ARTICLE 1:
This article is intended to appear in Military Spouse magazine, a monthly print publication with a circulation of about 70,000 units. It is mainly sold on military bases, in on-base grocery and household goods stores. This magazine targets military spouses, specifically wives, because approximately 95% of the 1.1 million military spouses are women, and they are more likely than male spouses to read this magazine. Additionally, more than 85% of military spouses are 40 years or younger (median age 28 years), and 63% have children.

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Out of the Limelight: Military and Veteran Caregivers’ Challenges and the gap in awareness and advocacy surrounding caregiver distress

What do you fear most about being a military spouse? For me, it’s a toss-up between two situations. One, I become a widow before I am even forty (or any age, really). Or two, my Marine returns to me from deployment a changed person with physical and mental health issues that just utterly overwhelm me. I don’t know which of the two is worse, but I know I fear both. Thankfully neither is our reality, not yet, and hopefully not ever.

For some military families, though, those scenarios are all too real.

Through ten years of fighting the War on Terrorism in Afghanistan and Iraq, more than two million Marines, soldiers, sailors, airmen and airwomen, Reservists, National Guards, and Coast Guards have been deployed.

Many return with injuries, disabilities, and disorders. Some of these wounds are quite visible – like a missing limb or a scar across the face – while others are more “invisible.” PTSD is the most common mental health diagnosis among returning OEF/OIF veterans, that sometimes leads to, They also suffer from depression and anxiety in high numbers leading some to consider suicide, become violent and aggressive, end up homeless and/or unemployed, turn to addiction, and face other challenges.

Regardless of the type of injury, service members are on a trajectory of recovery when they return stateside. And right there with them are their spouses, partners, parents, siblings, or friends holding their hand, standing with them through the pain, and uncovering the pathway towards healing. They become caregivers.

Why focus on caregiver issues?

Just within this war generation, there are over 2 million OEF/OIF vets and at least one in four of them claim a disability. Add to that ongoing war and another 2.2 million currently active duty service members, either you or someone in your circle will be a caregiver one day, if not already.

Yet we rarely see representations of military/veteran caregiver issues in the media. We may see coverage of health issues confronting the one in uniform. Or we think about caregivers of the elderly or of individuals with disabilities or mental illness. But rarely do we see stories that tackle the intersection of military/veteran caregiver issues, even though it touches most of our lives.

Studies show that family members and other caregivers play an important role in the physical and mental recovery of troops returning from war. As we continue to fight for the health and recovery of our troops, we need to elevate the wellbeing of caregivers.
as well. Studies show that family members and other caregivers play an important role in the physical and mental recovery of troops returning from war. Having a responsive caregiver is a key determining factor whether a veteran gets better or worse. Preparing and supporting caregivers is integral to the veteran’s recovery.

And, on a more basic level, we need to raise awareness on the strains placed on caregivers and their health outcomes because the caregiver’s health is important too.

When my Marine returns home from Afghanistan, the first person to hug him will be me. The first person to experience his symptoms will be me. And if my husband is ever unable to care for his own health, I will be the one who steps up to do everything possible to ensure his health and wellness needs are met.

THE FACTS AND REALITIES

What do we mean by caregiver burden?

We often hear about caregivers in the context of older adults or individuals with a disability or mental illness: the 80-year-old wife taking care of her 85-year-old husband who has Alzheimer’s, the mother who is taking care of her daughter who has cerebral palsy. And now, more and more, the military spouse caring for her husband with PTSD.

In technical terms, a caregiver is someone who provides care for an individual who cannot care for him/herself due to physical, mental, or cognitive illness or injury. The caregiver may experience an increase in stress and strain in this role, which is formally described as caregiver burden or caregiver distress.

A 2010 study by Jeanne Hayes, PhD, MPA, and colleagues explains that caregiver distress occurs when the caregiver’s helping actions and her own self-identity are no longer in sync. In other words, when caregiving responsibilities overpower your one’s own perceived self-identity as an individual and wife in the marriage, that person is...you are likely to feel an increase in caregiver distress. A wife explains, “My biggest challenge is just being my own person” because she spent all her time doing things and caring for others.

