’s what it is. Reality is so much around being a soldier. You sort of have to grow as a person... If it’s only in the military and that’s all you know, but you live on base or something and don’t have any community outside the Canadian forces, will all of a sudden lose their communities when they’re out. That in itself is a fucking recipe for mental health. If they don’t have any trauma, often people are fucking depressed and because they have no community.”

I feel that this is an aspect of military mental health that may often get missed. Military personnel are often required to travel for their work depending on their occupation or posting. They develop a camaraderie through this community, and no matter where they go, they feel connected to their military family because of the world in which they operate. When they leave this world, suddenly they are removed and separated from their family members who are often provinces away and may still be serving in the military—which can be a difference of lifestyle, but also associated with negative memories. It seems that this separation from community forces veterans to relearn an entirely new identity, as George suggested.

The challenges that one might experience in the military can be easily understood by their comrades. These challenges are unique to their occupations, and some of the stresses or trauma related to the world of combat and war cannot be easily understood or safely shared with others who do not understand. When a veteran enters the civilian world, they often find it challenging to relate to other civilians due to the varying difference of life experience. Kevin shared with me:

“When you’re out of the military, you still have all those struggles, or they even are exacerbated. But you have nobody around to lean on that understands those struggles...”



When you're already feeling disconnected from the social world, or even within yourself, feeling connected again to anything feels good."

Leo echoed similar thoughts:

"For me, being removed from all my teammates, all the guys that I love and care about and trust and not being in that environment constantly with them is very difficult. It is very, very difficult... You end up reintegrating into a community of people that aren't your tribe and granted at the time, I didn't understand this. When I first retired, I didn't understand why I didn't fit in anywhere and why I wasn't making close connections. Why didn't I trust people, and why didn't I feel safe? And then it affected my mental health... So, when you go to an environment where you don't fear people—you can literally trust everybody without getting to know them and you can actually relax—that is a profoundly powerful experience."

Mehl-Madrona (2003) suggests that "people thrive in community, like the desert blossoming after the rain" (p.26). He adds that community members can learn from one another and support each other despite variance in illness and problems, since community nurtures hope in times of despair. Community provides awareness that interconnectedness to the world, and often individualism in a Western Society can be counterproductive to reducing suffering (Mehl-Madrona, 2003). The peer-based model at WAC, from the participant's perspectives, has a strong skillset in bridging this gap of disconnection and facilitating the opportunity for their participants to heal through a reconnection with their tribal members.

### *Cohesion and Vetting Process*

Interviewees frequently shared positive perspectives regarding the group make-up of military personnel and veterans, and individuals of the first responder community. They felt that having a space to connect with others who have had similarly common experiences was necessary to feel comfort, safety, and trust others. Interviewees also commented on the vetting process done by WAC and how they saw the positive impacts of this on the group cohesion. George believed relating to others was necessary as part of his recovery:

“Nothing is a substitute for talking to other people with the same experiences who have dealt with it and learning directly from them and being around them. There’s something primordial human about that experience that is necessary for healing.”

Perry had talked about the fact that he had seeks out programs such as WAC, where he can meet and talk to new people. This helps him overcome his anxiety. He also felt that being in a challenging environment where outdoor recreation is involved, it facilitates opportunities to better understand others. Perry particularly liked the fact that the program was open to more than just the military community, but first responders as well, which included police officers, correctional officers, paramedics, and nurses to name a few. Learning from their experiences and sharing his own with them gave him better insight on how to cope with his mental health. He valued the open space that WAC created. Perry shared:

“When you’re in the presence of people who have things in common with, who went through the same struggles, or different things but similar struggles, and hearing them talk—We sit around that campfire, and you can go on about stories that you never would have said to any psychologist. It’s all about comfort.”

Another interviewee who found comfort within this organic setting was Leo. In addition to WAC being a safe space to talk about service-related injuries, it also offered the opportunity to explore grief about other things within a trusted environment. He shared:

“I cried having a conversation with my [canoe partner]—we were talking about my dog that had died. I was breaking down about my dog dying. [They] helped me get through some stuff while we were canoeing, you know what I mean?”

What I gathered from the interviewees is that the people who make up the group really matter. They want to feel safe around the right people who understand their experience, people who are part of the same communities, and people who honour their feelings and emotions with safety and openness. Where space is founded upon commonality, it seems to also contribute to the openness and safety to explore grief about other personal circumstances.

*“The Community is Key”*

While peer-based approaches are helpful in developing a safe and familiar ground to discuss matters as they pertain to service-related injuries, they may not necessarily be a substitute for evidence-based psychotherapies and pharmacotherapies, however, are a beneficial supplemental support for those who are actively working through their mental health (Jain et al, 2015). This was evident in the perspectives that some interviewees held. It was suggested that the comparison of a peer-based model such as the one WAC uses and evidence-based approaches such as CBT and PE were not equivalent. Most interviewees did feel that it was a helpful supplemental approach, however that working with a professional to target certain behaviours and trauma-responses through an evidence-based approach was likely not replaceable with the

peer-based model. At least half of the interviewees were actively engaged with a psychologist or other professional that supported them with psychotherapy during the time of the interviews.

The clear difference in the varying approaches of traditional psychotherapies targeted mental health recovery related to military service and that of the outdoor therapy seemed to be defined by the idea that traditional psychotherapy approaches are often limited by real-life experience, as well as the discomfort of the practice setting itself. It was discussed frequently that the “shrink’s office” was not comfortable in terms of working through trauma, since many did not feel safe enough to discuss those matters with a professional who did not share a common military background. Interviewees suggested that being out in nature provided a greater degree of comfort and reduced pressure to discuss matters related to their mental health. Thomas shared in his interview:

“The therapy never really worked with me because I don’t feel like I’m going deep enough during the treatment and the conversation around it. I feel like I’m the one controlling the conversation, so you know—I won’t go in those dark areas and talk about it. So, after a while, I’m like, ‘Okay, it happened in uniform’. I said, okay, well, I’m done. Come in here, and just talk for an hour. So, I stopped doing it. And then I started again when I first got out. And I’m in the same situation that I was before. Okay, what’s next? ... When I first raised my hand up to go to mental health and talked with a social worker, we would talk and after a few appointments—Okay, like, where are we going with this? It feels good to talk about it, but it’s like running in circles. You know, even today I still see a psychologist once every three or four weeks. We sit, we chat about how things are going. It’s all up to me once I got back to the family life or the house—how I am in a certain situation... I don’t feel like I’m fixing anything.”

Sharing about his experience with a peer-based setting, Thomas expressed emotion and shared that it was comforting to experience the compassion and safety to be vulnerable, as opposed to “showing weakness”, in a group of people he did not know well—something that was new to him.

In my interview with Sarah, she believed a peer-based approach is necessary. She reported that she found the best value for herself in a group setting because of the similarity of background, which made it much easier and comforting knowing that with others, she would be okay. She reported that accessing individualized support is done alone, whereas within a peer-based setting such as WAC, she felt seen, heard, and understood by her peers. I had asked her if the experience would have been effective without the presence of her peers. Sarah strongly advocated that the elements of togetherness and connection were essential. We also discussed cases where an individual’s mental health challenges created barriers to participate in a group setting. She expressed:

“Let’s say their trauma makes them too scared to be in a group setting, it would be great to start off with the one or two and then build into a community, but I think that the community is the key. I think as humans we need to connect more... Having a group of one or two just dedicated guides to take that person would be good. And then build it into them and then slowly introduce more people.”

When I consider this context in relation to that of Thomas, there are two things that occur to me:

1) being in a community of people who are experiencing similar struggle during your recovery process can keep you accountable and help you overcome challenges in company, and 2) the support of a mental health professional is irreplaceable, but the clinician may not necessarily have the same lived experience that is needed to validate the mental health challenges particular

to a military setting. Thus, the findings from participant perspectives support the notion that community is key to the healing process. With certain circumstances, progress may be hindered in isolation.

*Type-2 Fun: “Embracing the Suck”*

WAC’s ethos is based upon community, shared responsibility, and hard work (Warrior Adventures Canada, 2023). The hard work really came through as a theme from interviewees, who described attending their corresponding camp as a challenge. However, it was not a challenge in the sense that it was unbearable or discomforting, but rather it was often referred to as “Type-2 Fun”. It indicated to me that it was a type of challenge that encouraged resiliency in WAC’s participants that everyone accomplished together and bonded through. Being in the wilderness is not an easy task, and for some it is not an experience they want to participate in again. However, all the interviewees expressed that they found enjoyment from it, or at least a lesson that helped them through their mental health journey.

Laura shared with me:

“Having the physical challenge and discomfort is a big part of it. Like you know, the weather is gonna be—might be raining one day, it might be sunny, there might be 25 black flies on your back... It’s just, you just have to deal with it. Like, it just is what it is. And that physical challenge and discomfort. You kind of have to embrace the suck. We call it ‘Type 2 fun’. So that’s a huge part of it, and I really like and appreciate that challenge. And then again, just the peer support. You’re sharing in these hardships together. You’re achieving goals together. You’re moving as a group. And sharing in these experiences, you know. It’s huge. It’s awesome.”

To many veterans, the hardship and endurance is familiar. The setting and context provide a safe space to enjoy the outdoors and challenge without the additional stress related to military operations. Kevin expressed in his interview:

“When it came to Warrior Adventures Canada, having a full week with other veterans and first responders, being able to share the hardship of going down a river and portaging and carrying heavy rucksacks and all that sort of stuff, which is very akin to military life, especially in the infantry. There’s that shared hardship, plus there’s the opportunity to really chat and talk to other veterans about what they’re going through and what their hardships are. And it makes you feel a lot less alone.”

WAC may be recreating the positive aspects of the military life that veterans once enjoyed by making it a safe place to explore the challenge and engage in “Type-2 Fun”, by centering the focus on mental performance and managing through stress. In doing this, interviewees reported that they were able to manage better in their personal lives and balance work life easier by practice endurance through difficult recreation.

### *Not All Traumas Are One in the Same*

Something that was highlighted in the conversations regarding the peer-based model was the context of the traumas experienced and discussed amongst WAC’s programs. Two interviewees discussed the safety that WAC has created in terms of filtering appropriate candidates for their program who are seeking support specific to service-related mental health injuries. They both held the perspective that this is necessary because the trauma experienced within a war setting is contextually different than that of victims who have experienced trauma that is sexual in nature. It would not equate to safety for either a veteran affected by military-

trauma or victim of sexual trauma to be discussing their trauma within the same peer-based setting simply on the basis that both scenarios are considered a “trauma”.

While it was agreed that both contexts of trauma were relevant and due their own attention, the interviewees felt that military trauma was owed its own privacy and peer-based setting to discuss it because peers need to be able to relate to one another on the matters to feel that sense of safety and trust. That is not to say that military trauma and sexual trauma may not overlap within the same setting, however when either are singularly isolated, it was expressed that it may not be effective or fair to a victim of sexual trauma would be sharing their trauma with others who have not had similar violation of their intimate boundaries. Kevin shared about his experience going on an outdoor trip with a differing organization, where he was immersed amongst peers that had experiences with trauma in the past. His experience was that they were not truly his peers, because of the difference of history, background and roles they may have held within their own experiences. He discussed:

“One woman was from like, way up north, right? Her whole existence has been a ball of stress and anxiety and troubles with residential schools and all that sort of stuff. I cannot relate to any of that. I’m not saying that they aren’t worthy of being on that excursion or aren’t gonna learn something from it or anything like that. What I’m saying is, is that type of experience, I can’t relate to, and so even though we’re all doing this camp together, and even though we’re all doing all the same stuff, I still feel alone.”

The commonality of both military background and desire to engage in outdoor-based recreation to support mental health recovery is undoubtedly a strength in the WAC program, which is well reported upon by the interviewees as an effective approach.



## **The Prevalence of Prior Childhood Adversity and Trauma**

An interesting finding in this study was the high degree of experiences corresponding to prior adverse events or trauma that occurred before the age of 18. Whelan (2017) highlights a link, suggesting that half of military members have experienced various forms of child neglect or abuse. Interviewees were asked if they had any recollection of adverse childhood events (ACEs) or experiences which they considered to be traumatic. In some scenarios, further elaboration was provided regarding the definition of adverse events. There seems to be a connection that suggests that prior adverse events are precursors of OSIs and PTSD. Six interviewees of seven shared what they felt were ACEs or traumatic experiences prior to the age of 18. One interviewee shared that his adverse experiences with family came after the age of 18. The neglect of emotional presence or parental care, where neglect is due to behaviours influenced by substance use or involvement, can also be considered an adverse childhood experience (Cook et al., 2017). The thematic finding of ACEs and pre-military trauma were explored in the research analysis.

### *A Loss of Innocence*

The ACEs and traumas shared were classified as sexual trauma, exposure to verbal abuse and substance abuse, emotional neglect, divorce and separation, bullying, and historical family trauma. Some interviewees also expressed a lack of satisfaction during their childhood and diminished attachment with their caregivers. It was an interesting overlap that all interviewees were impacted by some form of these classifications.

Two interviewees—one male and one female—reported they had experienced some form of sexual trauma during their childhood. George shared his experience that occurred at the age of eleven, expressing a perpetration from a family friend:

“I didn’t really understand what was going on. As a guy, these things maybe you’re just socially, not supposed to fucking feel bad about that, and you think—and I don’t even know if I do honestly—cause it’s like, it didn’t feel like I was violated. I just didn’t know what was going on, and it didn’t really put together until like I was 18, 19 and remembered back and thought, wait a minute. That was, like, really inappropriate and she shouldn’t have been touching me.”

The impact of sexual trauma is known to attribute to a higher risk of mental health issues in adulthood. It can also result in an impact to one’s psyche and self-esteem, questioning whether they have flaw, and a predictor of PTSD development (Kemish, 2007). In George’s passage, I feel that it is worth the inquiry into the social conception of men’s interpretations of sexual trauma. In this case, he alluded to this notion that one may be influenced to believe that they should not feel bad about these sorts of violations “as a guy”. In a military context, it might be relevant because both men and women are exposed to external influences that results in a belief that one should build a tough skin to adversity. I wonder what impact this has in a larger context of sexual trauma, and it’s influence on self-perception throughout an individual’s military career.

Exposure to substance use, either illicit drugs or alcohol, was high in prevalence amongst the interviewees. Four of seven interviewees reported that they had been exposed to substances or alcohol either within family settings or peer settings. Some shared that they had participated in substance and/or alcohol use, which correlated with experiences of bullying and stressful family circumstances. Laura’s experience included an overlap of parental divorce, bullying and sexual assault later in her teen years. She shared:

“Around grade 7 or 8, I got into the rough crowd and that kind of thing, and that kind of carried with me for a few years in like, early high school. There were lots of drugs and

drinking and risky behavior as a kid. At one point it—again I didn't address or think about for a long, long—I transferred high schools because of it. And then I had a pretty positive high school experience after that, other than, the assault and that kind of stuff. But yeah, I think the bullying probably had a big impact on me and that kind of relates to things like sanctuary trauma and how I deal in groups and that kind of thing.”

After working with a psychologist, Laura reported she began to make sense of her earlier experiences and how it impacted her present-day challenges working through her military and sanctuary trauma, as well as interpersonal relationships. It once again demonstrates that there may be a predictive correlation between previous ACEs and traumas, and mental health issues caused by military service.

