“THINGS ARE CHANGING:"
POLICE MENTAL HEALTH AND
PSYCHOTHERAPEUTIC HELP-SEEKING
WITHIN AN EVOLVING POLICE CULTURE

by

Breanne Faulkner

A thesis submitted in conformity with the requirements
for the degree of Doctor of Philosophy
Department of Applied Psychology and Human Development
Ontario Institute for Studies in Education
University of Toronto

© Copyright by Breanne Faulkner 2018
Due to repeated trauma exposure and significant ongoing sources of operational and organizational stress, police officers are vulnerable to mental health problems, including PTSD, depression, and other Operational Stress Injuries (OSIs). In recent years, police organizations have made efforts to build awareness and the address mental health needs of their membership, and Ontario legislation has attempted to address gaps in access to services among first responders. As such, aspects of traditional police culture which may be incompatible with psychotherapeutic help-seeking, such as norms of hegemonic masculinity, authoritarianism, and emotional control have been challenged. The current study aimed to explore the lived experiences of Ontario police officers with regard to job-related psychological distress and help-seeking, and to elucidate the complex role of contemporary police cultural norms in shaping help-seeking behaviours. In-depth research interviews were conducted with 18 police officers of various occupational ranks and roles. A constructivist grounded theory approach was utilized toward the development a model of psychological help-seeking within the contemporary police culture. Results demonstrated that although most officers reported that “things are changing” within the police cultural and institutional context, themes of weakness versus strength, us versus other, safety and suitability for the job, and co-constructed silence continue to pervade many of their experiences and perceptions of psychological difficulties, constraining help-seeking
behaviours and often delaying help-seeking. Specific factors interfering with help-seeking included issues with accessibility, education, and awareness, but more prominently, identity issues, a fear of work-related consequences, and skepticism and mistrust, especially of mental health treatment providers. Establishing trust and reducing stigma via leadership and peer access points to community service providers were important facilitating factors. Psychotherapeutic service engagement often resulted in a shift away from policing as a fundamental component of identity, as well as a greater level of comfort with help-seeking, challenges to previously-held stigmas, and most powerfully, an inclination to share these experiences with one’s peers and thereby challenge the culture of silence. A model of the influence of the police culture on psychotherapeutic help-seeking among police is presented, and theoretical implications, as well as implications for prevention and intervention with police are outlined.
Acknowledgements

The work recorded in this document could only ever have been conceived of, endured, shaped, and finally stitched together with the generous support, insights, and wisdom of a number Very Important People.

First and most emphatically, thank you to my brilliant and kind supervisor and forever academic mentor, Dr. Abby Goldstein. I have grown into a researcher under your guidance and by your example. I am grateful for your willingness to join me on this endeavor which has meant so much to me, despite it being far outside of both of our comfort zones. As always, your thoughtful feedback and challenging questions helped me to formulate my ideas and push myself beyond what I could have imagined.

I thank my esteemed committee members, Dr. Charles Chen and Dr. Lana Stermac, for your time and thoughtful comments, which have greatly strengthened the quality of this final document. In particular, Charles, my sincere appreciation for your patience and generosity in helping me develop the constructivist grounded theorist in me. Thank you to Dr. Roy Gillis, for your early and ongoing kindness in this journey, and for being present for the final hurdle. Finally, thank you to Dr. Elizabeth Donnelly for your willingness to share your expertise and insights on this project with me. It was an honour to have each of you be a part of this process.

Thank you to my research volunteers, Danielle, Juhie, Naomi, Yeonkyung, Megan, A.J., and Isabel for their assistance with transcription of research interviews.

To my cherished friends and family – thank you for your continuous love and support through this long and sometimes painful eight years. Mom, Dad, Kaley, Cody, Carol, John, Betty, Nic, Caylen, Lade, OG Nat, Sarah, JO, Ash, Tatijana, Alanna, Nan, and Gram.

To Alex. I literally would not have survived this process without your patience, empathy, generosity, insights, or organizational and technical skills. Thank you for being my partner in every way possible during the last six years, for forcing me to leave the house, to eat greens, to go to bed, and to laugh. Most importantly, thank you for tolerating six months of weekday Breanne and numerous minx pants phases. Your love made this happen and I am forever grateful.

Finally, thank you to each of my amazing participants. First, for your service. And second, for your courage, your honesty, and your trust. I will never forget your stories, and I will do my best to ensure that others do not forget either.
Dedication

I would like to dedicate this dissertation to my mother and father.

Mom, thank you for giving me my lightness, my empathy, and my creativity, and for your constant, vocal (over the top) support.