Caregivers are at the front line of care outside traditional medical or mental health providers. They are there to support their loved one. They ensure that the individual is taking the proper medications, keeping doctor appointments, eating properly, and is otherwise able to function on a daily basis. Caregivers often manage the entire family’s emotions and stress, all while dealing with finances, a career, and kids. The pressure to juggle all these responsibilities equates to caregiver burden or caregiver distress.

What do caregivers experience?

When our husbands return from combat they may experience difficulty recovering from trauma. They may require help reintegrating into society and our families. They turn to us and we are there to ease that process.

Just like military life, there are positive and negative aspects of being a caregiver. I have learned more about myself because I am a military spouse than I ever imagined – because the Powers-That-Be tend to completely disregard our feelings, desires, and schedules, I’ve learned extreme adaptability, patience, and resiliency. That same personal growth experience and the sense of satisfaction that can nurture self-esteem may also happen as a caregiver, which can strengthen your relationship with your husband.

Spouses can have positive experiences in the caregiver role if they feel equipped to handle it. Hayes and her colleagues write that “[s]pouses who are confident in their ability to assist with and manage the care of their loved one (i.e., higher self-efficacy)”
can better manage stress and overall caregiver burden resulting in better physical and mental health outcomes for all, caregiver, patient, and the rest of the family.

Self-efficacy and confidence are key to a positive experience. Social support for the spouse helps reduce isolation and bolsters her confidence. Moreover, when the family understands what PTSD and other illnesses are, how to recognize them, and appropriate or helpful responses, they have better self-efficacy, which enhances their ability to manage and ensures a more successful recovery process.

Many times, though, caregivers do not have positive experiences because the resources are not there to support them. Caregivers juggle physical, financial, psychological, and social strains. The injury, illness, or disorder may cause marital problems, difficulties parenting, strained family relationships, and problems locating and maintaining employment. As a caregiver you might feel isolated, stressed with increased responsibilities, and depressed.

In particular, PTSD may cause one’s husband to have intruding thoughts, appear self-absorbed, be emotionally numb, and his senses may become hyper-aroused so that slight noises or movements can cause an anxiety-filled and combative reaction.

One wife recounted an incident when her husband’s PTSD-related hyper-vigilance caused him to accidentally punch her when she entered a room suddenly and without warning. Other wives have talked about trips to the mall turning sour when their husbands freak out among the crowds, imagining impending attacks, and screaming at strangers. These painful scenes add to the pressures and responsibilities of a caregiver.

Another military spouse described how she became increasingly isolated. They avoided leaving the house because they didn’t know when her husband would snap. They also did not want to talk to friends and family about their situation. Unaware of the realities of the situation, friends and family could not support the family appropriately.

“It’s just hard. Like one person who was a good friend, I think she got her feelings hurt. I didn’t have time to call her anymore, and she doesn’t talk to me anymore and I think it’s because I didn’t have time to call her. I didn’t have time to call anybody.”

Being a caregiver may also impact your one’s career, as a husband’s care may interfere with wife’s or caregivers. Your husband may depend on you to the point where it affects your performance at work. A study reports that a caregiver might spend a significant amount of time “during the work day ‘talking the veteran down,’ speaking to the veteran’s doctor, or accompanying him to appointments.” You are on call 24/7 to help him cope. One wife recalls, “I actually lost my job three months ago. It was… something’s got to give. Either work’s got to give or home’s got to give.”

Supporting the veteran around the clock can wear you down. One study by Allysa J. Mansfield, PhD, MPH, and colleagues found that spouses of deployed service members, as compared with military spouses with partners who hadn’t deployed, had more doctors’ visits for depressive disorders, anxiety, sleep disorders, and acute stress reaction and adjustment disorders. Add to that, many caregivers report they don’t have time to take care of their own health needs because they’re busy going to everyone else’s medical appointments.