Divorce and separation impacted several interviewees. While some interviewees did not witness divorce or separation, others reported absent parents or abandonment. One interviewee expressed she was raised by her grandparents, and during that time witnessed verbal abuse that had an impact on her and her perception of other women. I thought my interviewee with Leo provided me with an interesting insight, because through his experience of witnessing his parents divorce, he talked about an adversity that some children of divorced parents face. This adversity is the experience of losing familiarity, comfort and belonging within a geographical location, which is important for stability in children. Leo shared about his childhood and being accustomed to an outdoor lifestyle, having grown up in a rural area and spending time outdoors. His family moved into the city while he was young and this resulted in a lot of sadness when he was removed from the outdoor lifestyle, and it was accompanied by family breakdown. He expressed:

“My life completely changed, in my opinion, for the worst because now I’m being ripped from my fucking environment that I know and love, and I feel safe in.”

He recognized the extreme level of difficulty he experienced from losing a place he loved, in addition to his family changing, having an overall impact on adjustment as a child. This was a unique experience that other interviewees did not discuss, however I feel it is an important one to point out. It is an experience that many children go through, however I think in Leo’s case, it was interesting because this love and familiarity of the outdoor environment ultimately brought him back to a place of safety as he navigated his experience with PTSD.

### *Old Wounds*

In my review, the literature hypothesized a relationship between adverse childhood events or early trauma and service-related injuries, specifically moral injuries, as well as stress-induced injuries and trauma. A study explored by Battaglia and colleagues (2019) suggests a relationship between adverse childhood experiences and moral injuries experienced in the Canadian Armed Forces. Such experiences can form negative views of themselves, others and the world that can lay the groundwork of increased risk for the development of moral injuries.

In the previous subheading, I shared about George’s account of sexual trauma. As the interview unfolded, George reflected on his development of PTSD following his tour in Afghanistan, expressing that while he did the tour with a fellow soldier who shared similar experiences, the other soldier went on to have what he considered to be a long, successful career. Relying back to the previous subheading, I noticed that in his dialogue, I picked up on him questioning himself on whether he was damaged. George shared:

“I kind of wonder, what was broken about me versus him, or other people who didn’t have a trauma response or dealt with or something, you know? Anyway, I just wondered that sometimes. I don’t necessarily see myself as a weak individual, but clearly I am ‘cause that happened to me.”

George shared that he had explored and made some of these connections relating to his childhood and PTSD development with his psychologist. Weakness, once again, shows up as a theme as it relates to the ability to cope through adversity. The notion of weakness was reflected on by Kevin, as what he described as being given the “suck it up” attitude from his father during his upbringing.

“My great grandmother passed away when I was very young. Months later I was lying on my bunk bed and a room that I shared with my brother, of course, and crying my eyes out, right—months later. My dad comes in. He’s like, ‘Why you crying?’ And I’m like, ‘My great grandmother. And she died. And well, I’m so upset,’ type thing and he’s like, ‘Don’t be ridiculous. You don’t need to cry about that, that was months ago,’ kind of thing. As he was trying to like console me or whatever else, and I was having none of it, he started spanking me and yelling at me—because I was sort of pushing away his attempts to make me feel better. Now, whether you actually spank me or not, I don’t remember. But I feel like that’s what he did. It was kind of like, ‘Suck it up, buttercup’, bullshit, right? And what I realized... And this actually came from a meditation that I had, came out of the blue... What I realized is that, at a very young age, I learned it was not okay to grieve. When one of my closest friends was blown to pieces, I didn’t know how to grieve. I still don’t.”

Kevin's belief system in early development shaped around a belief that it was a "weak" trait to show emotion, even when it came to grief. In a larger sense, I wonder if this masculine schema of patriarchal ideals in the military regime negatively influenced the experience of coping through trauma and damaging self-perception.

### *Joining the Forces*

The previous experiences through childhood, and for one interviewee in adulthood, were related to their enlistment to the military. Blosnich and colleagues (2014) note that individuals that are exposed to such adverse events may voluntarily choose to join the military to avoid adversity they encounter within their homes. In some of the interviews, it was suggested that the military appealed to them to find adventure, identity and to avoid adversity as Blosnich and colleagues suggest.

In the subheading *A Loss of Innocence*, I shared Leo's account of parental divorce and a loss of a sense of safety and familiarity. I found that in my interview with Leo, he also shared with me a desire to be reconnected to familiar parts of his upbringing the lifestyle that came with the military—the adventure, privacy, and seclusion:

“That sense of adventure is what really led me to joining the Canadian Forces. The travel—like, I would love to travel to every country in the world and explore the world and find out exactly the differences between the old world and the new world. Earth is just fascinating... There's just so much opportunity for me to expand my life and feed that adventure beast. And so that's why I joined the military, was so that I could have a career that would buy me the ample travel opportunity and that's exactly what happened

in my 10 years in the Canadian Forces. I travelled to a lot of places around the world and I had a lot of experiences.”

He added later, regarding being separated from the familiar bush life he grew up with:

“I was removed from that, because my family dissolved and then it wasn’t until after the military that I was able to, you know, go and seek out the lifestyle that I had loved and knew so much from my childhood and I wanted, and I needed that kind of in my life.”

In a larger context, it seems to signify that the ACE of parental divorce and the move that came with it left Leo for a search to heal these wounds, which resulted in a career in the military, and revisiting his familiar territory through the outdoors during his mental health recovery following his military career.

Seeking a career in the military was also attributed to finding belonging and identity. Sarah grew up with her grandparents as her parents. In her circumstances, her mother gave birth to her at the young age of 16 and she did not really come to know her father. Sarah expressed that always carried this feeling of not fitting in with people, questioning her life and struggling with finding a sense of identity. Her journey through both the military and occupations following her career seemed to seek challenge and “the harder things in life” because she felt it was most suited for who she was. Sarah explained:

“I always felt like I needed to do crazy things and my grandmother has always asked me—she’s long gone now, but—when I left the military and I got a job at a jail at Edmonton Young Offender Center, she’s like, ‘Why can’t you be a secretary? Why can’t you sit at a desk? What’s wrong with you? Why do you need to fight for life?’ Right? So, I did pick the wrong job after the military as well, and that was another five years of my

life lost to, you know, different traumas and stuff, but. And truly, I should have, like, listened to her, maybe got a desk job... I didn't have any kind of stability or identity or people I could rely on—people that were there, that showed up for me either. So, yeah. That's why I think I picked these kinds of jobs.”

Sarah's experience supports Stewart (2022)'s findings that military personnel seek a sense of belonging that is informed by a continuation of self-psychology that begins in childhood: that adults seek desirability and value through an experience of predictability, dependability, and reliability—experiences that often sought out through a life in the military.

Perry's influence to join the military came from a desire to escape adversity. Perry was one interviewee who did not identify as having any ACEs but felt that some of his experiences after the age of 18 resulted in trauma. His parents divorced during his adulthood years, something he expressed as having had a significant impact on him. He was also exposed to his father's substance use and drug trafficking. Perry expressed it was a large reason for his desire to join the military:

“My dad was heavily into cocaine and crack cocaine and selling it and all that's kind of the reason why I joined up in the army. I never liked that lifestyle and when my parents separated was a very—being an adult at this point, being over the age of 18—was pretty traumatic and it did a lot on my mental health. My dad, the person who is supposed to protect you and nurture you, basically turned into a prick, in my mind.”

The military came with its own challenges in Perry's case, but ultimately it gave him a different direction in life as he explored a new career that he found greater happiness in.



### *Outdoor Therapy Setting Not Significant to Addressing ACEs and Previous Trauma*

I was curious to see if any of the interviewees experienced significant breakthroughs during their time with WAC regarding any ACEs and/or previous traumas. All seven interviewees reported that the program did not address historical ACEs and/or previous traumas due to the structure of the program, considering it was developed to address mental health issues related to the military and first responder occupations specifically.

However, some interviewees did express that WAC may be a turning point in putting together their previous histories. The impact of WAC provided a sense of healing and better insight into their current mental health circumstances, and in doing so could be a catalyst in better understanding how their history influenced their current abilities to cope, their reactions and behaviours and general outlook of the world based on these histories. Laura summarized it well:

“I’m still learning stuff about myself and I’m still piecing it together to understand some of my reactions... A recovery trajectory is never a straight upward line.”

Indeed, the recovery with mental health is not linear in fashion. Considering this matter from a grander context with conventional treatment models in mind, this may be a consideration for outdoor therapy models. Conventional treatment models typically consider family history, significant life events, ACE scores and traumatic incidents, given their influence on the accumulation of stress and mental health circumstances in the present day. Given WAC’s grassroots level approach to support individuals from a therapeutic aspect, the factor of historical context is relevant to address in some shape or form, either as part of the working framework of

an outdoor therapy model or encouraged as part of an individual's external supports to foster more intensive recovery.

### **Who Am I Behind the Green Uniform?**

A common experience that is not typically understood by the public is the change of an identity that many veterans experience once they leave the military. The military is uniquely exclusive and regimented. It has its own hierarchy, regulations, healthcare and with this comes challenges that civilians will not necessarily understand as they may not experience this themselves or have contact with those who do. When veterans enter the civilian world, they lose their connection to their community and “tribe”, in which many find understanding, purpose and identity. This identity can undergo a lonely paradigm shift. Thus, the experience is this: the reflections of the veterans interviewed within this research study can vouch that their identities can become influenced by the role or rank that they hold within the military.

With these roles and ranks come expectations to perform and a standard of which to live by. Often this translates to the living on a pedestal of excellence, toughness, and mental resilience. It is fallacious thinking to assume that a true man is not impacted by the affairs of war; that when he signs up to be a soldier, the conditions are what he accepts as part of the role. Suffering and mental turmoil often happens in silence, due to the high degree of mental health stigma and self-stigma within the military culture. When the manifestations of this suffering come through the cracks within work performance, familial and interpersonal challenges, and personal existential conflict, only then does the unravelling occur. The fragility of the human experience comes to the surface. The testimonies of the interviewees shared their own reflections

that inform us about a unique experience that only one who has lived a life in the military can attest to, which are explored below.

### *The Ranks Can Have No Weakness*

The concept of identity in the military in conversation was often married with one's rank or role. As one interviewee described it, it was an "evolving" rank. The succession of one's career came with greater responsibility, and therefore becoming further removed from being the one to seek out help, and rather the provider of support. There was a clear relationship between the perceived ability to seek out support for mental health in correspondence with their rank. The higher the rank, the greater the challenge in terms of seeking out support. Interview testimonies described that in the higher ranks, one is expected to "lead by example" and an internalized perception of needing to always show strength and reliability.

Seeking out support while in the ranks is not necessarily impossible or non-pursuable, but one unique challenge seems to be navigating help as a leader. The military abides by a Chain of Command (CoC). As personnel move up the ranks, they report to one less individual. Promotion means less accountability and more responsibility. Leo shared:

"Letting the military know that you have an issue—it's the biggest faux pas. It changes depending on some units and the Chain of Command, but for the most part—if you're a fucking sergeant major of a unit—who the fuck are you gonna talk to? You know what I mean? Who's higher than you?"

Leo also alluded to the "hassle" of seeking out help, since many military personnel must wait for approvals through their CoC. It seems that it can deter some from going through the trouble of, first, asking for help. Similarly other interviewees indicated that personnel are often "waiting on

orders to pass”. Another challenge indicated was that one puts a spotlight on themselves trying to get help, which can paint one as “weak”. Sarah shared her experience as feeling a sense of shame and guilt, opting to keep her struggles to herself on the fear of being perceived as a weak individual “who can’t fight to see the next day”. Operating under a CoC inherently implies the dynamic of power and authority. While this is a necessary hierarchy within the military, it seems that the chief decision making from a top-down approach does not always result in a positive impact upon those in the lower ranks. Rank and position can come with power that “goes to people’s heads and makes them think that they are a good leader because they lead by ‘louder-ship’ just because their voice is louder and rank is higher... Means they’re right somehow”, as Leo expressed.

As part of consideration, all military personnel abide by the oath of unlimited liability. In lament terms, it means that all military personnel follow direct orders which can include acting to protect the life of others and oneself, even if it results in execution or death. In this regard, following the orders in a CoC relies on implicit trust on those in the higher ranks making sound decisions to the benefit of the unit or squadron. Reflecting on this military nuance highlights that within this decision making, power can be exercised abusively. Soldiers must be reliant on their superiors and follow orders that can be uncertain, intimidating, result in loss of life, and in many cases can leave personnel in moral distress; a strong risk factor of PTSD (Elrond et al., 2018; Wood et al., 2020). In a culture where one is conditioned not to appear “weak”, it would make sense then that military personnel can experience moral injuries by abiding by direct orders that they do not necessarily agree with.

George recalled an experience with his own commanding officer:

“The CO of our unit, while we were on the parade square all formed up—asked, just blankly, like, I can’t remember what he was discussing, but—He said: ‘I’ve been told that one in three of you are going to have PTSD from those experiences. So that means out of 120 guys, there should be like 35 of you at least with PTSD. Put your hand up if you have PTSD.’ I’m like, no way. It’s such a strange thing. He’s like, ‘Oh, I guess we beat the odds then.’ And it’s funny because fast forward to today, I know many of the same guys that I served with on that tour who all ended up getting diagnosed later and went through the program.”

In a position of authority, his commanding officer inadequately addressed the possibility of mental health injuries amongst his subordinates. It was not to his knowledge that so many were suffering, likely due to stigma and fear of repercussions.

During the interviews, I also learned about the role of the Departure Assistance Group (DAG). The DAG process involves a comprehensive assessment that looks at both physical and mental health aspects, impacts to family members and other social factors that are or may be impacted by a deployment. The DAG process can result in a “green” status, indicating that there are no significant concerns or risks identified, marking the personnel as permissible for deployment. In the interviews, both George and Leo had touched upon the potential risk or experience of being “dagged” red, which essentially meant that it would be determined that their mental health status, or some other variables, would make it impermissible for them to be deployed for service. George described it as a career death, but also that there was a fear of being removed from their regiment if he received a red status. It was indicated as another systemic challenge that problematized their ability to seek support for their mental health due to the

implications it could enact upon their military career. The experience drives home the message: “If you are not deployable, you are not employable.”

### *Men Don't Cry*

It is not an unknown truth that one of the biggest barriers to getting mental health support is the highly stigmatized environment which military personnel navigate. The stigma may begin to develop as early as basic training when personnel become conditioned to function under highly stressful situations. Two interviewees shared with me that it's as if people experience “brainwashing” or conditioning to break down unpreferred civilian traits to build a soldier mentality in individuals. George shared with me:

“They tell you in basic training, ‘If you can't make it here, it's because you're not good enough. You could be a greasy civilian and go back to work at McDonald's or whatever, have a full office job.’ Well, that was certainly when I was in any way, the kind of messaging that we were given. And I was 19 at the time, admittedly I probably don't believe that today, but at the time, I believed that stuff—because it's very empowering to think, oh you know, I accomplished what other people can't, and now I'm a soldier and other people can't do this job, you know? So, it feels good. That's why you believe it.”

A glamorized fantasy is presented to personnel in training, that being a soldier is of the utmost recognition and achievement. To be a good soldier, though, instructors do not want individuals to “wallow in their emotions”, as Sarah shared with me.

Sarah also presented me with an experience of when she served in Afghanistan during her military career. She shared that the combat trades often have this persona of being “killers in the night” who are tough and invincible. She added:

“I had panic attacks after my really bad experience in Afghanistan, and I didn’t know what a panic attack was. I thought I was having a heart attack. I went to the doctor, and then he sent me to the main camp in in Kandahar. I saw a therapist every day for a week. That was it. 1 hour every day, for one week, and at the end of that week I was asked by my commanding officer, am I ready to go back or do I need to go home? ... There’s no other option. Either you go back to the into the fight, or you go home. And that was a week, so... I went back into the fight because, I’m not weak.”

Sarah was presented with one week of therapy to rehabilitate and stabilize to manage with the level of combat stress, with the expectation this would be sufficient for her to return to work. Kevin’s sentiment validates that of Sarah’s experience:

“When you get injured or whatever else, ‘Suck it up, rub some dirt in it, move on’. Avoid an override, if you like. There is a bit of pride, I suppose, that’s associated with all of that. You just don’t want to be the person that gives up.”