Dad, thank you for giving me my seriousness, my ambition, and my resilience, and for your constant, quiet (over the top) support.

You are both my heroes for your humanity: your vulnerability and strength. Thank you for teaching me that I should strive to embody both and for providing me the tools to do so.
# Table of Contents

Acknowledgements ......................................................................................... iv
Dedication ................................................................................................... v
Table of Contents ............................................................................................. vi
List of Tables ................................................................................................. xi
List of Figures ................................................................................................. xii
List of Appendices ........................................................................................... xiii

**Chapter 1 Introduction** ................................................................................. 1

**Chapter 2 Literature Review** ................................................................. 7
- Stressors Associated with the Police Role .................................................... 7
- Psychological Correlates of Policing ............................................................. 15
  - Defining operational stress injury (OSI) .................................................... 15
  - Burnout .................................................................................................. 18
  - Isolation and relationship discord ............................................................ 20
  - Hypervigilance and posttraumatic stress .................................................. 23
  - Depression .............................................................................................. 25
  - Alcohol use disorders ............................................................................. 26
  - Suicide .................................................................................................... 28
- The Context of Culture ............................................................................... 31
- Psychological Help-Seeking Among Police ............................................... 38
  - Individual factors .................................................................................. 47
  - Systemic factors .................................................................................... 50
  - Institutional factors ............................................................................... 53
  - Cultural factors ..................................................................................... 57
- Rationale for the Current Study ................................................................. 60
  - Research questions ............................................................................... 61

**Chapter 3 Methodology** ........................................................................... 63
- Rationale for Grounded Theory Design ..................................................... 64
  - Constructivist grounded theory ............................................................... 67
- Situating Oneself as the Researcher ............................................................ 70
Methods for the Current Study ................................................................. 74
Selection and recruitment .............................................................. 74
Procedures ......................................................................................... 79
Data analysis ....................................................................................... 83

Chapter 4 Results Participant Summary and Portraits ........................................ 88
Chapter 5 Results Narratives of Police Culture ................................................. 99

Narratives of Police Culture .................................................................. 101
Camaraderie ....................................................................................... 101
Duty ................................................................................................. 105
Effectiveness ..................................................................................... 106
Fairness and Compassion .................................................................. 108
Power and Control .......................................................................... 111
Toughness Ethic .............................................................................. 114

Women in Policing ........................................................................... 116
Mechanisms and Variations in Cultural Adherence ................................. 120
Explicit Mechanisms ....................................................................... 120
Implicit Mechanisms ....................................................................... 122
Cultural Spectrum ........................................................................... 123

Chapter 6 Results Workplace Stressors and Outcomes of Stress ........................ 126

Workplace Stressors ........................................................................ 127
Corrosive Stressors ......................................................................... 129
Implosive Stressors ......................................................................... 136
Explosive Stressors ......................................................................... 142
Cultural Stressors ........................................................................... 147
Outcomes of Workplace Stress ............................................................. 149
Worry and Anxiety .......................................................................... 149
Posttraumatic Stress Symptoms ...................................................... 151
Cognition and Perception ................................................................ 153
Mood, Energy, and Self-Concept .................................................... 158
Health-Related Outcomes ................................................................ 163
Disconnection and Relationship Strain ........................................... 164
Work and Career Impacts ................................................................ 166
Chapter 7 Results Coping, Responses, and Buffers to Stress ........................................... 170

Self-Maintenance .............................................................................................................. 171
Acceptance ....................................................................................................................... 172
Meaning and Purpose ....................................................................................................... 173
Perspective ....................................................................................................................... 178
Individual Therapy .......................................................................................................... 180

Self-Regulation ............................................................................................................... 181
Preparation and Certainty ............................................................................................... 181
Relying on the Role .......................................................................................................... 182
Processing and Expression .............................................................................................. 183
Control and Avoidance ................................................................................................... 185
Drinking to Cope ............................................................................................................. 189

Relationship Orientation ............................................................................................... 190
Connection ....................................................................................................................... 191
Hiding and Isolation ......................................................................................................... 198

Work-Life Balance and Boundaries .................................................................................. 200
Job Satisfaction ................................................................................................................. 200
Balance ............................................................................................................................. 201
Boundaries ....................................................................................................................... 203
Identity Orientation ......................................................................................................... 204

Passive Coping ................................................................................................................. 207

Chapter 8 Results Mental Health and Help-Seeking in the Culture ......................... 210