Then there is the increased financial strain in caring for someone who is experiencing a chronic physical or mental illness. And you might be (newly) unemployed.

It’s no wonder that caregivers feel burned out. Erik Sherman, an MSW intern and care coordinator at the West Los Angeles VA, elaborates that the immense pressure that caregivers endure combined
with a veteran’s PTSD symptoms can lead to veteran homelessness. “No one becomes homeless without burning the bridges of his support system. They get to a point where their family says they can’t deal with this any more.”

The immense physical and mental health barriers cause everyone’s stress levels to soar, sometimes without unforeseeable alleviation, leading to hopelessness. The latest numbers reveal that eighteen veterans commit suicide a day, and 950 attempt suicide every month. (Yes, sadly, you’re reading those numbers correctly.) In order to reduce those numbers, we need to provide better support services to caregivers and veterans so that they know the signs of suicide and know how to respond. Also, so that they know there will always be hope that things will get better.

Caregivers are also at increased risk of suicide. Kristina Kaufmann, the wife of an Army colonel, reveals that she has lost three friends to suicide. She says of herself, “I’ve been an Army wife for 10 years. I’ve walked the line. I’ve wanted to fall completely off the grid.”

Deborah Mullen, the wife of the former Joint Chiefs of Staff chairman, Admiral Mike Mullen, earlier this year blew the whistle on the rise of suicide incidents among military wives and other family members. “I was stunned when I was told there are too many to track,” she says.

The life of everyone in the military family is important. We must do all we can to respond to the devastating physical and mental illnesses of combat. We must halt the ripple effects, too.

The necessity of caregivers

The caregiver is crucial to recovery. “Without the support of their marital partner, veterans’ chances of recovering from PTSD and other war-related traumas may be minimized,” writes Hayes and colleagues. Matthew Friedman, MD, PhD, agrees. He writes, “social support [from the caregiver] provides the strongest protection against the development of psychiatric disorders.”

Sherman sheds light on another reason why caregivers are so important. “The biggest challenge in providing care to young vets [veterans of OEF/OIF Wars] is resistance to treatment.” Veterans rebuff mental health concerns, particularly with depression, despite its pervasiveness. The incidence rate of depression among veterans getting treatment at the VA is upwards of 30%, whereas the general population rate lingers around 7%-15%. They believe “if you’re a Marine, you don’t get depressed, that’s not what you do. You suck it up and keep going.” But, caregivers and spouses “are a part of vets’ life and are not as resistant to care. If we can target them and provide them care, then we can reduce the number of vets who enter the VA system.”

Targeting and providing services to caregivers will result in better health outcomes for the entire military family.

THE RESPONSE TO CAREGIVER DISTRESS

What has been done?

The federal government recently passed a bill addressing the challenges faced by families of returning vets: the Caregivers and Veterans Omnibus Health Services Act of 2010. President Obama signed it into law on May 5, 2010 and it became effective January 20, 2011.

The Act is the first of its kind – it supports the development of services directed at primary family caregivers; provisions of which did not exist before. Caregivers may receive a stipend to alleviate the burden of balancing a job while caring for the family, and similarly a lodging payment so caregivers can be next to their wounded veteran if he is receiving services
away from home. The Act also aims to provide more mental health services, respite care, and support services for caregivers, and it gives them access to health care insurance (if the caregiver is not already covered by another health plan). Furthermore, with this Bill, caregivers will receive comprehensive caregiver training and medical support.

The Bill also calls for several pilot programs, including veterans reintegration and readjustment, as well as a study of veterans suicide, and increased funds for programs offering housing to homeless veterans.

The Veterans Affairs has responded to this Act by developing the VA Caregiver Program. It now offers an augmented version of Caregiver Support Services (http://www.caregiver.va.gov/) and has created the Caregiver Support Line (1-855-260-3274), which is staffed by licensed social workers and health technicians. You can contact your local caregiver support coordinator and learn of the resources available to your family.