The general environment of the military focuses on dealing with highly stressful and difficult circumstances, and dangerous settings. It is structurally set up to ensure that active personnel can endure under these conditions and be strong enough to withstand the challenges that come with it. Inherently, for the military to expect a standard of strength, toughness, and resiliency, is not wrong. What seems to be problematic about it is the lack of support and compassion with these requirements; when soldiers struggle, they are left to their own devices to pick up the pieces. They are also forced to decide between their mental health and their career. Perry felt that in his experience with mental health, he was very much stigmatized for what he was going through. He expressed that he was treated as though:

“‘Oh, you’re sick’. Which, you are sick. But I don’t know. It’s just the environment that’s associated with it. And the stigma especially in the army, especially the infantry. You’re going up to get treated for post-traumatic stress and the whole thing like, ‘Oh you’re weak,’ ‘Oh, you’re a mental case’. Or, ‘You’re crazy’. ‘Oh, your career is done’, ‘Oh, you’re out of the army’. Like that type of stuff too and, that’s kind of embarrassing, also... The environment at that point in time was atrocious for anything having to do with—like, you wouldn’t tell anyone you were going for mental health treatment. You’re hiding it. So, that stigma. Then you go up there, and then you’re trying to hide in the doctor’s office and not be seen, and they get in there. It wasn’t a good environment for improving yourself.”

The interplay of stigma among the military culture, coupled with self-stigma fuels self-destruction because many personnel go without asking for help—until they reach a crisis, having no other choice but to risk the negative implications that come with asking for help, and often being shunned in the process.

*“Here’s to Alcohol, the Rose-Colored Glasses of Life”*

Operational stress injuries and mental health conditions are not limited to PTSD, anxiety and depression, to name a few. Veterans often struggle with dependencies with substances, alcohol and other problematic behaviours to cope with their realities. While the veterans in this study did not express challenges with substances, the screening questionnaire provided vulnerable accounts of substance use and dependency issues. The interviews primarily focused on a dependency with alcohol. Alcohol use is a common behaviour within the military culture. Interestingly, alcohol use disorder (AUD) has quite a high co-occurrence with PTSD within the U.S. military community (Norman et al., 2018). In Canada, AUD is higher in CAF than the



general population of Canada. 2013 statistics suggest that 32% of CAF reported AUD, compared to 20% among the general population in 2012 statistics (Taillieu et al., 2020).

Interviewees suggested that alcohol was celebrated with, and as a means to cope. Three of seven interviewees commented on the drinking culture that exists in the military. When I asked Sarah if she had any negative social experiences in the military, she shared with me:

“Just the sheer amount of drinking we did... The drinking really took control over my whole life. My daughter seen me as a drunk for about a good 8 years. And that’s horrible. I wish I could take all those years back.”

Similarly, Laura commented:

“It’s definitely a drinking culture. Most of the activities that I participate in, even now, often are around drinking culture and that was a huge part of it. Bad things happen when traumatized people drink together. It is not good.”

When Laura shared her experience, she related her alcohol use to the desire to fit into social situations, particularly because her friendships were often with the men that she served with. Most social situations involved going to bars, and it was a means to cope in substitution of not knowing how best to support one another through difficulty.

Perry also highlighted the drinking culture as a negative social experience, as well as drug use. He felt it was not a positive environment for mental health, or to get better. The other four interviewees did not mention anything about exposure to or personal engagement with alcohol use. Alcohol use may be correlated to the stigma around mental health, and a belief that help-seeking behaviour will cause harm to one’s military career. Unfortunately, military personnel who have a singular diagnosis of AUD are less likely to or often do not receive

treatment, compared to their counterparts who are diagnosed with mental health conditions (Taillieu et al., 2020).

*Homecoming: A Reunion with the Self*

As the study has been uncovering, many individuals who are part of the military community experienced a sense of stigma or self-stigma that prevent them from accepting that they may be struggling with mental health, let alone seeking out help. This often comes down to various factors, including the potential jeopardization of their career and career succession, gossip and bullying experienced from their fellow service members and perceived negative attitudes and behaviours from their CoC, as some examples (Hall-Clark et al., 2019; McGuffin et al., 2021). Understandably, many choose to keep on fulfilling their duties despite some challenges they are having, accepting suffering in silence as opposed to risking everything. Upon their military release, veterans are faced with the gravity of their mental health conditions, while simultaneously navigating their civilian transitions.

For some individuals, the development of PTSD progressed as their identities evolved during the transition out of the military into the civilian community. Relearning a life outside of the military, especially as one loses a sense of camaraderie, can result in disconnection and isolation. As it was described in the interviews, this alienation and disconnect from their tribe is a “recipe” for poor mental health. It could be that this can come with a sense of self-denial and a questioning for personnel due to the uncertainty, and potential impact to their career. George worried about the impact speaking up would have:

“The barrier to ask for help was—how was this going to impact my career? What happens when I do get diagnosed with PTSD? Is my career over? Are they kicking me

out of the military? Am I ever gonna do this job that I love again? And so, I was kind of forced into getting help. And the reason I say that is because I hit rock bottom. There was nowhere else for me to go other than to kill myself.”

In the acceptance of the state of his mental health, it's as if the reality of the condition impacted him in a way that allowed it to unravel in the open. Truly then, keeping a strong hold was like a dam that prevented the water from breaking through, until the dam could no longer hold back its true force. George had shared with me that his mental health conditions got worse upon his diagnosis.

Detaching from the military identity involves relearning, taking time to find and grow themselves as a person, finding purpose and meaning, and belonging amongst people who will never understand the life you lived within an entirely different world. Laura expressed:

“I was so fucked up from my service... I was very quiet about my experiences. There was a lot of stigma. I didn't talk about it. I didn't feel like people respected the fact that I had served. I had a couple of boyfriends who were civilians, and they just had, like, no understanding or appreciation of what I did. My family was not a military family, so even they sometimes are like, ‘What is going on?’”

Other interviewees, who were medically released, suggested they were troubled by their enforced retirement, having lost the autonomous choice to make the decision to leave on their own.

Despite being proud of their military careers and having positive memories, I heard from interviewees regarding their perception of themselves as a failure, lacking purpose in life and an inability to feel or show emotions. Simultaneously, they experience stressors of financial impact and even family breakdown. Conditions of mental health, especially where they became known to others in the military, resulted in stigma and change of attitude and behaviour from others.

Some interviewees suggested they were no longer checked in on or felt as though they were valued by their comrades or CoC anymore, which was a lonely and isolating experience to feel as though they were “just a number” in the system. Perry shared his experience with me:

“Basically, when I wanted out, we’ll say, and I was diagnosed with PTSD—Basically my command was, ‘Perfect. Go get help. See you later, bye’. I’ve never seen him again. They didn’t even give my Certificate of Service like they should of. You have parade, you come up—‘Thank you for your service to the regiment, to the Queen.’—shake hands, do your picture. I—2014, I think—I had to go and request to get my Certificate of Service. So, the small things like that. Yes, they let me go, go back to school and yes, they never bothered me while I was going to get help. They basically cut ties with you. ‘Okay, you’re no good to me. You’re just a number, and now you’re gone. Now we gotta fill your position. Goodbye’. Instead of calling and asking your sergeant—Who you’ve been with for four or five years—your warrant officer should have called and said, ‘How are you doing? How’s schooling going?’ I never heard none of that. The only thing that they did was like, ‘Go have fun. You don’t have to show up at Regiment no more. You can go to school, you can go do your treatments. You can go do whatever you want. We won’t bother you.’ And that was it.”

This is a jarring experience for many veterans during their civilian transition, which seems to exacerbate mental health conditions that are present upon release. Veterans are faced with a reunion with their civilian life and figuring out where to go, and what comes next in their journey—and ultimately, how they will choose to redefine their identities. They must reclaim their autonomous powers in a whole new battle with their mental health.

*“We’ll Debrief About It Later, but the Debriefing Never Comes”*

I asked the interviewees all whether they felt supported with their mental health during their time in the military, and there were mixed responses. Some interviewees expressed they had received the appropriate help, especially in circumstances where they had positive working relationships with their CoC. Others struggled to find respite within their circumstances, which did not abate the troubles they experienced with their mental health. There seems to be learned attitudes around diligence and continuously moving forward, or “soldiering on”, so to speak.

Sarah expressed during her interview:

“We’ll debrief about it later, but that debriefing never comes. So, we just end up pushing our feelings down and pushing all the trauma down, and we just like to collect it in our stomachs.”

Leo’s experience was the same:

“You just shut your fucking mouth and you don’t complain about anything until it gets to a point—that’s just really what it is. You just put your head down and you get to work. And unfortunately, that does negatively impact everybody’s mental health recovery. You’re taught to just push stuff down, push stuff down, push stuff down.”

Based on these accounts, it seems that military personnel are forced to repress harrowing events without receiving any attention or space to discuss the matters. It is no wonder in other accounts, interviewees express they are unable to safely explore their emotions and accept the reality of their mental health conditions. Certainly then, it takes a lot of courage and bravery to express a need for support in times of distress. Kevin shared, regarding his time in Kandahar Airfield (KAF):

“When I was in Afghanistan, my friend was killed after we got back into the field from KAF. I wasn’t doing well and I looked at my Sergeant like, “Sergeant, I think I need to speak to Padre.” He fucking gave me shit. Now, rightfully so. We were just in KAF. So, they had to drive me all the way back to KAF like 3 days later, right. That’s not necessarily a safe thing to do, so I get it, but at the same time it’s—I felt like I was the devil almost, asking for help, right?”

A common experience that interviewees shared was the apparent difference of how they were treated by others upon the revelation that they required support or help with their mental health. Many reported that they felt that they were no longer valued as service members, treated with disrespect, and even experienced blame in some scenarios. Injustice of mental health injuries is a clear theme represented in the interviews. The interviewees alluded to the difference in era as well, suggesting that the culture perhaps is evolving to be more responsive to mental health issues, however during the time of their service, their experience was much different.

Laura shared:

“Well, this is back in 2000, you know, like, this is mental health wasn’t even—It was barely on the radar of the Canadian military at the time. And I had zero understanding of anything that was happening to me. And when I did go through traumatic incidents, not only did I not have anyone to help or guide or mentor me, but when I asked for help—and this is part of my sanctuary trauma—when I asked for help, I was actually blamed. It was a very deep injury for me, and it’s one that I still work on. I’ll probably always will. So, there just simply wasn’t the help. There weren’t the resources. There wasn’t awareness from the military culture, or from myself, to even know, ‘Hey, this isn’t right’. And the one time that I did try to stand up for other people, I was blacklisted.”

This paints an image that the military has a cold and apathetic response to grief and loss, or in circumstances as Laura shared, when personnel try to attain social justice. The resulting moral injuries follow veterans to the outside into civilian life, resulting in stories of betrayal, transgression, and despair. They are left wondering how to move forward, like children without parental guidance. They learn that asking for help is a weak trait and internalize these injustices as a deep wound that festers into a more problematic condition with their mental health, and overall function and wellbeing.

### **The Gender Paradox**

Part of the study's objective in using a phenomenological qualitative framework was to understand how participants make sense of the culture in the military. It is inferred that the military is a cultural environment which exacerbates mental health recovery, and as the researcher I felt it was important to better understand the role of hypermasculinity. The purpose was to query whether gender, military ranks, and roles, which are often influenced by hypermasculinity, contribute to the development of mental health issues from a qualitative perspective. The interviewees were asked questions that related to their perceived experience and understanding of gender and military identity during their time in the CAF.

The mixed gender sample of participants resulted in some interesting perspectives. The study comprised of a sample that included five males and two females. Participants had self-identified using "male" and "female" as their gender within the open-ended question in the screening questionnaire. However, the interviewees used the terms "man", "men", "woman" or "women" to describe themselves or their counterparts. Thus, throughout the section, I use these terms interchangeably as per the language of the interviewees.

## *The Uniform Knows No Gender*

All interviewees who identified as men expressed statements that indicated gender was irrelevant in the CAF when in uniform. The uniform seemingly paints all individuals the same: as “soldiers”. There was a common theme among the male interviewees that suggests that there was no difference, at least not one that they perceived. What I heard most often was along these lines: “If you can do the job, then do the job”. In the same token, there were several comments indicating that certain roles in the military, such as combat arms, required a level of “toughness”. This bled into the theme that many did not feel they could display any signs of “weakness” as part of setting an example, especially as it related to their role or rank in the military. The characteristic trait of displaying “toughness” is often attributable to masculinity.

When I spoke to the males throughout the interview process and reviewed the scripts, I noticed a recurring theme that indicated that the males were often feeling the pressure to be enduring through difficulty, despite their own internal challenges. During Thomas’ time with WAC, he was assigned the role of leading the “unit” of campers. Within the cohort, peers developed relationships and shared about their experiences, and it is likely that many conversations arose regarding what roles and rank they held during their time in the military. While Thomas did not hold a combat occupation, he still felt the same pressure to perform to his hierarchical rank. Thomas reflected:

“Everybody knew my rank. Everybody knew what that rank meant. So, I actually put pressure on myself to make sure that I perform to the abilities of what my rank reflects.”

It seems that the desire to perform well and be tough, even within a setting that promoted mental wellness, had an influence over Thomas’ experience.



When I spoke with Leo, his perception was that the “Suck it up and move on” mentality existed for both genders. He also expressed that all military personnel abide by the same objective: “Mission, man, self”. The mission is the forefront of all things, followed by taking care of your fellow man and finally, oneself. This masculine pattern of being courageous by placing all needs ahead of your own often results in the challenge with one’s own mental state, as it suppresses all of one’s needs, including the need to release or make sense of painful memories experienced during their service experience. Often emotional release becomes part of this unmet need, which gets carried on through one’s service career and builds up before reaching a breaking point. Sarah’s experience fell along these lines. She shared:

“For a long time, I identified as a soldier. Even when I had been medically released, I still identified as a soldier who wasn’t allowed to feel feelings, show emotions or do normal human things. So, I found that for a long time I was really resistant to therapies, to opening up truthfully to my therapists. Because of not being able to show emotions, feel feelings and stuff like that. I was very much still a combat arms soldier... It’s very much just the, ‘No matter what happens, keep moving forward’ type mentality they ingrained in you.”

Military identities are often difficult to shed as one finds their way in the civilian world, and even more challenging as they carry all the painful witnessed memories and traumatic experiences from their time in service. According to the individual interviews I had, the consensus is the same on this matter, that gender is irrelevant to the military work itself. Such conditioning is hard to change. However, it does offer some suggestion regarding why veterans have a difficult time adjusting to civilian life and developing trust with others. It also seems that the characteristics

such as productivity, strength and over dedication may be influenced by hypermasculinity, as some interviewees indicated the difficulty giving themselves grace to talk about their challenges.

### *Polar Variations Between Hypermasculinity and Femininity*

I felt there was a distinct difference between the perceptions of both men and women in this study. Many of the conversations demonstrated to me that the historical branding of the military, shaped predominately by men and influenced by patriarchal structures as per the era of foundry, constructed the perspective of gender roles and characteristics. I heard the terms “alpha male”, “aggressive”, “male-oriented job”, and “manhood” when we explored conversation around gender-based experiences. These are relevant experiences and testimonies of men which I do not believe should be discounted. It paints us a picture of how the military thinks and operates, and furthermore, what space this leaves for women within a larger context. This influence has an impact for women who are both actively serving in the military now, but also for the women who may enter these spaces as we see generational change take place. More importantly, these schemas create hypermasculine influence which can be detrimental to mental health.