Culture Now and Then .................................................................................................... 211
“Things are Changing.” .................................................................................................. 211
Problems and Barriers to Change ................................................................................. 214
Narratives in the Culture ............................................................................................... 216
Labels and Judgement ..................................................................................................... 217
Safety and Suitability ...................................................................................................... 218
Us versus Other .............................................................................................................. 220
Weakness and Strength ................................................................................................. 223
Straddling Cultural Positions ....................................................................................... 225
Chapter 9 Results Individual Help-Seeking Experiences and Influencing Factors .......... 240
Interfering Factors ........................................................................................................ 242
Accessibility Issues ......................................................................................................... 242
Awareness and Education Issues. ...................................................................................... 243
Identity Issues. ................................................................................................................ 246
Feared Work-Related Consequences. ................................................................................ 247
Skepticism and Mistrust. .................................................................................................. 249
Facilitating Factors ......................................................................................................... 251
Accessibility ..................................................................................................................... 251
Awareness and Education. .............................................................................................. 253
Establishing Trust. ......................................................................................................... 256
Leadership ...................................................................................................................... 259
Personal Factors. ............................................................................................................ 260
Help-Seeking Experiences ............................................................................................... 261
Types of Help-Seeking...................................................................................................... 262
Delayed Help-Seeking. .................................................................................................... 265
Weighing Costs and Benefits. .......................................................................................... 267
Psychotherapeutic Outcomes .......................................................................................... 267

Chapter 10 Results Evolutions in Cultural Adherence and Identity ......................... 271
Cultural Reorienting ....................................................................................................... 271
Challenging Narratives and Constraints. ......................................................................... 274

Chapter 11 Discussion ....................................................................................................... 279
Summary of Key Findings ............................................................................................... 280
Police culture ................................................................................................................... 280
Workplace stress, outcomes, and coping. ................................................................. 284
Culture and help-seeking. .............................................................................................. 296
Theoretical and Conceptual Implications of Findings ................................................. 316
Dynamics of Belonging. ................................................................. 319
Trust and Mistrust. ........................................................................ 321
Duty as an Identity. ....................................................................... 323
Power and Control. ...................................................................... 325
Compassionate Worldview. ........................................................... 327
Toughness as an Ideal. .................................................................. 328
An Emerging Model of Help-Seeking in the Police Culture ........... 330
Implications of Findings for Policy and Practice ......................... 334
Limitations and Future Directions ............................................... 341

References .................................................................................. 346
List of Tables

Table 1 Demographic Attributes ................................................................................................................. 90
Table 2 Narratives of Police Culture ........................................................................................................... 100
Table 3 Workplace Stressors and Outcomes ................................................................................................. 126
Table 4 Coping, Responses, and Buffers to Stress ......................................................................................... 170
Table 5 Mental Health and Help-Seeking in the Culture .............................................................................. 210
Table 6 Individual Help-Seeking Experiences and Influencing Factors ......................................................... 240
Table 7 Evolutions in Cultural Adherence and Identity ................................................................................. 271
Table 8 Meta-Themes by Level of Influence on Mental Health and Help-Seeking ................................. 317
List of Figures

*Figure 1.* Recruitment for the current study. ................................................................. 78

*Figure 2.* Structure of the Canadian paramilitary police hierarchy. .............................. 88

*Figure 3.* Number of participants reporting engagement in various mental health interventions. ................................................................. 263

*Figure 4.* The *Culture of Silence* with respect to mental health and help-seeking. .......... 303

*Figure 5.* The influence of police culture on psychotherapeutic help-seeking................ 332
List of Appendices

Appendix A Recruitment Advertisement .............................................................. 366
Appendix B Telephone Screening Interview ........................................................... 367
Appendix C Consent Form ...................................................................................... 371
Appendix D Interview Question Guide ................................................................... 375
Appendix E Resources for Police Stress Management ........................................... 377
CHAPTER 1

INTRODUCTION

“People are not weak or strong, they are weak and strong.”
Conti (2011)

The purpose of the current study was to explore the work-related psychological experiences of a group of police officers, as well as their individual perspectives on psychotherapeutic help-seeking within the police cultural and occupational context in Ontario. Despite a growing body of literature identifying policing as a highly stressful occupation with serious psychological risks (e.g., Carlier, Voerman, & Gersons, 2000; Gershon, Barocas, Canton, Li, & Vlahov, 2009; Liberman et al., 2002; van Hasselt, Sheehan, Sellers, Baker, & Feiner, 2003; Huddleston, Stephens, & Paton, 2007; Waters & Ussery, 2007), little empirical research has examined police officers’ utilization of psychotherapeutic services or the factors impacting utilization. In particular, the researcher was interested in factors potentially creating barriers to psychotherapeutic help-seeking within the police culture.