The VA Caregiver Program also provides in-home and community-based care, respite care, caregiver education and training programs, caregiver support groups and other related services, and other services (like durable medical equipment and transportation assistance). Programs like these need expansion.

Aside from this Act, the Obama Administration has taken solid steps towards addressing the overall wellbeing of military families. Led by First Lady Michelle Obama and Dr. Jill Biden, Joining Forces is a comprehensive national initiative to mobilize all sectors of society to support military families. One explicit objective of Joining Forces is to call attention to the critical issues facing veterans and their families and expanding access to wellness programs and resources. Caregiver burden is one such issue.

Joining Forces and other similar advocacy efforts, like those by the Iraq and Afghanistan Veterans of America (IAVA), are integral to responding to caregiver distress. Raising awareness and pushing for more programs is the only way to dig ourselves out of this mess.

We cannot continue to let families languish on their own, grasping at scattered resources, or feeling driven to hide their struggles.

What can you do?

No one will advocate for caregivers of the military if we do not begin advocating for ourselves. We need to continue and grow these conversations and invite more people into our worlds so they can see the immense joys and challenges we face as military spouses and potential veteran caregivers. We need more military families learning about and preparing for the process of coming home. We need non-military families to see that our military family’s physical and mental health impacts their community too. We need all sectors to respond to the dangers of caregiver burden. We can all work together and

1. **Raise awareness.** Talk to each other as military families. Talking to your extended family and circle of friends about PTSD, depression, and other health conditions and what their symptoms are. Talk about what it is like to be a caregiver, the good parts and the bad.

2. **Educate ourselves.** Take preemptive action and learn about the health effects of combat, the resources needed to respond, and the aspects of caregiver distress.

3. **Understand the available resources.** like the VA Caregiver Program and the details of the
Caregivers and Veterans Omnibus Health Services Act of 2010. Continue to team up and gather resources together to share with one another.

4. **Reduce stigma surrounding mental health care.** We need to create a culture where seeking mental health services is acceptable and appreciated. Veterans need to feel empowered to recover physically and mentally, and caregivers must also find solace in knowing that mental health care can improve their families’ health outcomes.

5. **Continue to advocate.** Call your local representatives and let them know that you are a contributing member of their community who has not found services that target the unique aspects of military life. Also, provide constructive feedback to your medical providers and on-base service centers about what your family is facing and in what ways they can better support you. Add voice to advocacy efforts by reaching out to organizations, sharing your story, and volunteering in any way you can. The more voice we have, the better our chances of success.

6. **Reach out to one another. Take care of each other.** There is no one in the world who understands our situation better than another military family, so let’s support one another. Use all available means to reach out, including social media networks, like Facebook, as well as blogs, online magazines, and internet support groups.

The military community has some of the most resilient, creative, adaptive, and supportive individuals on this earth. We need to continue taking care of ourselves, from the one in uniform to the ones standing right next to him. We should no longer allow the military spouse’s needs, especially when she becomes a caregiver, to remain out of the limelight. Bringing attention to our health needs will in turn improve our husband’s chances of recovery from war.

**RESOURCES**

- VA Caregiver Program ([www.caregiver.va.gov](http://www.caregiver.va.gov)) and the Caregiver Support Line (1-855-260-3274)
- Medline Plus: Veterans and Military Health ([www.nlm.nih.gov/medlineplus/veteransandmilitaryfamilyhealth.html](http://www.nlm.nih.gov/medlineplus/veteransandmilitaryfamilyhealth.html)), in particular these guides:
  - Returning from the War Zone: A Guide for Families of Military Members
  - What Military Families Should Know about Depression
- Understand TRICARE and the health benefits mental health providers that are are available through it ([www.tricare.mil](http://www.tricare.mil))
- Organizations/Agencies
  - IAVA: Iraq and Afghanistan Veterans of America ([http://iava.org](http://iava.org))
  - SAMHSA: Substance Abuse and Mental Health Services Agency ([http://www.samhsa.gov](http://www.samhsa.gov))
  - Wounded Warrior Project ([http://www.woundedwarriorproject.org](http://www.woundedwarriorproject.org))
  - National Military Family Association ([http://www.militaryfamily.org](http://www.militaryfamily.org))
  - National Center for PTSD ([http://www.ptsd.va.gov](http://www.ptsd.va.gov))