Thomas shared his experience during his time in his military career. At the point of this experience, he reports he was in a high rank. He felt that because of his military environment and rank, he often had to display a “macho mentality” in which one does not show weakness, but only strength. Overtime, the challenge of living up to this “macho mentality” resulted in an impact to his mental health. He went on to say:

“In my situation, I don’t think it helped me because I’m piling up all these emotions through all my career and eventually, you know, the more you go in rank, the busier your

job and your position is. So eventually you're saving all these emotions, and then when I got hurt, it kind of –It was the extra little drop that made everything kind of crash.”

Research demonstrates that behaviours associated with masculine norms are often parallel to that of some PTSD symptoms including restriction of emotions and interpersonal detachment during stressful periods (Jakupcak et al., 2006). There is often an expectation to maintain behaviours that display “manhood” through heterosexuality, aggression, authority, bravery, and mental toughness. When one is no longer uphold these expectations, “trauma” often results from having a loss of control over oneself and failing to conform to the concept of masculinity (Whelan, 2017). Interestingly, several interviewees discussed their experience with keeping their mental health challenges hidden for fear of the consequences their mental health status could have to their professional career and self-identity. George noted in his interview:

“I was also scared to face the fact that I may have a problem. And it is also true that the moment I admitted it, even to myself, things actually got worse before they got better... The moment I was diagnosed, I was having PTSD. It seemed to be such a crushing blow to my psyche and my symptoms actually got worse.”

Varied gender experiences created different narratives. As I shared earlier, the men who participated in the interviews all felt that gender was irrelevant, or that from their perspective, it did not have any influence on their experience. Perhaps this comes back to the matter that the military was founded by men and patriarchal ideals. Men experience a privileged position in this regard, and for that reason if gender had any influence, it might be like what George said:

“If it did, I wouldn't really know. I don't have anything to compare it to.”

Or, what Leo said:

“I don’t have an answer for like, a yes or no definitively, that my gender has influenced my experience in the military. I can’t put my finger on it.”

The privilege in a sense can be blinding from seeing the real differences that women experience within the military. The differences synchronously exist and do not exist at the same time. Perry had shared that there were two women that went on the same tour as him. He stated:

“Those two females were hardcore. We went to Afghanistan, and they were basically a dude to us, so I didn’t think of them as a female.”

I think this example demonstrates that to some degree, the gender blindness in the military might overlook important differences simply based on the perception that women can functionally operate in the same job and occupation. And for such reason, if they can complete the task, then there is no need to observe difference when completing the task is the most relevant objective.

Perry had also shared this perspective with me as well:

“It was just a bunch of dudes training and trying to be the best they could be, really.”

Perhaps it was that women could fit in with men within a social context. Comparatively, Laura provided me with this context:

“It was very difficult to be friends with women when I was in the military because you were often pitted against each other. So, you learned to distrust each other.”

Sarah had also shared with me:

“I made a lot of good friends, a lot of lasting friendships with the soldiers I worked with, and they were hard men. But they didn’t care about the female-male gender thing.”

As I considered these examples from Perry, Laura and Sarah, it made me wonder where women find their spaces within the military. As I delve further into the gender-based analysis, it may

become more apparent that the lack of spaces for women ultimately have to do with the limitations created by hypermasculinity and environment structured for men. This variation of experiences ladders into the subject matters of the sexualization of women and conformity women experience trying to fit into men's spaces.

### *Locker Room Talk*

A few interviewees made some comments regarding the sexualized narratives and “locker room talk” that take place in the military setting. The comments were for the most part, brief. They did indicate a prevalent occurrence of “locker room talk”, which was described as “disgusting”. Another interviewee suggested that military recruits are often very young and lack maturity, which could be a variable in sexist narratives. The undertones of some of the comments suggest that women are viewed as having inferiorities, especially within the combat arms trades. Kevin suggested to me that there are “alpha personalities”, meaning that the alpha mentality was present amongst both men and women. From his experiences, he found that sexual harassment happened both ways. Perhaps, though, it is a matter that may require a larger conversation. The findings in this area seemed to be limited in narrative.

Laura was courageous enough to be open with me regarding her experiences with sexual trauma. She described that there were multiple assaults during her military service, leaving her with deeply ingrained beliefs about herself—that she was not safe within her own body and that she had to desexualize herself whenever possible to maintain some sense of safety and to defeminize herself, so as not to attract perpetrators. She felt it was important for others to understand that a large portion of women experience sexual trauma, and all their stories are uniquely different and not the same. She wanted to express the impacts it had to her:

“It affects every interaction with men, and this is something I’m trying to work on and develop right now is: how do I get men understand that I don’t walk after dark, or before there’s light out? Having my dog with me is helpful, but it’s not a perfect fix. I cannot handle when men are standing behind me. It sounds simple, but I can’t do it. Like, physically I’m not able to. I freak right out. I don’t want them behind me. It’s very, very hard to try and get men to understand what those fears are... It’s a concerted effort. Like, I don’t know how to explain to men that I’m constantly—and this is hypervigilance—but I am constantly assessing men for risk, and it’s in my mind at all times. If I meet a male, I instantly assess what his risk is to me.”

While mental health in the military often focuses on the exposure to combat and war, it also requires a closer look at the system to better understand the sexualized trauma which is entirely separate from combat and war trauma. The aggressive nature and environment in which military personnel are situated in can create a toxic environment in which conversations of brutality towards men and women take place, especially where masculine traits are exemplified and conditioned within the basic training. These conversations can often lead to actions. The subject of sexualized violence is deeply relevant. As Laura’s account shows, the matter of sexualized violence leaves a life-long impact of relearning safety within one’s own body outside of the military. The relevance to the military is that there needs to be better training in promoting equity and respect as part of a diverse approach, including that of the harmful social impacts of sexual harassment. Laura shared a final and strong statement with me, and I believe it provides a cautionary warning that the military should consider:

“I was relating to my abusers, and I acted as though I forgave and accepted them. I just became part of the culture that was killing me.”

### *Fitting Into a Man's World*

A clear argument in differentiating gender-based experiences in the military came from the two women who both suggested that their own individual experiences were distinctive from that of men based on the intersectional layer of gender identity which they both had to navigate. They both expressed that they had to “fit into a man’s world”. As I have outlined throughout this section, the military environment and world is founded upon masculinity and patriarchal structures. Women who enter the military forces must pave their own way to fit in—and it seems that based on my interviews, they lose their femininity in the process by compromising to establish their space. I will share both Sarah and Laura’s individualized experiences. As the individual accounts reveal, this loss of femininity includes a suppression of the female experience and expression with their bodies. In previous parts of the study, I also highlighted a suppression of emotions that are generally understood as “feminine”, including being vulnerable, fearful, and grief, as it related to their service experiences.

#### **Sarah**

I remember when I heard Sarah’s account about what it meant for her to fit into a man’s world, and it was shocking. Her experience as a female was minimized as a subordinate. The following passage provides a clear example of the disparity between men and women in the military:

“When I was first in, like, this is 2001. As a female, this is a good example of what it’s like being a female in a man’s world. There was me and one other female soldier on my course, and I was told directly to my face and as she was, that: ‘At no time would her menstrual cycle become an issue to training. Nor will it become an excuse, nor will it become a matter of discussion’. So, basically it didn’t happen... What I did was, I opted

to take Depo-Provera for 20 years. So, the detriment to that is what I'm finding out now. Quite tough on the hormonal system for a female anyway... And that was just 2001, so not that long ago. I wasn't allowed to, basically, have a normal female experience."

Depo-Provera is a slow-release contraceptive injection used as a method of birth control and preventing a female from experiencing her menstruation cycle. Prolonged use can induce many side effects, however amongst the most severe include fertility complications, significant loss of bone density and osteoporosis (Spevak, 2013). While the health implications are relevant, what really struck me is the dehumanization of the female experience and the forbidding of being able to experience what is natural within the military. The simple matter that masculinity is so proverbial, women can often lose their voice just on the premise of trying to conform and be accepted within this sort of environment, which is a huge injustice. Sarah felt that the only way she felt she could see her military career going positively was if she did not have a menstrual cycle for 20 years.

I inquired a bit further with Sarah on this subject, and she felt that there could be simple changes made to accommodate the difference of the female experience. For example, many females experience cramping during their menstruation cycle which can be debilitating for some. The military could provide a more supportive environment by modifying the required fitness regimes by offering an alternative exercise routine that would be easier to manage, as opposed to an expectation to complete a run based on a standardized kilometer range. Another area she felt required attention is making the provision for women to have access to sanitary stations, greater privacy to change or use the washroom, and perhaps being supported in the case of experiencing their menstruation cycle during a deployment. The point of the matter is the differences need to



be acknowledged and accommodated to as an inclusive approach to strengthen the care of female military personnel.

### **Laura**

My interview with Laura affirmed similar sentiment as Sarah, in that a greater sense of support is needed to accommodate the needs of females. She had also herself expressed that with her occupation in the military, she often felt frustration from others when she required the use of washroom. It seemed to cause an inconvenience to her male counterparts. Sarah feels that perhaps the discrepancy comes from the differing lived experiences of men and women. Because of the variance, it may be difficult to come to a place of understanding.

Fitting into a man's world, from Laura's perspective, was she "had to be one of the guys". In her individual experience, she was not able to establish friendships with other women. As I shared earlier in this section, she felt that she and the other women were "pitted against each other". She also expressed that sexual harassment was like a second language for most since it was so rampant and entrenched into the military culture. Laura felt that she may have participated it in herself in some ways as an act of fitting in and as a means of survival within the military. She went on to share:

"Because I had experienced assault—s—multiple—I had to cover my body completely. I just didn't want—I never exposed cleavage. I kept my hair clean and parted. I never wore makeup. I never wore high heels. I never wore dresses. I just wore jeans and a t-shirt and that's all... As much as I could desexualize myself as possible, that's how I became one of the guys. Didn't always work. So, for example, when I left the military, I was still very much... I had no sense of style. Like, my clothes were jeans and T-shirts. Like, I had nothing. I had no, no identity as a woman. I had covered it literally and figuratively for so

many years, that it took me more than a decade to start to understand that I had defeminized myself, and I didn't associate with having a female... I mean, I'm not saying... But, yeah. So, like, learning how to love my body, and my body is okay. It's not okay for people to look at it. It's not okay for people to touch without permission.”

Fitting into a man's world, in Laura's case, came with losses to her personal identity. It was a breach to her personal safety, that all women are entitled to, but often have violated. The hypermasculine culture in the military is a cost to bear for females, resulting in negative impacts to mental health and personal self-esteem. Laura made a valuable point, in that men may not necessarily understand the lived experience of women, and women may not understand the lived experience of men. Naming the differences in a gender-based experience is difficult without truly seeing it through one's eyes and walking in one's shoes. The stories of Sarah and Laura may just be the tip of the iceberg.

### **A Review of WAC's Program Evaluations: Qualitative Insight**

In addition to the seven interviews that I conducted, I also reviewed the anonymous program evaluations that WAC had on file corresponding to their trips between the years of 2018 and 2021. The program evaluations distributed by WAC were returned by 37 respondents. The program evaluations were reviewed for their qualitative data, specific to two questions that were relevant to the objectives of the research study. These questions were:

1. Any areas where the guides did particularly well? Any areas of improvement for the guides?

2. Has the trip provided you with tools and techniques to aid in your recovery or prevent a future injury? Does it allow you to live a more fulfilling life and overcome future obstacles? Explain.

By reviewing these two specific questions, I hoped to ascertain a thematic analysis that overlapped with the interviews. While the program evaluations were not a research finding within the study, they correlated strongly with the actual thematic findings and supported the analysis. In doing so, it would help to provide some degree of thematic saturation by reviewing what other participants of WAC had to say about the positive aspects of WAC, which in turn may demonstrate efficacy for mental health recovery. The evaluations provided an overlap with themes that arose from the interviews, specific to the helpful aspects of outdoor therapy. It provided additional support to the data research gathered from the interviews and strengthened the thematic conclusions in the analysis. The program evaluations not only supported the expressions in the interviewees, but also provided me another perspective regarding the strengths of the program guides that were perceived as helpful to participants, as well as elements that might strengthen the framework of an outdoor therapy model.

#### *Reported Outcomes from Respondents*

The overlapping themes included the appreciation for the program's lessons about "What's important now?", learning how others manage their mental health, and the camaraderie. Respondents reported that they found value in the resiliency skill of focusing on what was important now by practicing meditation and mindfulness skills. They reported that they learned the importance of living in the moment and intentionally setting aside time to focus on themselves, as well as being present to complete a singular task as opposed to trying to take on

all the tasks in their head at the same time. One respondent also shared that they appreciated the gratitude journal, which Thomas said was helpful for him. He felt that the simple task of practicing gratitude every day had positive impacts to his overall outlook. Respondents also appreciated learning how others handle obstacles in their life, providing validation that they are not alone in their experience. Along with this, the camaraderie was a reinvigorating aspect to some and was reported as a protection to their mental health moving forward. It seems that this natural camaraderie, as reported by respondents, provided greater confidence to be around or want to be around people again. This was something Leo shared with me during his interview, especially since he had struggled with distrust following his military experience.

The evaluations also supported the notion that the framework of WAC supports greater mental resiliency to be able to work through obstacles and stressors and push themselves, both of which lead to greater success in the future and provided them with life-lasting knowledge. The fresh air, physical exertion and getting a break from screen time was another reported factor that contributed to greater mental resiliency. During my interviews, I noticed a few participants in the study had suggested that they had greater confidence to achieve personal goals, which was a similarity in the program evaluations. One respondent also shared that they learned having a sense of humour was a positive contribution to their mental resiliency. Respondents expressed that attending WAC's program resulted in stronger team-based skills and ability to work with others. It seems that the program is effective for helping individuals to overcome interpersonal challenges through the team-based work, and once again providing the opportunity to relive camaraderie which was enjoyed during their time in military service. I thought it was interesting that a few respondents had shared that they already had the skills and tools that they received

guidance about within the program, but they felt they received the reinforcement to do so after considering another perspective and seeing that it was beneficial to others in the group.

In addition to the above findings in the program evaluations, respondents reported that they enjoyed stepping out of their comfort zone, challenging themselves mentally and physically, felt more motivated to enjoy the outdoors and do activities with others to push themselves. One respondent reported that they had difficulty adjusting to life back home following the trip, noticing a heightened awareness to loudness, and reported irritability. It was something that I had also discussed with the interviewees in the study, who expressed that they too had noticed they experienced a reoccurrence of symptomology and previous patterns upon returning home.

#### *Positive Experiences with Camp Guides*

The program evaluations highlighted many strengths of the camp guides that were correlated to their positive experience and outcomes with WAC. Respondents reported that they found the guides to be knowledgeable and experienced with their bushcraft and canoeing skills, which provided with feelings of safety and confidence during their time at the camp. They also appreciated the guides' adaptability to arising safety concerns and risks, and changing the plans as it was needed. Respondents also appreciated the clear communication and organizational skills of the guides. They perceived that WAC's guides held stronger leadership skills and were professional. Respondents reported they felt greater confidence to following the lead of guides as a result. They also appreciated the opportunity to practice skills taught by WAC together as a group.

In addition to the technical skills, respondents reported they appreciated the approachability, friendliness, humor, compassion, and inclusivity that the guides offered to all

participants. Their enthusiasm did not go unnoticed by many, and their display of true grit was also appreciated. The evaluation feedback indicated that respondents felt they were cared about, supported and were comfortable to ask questions. It seems the WAC guides took time to get to know all their participants on an individual one-on-one level, and provided patience and understanding when working with other civilian occupations that were not of a military background. One respondent also expressed that they appreciated having guides that felt comfortable because of the presence of guides who were of female-gender, and female participants at the camp.