The police occupational role is situated within the context of a culture that has long been criticized for strict enforcement of norms of hegemonic masculinity, authoritarianism, and control, as well as rigid us versus other and strong versus weak mentalities which encourage the exclusion of those not conforming to sanctioned norms (Conti, 2011; Franklin, 2005; Frewin & Tuffin, 1998; Loftus, 2010). Furthermore, the mental health resources and educational initiatives offered to police officers in Canada and worldwide have historically been lacking, and institutional responses to claims of operational stress injury (OSI) among officers have been criticized as inadequate (Bill 163, 2016; Ombudsman of Ontario, 2012). Given this cultural and
institutional context, police officers may view psychological distress as an indication of weakness, may be unlikely to seek psychotherapeutic support or assistance when they are experiencing a mental health concern, and may instead adopt maladaptive methods of coping with the inherent stresses of their job (Becker et al., 2009; Blum, 2000; Dick, 2000; Dowling, Moynihan, Genet & Lewis, 2006; Drodge & Murphy, 2002; Miller, 2006; Pogrebin & Poole, 1991; Violanti, 1995; Waters & Ussery, 2007).

Existing empirical data on psychological or psychotherapeutic help-seeking among police, though limited, suggests low rates (i.e., approximately 10 to 15%) of mental health service utilization; this is despite the high stress nature of their jobs, and includes those meeting clinical cutoffs for anxiety or depression or experiencing suicidal ideation (Berg, Hem, Lau, & Ekeberg, 2006; Donnelly, Valentine, & Oehme, 2015). The most common form of institutionally-sanctioned mental health intervention for police is Critical Incident Stress Debriefing (CISD; Mitchell & Everly, 2001) or other types of psychological debriefing. In recent years, CISD has come under criticism regarding its efficacy, as well as the potential that it may in fact cause more harm than good (e.g., Carlier, Voerman, & Gersons, 2000; Carlier, Lamberts, Uchelin, & Gersons, 1998; Society of Clinical Psychology, 2016; see Devilly & Cotton, 2003 or Lewis, 2003 for review). For these reasons, and for the purposes of the current study, psychotherapeutic service utilization is defined as engagement in mental health services outside of CISD, such as the use of individual or couple’s counselling or psychotherapeutic services provided by a psychologist, psychiatrist, psychotherapist, or social worker.

To the researcher’s knowledge, at the time of writing nine previous studies have specifically examined police officers’ attitudes towards psychotherapeutic help-seeking, five of these being published within the last three years, and only two considering the contribution of
cultural context (Burns, 2014; Heffren & Hausdorf, 2017; Hyland et al., 2015; Hyland, Boduszek, Shevlin, & Adamson, 2012; Fox et al., 2012; Karaffa & Tochkov, 2013; Ménard, Arter, & Khan, 2016; Meyer, 2000; Watson & Andrews, 2017). Given cultural and institutional differences between policing in Canada and the US, where much of the research on police stress is situated, research exploring the unique experiences of Canadian police officers is needed. Only three of the nine studies cited here were conducted using samples of Canadian police.

Fox and colleagues (Fox et al., 2012) demonstrated that while rates of PTSD, depression, and alcohol abuse were common among a sample of 150 American police officers (prevalence of 24%, 9%, 19%, respectively), only 46.7% had ever sought professional mental health services, despite the availability of services subsidized by their organizations. In this study, concerns regarding confidentiality and the potential for negative impacts on career were most commonly cited as barriers to accessing available services. In a study of psychological service utilization among police across five countries, Ménard and colleagues (2016) found that 94.4% of Canadian officers reported knowledge of available mental health services within their organizations, compared to 80% and 82% in the US and UK, respectively. While many reported feeling capable of accessing these services, others described experiencing barriers to utilization, most prominently, concerns about a lack of anonymity or confidentiality (9.1% of Canadian officers), stigma (7.0% of Canadian officers), mistrust of their departments (5.2% of Canadian officers), and perceptions of ineffective or inadequate services (6.1% of Canadian officers). Furthermore, need, as reflected by scores on measures of problem drinking and PTSD symptomatology, was not associated with increased service utilization (Ménard et al., 2016).