Comment [d5]: I would shorten this – make it very pith. Not to wordy.
Khiet Ho Jenkins is an MPH/MSW graduate student at UCLA and is married to an aviator in the USMC.
This article is intended to appear on the daily web-based magazine Slate (www.slate.com) in its TV Club section. Slate is a general-interest publication that provides analysis and commentary on news, politics, culture, health, and other categories. It was created in 1996 by Michael Kinsley, a former New Republic editor and is owned by The Washington Post Company; the writers tend to be more liberal than conservative. Notable contributors include Eliot Spitzer, Matthew Yglesias, and Christopher Hitchens. TV Club is a weekly online discussion of a popular television show between three to four Slate writers that receives an additional 100-200 readers’ comments. Shows have included Friday Night Lights, Mad Men, and Lost (see sample here: http://slate.me/vOORKe). TV Club entries range from 500-700 words.

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Army Wives: Season 2, Episodes 5-15
A Little Too Easy

What happens when a hero returns from war? In Season 2, Episode 5 of Army Wives, Trevor LeBlanc returns from deployment in Iraq after he was injured during a mission. The local newspaper and his command post all call him a hero because his actions saved his fellow soldiers’ lives. Trevor, however, feels guilty for being back in the U.S. safe and sound and unable to do his job as a soldier fighting in war.

We see Roxy’s joy and gratefulness for her husband’s return in Episode 5, but as the season progresses the homecoming isn’t so simple. Roxy has her hands full with caring for their two school-aged boys, opening up and running a restaurant, and grappling with her GED classes. All the while she is doing all she can to support Trevor, who thankfully wasn’t killed in action, but is struggling with the pace of his recovery. Roxy tries to comfort him whenever he darkens from frustration or sadness, but sometimes she is at a loss for what to do. He snaps at her and the kids when his emotions get to him, and Roxy is there to ease him down and comfort the kids.

These circumstances depict pretty typical military life. Reintegration into the family is one of the toughest parts of the deployment cycle, especially when the service member is returning injured and is struggling with his own turbulent emotions. It’s a wonder, then, that
although collectively these scenes reflect the stressors of military life, as I watch the episodes, it feels surreal and truncated. Roxy and Trevor handle the trove of emotions in ten-second bits: Trevor winces in pain as he exercises his shoulder, or Roxy knits her brow as Trevor’s crankiness tramples out, then before you can snap twice, an apologetic or reassuring kiss wraps up the conflict, cut scene. In fact, Episodes 5 through 9 only have about ten seconds each showing any tension or struggle surrounding reintegration and recovery.

But real life isn’t like that. Military spouses (95% of whom are wives) whose partners have just returned from combat know that the tension doesn’t abate so easily. Wives regularly lament that the man they married never came back – his body was instead replaced by a short-tempered, aggressive, impatient, anxious, self-centered strange. Wives become caregivers when their military man loses the ability to care for him/herself – she is the first to experience his mood swings, the first to calm him down, and the first to triage any home fires set off by post-traumatic stress disorder (PTSD), depression, or another condition. She helps set up medical appointments, makes sure he is taking his medications the right way, comforts him and the kids, dedicates her time 24/7 to make sure he is safe to himself and others. She sacrifices her own wellbeing so her husband can recover. Ultimately all that caregiver burden wears her you down, especially when the tumultuous situation endures for years (rather than ten seconds every weekly episode).

