

Understanding Military Culture and the Role of Art in Healing



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Family Members and Caregivers

Recognizing How Families Serve

There is a common saying in the military that behind every strong Soldier, Airman, Marine, Sailor, or Coast Guardsman is an even stronger military family. Spouses, partners, siblings, parents, and children are an important and often overlooked population within our military & veteran community. In this section we recognize and uphold the sacrifice and strength that comes with loving and supporting a service member or veteran, as well as the role that family members play as first-responders to the health and wellness needs of service members and veterans.

When we talk about military families most people think of the partners and children of active duty personnel. These families live with the service member, are expected to adhere to the culture and standards of the military just like service members, and experience deployment, reintegration and all facets of military life alongside their loved one. Active duty families often benefit from tight-knit communities and on-post resources such as Family Readiness Groups, childcare centers and schools, tax free goods at the post-exchange, and on-post healthcare facilities. The partners and children of active duty, Guard, and Reserve troops are referred to as dependents by the DoD. This status entitles them to healthcare and other benefits. However, some family members dislike the term dependent as it implies reliance on the service member and connotes a secondary status without acknowledging the sacrifice or labor they may be undertaking. It is important to note that until the repeal of Don't Ask Don't Tell in 2011, the partners and families of LGBTQ service members were not formally recognized by the DoD. They did not receive healthcare or on-base housing, and more troublingly, partners could not be listed as emergency contacts in the event that a service member was injured or killed in the line of duty. Depending on whether children were biologically related or legally adopted by the service member, they could also lack benefits. Further, service members who were discharged from the military with other than honorable or dishonorable statuses face significant barriers when seeking care, which can lead to financial and relationship strain and increase the pressure on family members to take on the role of caregiver.

While spouses and partners of active duty personnel receive certain benefits, there are a number of inherent challenges to the military lifestyle. Because military service requires an extensive commitment of time, effort and energy, military spouses often find that their careers take a back seat to that of their partner. They frequently become the primary caregiver for children and manage household tasks and logistics with limited support, especially during deployment cycles. Active duty personnel can expect to move to a new base, on average, every four years. If a partner wants a career it must also be portable, with no guarantee of available jobs in a particular field at the new post. While the DoD does not publish statistics specific to spousal unemployment, nonprofits such as Blue Star Families, the Institute for Veterans and Military Families, and Military Officers Association of America all report unemployment rates for active

duty spouses between 20-30%, four times higher than the national average. Spousal unemployment and underemployment can have a significant impact on household finances and lead to marital and relationship stress. Similarly, military children can expect to transfer to a new school each time their parent moves. During deployment cycles older children may be tasked with watching younger siblings or managing the household, taking on greater responsibilities while coping with the stress, fear, anger and detachment related to the absence of a parent. For family members of Guard and Reserve troops, who are not expected to move regularly, there may be more stability in careers and education. However, Guard and Reserve units are often called upon to deploy with short notice, sometimes as little as 24 hours. This means families must be ready to take on increased responsibilities, adjust schedules and coordinate childcare at a moment's notice. Guard and Reserve family members may also feel isolated without the ready-made community of an active duty military base.

Most importantly, we must give recognition to Blue Star and Gold Star family members. In the military & veteran community Blue Star family members historically referred to individuals whose loved one was currently deployed. More recently the term is used broadly to refer to the families of those currently serving, in recognition of the service and sacrifice inherent to the role. Gold Star family members are the surviving families of a service member who was killed in action or is missing in action (a more common occurrence during the Vietnam era). These family members are acutely aware of the ultimate sacrifice—that their loved one put their life at risk in order to serve the people and government of the United States. Support for Blue Star families can be similar to that needed for caregivers, as we will see below. Support for Gold Star family members can range from recognition and respect to peer-support groups, individual grief counseling, and financial benefits provided by the Department of Defense, VA and nonprofits. **Despite the challenges family members are proud to be a part of the military & veteran community and are the first to recognize and respect the sacrifices that their service members make.** This is why robust services that support military families are an essential component when working with the military & veteran community.

Caregivers

A landmark report published by RAND and the Elizabeth Dole Foundation in 2014 estimates that there are roughly 5.5 million military caregivers in the United States. Recognition and support for caregivers is a relatively new topic in the military & veteran community, despite the fact that family members have stepped in to care for their loved ones for centuries. However, with improvements in battlefield medicine leading to higher survival rates for once-fatal wounds, more attention has been placed on continuing care and quality of life. For the purposes of this primer, when we talk about a caregiver we mean a family member or friend (as opposed to a trained or paid professional) who assists the service member or veteran with a range of tasks including providing emotional and social support, assisting with feeding and bathing, managing finances and health benefits, accompanying the veteran to appointments and serving as their

advocate. Caregivers are as diverse a population as their veterans, and can include spouses caring for their partners, children caring for their parents, or siblings, friends and neighbors who play a significant role in the health and wellness needs of their veteran.