Heffren and Hausdorf (2017) found that few officers had sought help from external (17.6%) or internal (5.0%) mental health services. Furthermore, they demonstrated that even
when officers reported feeling generally comfortable disclosing personal difficulties and asking for help, they were much less inclined to access professional help than to rely on the support of family members or peers. Watson and Andrew (2017) found that the most significant barriers to psychotherapeutic help-seeking reported in their sample of UK police included a fear of career repercussions and the potential loss of the confidence of their peers, suggesting concerns around organizational stigma. Hyland and colleagues (Hyland et al., 2012) demonstrated a strong, positive, and direct influence of self-efficacy on behavioural help-seeking intentions among a sample of police officers and a significant, albeit substantially weaker influence for subjective norms. A later study by Hyland and colleagues (Hyland et al., 2015) found that help-seeking propensity, which reflected perceived ability to seek help for psychological problems (congruent with the concept of self-efficacy), was the strongest predictor of intentions to engage in psychotherapeutic services, controlling for age and personality traits. Indifference to stigma (i.e., a lack of concern for the potential for significant others to discover that they were receiving psychological care) was not significantly associated with intentions to use mental health services. Though each of the findings of the studies cited here contribute to an understanding of the factors shaping psychotherapeutic help-seeking among police, they each fail to provide a nuanced understanding of the role of sociocultural factors on officers’ sense of self-efficacy towards engaging in psychotherapeutic treatment, or on their behaviour and attitudes towards psychotherapeutic help-seeking in practice.

Using quantitative methodology, Meyer (2000) found that police exhibited neither positive nor negative, but consistently neutral attitudes towards seeking psychotherapeutic help. However, when qualitative analysis was applied to an open-ended question regarding ways of improving utilization of mental health services among police officers, responses revealed themes
of concern for confidentiality and anonymity, and a desire for more ready availability and accessibility. Using a mixed methods approach, Karaffa and Tochkov (2013) demonstrated that police officers’ endorsement of a “distrust of outsiders” cultural norm was negatively correlated with attitude scores towards psychotherapeutic help-seeking while their perception of peers’ willingness to seek services was positively correlated with attitude scores. Furthermore, and consistent with Meyer’s findings, Karaffa and Tochkov found that although quantitative results demonstrated overall neutral attitudes toward seeking professional psychotherapeutic services, qualitative responses revealed nuanced and decidedly less neutral perspectives, including concern for pragmatic aspects of service utilization such as cost, provider competency, and location, as well as concerns for confidentiality and about the potential for stigma or peer judgment. In considering the discrepancy between quantitative and qualitative results, authors of both studies suggested that police officers’ attitudes towards seeking psychotherapeutic services are complex and difficult to adequately capture via quantitative survey-based methods.

Finally, in a recent unpublished dissertation by Burns (2014), qualitative methodology was utilized to examine the lived experiences of 20 active Royal Canadian Mounted Police (RCMP) with regard to psychotherapeutic help-seeking. Results revealed a number of factors which participants identified as either helping or hindering their decision to seek out services, including both systemic and cultural factors. Participants described that increasing awareness and acceptance of mental health issues within society and a changing police culture helped facilitate their decisions to access help, while persisting barriers within the police culture, stigma with regard to help-seeking, a fear of career-related repercussions to seeking help, and a perceived lack of support or care by their institution interfered with their willingness to do so. The results
of this study powerfully illustrate the value of qualitative research for the study of this complex culture and its influence on help-seeking.

In summary, existing empirical evidence falls short of fully capturing the complexities of police officers’ lived experiences related to psychological well-being and psychotherapeutic help-seeking, and has largely failed to consider the role of police culture in these experiences. In order to address these critical and socially germane gaps in our current understanding of police mental health and help-seeking, the current study will utilize a qualitative research design to explore barriers to psychological help-seeking among a sample of Southwestern Ontario police officers. Specifically, the current study adopts a critical social perspective and utilizes constructivist grounded theory methodology in order to examine the influence of cultural and institutional norms on police officers’ willingness and ability to access psychotherapeutic support when coping with significant occupational stressors or stress injuries.
CHAPTER 2
LITERATURE REVIEW