### *Considerations for Outdoor Therapy Models*

The program evaluations provided an overall positive experience participating in an outdoor therapy model for their mental health. Respondents provided feedback to strengthen the modality. One of the feedback responses from the 2018 surveys was that the inclusion of mental health professionals would be an asset to the team. While guides were recognized as knowledgeable and helpful in this context, one respondent felt that the inclusion of a trained mental health professional would improve outcomes significantly. They also expressed that they feel they would benefit from education and information on reintegrating back into the workforce, or to redeploy, in addition to strategies that better equip them to manage day-to-day stressors. Two respondents had expressed a desire to focus specifically on solutions, coping mechanisms, and skills to find greater value in the program, as opposed to only expressing the difficulties and issues they have been navigating. Respondents also expressed value in staying together as a group during canoe trips, having autonomy in managing camp tasks, and equal dialogue sharing during campfires in the evenings.

## **CHAPTER FIVE: DISCUSSION**

In this chapter, I will provide an analytical examination of the forefront issues presented within the findings. First, I will provide an overview of the interplay between military culture and how they contribute to the mental health issues, as I interpreted it from hearing the participant's perspectives. I will then outline some of the connections that I noticed between the thematic findings from my interviews with the study participants with what I found in the literature review. After reviewing these two areas, I will provide a discussion on the effectiveness of outdoor therapy based on the participant perspectives by discussing the beneficial aspects as defined in the interviews, followed by a discussion on overcoming some of the institutional barriers that military personnel and veterans face in relation to their mental health recovery. Finally, I will conclude with a discussion on the implications to social work practice and policy.

### **The Interplay Between Military Culture and Mental Health Issues**

Based on my interviews with the study participants, it seems evident that there are several variables and factors within the military culture that contribute to poor mental health. These are attributable to stress and trauma, stigma, and barriers to seeking help, limited resources and support, and emotional suppression. And while it was not brought up by the interviewees within this study, other areas can include long deployments and separation from loved ones, cumulative effects, and the accompanying development of complex PTSD.

Military personnel experience high levels of stress during combat and employment, which can include exposure to traumatic events, constant danger, and an expectation to perform under trying circumstances. In conjunction with this, there are also additional variables including the social environment in which personnel work, which many indicated is often a space where

individuals are having to act tough and aggressive in their demeanor to play the part of a military personnel (Keats, 2010; Augusta-Scott, 2020). This seems to come with bullying and poor attitude towards others when personnel are seen to be “weak” or unable to tolerate the conditions and circumstances in which they work (Hall-Clark et al., 2019; Burns & Mahalik, 2011; Wills et al., 2021). It is known that these variables are attributable to high risk of mental health issues, including PTSD (Keats, 2010). There were multiple accounts within the interviews that indicated that there is an overarching influence of hypermasculinity, which ultimately leads to detrimental impacts to mental health. Active personnel often repress this mental health suffering or the traumatic events that they have witnessed because of various social pressures that further exacerbate this experience (Ouimette, 2011).

The social pressures also create stigma and barriers to seeking help, since seeking help is perceived as a sign of weakness or threat to one’s career (Burns & Mahalik, 2011; Wills et al., 2021). It often is a deterrent that prevents individuals from talking openly about their struggles and seeking support that would be appropriate to help them remedy. In this comes the emphasis to maintain mental and emotional toughness, which discourages any expression of feeling or seeking out emotional support (Augusta-Scott, 2020; Braswell & Kushner, 2012). Many choose to be self-reliant because of the stigma. This emphasis on maintaining stoicism can result in distress and isolation, worsening mental health conditions (Burns & Mahalik, 2011). Seeking support and navigating recovery seems to be even more challenging for those who are in the higher ranks, while they simultaneously caught in the power dynamics of the military hierarchy (Hamilton et al., 2017). The military has implemented enhanced screening and prevention during pre-deployment to identify individuals who are at risk or already experiencing mental health issues (Hicks, 2011). While the initiative is meant to safeguard the military as they send out



personnel for deployment missions, this also has a direct impact on the psyche and self-perception of personnel who are already conditioned to believe that showing signs of weakness are wrong (Hall-Clark et al., 2019). In being “dagged” red during the pre-deployment status, it results in a damaging effect to one’s perception of self.

While there are initiatives to ensure that personnel can seek out the appropriate supports for their mental health, the initiatives do not come without their own challenges. Intended to be confidential and convenient, the participants alluded to the barriers that come with seeking out the appropriate supports (McGuffin et al., 2021). Supports are seemingly provided in a timely manner in some circumstances, however participants reported that their CoC pushed for a hasty recovery and return to the battlefield (Olson, 2014), a villainization for seeking out support or relief, and experiencing fear of being of being seen by their fellow combatants when trying to seek supports, as Perry indicated in his interview. Furthermore, many veterans experience disenfranchisement through bureaucratic processes, accessing benefits and clinical care, which comes with a sense of betrayal by the system and compounds the presenting mental health issues and results in sanctuary trauma (Rose, 20 March 2022).

In this thesis, I discussed the unique paradox created by gendered differences within military communities. Another unique paradox is that within unit cohesion. Unit cohesion is a necessary function within the military since it provides a natural community of belonging and support among personnel, shared identity and purpose, and peer support (Maguen & Litz, 2006; Kanesarajah et al., 2016; Thomas et al., 2022). These are extremely important as part of operational missions, especially since the culture of the military is exclusively well understood by those who are part of the community. However, the paradox arises in that the same functions contribute to mental health challenges. Unit cohesion can simultaneously cause pressure to

conform to masculine norms and contribute to a reluctance to seek out support for mental health because of the stigma these norms generate. It also suppresses individual needs since the unit cohesion and its goals can often overshadow this. Many will default to self-reliance and self-sacrifice, resulting in prolonged distress (Russell & Figley, 2021; Burns & Malik, 2011; Thomas et al., 2022). In the outdoor therapy model, the unit cohesion was a strength for mental health because it normalizes mental health challenges and creates a safe space for individuals to talk about and support one another. In this sense, the strength in cohesion is that individuals are not alone in their struggles and feel fortified by those who have the same goal of recovery in mind. While unit cohesion in the military contributes to the development of mental health challenges, paradoxically, outdoor therapy seems to provide healing within the unit cohesion found in the peer-based model. To counter these issues, the military would benefit from positive leadership involvement in the form of recognizing and responding to signs of hardship, and creating a supportive environment of help-seeking behaviour.

### **Theoretical Framework Application to Thematic Findings**

As I outlined in the methodology chapter, I intended to analyze the data collection through a comprehensive theoretical approach that utilized hermeneutic phenomenology and feminist theory. These theories were necessary to qualitatively analyzing the deep-rooted issues within the military culture that create the stigmatization of mental health, and why it was necessary to consider an alternative approach to mental health care.

While a qualitative approach makes the most sense in its application to this research study, this does not mean that the information is necessarily in fact (Sloan & Bowe, 2014). The seven interviewees all provided different perspectives regarding their experiences with mental health recovery, as exacerbated by their previously held military occupations. The experiences

with mental health recovery were not all the same. As some of my interviewees expressed to me, they were able to get the help they sought because of the positive relationships they had with their CoC, thus they felt supported. Others, however, felt their recovery was hindered because of their varying experiences with their own CoC or even attitudes from their peers that presented as shaming (McGuffin et al., 2021). One person's truth was not the exact same as another's. Using hermeneutic phenomenology to unpack the individual experiences proved to demonstrate that there were shared nuances and themes as it related to mental health in the military (Bush et al., 2019; Easterbrook et al., 2022). The overlap in findings evidently showed that all the interviewees, during their time in active service, expressed that they felt the pressure to conform to an expectation of toughness, so as not to appear weak. In this experience, they often felt the need to keep quiet about their suffering to prevent any harm to their military careers. My initial assumptions that hypermasculinity pervades the military was supported by these thematic narratives that I isolated from what was shared with me. And while they may not be completely accurate and true for all military personnel, I made sense of it based on the understanding and knowledge I have from my professional career and in-depth literature review (Pérez-Vargas et al., 2020).

The thematic findings that correlated to hypermasculinity in these interviews corresponded to the argument of Wills and colleagues (2021), who suggest that help-seeking goes against the work culture that is emphasized on toughness and independence. It was also true that many of the interviews shared expressions that any experience of non-masculine feelings resulted in higher degrees of stress in the workplace, due to fear and repression (Crawley, 2004). Feminist theory, as an application, critiques the power dynamics within patriarchal structures. Given that the military is founded upon patriarchal values and systematic beliefs, innately the

hierarchical structure poses struggle with power, particularly for subordinates. Interviewees alluded to having to request for supports and “waiting for orders to pass” through the CoC. The relevancy of feminist theory in this case falls in line with the phrase “The personal is political”, which asserts that personal experiences are deeply intertwined with political and social structures. In this study, the application of this statement specifically denotes that individual experience with mental health is not separate from it’s political and social context. In considering the military subordination in conjunction with the CoC, subordinates often feel a pressure to conform to expectations or ideologies that are dictating above them, as well as the policies, regulations, and orders under which the military operates (Burns & Mahalik, 2011; Wills et al., 2021). The military being an exclusive institution poses deeply embedded political influence, which has a direct impact on the intersectionality of social identity and mental health. This includes the reinforcement of gendered expectations that contribute to mental health challenges, lack of access to supports and services, further oppression through the power differentiation that exists within the hierarchy (Eichler, 2022). Feminist theory then calls to action for deconstruction through a critical examination, and by challenging the political realm within the military for action that promotes social justice for all genders.

The use of feminist theory also tied in closely with understanding the phenomena using a gender-based analysis. The issues presented by hypermasculinity impact women in the military disproportionately with an additional complex layer. The research study shared similar findings of Eichler’s (2022) grounded theory study. The interviewees in my study also expressed that they felt the need to work twice as hard and experienced inequities related to treatment and care within “a man’s world” (Lane, 2017; Eichler, 2014). The relationship between a gender-based analysis and a critical feminist lens is to challenge the notion that women do not have a place in

the military due to their perceived inferiorities within a system of power (Callaghan, 2021). In her interview, Sarah alluded to the fact that the conditioning of breaking down the civilian identity and building up a soldier begins in the early stages of basic training, and to reduce any emotional response to difficulty. In addition to the hypermasculine pressures within the military environment, the complexity of being a woman presents a whole additional battle: “There’s two strikes against you already. You’re already perceived as weak”. Both Sarah and Laura expressed that they had to become “one of the guys”, which was parallel with Lane (2017), who suggested that the recruitment stage in the military presents as an intensive regiment where women become trained and socialized as “soldiers”, which is equivalent to “becoming a man” (p.147). The interviews also spotlighted the high degree of sexual harassment and assaults that take place in the military. The military hierarchy, influenced by hypermasculinity, structurally reinforces male dominance and power over female service powers. Furthermore, feminist theory propositions itself to suggest that the unequal representation of women in an institution leads to a lack of acceptance from their male counterparts. This is more extreme when women do not hold positions of power and are viewed as an inconvenience and unnecessary in this setting (Fairweather, 2019; Callaghan, 2021).

### **The Efficacy of Outdoor Therapy**

Determining efficacy of outdoor therapy in this research study is solely defined through qualitative inquisition. To assess the efficacy, I evaluated the findings from the interviews and literature review to determine what aspects of outdoor therapy are most helpful with mental health recovery from the veteran perspective. The key points of note that help to define the efficacy is looking comparatively at alternative approaches, breaking stigma through outdoor therapy, addressing holistic well-being, utilizing peer support, and creating a comfortable

environment for veterans to navigate their mental health journey. As a social worker, I have always been critical of the systems that I am situated in, especially as I considered the proximity to my clientele. I felt it was necessary to be critical as a commitment to my profession in the pursuit of social justice and service to humanity (CASW ACTS, 2023). Social justice invokes me to assess whether the current services are as beneficial to service-users as research leads us to believe, since research data is not always generalizable.

The literature review demonstrated to me that conventional models used to treat military and veteran mental health has its flaws and limitations (Khoo et al., 2011; Steenkamp et al., 2015; Dondanville et al., 2016). These themes that I found within the literature review seemed to be validated by what the interviewees shared with me, including the stigma and barriers to seeking help. Service members and veterans are often reluctant to seek help due to concerns about being perceived as weak, repercussions to their careers and a fear of judgement from both their colleagues and superiors (Hall-Clark et al., 2019; McGuffin et al., 2021). The stigma from these variables can create significant barriers to utilizing the available supports offered by traditional modalities, such as therapy or pharmacology (Leighton et al., 2021). Interviewees also highlighted the limited cultural competence of mental health clinicians who may not be accustomed to the military context, values and challenges faced by military personnel (Wheeler et al., 2020). It can impact the ability to establish rapport, which in turn can impact the efficacy of treatment due to inaccurate assessment and treatment planning that is suitable to the needs of the personnel or veteran (Litz et al., 2019). They may also miss the complexity of trauma that they experience. Interviewees also alluded to the overreliance on pharmaceutical interventions for treating pain related to physical injuries and addressing mental health issues. In both instances with therapy and the pharmacological approach, there can be treatment resistance or

non-compliance due to perceived ineffectiveness or concerns of accompanying side effects with medications (Whelan et al., 2021; Khoo et al., 2011; Leighton et al., 2019). These approaches are also intensively individualized, and often do not leverage peer support that is perceived to be highly beneficial and validating to veterans in a way that they need from a group-based approach, as interviewees indicated.

To define efficacy of outdoor therapy, I looked for evidence within the context of the interviewee's narratives that indicated that they experienced self-transformation and improvement to their well-being in a mental, physical, emotional, and spiritual sense. I found that all interviewees discussed the relevance of utilizing the principle of "What's important now?" to be helpful in supporting them to manage their mental health. This was relevant because it brought greater awareness to the mind and body interrelation with mental health by supporting them to focus on the impact of stressors and the dysregulation that it can contribute to within their psychophysiological system. By creating greater awareness, they utilized the skill of mindfulness to be more conscious of unpreferred feelings and emotions that arise and responding to them more constructively.

I believe this demonstrates efficacy of outdoor therapy as trauma-responsive model because it facilitates greater mental resiliency by utilizing a safe, stigma-free, and stress-reducing environment to support participants to develop stress-coping strategies. This is done by using the examples of more simpler stressors within the context of nature to represent larger challenges that they may encounter in relation to their mental health conditions sustained from military service, current occupation, and generally in their personal life. For example, Laura shared with me during her interview that participating in the program with WAC allowed her to reflect on some of the stressors impacting her basic survival needs during her time with WAC, such as the

need to take a break to rest her feet, putting down her backpack to reduce the tension on her back, and drinking some water to quench her thirst. During their military careers, veterans may not have had the opportunity to stop and take care of themselves, since military operations can often be highly stressful and require personnel to be moving, alert, and responsive at all times.

I found, too, that restoring social connection was imperative to contributing positive outcomes to mental health improvement, and therefore a determinant of efficacy. It was highlighted throughout the literature review, and during the interviews, that being disconnected and separated from the camaraderie in the CAF was significantly detrimental for mental health outcomes. In my interviews, I also tried to understand if the interviewees had developed bonds with other participants or the guides at WAC. Some interviewees did suggest that they remained in contact or found reconnection with individuals whom they reencountered at WAC that they had previously known while service with the CAF. And although this was not the case for all interviewees, they emphasized a high degree of satisfaction from re-experiencing the “brotherhood” and camaraderie that they were previously familiar with in the CAF. It demonstrated to me that outdoor therapy created a unique space for individuals to reconnect with other individuals from the military community that they found mutual understanding and shared experience among. This connection and need for belonging is necessary for healing trauma, as it cannot be done in isolation (Herman, 1992). Interviewees demonstrated positive correlation with social connection, and healing and recovery regarding their mental health.