In Episode 10 of Army Wives the story takes us deeper into the dark consequences of war. We see not only Trevor’s “crankiness” (as his kids describe it), but also moments of his looming addiction to painkillers. He scours the bedroom for some extra pills, and when Roxy notices that his bottle of Vicodin is empty two weeks before his next refill, he just shrugs it off, lying, “I spilled some in the sink.” That explanation doesn’t ameliorate Roxy. She continues to
worry for his wellbeing, even if she doesn't say anything, just like many military wives do. Military wives often stay silent about their home struggles because they know everyone else also has their own worries, too. They also fear that reaching out can affect their husband’s careers. The military teaches you to never show weakness.

Episode 12 opens up with a nightmare of a mother’s worst fear: Roxy finds her two sons shaking the limp body of their dad passed out in bed with pills strewn about. That scene represents the ongoing stress a caregiver experiences. She not only has to stay vigilant about her husband’s health, but she worries about the impact it has on her kids. Additionally, caregiver burden involves the strains placed upon a job, household responsibilities, friendships, one’s own health, everything.

In that same episode after Trevor obtains some painkillers illegally, he hears news that a friend from his old unit dies during a mission. Guilt and shame rocks through him; he cannot believe he could not be in Iraq with his men. Roxy comes home from a long day of work and school to discover Trevor drunk (and sure to be high on painkillers) trying to wash away his pain. The tension escalates to where Trevor shouts at Roxy and throws a beer bottle against the wall, glass shards flying.

I take issue with the show because it feels all too cleaned up for me, especially as a show trying to depict the realities of military families. Even though we see Trevor’s addiction starting to spiral out of control, his anguish over lost men, and the violence within a marriage that can occur when things come to a head, all these scenes just scratch the surface of what it is really like. We have ten seconds here, another minute there, of the darker side of military life, but there are equally as many minutes of Trevor and Roxy snuggling, hugging, smiling with all the peace
in the world. Not only that, but the darker scenes have no kids in sight and no tears. Real life is much messier than that.

As gut wrenching as it is to see a beer bottle thrown against a wall, Roxy doesn’t experience the same intensity of violence that some military wives endure when their husbands’ depression, anxiety, and PTSD take over. It is unsurprising that a recent report by the Department of Defense’s Family Advocacy Program show the number of reports of domestic violence among military families has been on the rise in recent years in concordance with the continual and prolonged exposures to combat our service members face.

In addition to the dearth of airtime on a storyline that grapples with reintegration and caregiver burden, another point of frustration for me as a viewer is how little the show focuses on Roxy and the challenges of being a caregiver. Instead, the storyline focuses on the one in uniform, his feelings, his frustration, his struggles. We the viewers are meant to feel sympathy for him and, to a degree, just expect Roxy to pick up the pieces. The writers don’t give Roxy’s character the same complex emotions to work through. We see her worried about her beloved husband and still just gliding through her responsibilities – with a furrowed brow or two, but really that’s it. We ache for Trevor, but just sigh along with Roxy.

Finally in Episode 13 (nine episodes after Trevor returns home from combat) Roxy confronts her husband when she sees him stumbling through the house, “You’ve been drinking… you know you’re not supposed to be drinking when you’re on Vicodin… you want the kids to see you like this?” Trevor retorts, “I bury one of my best friends tomorrow…”

“Trevor, I know that you are hurting. I don't want to keep carping on you all the time, but we can’t keep living like this.” Another furrowed brow, and the scene trickles out.
That scene gets to me because I want more for Roxy and I want more from her. This scene in the thirteenth episode is the first to really show how stuck a wife is in this type of situation. I want her to find the answer to this problem before the situation drags her down. How come she has to handle this in isolation, behind closed doors? Why is there not a hotline to call? Why has the military not provided her with some training and skills on how to help her husband grieve in a healthy way? Why is there no support system or resources for her?

Yes, I realize that this is primetime cable drama so I can’t expect afterschool special lessons integrated in the storyline, but I can’t help but have these questions zinging through my mind. My heart goes out to Roxy because I know that if I were in her shoes, I would want someone or something to throw me a rescue line so I’m not floating in this sea of reintegration by myself.