Stressors Associated with the Police Role

Throughout the literature addressing the occupational hazards of policing, there is growing consensus on the profound degree of stress inherent within the police role (e.g., Collins & Gibb, 2003; Gershon et al., 2009; Huddleston et al., 2007; Liberman, et al., 2002; van Hasselt et al., 2003; Waters & Ussery, 2007). As front-line first responders, police officers attend to both victims and perpetrators in contexts in which emotions are high and exposure to or risk of injury, death, or mutilation is likely; for example, police commonly respond to calls related to severe car accidents, domestic violence, child abuse, sexual assault, homicide, or suicide, or engage in active pursuits, violent disputes, or arrests. Throughout their careers, police officers encounter numerous “critical” or traumatic incidents, which involve experiencing, witnessing, or being confronted with an incident involving actual or threatened death or serious injury, or a threat to the physical integrity of self. Research has suggested that police work is a “trauma sensitive” occupation, meaning that police officers are at high risk of experiencing traumatic events on the job (Carlier, Lamberts, & Gersons, 2000; Carlier, Voerman, & Gersons, 2000). In a randomly-selected sample of 100 urban police officers, Hartley and colleagues (Hartley, Violanti, Fekedulegn, Andrew, & Burchfield, 2007) found that officers estimated having experienced an average of four traumatic events in the past year. In a sample of over 700 urban US police officers Weiss et al. (2001, as cited in Liberman et al., 2002) found that, on average, exposure to trauma over the course of a career included encounters with 25 recently dead bodies, 14 decaying corpses, 10 sexually assaulted children, colleagues badly injured twice accidentally and once intentionally, and being shot at themselves once and injured more than once. Police officers are
also the most common first responders to domestic violence and child welfare calls, as well as to the scenes of completed suicides (Horowitz et al., 2011; Koch, 2010). In one qualitative study, officers estimated that they had been first responders to an average of 20 completed suicides throughout their careers (Koch, 2010).

Research using Weiss et al.’s (2010) Critical Incident History Questionnaire (CIHQ), which assesses the total frequency and severity of a number of critical incident exposures in individual respondents, has demonstrated very high average rates of critical incident exposure among police in both large urban (i.e., 168.5 individual incidents on average; Weiss et al., 2010) and small or rural police departments (i.e., 188.5 individual incidents on average; Chopko, Palmieri, & Adams, 2015). In addition to directly attending to critical incidents in which death or serious injury has occurred, officers are often in the role of issuing death notices to the loved ones of the deceased. Unsurprisingly, traumatic events, such as being shot at or injured in the line of duty, witnessing the shooting of a partner or colleague, shooting another person, exposure to abused or deceased children, first response to completed suicide, and severe motor vehicle accidents, have all been ranked as extremely stressful components of police work by police personnel (Broomé, 2014; Chopko et al., 2015; Coman & Evans, 1991; Patterson, 1999; Sewell, 1983; Koch, 2010).

Furthermore, police officers are themselves at risk of being killed or injured on the job; Miller (2007) reported that each year in the United States, 52 officers are killed in the line of duty and 26 thousand are injured in service-related assaults. Most deaths occur within the context of an arrest, and the second most dangerous scenario is in responding to domestic disputes (Miller, 2007). Available statistics on rates of line-of-duty death in Canada are comparatively low. Statistics Canada reported that between 1961 and 2009, 133 police officers were murdered.
in the line of duty, and that most of these deaths (65%) occurred prior to 1984; however, these statistics do not account for accidental deaths due to non-felonious incidents (Dunn, 2010). Although death in the line of duty is relatively rare, its impacts are deeply felt by the officers left behind. Line of duty deaths are considered to be one of the most psychologically destabilizing events experienced in policing communities (Miller, 2007). Furthermore, despite the relative infrequency of critical incidents such those described above, the potential for threat, danger, or disaster is everpresent in the police role; as noted by Chan (2001), during the course of any given shift, police officers may alternate within seconds from exhaustion and boredom to intense fear and life or death decision-making. Furthermore, narrative research with police has identified themes of danger and vulnerability to violent attack, thought to be reinforced and amplified in comparison to actual risk through selective sharing of “war stories” among members (Kurtz & Upton, 2017b). The uncertainty experienced by officers on each call may be a source of significant psychological stress (Horowitz et al., 2011; Woody, 2005). For example, Horowitz and colleagues (2011) indicated that officers in their study experienced a high degree of vulnerability when entering domestic calls for service, given the unpredictability and intensity of emotion involved in such disputes.

Another potential source of stress identified by past research is role ambiguity and a lack of adequate preparation for many of the challenges police officers are likely to encounter. Officers may frequently find themselves in situations, such as nonviolent domestic disputes, in which typical law enforcement skills are less relevant, and skills in mediation, emotion management, and advocacy may be more appropriate. Reese (1986) highlighted this, noting that law enforcement officers "must function as counselors, social workers, psychologists, negotiators and investigators, as well as traditional police officers.” (p. 233). Police may not feel that they
have the training necessary to adequately fill these various roles (Horowitz et al., 2011), and may find themselves experiencing a sense of helplessness or powerlessness as a result of their inability to address systemic or other issues (Horowitz et al., 2011; Koch, 2010). Officers in one study described strong emotional reactions during response to scenes of completed suicides, and reported the utilization of a series of spontaneous emotional management strategies to cope in the absence of adequate training with regard to such emotional reactions (Koch, 2010). Furthermore, officers in Horowitz et al.’s (2011) study described feeling unsupported by other professionals (i.e., social workers, judges) involved in follow-up decision-making related to incidents of domestic violence, and reported frustration with the lack of accountability from the larger system. They described becoming disillusioned, desensitized, and detached over the course of their careers (Horowitz et al., 2011).