Another example that demonstrated improvement of self as part of my definition of efficacy was that interviewees indicated that they had developed a greater sense of confidence and esteem in themselves, and to achieve meaningful goals in their lives. They also reported that they now felt that they had the tools and skills they needed to sustain positive mental health, a



renewed value in maintaining physical health, and reported having greater confidence and trust to be around others again. I felt these were examples of efficacy that are not necessarily empirically measurable, but rather understood through contextual and narrative dialogue from the participants themselves. These results provide qualitative evidence that outdoor therapy is efficacious for service users.

Outdoor therapy seemed to open a pathway to addressing mental health in an entirely different way than what is structured by the military and the medicalized system that veterans are often navigating during their civilian transitions. As an alternative approach and its varying differences, it seemed to help remove the stigma involved with seeking support and addressing mental health concerns. Interviewees discussed the highly beneficial experiences of connecting with peers at WAC who have similar experiences, utilizing mindfulness in their recovery and overcoming team-based challenges and goals within a recreational setting (Buckley et al., 2018; Naor & Mayselless, 2020; Leighton et al., 2021). It also created a safe space to talk about cannabis use without the previously experienced stigmatization of exploring its medicinal use for pain and anxiety. WAC also placed an emphasis on holistic well-being. A few interviewees referred to the outdoor recreational experience as an “anti-depressant” because of its contribution to health and wellness, in addition to addressing mental health symptomology (Wheeler et al., 2020; Bird, 2015). It is a direct contrast to that of conventional modalities, that focus simply on symptom management through medications or psychotherapy to address negative cognitive patterns.

The traditional biopsychosocial model was challenged by outdoor therapy, with the inclusion of the spiritual element in care. While nearly half the interviewees expressed that they do not perceive themselves as particularly spiritual or religious, it was evident that the outdoor

element utilized by WAC was a beneficial aspect to mental health recovery which provided a sense of grounding and healing that their previous experiences with traditional therapeutic models did not. Interviewees reported that the social component of the peer-based support within the outdoor therapy model was essential for their recovery, supporting the argument of Mehl-Madrona (2003) that suggests that healing cannot occur in isolation and needs to be done within a nurturing community. The interview data also confirmed findings in the literature review that recreation that is centered on a reliance of skill, risk and leadership promotes satisfaction and joy through a mutually supported peer-based environment (Buckley et al., 2018; Naor & Mayseless, 2020; Leighton et al., 2021). Some individuals also spoke fondly of the setting, which reduced barriers around stigma and pressure to share vulnerable and traumatic details of their experiences by providing them a break from patient-based care and clinical settings (Pečečnik & Gostečnik, 2020).

Arguably, the most effective component of outdoor therapy—assuming it is based within group settings, such as that of WAC’s programming—would be its peer-based approach. All interviewees indicated that they found a high degree of benefit by connecting with other individuals who had similar experiences, and being understood by others who know first-hand what they have been through. The camaraderie that was fostered within WAC’s program was something that re-established a lost connection for many veterans, who had been isolated and removed from their military family. As I mentioned previously, interviewees had indicated that one of their barriers was feeling understood by mental health clinicians who lack military service experience. Contrastingly, the peer-based support provides a comfortable and compassionate space with reduced pressure that can encourage open communication when compared to the rigidity and clinical settings of traditional mental health services. The tailored support, based on

WAC's service delivery, was vouched upon fondly by interviewees. Some even expressed that they felt this setting was more effective and necessary in accelerating their mental health recovery and improvement in their sense of self, compared to the other treatment approaches that they had tried (Fernee et al., 2017).

### **Overcoming Institutional Barriers**

In analyzing the data content, it really highlighted a need for systemic changes within the military and the systems of mental health care. There needs to be a shift away from a solely medicalized approach by incorporating holistic components and centering around individualized care. The concept of a person-centered approach is often advertised as the basis of treatment and care for veterans in theory, however in having analyzed the data, it seems that sometimes there is a failure to live true to this concept and may just be lip-service. As such, the interviews provided thematic findings that elicit the need for action in addressing the institutional barriers within the military and its accompanying mental health systems.

The identified barriers include the heavy reliance on pharmaceutical medications, the stigma and perhaps lack of appropriate supports within military settings, a limited access to alternative therapies, rigidity in both the military and clinical settings, and the lack of spaces to openly explore shared military experiences that impact mental health. This may in part be due to the neoliberal tactics within the government structures. Consider for a moment a top-down perspective: what might be the most economically efficient approaches from a government agenda? The military is intended to operate as a well-oiled machine. And like a machine, the performance and output are as good as the maintenance it receives. To achieve this efficient performance and output, the most economic way is to ensure that the army utilizes a range of strategies that are primarily focused on economic policies (Bryan & Barrett, 2020; Brown, 2020).

One of the ways this is done, which is highlighted in this study, is by using performance-based contracting to deliver evidence-based approaches to mental health treatment with the objective to drive efficiency. Essentially it is to treat and cure personnel rapidly, so that personnel can resume their military service with minimal affect from the exposures of their military experiences (Olson, 2014). In taking neoliberal approaches, there often is a prioritization of cost-cutting, motivation of profit and individualized responsibility which comes at the expense of access to comprehensive and quality care (Brown, 2020). Unfortunately, alternative therapies such as outdoor therapy, and even equine therapy, expressive art therapies, do not fall within this neoliberal agenda—although it seems they deliver quality care and address mental health needs in an entirely different way.

To overcome institutional barriers, there needs to be a reform in practice. In doing this study, I hoped to demonstrate the efficacy of outdoor therapy to provide tangible evidence from veterans as the service-users so that government bodies that are responsible for allocating resources and funding for mental health services might take heed of the inefficiencies within their system. This means there needs to be accessible and quality care for all service members, meaning more flexibility in their approaches, since one size does not fit all. A holistic approach is likely to improve the overall care, which may require a greater emphasis on well-being by integrating alternative approaches such as outdoor therapy as part of resiliency training that focus on prevention and early intervention. It also destigmatizes and promotes cultural sensitivity, specific to military culture and its exposure to highly traumatic scenarios and complex environment that contribute to mental health issues. This is done by shifting cultural change in mental health narratives by addressing the traditional cultural norms that discourage help-seeking behaviours by creating a community of welcomeness, and both mental and emotional safety.

Overcoming institutional barriers means that systems need to look at the concept of treating and providing services to veterans as a societal investment. Many veterans return to the civilian community with desires to expand not just their vocational training and find new employment opportunities, but ultimately live fulfilling lives that are founded upon similar values of mainstream society—finding community and belonging, establishing identity, enjoying a social life with family and friends, and finding satisfaction through their hobbies and interests. As a societal investment, then, mental health care needs to be reformed so that veterans can find meaningful satisfaction in these areas. They deserve not to be haunted by their pasts.

### **Implications for Practice and Policy**

One of the more surprising aspects of this study touched upon the prevalence of ACEs and traumatic events during early developmental years. I did not anticipate that all the interviewees would have perceived to have experienced some form of the two. I feel that this is a noteworthy finding and feel that the implications are relevant to addressing mental health issues with the veteran community, and active military community. One of the literature review findings indicated that mental health assessments with military personnel and veterans may fail to gather information that is relevant to understanding historical context that deals with adversity during early development, and in the failure of doing so, can result in inappropriate treatment delivery. There may be poor recovery outcomes, and treatment of the wrong issues with the wrong approaches if prior history is not addressed (Whelan, 2013; Murphy & Turgoose, 2022; Murphy et al., 2020; Sher, 2017). Interestingly, during my interview data collection, I had asked the interviewees if they felt attending their corresponding program with WAC aided in making sense of any issues during their early development years, and all the interviewees whom I had asked this to reported no. Sometimes it was also added that the program was not intended for

addressing issues from early development years, and for some, interviewees expressed that it was their first time even comfortably exploring their service-related trauma and OSIs. I think the relevancy of this helps to discern why veterans may have challenges in their recovery outcomes or experience stuck points during their journey. It could be that any adversity or negative events that took place during early development are interfering with the recovery process, since they may remain unaddressed or untreated.

I believe that part of the challenge with this non-treatment could be because of the hypermasculinity and traditional patriarchal norms that are present in the military. If, historically, men were taught it is wrong to express, feel and show emotions other than anger, then how would they learn to work through difficulty? In being socially conditioned to repress undesired emotions, they were taught that help-seeking behaviour is wrong (Herman, 1992; Braswell & Kushner, 2012). In which case, if both men and women attempted to make new meaning in life by joining the military as a way of overcoming early adversity (Blosnich et al., 2014), the developmental foundations may have always been lacking fortified strength to navigate emotional difficulty. Although it is not a guaranteed outcome, the plights within military settings can resultingly have a significant impact and influence mental health conditions and increase risk of moral injury in adulthood (Battaglia et al., 2019; Agorastos et al., 2014; Mercado et al., 2015). Thus, the implications for general mental health practice are that adversity in childhood needs closer inquiry during treatment planning to determine if there are issues remaining unaddressed or untreated. Furthermore, there needs to be space that is inclusive and stigma free to foster opportunities for individuals to safely express the challenges they have had and are having. As it relates to military context, addressing early experiences with mental health may promote greater resiliency with service-related stress and prevent the development of more complex mental

health conditions, however there is more research needed in this area. Achieving this, I imagine, would be difficult if personnel do not feel security and confidence that their occupations are secure and will not result in ramifications for speaking up about conditions that could potentially be treated, rather than penalized (Hall-Clark et al., 2019).

Reducing stigma and creating inclusive space for emotional expression is a challenge that impacts not just men, but women as well. The study provides practice and policy implications that highlight a need for stronger efforts towards addressing gender-based differences within the military setting. This includes ensuring greater equity of health care within workplace settings, as well as cultural training that is relevant to better understanding and addressing gender-based differences within the military setting (Davis, 2022). When I conducted my interview with Laura, her perspective is that the reform needs to come from men themselves. She felt that given the institutional structure that is male-dominated and influenced, it would have a greater degree of impact if the information were to come from men. This is consistent with the literature review findings that suggest that women often feel that disempowered by the system, and for such reason, may feel that their voices would facilitate the necessary change. I do feel that government needs to facilitate spaces for women to express themselves through empowerment and express what their needs are so that the structural hierarchy and the male-dominated community understands the varying needs of women.

Another area that I did not anticipate having taken the spotlight was the conversations around pharmaceutical medications and exploring alternative options. The data from the interviews acknowledged the enforcement of pharmacological medications as an approach to treating both pain-related physical conditions, and mental health conditions. The pharmaceutical industry has often been referred to as “Big Pharma” for the basis of their yearly profit margins

(Toma & Catana, 2021). The use of pharmaceutical and psychiatric medications in the military seems to be extensive, likely due to the rapid treatment and recovery outcomes, as well as risk management, which may be influenced by the operationally efficient agenda of the government (Carney, 2008; Chua, 2020). This study provides some considerations for mental health treatment and recovery with military communities, which suggests that the degree of wellness and meaningful satisfaction experienced through the outdoor therapy modality results in a much smaller cost. Additionally, the recreational aspect and use of green space is a complete change-up from what is traditionally practiced from a medicalized and biopsychosocial approach in mainstream mental health. It offers a new pathway of recovery which is cost-efficient (Gascon et al., 2015), and reduces many barriers that are highlighted for most veterans, including the stigmatization of mental health, reconnecting veterans with their communities (Mehl-Madrona, 2003) and facilitating meaningful empowerment over personal choice and identity (Wheeler et al., 2019).

Not only does it offer all these benefits, but the approach is inherently trauma-informed because it supports veterans where they are in their stage of mental health recovery. The reduced pressure of having to share or delve into traumatic events is healing within itself, something that seems to be a stark difference from some of the other conventional modalities that interviewees expressed trying. Some found it difficult to establish relationships with psychologists (Litz et al., 2019; Wheeler et al., 2020), felt some levels of distress engaging in exposure-based therapies, and felt isolated from others during their healing process (Wheeler et al., 2020). The peer-based seemed to establish a sense of trust and grounding for both the interviewees, but the respondents in the program evaluations as well. The peer-based model and group-based care exudes an environment of safety and trust, something that essential during the healing process with trauma



(Herman, 1992). Herman (1992) wrote: “Recovery can take place only within the context of relationships; it cannot occur in isolation” (p.142). It corresponds with the findings in that interviewees felt the civilian transitions following their challenges with mental health resulted in a degree of fragmentation, in which they were left to redevelop a sense of identity and distrusted others, likely due to the injustices they had experiences. However, they healed and redeveloped identity and connection within the safe spaces and in cohesive groups of others with similar experience and background as them. It is likely this works well because it removes discomfort of judgement and challenges the ingrained idea that weakness is not to be shown. For some, this was and continues to be a necessary component of their recovery. As such, the implications for practice and policy are to consider how to make services for veterans more readily accessible within group settings. In many communities, veterans find spaces such as the Royal Canadian Legion and the Operational Stress Injury Social Support peer network to connect with other veterans. I would suggest we need more funded spaces such as that of WAC where participants can learn to find not only connection, but meaning and healing within those connections as they re-establish confidence and identity in environments that promote recreation, challenge, and restabilize both the parasympathetic and sympathetic nervous system.

## CHAPTER SIX: CONCLUSION

### Summary

The purpose of this study intended to answer three main research questions:

R1: How do participants regard the experience and use of outdoor therapy?

R2: How does this experience with outdoor therapy offer effective assistance as a trauma-responsive therapy in fostering positive impacts to mental health conditions that are sustained from military experience?

R3: Does the role of gender, military rank, and roles, which are often influenced by hypermasculinity, have any possible impact to the development of mental health issues?

I chose to answer these questions using a qualitative method to analyze both the secondary program evaluation data collected from WAC, and the new interview data collected from recruited participants that were open to being interviewed regarding their experiences. The semi-structured interviewed evaluated three areas, including their experiences with WAC, their perspectives regarding the efficacy of outdoor therapy, and their understanding regarding military culture and its response to mental health recovery.

In the introduction, I reviewed the overarching challenges with mental health as it relates to military culture, and expressed a rationale on why mental health with military populations required a closer critique. I provided an overview as it relates to social work, highlighting the critical lens needed to make sense of the complex challenges that military personnel navigate within their workplaces and how these challenges contribute to conditions and recovery with mental health. The introduction discussed the prevalence of PTSD diagnosis, which is one diagnosis among many that are subscribed to veterans within a mental health context, as well as

the high degree of suicide rates and fatalities that correlate with PTSD diagnosis. This identified the matter as a social issue that requires justice. I then introduced WAC, a charitable organization that supports veteran and first responder communities with mental health recovery within an outdoor-based recreational setting. I shared why this was relevant to veterans who are seeking support with mental health.

In the second chapter I provided a literature review on relevant issues to the objective of my study, which included a review of: mental health and military culture, a gender-based analysis in the military, limitations to conventional trauma therapy models, the relationship between outdoor therapy and trauma healing, and precursors of service-related mental health issues and stress injuries. I concluded this literature review by discussing gaps, limitations and areas for future research directions that would help to inform the course of the study. The literature review was followed by the third chapter, which provided an in-depth address of the methodology that informed this research study and the analysis portion. The methodology was conceptualized using a comprehensive theoretical framework that combined hermeneutic phenomenology, feminist theory, and an application of a holistic lens of care as a means of moving away from the traditional biomedical approach that has historically influenced mental health care with the military. The sample size consisted of seven participants, which included five males and two females who shared their perspectives in the semi-structured interview format. They all identified as veterans of the CAF, were previously diagnosed, and treated for their mental health conditions utilizing conventional treatment models and participated in a camp trip organized by WAC. In addition to this sample size, I gathered WAC's anonymous program evaluations to engage in a deeper qualitative analysis regarding participant perspectives on the efficacy of outdoor therapy.