It helps to imagine caregiving through two lenses: acute and long-term. These scenarios are not mutually exclusive, as you will see, but help define what support is most needed for the caregiver. Consider the following example.

Encouraged by his father who made a career of military service, Jose enlisted in the Navy in 1959. Jose served as a Corpsman in Vietnam and completed three tours of duty between 1965-1969, providing medical care during combat operations. When he stopped deploying his wife, Rebecca, and their three children were glad to have their service member home but they noted changes in his behavior and that he sometimes struggled with alcohol use. Eventually, Jose retired from the Navy following 20 years of honorable service. A year after his retirement Jose developed an aggressive form of cancer. This marks the beginning of an acute caregiving phase for Rebecca. She resigns from her part time job as a medical receptionist in order to spend time at her husband's bedside, schedule his appointments, and drive him to and from treatment. When Jose is transferred from his local VA to Walter Reed for intensive treatment and surgery she must arrange for a neighbor to stay with their daughter Jessica, who is entering her sophomore year of high school, while she stays with a family friend near the hospital. She takes care of communicating updates to her older sons and the rest of the family and spends her evenings preparing meals to bring Jose in the hospital because he detests the cafeteria food, but she knows he needs to gain weight. Jose is often tired and groggy from his pain medication, so Rebecca acts as his advocate and speaks extensively with the doctors about his condition and treatment options. She notices many other wives and family members caring for veterans with similar diagnoses and finds some comfort in the support they provide each other.

Jose recovers and he and Rebecca are able to begin enjoying retirement. This marks a transition into long-term caregiving for Rebecca. She still accompanies Jose at his yearly checkups and provides ongoing emotional support. Without the military, and after overcoming cancer, Jose feels directionless and sometimes turns to alcohol to cope. Eventually, after much encouragement from Rebecca, he agrees to see a therapist and begins to talk about traumatic experiences from his time in the military. Many years go by and the couple enter their golden years. Jose Jr decides to move his parents into his home. Jose Jr now takes on the role of caregiver, experiencing more acute phases like when his mother is hospitalized with pneumonia, and long-term phases as his father develops Parkinson's. Jose Jr also takes on the role of advocate and helps his father file a claim with the VA in relation to his earlier cancer diagnosis, Parkinson's, and PTS. He is acutely aware that he needs to prepare himself for helping his parents as they grow older and near the end of life.

In the above example multiple family members take on the role of caring for a loved one. Caregiving in the United States most often takes the form of a child caring for their aging parent. **However, in the military & veteran community individuals may find themselves caring for a loved one earlier in life, for any number of complex illnesses and injuries, and with the added barrier of navigating the bureaucratic processes of the VA.** Long after a service member leaves the military, caregivers continue to advocate for their veterans and serve as an indispensable part of the care team.

Caring for Caregivers

Just as we recognize that service members and veterans benefit from support that is designed to address their unique experiences and needs, we should approach caregivers similarly. During acute phases when the lives of caregivers shift dramatically emergency grants, housing assistance, meal prep, child care and other tangible offers of assistance are helpful. For long-term caregivers, opportunities to relieve stress and redefine their identities in relation to the care-relationship are critical. Providing spaces where caregivers can connect and share their experiences and wisdom, whether through dialogue or art, is helpful at all phases of caregiving. **Most importantly, remember to ask a caregiver how *they* are doing, to listen to *their* needs, and provide support that acknowledges *their* unique service.**

For healthcare professionals, it is also important to screen caregivers for health and wellness concerns related to stress, burnout, depression, anxiety, assault, abuse and trauma exposure just as they would with the service member or veteran. Taking on the role of caregiver often means that someone is exposed to secondary trauma when they listen, hold, and help the veteran move through traumatic memories and experiences. The act of caregiving itself may also lead to trauma or PTS symptoms. Consider the caregiver who is exposed to the aggressive or violent behavior of a loved one coping with a TBI or PTS on a daily basis. Consider the caregiver who checks their phone compulsively and wakes, unprompted, in the middle of the night to check vitals. Similar to military service, caregiving can follow a 24/7 schedule and come with significant responsibilities that drastically alter the livelihood and identity of the individual. **For this reason our work with the military & veteran community must acknowledge each individual, the role they play and their needs in moving towards healing.**