In addition to the stress associated with critical or traumatic incidents, researchers have identified high levels of stress related to the routine occupational tasks involved in policing, as well as organizational stressors not specific to policing. Police have identified the lengthy bureaucratic and administrative tasks required of them in contemporary police work as significant contributors to occupational stress (e.g., Chan, 2001; Collins & Gibb, 2003). In a cross-sectional survey of 1206 police officers, the most highly ranked occupational stressors were routine organizational issues, such as demands of work intruding upon home life, a lack of consultation and communication, lack of control over workload, inadequate support, and excess workload (Collins & Gibb, 2003). Juniper, White, and Bellamy (2010) identified nine separate dimensions of police work that might adversely affect well-being, including advancement, facilities, home-work interface, job, physical health, psychological health, relationships, organizational, and workload factors. They compared the work-related wellbeing of front-line
police officers to police community support officers and civilian police service staff, and found that the wellbeing of police officers was significantly more impaired than that of their non-police colleagues.

One of the themes that continuously emerges from police stress studies is the perception among police officers that they receive poor supervisory, organizational, or public support. A lack of adequate resources or training, a punitive bureaucracy, a sense of being misunderstood or underappreciated by the public, and high levels of internal and external scrutiny have all been identified as contributing significant stress and dissatisfaction to the police role (Chan, 2001; Lindsay & Shelley, 2009; Violanti & Aron, 1994; Violanti, 2011; Woody, 2005). The intense public scrutiny faced by police officers may be a stressor distinct from those experienced by other emergency service workers such as paramedics and firefighters, who also come into contact with traumatic stimuli on a frequent basis and are subject to other similar organizational stressors, but perceive comparatively high levels of public support (Lambert, Hall, Jenkins, & Baker, 2002; Miller & Miller, 1991).

In addition to these occupational stressors, front line police officers are almost always required to engage in shift work, a source of physical and psychological stress that has received significant attention throughout the occupational stress literature (Collins & Gibbs, 2003). Shift work has been shown to exert negative effects on officers general physical health (Antunes et al., 2010; Ely & Mostardi, 1986; Haupt et al., 2008; Pickering, 2006; Zimmerman, 2012), increase the risk of injury on the job (Violanti et al., 2012), contribute to sleep difficulties or insomnia (Charles et al., 2007; Violanti et al., 2009), reduce fitness for duty (Wirz & Nachreiner, 2012) impact social relationships (Colligan & Rosa, 1990; Kirschman, 2007), and to lead to marital and family problems, for example, as a result of absence from important family events (Kirschman,
In addition, shift work has been linked to a number of psychological concerns, including substance use issues (e.g., the use of sedatives or alcohol to fall asleep; Kirschman, 2007), depression (Scott, Monk, & Brink, 1997), suicidal ideation (Violanti et al., 2008), and general psychological distress (Shields, 2002).

Police stress studies have examined the differential impact on levels of felt stress of both the routine operational or organizational aspects of law enforcement jobs and less routine critical or traumatic incidents. Waters and Ussery (2007), for example, reviewed the history of police stress studies, and presented a model of police stress in which predisposing, resiliency, incident-level, and coping factors were all taken into consideration. They suggested that the impact of various stressors within the police role may be considered explosive (i.e., leading to acute and severe overt reactions), implosive (i.e., creating internal conflict, or interference with the officer’s values), or corrosive (i.e., eroding confidence, hardiness, and resiliency over time) in nature. Explosive events might include attending to crimes in progress or first response to a serious car accident, implosive events might include a perceived inability to “make a difference” or conflict between work and family responsibilities, and the daily tensions associated with policing, such as shift work, long hours, and bureaucratic scrutiny may have a corrosive effect over time. Dick (2000) noted that outcomes related to cumulative versus acute stressors differ, and highlighted the importance of early intervention with police officers in order to limit long-term psychological consequences.