The fourth chapter provided an overview of the thematic findings from the interviews and the program evaluations that were collected as part of the research data. This chapter was broken into 6 different headings that provided an in-depth narrative of the key themes I extracted from the data analysis process conducted both manually and with Nvivo software. The thematic headings for this chapter explained: the power of healing within an outdoor-based program, the benefits of receiving support within a peer-based setting, the prevalent occurrence of ACEs and previous trauma among veterans who struggled with service-related mental health conditions, a discussion of the military culture and identity and its implications with mental health, a gender-based analytical discussion as it related to military context, and a summary of the findings from the program evaluations I reviewed. The thematic findings affirmed that the cultural environment of the military perpetuates mental health conditions, and discourages help-seeking behaviour both overtly, systemically, and attitudinally. The intervention of outdoor therapy provided an alternative approach for participants to explore re-connection safely and comfortably with other veterans who struggled with similar mental health conditions that resulted from military service, provided healing through shared challenge, and camaraderie that many reported dearly missing from their time in service. The findings also provided confirmation regarding the structural influence of hypermasculinity in the military and its negative impact to mental health. Additionally, the findings alluded to the challenges that exist due to gender-differences, which may require greater inquisition due to the current “gender-blindness” that exists within this culture.

The fifth and most previous chapter presented an in-depth discussion by highlighting the connecting the research findings to the literature review conducted for this study. In this discussion I provided a more defined focus on the findings by applying the theoretical

framework to demonstrate that hermeneutic phenomenology, feminist theory, and a holistic lens of care is relevant to the themes extracted from the research data. I then provided a more expansive discussion on the military culture in relation to mental health by making connections with the literature review findings that suggests the environment often discourages help-seeking, and that help-seeking often results in some ramification or penalization within a personnel's career or rank status. It also discussed the issue of sanctuary trauma. The discussion then led into assessing the efficacy of outdoor therapy. Based on participant perspectives, it was demonstrated that this approach is effective in therapeutic value and fills specific gaps that conventional treatment models fail to address. Because of the positive outcomes of attending an outdoor therapy program, it is determined to be effective in the mental health recovery process. The discussion also provided considerations in relation to overcoming institutional barriers created by the military culture that prevent mental health recovery and addressing specific gender-based differences. The chapter concluded with a discussion that reviewed implications for practice and policy.

## **Strengths of the Research Study**

### *First-Hand Experience with Veterans*

It was a humbling experience to understand mental health issues and systematic challenges from first-hand conversations with Canadian military veterans. The experience of many military veterans is that sometimes their time in the military leaves them as unsung heroes. Many do not understand what they have had to endure, both in their service but also through the bureaucratic processes of the military and government systems. The opportunity to conduct these in-depth interviews and ask, what I felt were, vulnerable questions to better understand their

world was a privilege. As was noted in the literature review, the military often operates in a “language of secrecy” (Deschaux-Beaume, 2012). Given the complex layer of trauma and mental health, it was a strength that participants were able to express their perspectives safely and without repercussion to inform mental health systems and academia. And while the findings did not discuss this matter, I closed all my interviews by asking interviewees how they felt towards their retirement with CAF and military careers. Some expressed indifference due to the systemic and political challenges that exist within the military culture, while others felt true pride in what they accomplished in their careers. I felt this was worth honoring within the interviews. It should demonstrate that while one can feel satisfied with their career, they can also impartially feel hurt and pained by a system that left them feeling that they had no value—which should be a significant takeaway and consideration from this study.

### *Thematic Saturation*

While the interviews, in their subjective phenomenological format, may not offer true generalizability given their small sample size and variance in gender, occupation and personal experiences, they still offered value in the sense that they collectively provided thematic saturation regarding some very important subject areas. These findings, especially in regard to the hypermasculine culture, gender-based differences and efficacy of a peer-based support program for this particular population of individuals, were validated throughout the course of the interviews. Not only this, but they overlapped with many of the literature review findings, demonstrating that their experiences offer plausibility that greater reform is needed to address mental health issues differently within the military community. The experience with outdoor therapy presented, for all interviewees, a renewed sense of hope, confidence and determination that allows them to navigate life in a more positive way and provided them the gift of a deepened

relationship with the outdoor world around them. In turn, this was thematically demonstrated to have provided greater insight into their circumstances and greater coping ability with their mental health.

### *Addressing Mental Health is Possible... In More Than One Way*

When I journeyed to conduct this research study, I came from a hopeful mindset that I could address some of the gaps within the traditional and medicalized system of mental health care. This study proved that alternative therapies that are based on a more holistic and non-deliberative focus can, for some, be subjectively as effective in providing a therapeutic benefit without the use of pharmaceutical medications, cognitive restructuring, and exposure-based therapies. This type of therapeutic approach falls into a similar category of other alternative approaches, such as equine therapy, expressive arts, adventure-based therapy, music therapy, aromatic therapy and other therapies focused on mindfulness and meditation. While these approaches lack the scientific evidence-based titles, I would argue that like this research study, demonstrating their efficacy may require greater qualitative exploration and reliance of narrative self-reporting from participants and service-users, versus anything quantifiable that would be identified within measurable scales. Outcome measures and wellness scales offer information that is based on fixed questions that can sometimes be misinterpreted and are only reflective of a specific snapshot in time.

### **Study Limitations**

#### *Generalizability*

A qualitative approach offered extremely valuable insight to the research objectives. The limitations of using a phenomenological approach, especially on a smaller-scale master's level

design, presented with a small sample size that had a broad criteria. The criteria included any mental health diagnosis, and no specifics to occupation or role in the military, age, gender, or length of retirement years. I think to establish generalizability to meet study objectives such as this one, I recommend a mixed-method approach that leverages both a qualitative analysis of phenomena and quantitative structured instruments that solidify a more comprehensive conclusion about the efficacy of outdoor therapy. The criteria should also have a narrower focus. Several of the interviewees discussed that their careers involved roles in infantry, special operations forces, and higher mission statuses that required deployment. There is likely a much higher degree of combat exposure and exposure to traumatic events in these scenarios compared to other trades. It would be interesting to determine if outdoor therapy is effective for a more specific pool of veterans based on their previously held occupations, by using measurable instruments or scales to evaluate improvement of health and statistical generalizations. This may enhance the credibility and validity of the research to diverge a multiple set of sources and strengthen any intentions to conclude the approach as “evidence-based”.

#### *Exclusion of Perspectives from Active-Duty Military Personnel*

The ethical procedure of including active military personnel presented some barriers to meeting the study’s timeline. Because of the multiple layers of ethical review required to include active military personnel in this study, I had to make the difficult choice to exclude them from the criteria of eligibility. The information from active personnel may have otherwise offered insight into the current trends within the military culture, especially as they relate to thematic inquiries into the hypermasculine culture of the military, help-seeking behaviours, gender-based analysis and perception of camaraderie. Because the veterans in this study had been retired for several years or longer, their experiences with the noted trends may vary from what active



personnel may interpret or perceive given that they are still in occupation with the military. It may have also been somewhat of a barrier, since the interviewees indicated that speaking up about their challenges often was warranted by a fear of negative impacts to their professional careers. Active-duty personnel may have felt less inclined to share about their experiences if they worried that their shared information may somehow impact their occupation.

### **Areas of Further Exploration**

I believe that there needs to be greater research development of better understanding the impact of moral injuries of combat and war, and how that impacts the well-being of Canadian military personnel and veterans. There seems to be some connection with the atrocities that they have witnessed and the occurrence of violent tendencies. In most typical mental health examinations and assessments, the mental health clinician queries regarding any inclination or ideation of suicide. They often do ask about any thoughts or impulses to hurt other individuals. Interestingly, when I was looking at information on homicidal ideation impacting the military or veteran community, I did not come across much existing literature on this subject matter and experience. Given that two of the interviewees indicated having had previous struggles with homicidal thoughts during periods of emotional dysregulation or distress, I thought this was a noteworthy consideration for future research. This may be relevant particularly to personnel or veterans who hold occupations where combat is part of their duties.

Another area for future research may be to consider a longitudinal design that follows veterans in the community, during their experience with an outdoor therapy program, directly following, and one-year following. This may provide greater insight into specific areas such as symptom reduction or flare-ups, stress management, emotional regulation, social satisfaction,

and overall physical health. A longitudinal study could be another avenue of providing greater credibility to the efficacy outcomes of participating in outdoor therapy for mental health recovery, given that it can demonstrate pre- and post- measurements of outcomes. This study did not focus on changes to the associated physical symptomologies of PTSD and other mental health conditions. While some interviewees did share some details about it, the information was not enough to establish concrete evidence that outdoor therapy is effective in improving physiological symptoms associated with an interviewee's corresponding mental health diagnosis or diagnoses.

In this research study, I intended to explore the role of gender, military ranks, and roles and if this had any influence on the sustained mental health conditions and challenges following service release. In my findings, it seems that I only scratched the surface of this inquiry. Both the men and women I interviewed shed light onto the need for future studies to deeply consider the application of a gendered and intersectional analysis when working with military populations. There was a clear difference of perspective which demonstrated that men may be unaware of the varying needs of women, and women suggest that the military environment has historically not been structured to adequately care for both their distinguished mental, emotional, and physical care needs. I propose this has much to do with the hypermasculinity in this culture, and this research study demonstrated that hypermasculinity has much influence on the behaviours and attitudes towards the non-acknowledgement of the differences.

Finally, one last recommendation for future research is to look more intensively at the treatment of veterans' pre-existing conditions with mental health, specifically as they correspond to ACEs and previous traumatic events from early developmental years. The literature review indicated that the treatment of historical mental health issues stemming from early development

require a different treatment approach. Current mental health approaches may be targeting mental health conditions that stem from issues that are relevant to the adulthood years, and as such may be ineffective for recovery. This is also dependent on, not only the forthcomingness, but the self-awareness of adversity experienced during developmental years, as it relates to military personnel and veterans. Without this historical context being acknowledged, treatment may have less efficacy in its results if not informed by this information.

### **Final Reflections**

While my energy waned thin at times, my passion for military issues in social work only grew stronger with each step. I feel honoured to have been allowed into the personal spaces of veterans who were not only willing to share about their positive experiences with WAC but were also open about their difficult experiences during early development, and injustices during their military careers. I only hope that they felt dignified in the process, as they deserve. I feel in many ways during their service careers, their voices were often muted and not heard. My hope is that this study will be a forever memoir to their valuable voices and their service to our country, and that we see greater social justice for veterans, current and future generations in the military. When I thought of giving up, I thought of our veterans, and it kept me strong in my own battle. I am proud that I did not give up on myself. I hope they will not feel that they have to, either.

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## APPENDIX A: Research Study Invitation Letter

Dear potential participant,

My name is Raina Nareg and I am a Master of Social Work (MSW) candidate at Dalhousie University. As the final portion of my degree, I am completing a thesis project to develop research in an emerging subject area. I am sending you this letter to invite you to participate in the study I am doing, under the supervision of Dr. Nancy Ross of the School of Social Work at Dalhousie University.

The purpose of my study is to demonstrate the effectiveness of outdoor therapy as a trauma-treatment model with military veterans through participant feedback. For this reason, I have connected with Warrior Adventures Canada (WAC) for their work with providing outdoor adventure therapy with veterans who have been on their recovery journey with Post-Traumatic Stress Disorder (PTSD) and Operational Stress Injuries (OSI).

I am hoping to learn about your experience during your time with the program and its impact on you. This information is valuable in informing the current research literature about how best to support veteran mental health, and to learn about the usefulness of outdoor therapy. The project of this research study is titled: “The Effectiveness of Outdoor Therapy with Military Veterans: Exploring Participant Perspectives”.

During this time in the research study, I promise you my trust in that I will treat you with respect, dignity and provide a non-judgmental and confidential space to discuss all matters related to the study itself and any portion of the study that you choose to engage in. As a token of my thank you, please note that I would also like to offer compensation for your time if you do choose to participate in this study.

If you are open to participating in this research study, please first complete the screening questionnaire. This will help to determine if you are eligible for this study. You may access it using this link: [insert link here].

All individuals who are interested in taking part in this study are invited to contact me directly should they have any inquiries. Please note that WAC is not involved in conducting the research study, nor they will not be informed of who is participating in the study due to privacy and confidentiality.

If you have any questions or concerns, you are more than welcome to contact me via email [XXXXXXXXXXXXXXXXXX](mailto:XXXXXXXXXXXXXXXXXX) or by phone: [REDACTED].

Thank you for your time you have taken to review and consider this invitation for the research study.

Kind Regards,

Raina Nareg  
BSW, MSW(c), RSW

## APPENDIX B: Screening Questionnaire

Please answer these questions to the best of your ability and recollection. This is to better understand background information regarding the participants recruited for this study and determine eligibility for the research study. This information is private and confidential to the researcher only.

Please note that some of this information may also be used as data to inform statistics in the study.

1. What gender do you identify as?

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2. Did you attend **and** complete the WAC camp in 2021 or 2022?

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3. Have you struggled with any mental health and/or substance use challenges? Please indicate any challenges or diagnoses you may have/had.

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4. a) Have you previously received trauma-based therapy prior to attending Warrior Adventure's program?

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- b) Did you complete your participation in previous the trauma-based therapy? Did you drop-out at any point?

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- c) Did you receive Cognitive Behavioural Therapy (CBT)? Cognitive Processing Therapy (CPT)? Prolonged Exposure Therapy (PE)? Please indicate which one(s), or any other therapies you may have tried as part of your recovery journey.

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## APPENDIX C: Research Study Information and Informed Consent Form

**Research Project Title:** *The Effectiveness of Outdoor Therapy with Military Veterans: Exploring Participant Perspectives*

### Lead researcher:

Raina Nareg, Master of Social Work (MSW) Student, Dalhousie University: School of Social Work

Email: [REDACTED] Tel: [REDACTED]

### Supervisor:

Dr. Nancy Ross, Associate Professor, Dalhousie University: School of Social Work

Email: [REDACTED] Tel: [REDACTED]

To receive more information or clarification about the study at any time, or to report any potential difficulties related to the research, please contact the lead researcher at the following:

Raina Nareg: [REDACTED] (Text, call or Whatsapp) or [REDACTED]

### WHO I AM AND THE PURPOSE OF THIS STUDY

My name is Raina Nareg and I am a Master of Social Work candidate at Dalhousie University. This research is for my thesis project and is the final portion of my degree. My hope is to advance research knowledge in the area of outdoor therapy as an alternative treatment for trauma recovery. My research study intends to understand participant perspectives of military veterans and outdoor therapy which could provide supporting evidence of efficacy in this area. Currently there is limited research in the area of outdoor therapy as a trauma treatment model. Academic research has historically neglected to include participant voices, which has been acknowledged by researchers and encouraged people like me to create a shift. Participant perspectives can be valuable in informing service delivery to understand what is most effective in practice, and where there may be a need for improvement for trauma therapy.

This research study is specific to exploring the experience of military veterans. During my time at Dalhousie, my research focus has been in understanding current trends in military mental health and developing ideas on how better to support veterans with their mental health recovery. Developing supporting evidence in efficacy is the first step towards recognizing programs as evidence-based, which can translate to opportunities for funding to be available to make the programs more accessible for individuals who need them for their own recovery.

I would like to invite you to take part in this research study. Before you decide whether to take part or not, it is important for you to take the time and understand the purpose of the research, as well as what it means for you. Please take time to read the following information carefully. Please ask questions if not anything you read is unclear, or if you would like more information.

All participation in this research study is voluntary, in whatever degree feels most comfortable to you. You have the self-determination to choose to engage or not. If at any time during the participation you choose that you no longer want to partake for any reason, please know that you can withdraw. I explain in this form the steps to take if you do choose to withdraw.