Along those same lines, I want more than a trite line and a furrowed brow from Roxy. If I were in her shoes I would be so much more of a wreck than that – dark circles under my eyes, hair frazzled, and a blink away from desperate crying. Perhaps the writers want to portray all the women in the show as strong and independent, which I appreciate, but I also wonder if it misleads viewers into thinking that anyone can just bite down and get through the hard times of military life. If that were the case, there wouldn’t be as many cases of veteran or spousal suicides. Eighteen veterans commit suicide every single day. Deborah Mullen, the wife of the former Joint Chiefs of Staff chairman, Admiral Mike Mullen, earlier this year was stunned to learn that “there are too many [military spouse suicides] to track.”

Roxy is struggling with her husband’s physical and mental health issues, but are the depictions accurate enough? That is what unsettles me.
Episodes 13, 14, and 15 continue to yield scenes that evoke a mélange of emotions in me. Trevor’s addiction climaxes as he goes missing after the previous episode’s confrontation. He drives to some unknown location, painkiller bottle riding shotgun, and eventually wakes up crashed against a tree, and (luckily again) not dead. Trevor returns home, head down, repentant. Roxy relieved and worried, begs him, “Please stop this. Please? I can’t take it anymore.” Too easily, Trevor admits, “It’s the pills. I have a problem, I know that now. So I’ve stopped. I’m not touching it again. It’s over.” Trevor quits cold turkey in that episode. His sallow complexion and perspiration betrays the pain of withdrawal, but he manages to control his emotions. Again, my lips pucker from a mixture of reactions – on the one hand, I cheer for the show’s boldness in depicting multiple facets of military life; on the other hand, I cringe at the falsity of some scenes. I just want to shake the television screen because they make it seem like facing a mental illness and entering into recovery is that easy.

Then in Episode 14, Trevor almost relapses into his addiction. He steals a few pain pills, but never takes them. Instead, he runs to Roxy again, head down, admitting that he needs professional help, and agrees to go to an outpatient rehab center. Episode 15 wraps up this storyline as both Trevor and Roxy attend support groups, for addicts and for caregivers/spouses of addicts, respectively. Again, too easy.

The realities around addiction, mental health conditions, and caregiver burden are that

1) they all can last for years – not just a few weeks like the show depicts;

2) stigma around mental health is a huge barrier for receiving care. According to Erik Sherman, MSW intern and care coordinator from the West Los Angeles VA Hospital, many individuals resist admitting their vulnerabilities and often wait until they hit rock bottom, which might be homelessness, to finally seek care,
3) being a caregiver can be an around-the-clock job without reprieve. Caregivers often become isolated as they no longer have time to maintain relationships outside of the home. They lose their careers and their friends. Roxy’s life reflects none of those things.

So as much as I appreciate a popular television show trying to share the story of military families, I wish they do more. Fifty to seventy percent of the public report that they receive their health information from media, including television shows. Popular media is an effective vehicle for providing information, and it can influence cultural norms by making once taboo topics acceptable. TV and film can reduce stigma around controversial issues, like mental health care. A show like *Army Wives* should continue to show the many sides of military life, as they have done, but they can also use their reach to raise awareness of the realities of mental illness and caregiver burden.
Bibliography

Article 1


These two articles are just great. The first one reads like a professional write up, as does the second sounds like a professional critique. I especially like the amount of information you cover in the first article—my only real critique is at the end—I think you can be a lot less wordy there and still get the point across. Yes advocacy and activation for this group is the way to go. Meanwhile the critique of the Army Wives storyline is a clever way to draw attention to this issue. I do not watch this show but everything you have said rings true—with the drug addiction and pain killers and injuries. It’s a very sad story—you really get to the point in the first one and the second—grabs the reader who may not have thought about these issues or is dealing with a depressed spouse.

My only critique—sometimes you are wordy/sometimes you drift in regards to point of view—you tend to drift into second person—stay in third and first—more accessible and less bossy. You can easily (in second person) sound too strident and turn off the audience. Otherwise really clever and creative DG.