This survey provides information on the research study in detail, to provide you background information regarding its purpose and why it is being conducted. It also reviews informed consent. The purpose of **informed consent** is to explain the objectives of the study, what is requested of your participation in this study, and what you might expect from your engagement. This includes the two aspects of the study that request your direct engagement, as well as the potential benefits, risks, and any inconvenience or discomfort this may cause you during your participation. The knowledge you provide may be helpful in influencing the current research literature, in turn which could benefit other individuals, as well as the future of expanding outdoor therapy as a trauma treatment model.

You are encouraged to contact the lead researcher at any time if you are to have any questions or desire any clarification around something that may seem unclear or concerning to you. The contact information is provided above.

## **WHO WILL BE CONDUCTING THE RESEARCH?**

I, Raina Nareg, am the lead researcher for this study. This research is supervised by Dr. Nancy Ross, an associate professor at Dalhousie University with the School of Social Work. I will be the only person involved in collecting and analyzing the data and formulating the research outcomes and will be the only one who has access to the new data collected in this study. My supervisor will have access to my report writing, data analysis and field notes as part of the supervision role. Any information that my supervisor will have access to will not include your name. That information will be private and confidential to me.

## **WHO CAN PARTICIPATE IN THE STUDY?**

You may be eligible to participate in this study if you meet these inclusion criteria:

- You are a retired veteran of the Canadian Armed Forces (CAF) military
- You have participated in a WAC camp in the 2021 or 2022 cohort
- You have experienced mental health and/or substance use challenges that may have resulted in a diagnosis of PTSD/OSI, or other mental health conditions
- You have received prior therapy/counselling in the past

Those who are not veterans of CAF, did not participate in a camp program with WAC in 2021 or 2022, have not experienced challenges with mental health and/or substance use, and have not received any prior therapy/counseling will be excluded from the study.

If you have been contacted by me, you have met the eligibility criteria and have been selected to participate.

### **WHY HAVE YOU BEEN INVITED TO TAKE PART?**

As I mentioned, I have taken an interest in military mental health, as well as the use of outdoor therapy. It is my understanding that you are a participant who attended a WAC camp in 2021 or 2022. As a military veteran, you hold a unique perspective and experience with mental health recovery. In this journey you sought support through outdoor therapy, which is an understudied area in mental health research. Your experience and insight are invaluable to understanding if this approach is helpful in the betterment of supporting mental health recovery, specifically with trauma, in an alternative approach.

Your insight could help pave the way to transforming mental health care for military personnel. Understanding participant perspective helps to tailor the service-user experience, which can ultimately improve the quality of services one receives in a way that is meaningful and most helpful to them. This is essentially what allows me, as the researcher, to understand what makes outdoor therapy effective in practice, as well as how to make it a successful model.

### **DO YOU HAVE TO TAKE PART?**

Absolutely not! The choice is up to you, and entirely voluntary. You are more than welcome to participate if you desire, but you have as much agency to refuse participation. If you choose to participate but later change your mind, you are more than welcome to withdraw from participating in the study and even have the choice in what happens with your data. There are no penalties or consequences should you change your mind at any point.

You are not obliged either by myself, or by WAC to take part in this research study. It is only if you desire to and are willing to share your experience.

### **WHAT WILL TAKING PART INVOLVE?**

Your involvement as a participant in this study is requested in these ways:

As part of your participation in this research study, you will be requested to:

1. Review this consent form carefully and digitally provide consent when prompted at the end of this survey to confirm that you have read the information about this research study and informed consent.

2. You may recall that following your participation in Warrior Adventures Canada (WAC) in 2021 or 2022, you likely completed an evaluation form regarding your experience with the program. This information is being requested by your consent for data analysis to gather larger themes in understanding what was most helpful as part of your trauma recovery journey. If you consent to providing this information, WAC will not be informed that you were a consenting participant in this research study.
3. Your participation is requested by consent in a one-to-one interview with me, which is approximately 90 minutes long and done over Microsoft Teams. I am hoping to recruit 6-8 participants for the interviews. If you choose to participate, you may be asked 12-19 open-ended questions regarding your experience with WAC's program, the military and other therapy models that you accessed for trauma treatment during your recovery journey. I will be audio-recording these interviews, textually transcribing them, and deleting the audio thereafter. I will only have a textual script of our interview, which will be used for thematic analysis for the purpose of the study. The interview is considered new data obtained from the research study and will be used to interpret larger themes associated with trauma-recovery and the effectiveness of outdoor therapy as an intervention. The interview does not include any questions outside this scope of information. However, you may share whatever you feel is relevant to answering the question.

### **WHAT ARE THE POSSIBLE RISKS AND BENEFITS OF TAKING PART?**

While the research study is not intended to pose risk of any more discomfort than is usual for you, there is a minimal possibility that you may experience some discomfort in engaging with the various aspects of the study. The interview, specifically, asks you questions that are related to your experience with mental health, your previous employment with CAF and reflecting on your trauma recovery. As you contemplate and answer these questions, you may find them sensitive in some ways as they are personal to your experience. I will honour you during this process and offer you my trust that I will respect you in a dignified manner and engage with you sensitively. If at any time during the interview you would like to take a break or experience emotional distress, I will pause the recording and provide any emotional or supportive counselling as you desire. This informed consent information form also includes resources that you may be able to utilize for any external support if you do find yourself looking to speak to someone after the study takes place. The interview can be completed after the break, or otherwise at another time if it is mutually agreed that it would be more appropriate. At the end of the interview, there will be time allowed to address any comments or concerns. If you no longer wish to participate in the interview anymore, you can choose to stop or withdraw at any time.

Although the outcomes of this research study may not benefit you directly, the information that you share with me will help to inform the current literature regarding the effectiveness of outdoor therapy as at trauma-treatment model. This information is critical to informing research



to develop evidence and support research that is not readily available at this time and can pave the way to greater accessibility for alternative trauma-treatment approaches that appeal to individuals in an innovative way. It could offer insight into the way trauma is currently responded to in the psychotherapeutic, pharmaceutical, medical, and scientific communities. The outcomes of the study could potentially support the consideration of evaluating outdoor therapy as an evidence-based model, which could have a larger impact on the way it is currently funded and made available to individuals who are seeking support with their mental health. One day we could see outdoor therapy programs covered under extended health benefits and funded by public government grants. Most importantly, it offers your unique and valued perspective on what aspects of outdoor therapy are most effective and helpful in trauma recovery so that it can create a theoretical and sound basis for service delivery.

### **WILL TAKING PART BE CONFIDENTIAL?**

Your privacy and confidentiality are of upmost importance to me. As a disclosure, it is likely that WAC may know that you are engaged in this study because they will be asked to provide your program evaluation that you consent to release to myself, the researcher. However, please note the steps that will be taken to protect your identity and information during the process of this study.

All data that is collected from you will be stored safely to protect your identity and information. Your verbal consent to participate in the study will be captured in audio recording during these interviews. To prevent you from being identified throughout this process, I will create a unique key-code to protect your identity and privacy during the research itself. For example, any documents or files including your information will utilize a key-code, such as “p4x89o”, as a substitute for your name to prevent you from being identified.

Where the researcher uses your information and data to reporting findings (i.e. presentations, reports or publication), any identifying information will be removed. Your real name or identity is not attached to your interview in any way. You can consent to allow me to use your direct quotes obtained in the interviews, or you can choose to refuse me consent to do this. Please note that any identifying information will be removed from the quote. Otherwise, the information will be paraphrased to prevent you from being identified.

There are limits to confidentiality that pertain to the law, as well as the social work Code of Ethics and Standards of Practice. Under certain circumstances, the research team may need to intervene and provide disclosure of information to prevent serious, foreseeable, and imminent harm to you or others based on a professional determination. These circumstances are based on professional judgement where I learn of concerns related to the abuse or neglect of a child or vulnerable adult, where the child or adult may require protection.

In these scenarios, I must abide by the law of **duty to report** to the appropriate authorities to ensure your safety, or the safety of others. These matters may be disclosed to the local police, designated health authorities, or designated child and family services agency in the

corresponding area to ensure the safety and wellbeing of yourself, and any vulnerable children or adults.

Furthermore, please be assured that WAC will not be informed of who has chosen to participate from their program. As expressed above, there is a risk that WAC may know who participated in the study based on the release of program evaluations. As expressed above, all steps will be taken to reduce any identification to protect your privacy and confidentiality. However, despite my best efforts, it is possible that WAC may be able to guess who has participated based on the responses and information that will appear in the thesis. Please note that this research study does explore narrative around gender experience in the military, and this may be a risk to being identified based on the narrative you share.

### **HOW WILL INFORMATION YOU PROVIDE BE RECORDED, STORED AND PROTECTED?**

The screening questionnaire that you complete for eligibility, along with this information and informed consent document will be recorded and stored within a Dalhousie approved programs for data collection and analysis. These applications obtain approval based on the security and privacy features.

Secondly, all information that is gathered from you through any questionnaires I may administer to you and records that I keep in relation to the interviews and data analysis notes will be password-protected files. This is the same with the interviews that I conduct. As mentioned above, your verbal consent will be documented in the audio file of your interview.

These files will then be stored on a password protected computer or external drive, which are then stored in a locked compartment in my office space. Only I as the lead researcher will have access to this information. The data will be retained for up to 5-years. After this time, it is destroyed.

### **WHAT WILL HAPPEN TO THE RESULTS OF THE STUDY?**

I will ensure that all participants will receive the results of the study. Once the research thesis is defended and completed, I will be providing access to my thesis, a summary report of findings and a presentation directly to you.

Additionally, the research findings are subject to publication in academic journals, and for the use of teaching or presentation in conferences.

### **COMPENSATION / REIMBURSEMENT**

This study is not funded. However, as a token of my appreciation, I will provide participants who engaged in all aspects of the study with an honorarium Visa gift card. \$15 will be provided for your program evaluation if it was completed during your time with WAC and made available to

myself, the researcher. An additional \$35 will be provided for participating in the interview aspect of this study. This is a combined total of \$50 that you may receive as an honorarium.

Should you choose to withdraw from the research study after providing consent, you will still receive this honorarium.

### **IF YOU DECIDE WITHDRAW PARTICIPATION:**

You are not obligated to continue participating if you at any time change your mind. You are welcome to withdraw whenever you choose. If you choose to withdraw, you may also decide what to do with any data that has been provided to the researcher up until that point in time. This includes whether you want to allow the researcher to be able to utilize this data, or if you would like it to be removed and not utilized for the purpose of the study. Please note that if you choose to withdraw following your interview, the decision to remove any data (including your program evaluation, and the interview) for the purpose of the research study must be decided up to one month after the interview. Beyond this point, this information may already be utilized in the final report and submitted for my thesis defence. Also, it may also be utilized in a future publication. Please provide notice to remove data as soon as possible to prevent it from being published in any way.

### **HOW TO OBTAIN RESULTS:**

I will provide you with a final report on group findings when the study is finished. No individual findings will be provided. You can obtain these results by contacting the primary researcher in approximately six months.

The outcomes of the study will be made available to you by the lead researcher once the study has been completed. This will be in the form of the thesis, final report, and presentation of the research results. This will be made available approximately 6 months after the data is collected. No individual findings will be provided. You may obtain these results directly by contacting the researcher. As well, the results will be provided to WAC and you may obtain it by contacting the program director.

### **QUESTIONS**

If you have any questions or concerns at any time you would like to discuss with the researcher, please contact Raina Nareg at [REDACTED] or [REDACTED]. You may also contact Dr. Nancy Ross at [REDACTED] or [REDACTED]. You will be provided with any additional information that might affect your decision to participate in the study. You will receive a copy of the consent form at the outset of the study for your records. **Participation is voluntary. You may withdraw your participation at any time.**

## PROBLEMS OR CONCERNS

If you have any ethical concerns about your participation in this research, you may also contact the research director at the Research Ethics department through Dalhousie University:

(902) 494-1462, or email: [ethics@dal.ca](mailto:ethics@dal.ca)

**Participant: Please provide your consent or decline consent to this study. This will confirm your registration to this study.**

“I have read the informed consent information regarding this study. I have been given the opportunity to discuss it, and any questions or concerns that I have raised have been addressed to my satisfaction. I realize that my participation is voluntary and that I am free to withdraw from the study at any time. I hereby consent to be considered as a participant in this study.”

I agree to allow the researcher to analyze my program evaluation form that I completed following my participation with Warrior Adventures Canada in 2021 or 2022. yes  
\_\_\_ no \_\_\_

I agree to participate in a recorded interview over Microsoft Teams. yes \_\_\_ no \_\_\_

I agree to allow direct quotations from my interview to be used. yes \_\_\_ no \_\_\_

## APPENDIX D: Semi-Structured Interview Guide

### A) Participant Narrative Experience Regarding their Time with Warrior Adventures Canada

- 1) How did you come to learn about Warrior Adventures Canada and what intrigued you to participate?
- 2) What did you expect to experience when you signed up for their adventure camp?
- 3) Has it supported your appreciation for spending time outdoors and supported you to learn more about yourself?
- 4) Are there any specific skills and tools from the WAC program that you continue to apply to your life?
- 5) Were there any specific lessons that you learned from your adventure with WAC which has had a significant impact on you?
- 6) Can you share some of your thoughts and experiences with the peer-based model that WAC uses? Have you maintained any bonds with the guides or participants?
- 7) In what ways did WAC create a comfortable and inclusive experience for you to navigate your mental health journey in ways you may not have previously been able to?

### B) Participant Perspectives on the Efficacy of Outdoor Therapy

- 8) What about outdoor therapy did you find to be most effective with your recovery with PTSD/operational stress injury?
- 9) Have you experienced prior traumas or adverse experiences prior to the age of 18? If yes, do you feel your experience with outdoor therapy was beneficial to your recovery with these earlier experiences?
- 10) Health can be understood in the means of physical, mental, emotional, and spiritual well-being. Have you found that outdoor therapy improved your health and well-being has improved significantly in any one or more of these areas?
- 11) Has outdoor therapy assisted in self-transformation or improvement of self? In what ways?
- 12) Compared to some of the previous treatments with CBT, CPT and PE, was there anything in particular about outdoor therapy that you found to be more therapeutic in your recovery and wellness?
- 13) Was there anything you found particularly difficult, challenging or to be a perceived barrier with outdoor therapy? What of other conventional models?

**C) Understanding Participant Perspective Regarding Military Culture and its Response to Mental Health and Recovery**

- 14) Do you feel that your identity in the military had an influence on your mental health recovery?
- 15) Do you feel that you were supported when you experienced challenges with your mental health while you were serving in the military?
- 16) In what ways did your experience in the military support or hinder you from seeking mental health support?
- 17) Are there any particular social experiences in the military that left a negative impact on you?
- 18) Do you feel your gender had any particular influence on your experience in the military?  
In what way(s)?
- 19) How did you feel towards your military experience when you retired? How do you feel about it now?

## APPENDIX E: Approval Letter from Research Ethics Board



### Health Sciences Research Ethics Board Letter of Approval

October 05, 2022

Raina Nareg  
Health\School of Social Work

Dear Raina,

**REB #:** 2022-6159  
**Project Title:** The Effectiveness of Outdoor Therapy with Military Veterans: Exploring Participant Perspectives.

**Effective Date:** October 05, 2022  
**Expiry Date:** October 05, 2023

The Health Sciences Research Ethics Board has reviewed your application for research involving humans and found the proposed research to be in accordance with the Tri-Council Policy Statement on *Ethical Conduct for Research Involving Humans*. This approval will be in effect for 12 months as indicated above. This approval is subject to the conditions listed below which constitute your on-going responsibilities with respect to the ethical conduct of this research.

Sincerely,



Dr. Jennifer Isenor  
Chair, Health Sciences Research Ethics Board  
Dalhousie University