Brown, Fielding, and Grover (1999) completed a factor analysis of self-reported stress response to a series of occupational tasks of various severity and frequency. They identified three factors, comprising exposure to violence and injury, death and disaster, and sexual crime. The authors conceptualized these three factors as capturing the experience of routine, traumatic, and
vicarious stressors, respectively. The death and disaster (i.e., “traumatic”) factor accounted for the greatest amount of variance in scores of general psychological distress, followed by the sexual crimes (i.e., “vicarious”) factor, and next the “routine deployment” factor (i.e., exposure to violence and injury that were high stress, but more routine in terms of the police role). The authors summarized that the perceived psychological impact of relatively frequent exposure to sexual crimes was greater than for even more routine activities involving response to violence and injury, but not as great as for exposure to infrequent traumatic incidents. They highlighted discrepancies in these findings across gender and occupational status. For example, male traffic officers were more likely to experience psychological distress than male criminal investigators, while female rural police officers were more likely to experience distress than female criminal investigators. Furthermore, being a sergeant reduced male police officers’ likelihood of experiencing psychological distress by half, but no such effect was seen for female sergeants. Exposure to sexual crime in particular had a dramatic impact on both male and female officers, although female officers were more likely to be assigned to cases involving sexual crime.

There has been some debate in the literature regarding whether organizational stressors not specific to policing, routine police-specific operational stressors, or less routine critical or traumatic incidents contribute most significantly to levels of stress among police officers. The existing empirical data on this topic appears to be equivocal. A study by Collins and Gibbs (2003) examined the origins of stress among British police officers, and found that organizational rather than operational issues were regarded as most stressful on average. The group scoring highest in self-reported levels of stress (i.e., 41% of the sample), however, differed significantly from those with low scores in terms of trait stress management styles, and ranked both personal and occupational stressors more highly. The authors posited that this higher-
scoring group were predisposed to higher levels of stress and that individual rather than occupational factors contributed most significantly to stress among officers in this study. Huddleston and colleagues (2007) measured the impact of traumatic and routine organizational events in 512 police recruits over the course of one year. Results demonstrated that although both types of events significantly increased self-reported levels of psychological distress, routine organizational stressors had a greater impact, including in terms of the exacerbation of any existing trauma symptomatology that officers reported. Nickels and Verma (2008) conducted one of few cross-cultural examinations of police stress and found that despite some variation in self-reported stress, officers in Canada, the United States, and China did not differ in terms of how they compartmentalized sources of stress. In this study, nonroutine stressors (i.e., critical incidents) were rated as contributing higher overall stress to the job.

To summarize, studies of police stress highlight multiple sources of stress and psychological distress falling under the umbrella of the police role. In addition to frequent exposure to traumatic material throughout the course of their careers, police officers also report high levels of stress and strain in response to routine events and tasks associated with the day-to-day job of policing. Inherent in their work is an ongoing sense of uncertainty, ambiguity, and high-pressure decision-making. Furthermore, police officers find themselves under a high degree of scrutiny both from external sources such as the media and the public they serve, as well as from internal sources including their colleagues, supervisors, and the police organization. It is clear that the potential for both acute and chronic negative psychological reactions among police officers is high, either as a consequence of or exacerbated by critical or organizational sources of stress.
Psychological Correlates of Policing

The body of empirical research quantifying the development of psychological difficulties among police officers is less robust than research demonstrating the existence of significant stressors in the police role. Nonetheless, a number of negative psychological outcomes associated with a career in policing have been identified. In the recent literature, the potential for “psychological injury” as a result of occupational stress experienced by police officers has been a particular focus.

Defining operational stress injury (OSI). Operational stress injury (OSI) is a broad term used to describe persistent psychological difficulties resulting from activities performed in the course of or related to one’s job. Although it is often used to refer to Posttraumatic Stress Disorder (PTSD), OSIs may also include Major Depressive Disorder, Panic Disorder and Agoraphobia, or maladaptive use of alcohol or drugs to cope with job-related difficulties (Ombudsman of Ontario, 2012). The existing empirical literature provides no clear consensus on the psychological risks of policing. Rates of psychological injury and particularly suicide are rarely recorded by police agencies, and where statistics are available, they vary widely between studies and within agencies, roles, and regions (Ombudsman of Ontario, 2012; Violanti, 2008). Furthermore, much of the existing literature is based on American samples and little empirical research has been conducted on rates of psychological injury among Canadian police officers. At the date of this writing, no research has directly linked policing in Canada to increased risk for OSIs or suicide (Ombudsman of Ontario, 2012).

Where empirical data is lacking, however, recent media coverage as well as the work of government and private advocacy groups have brought much-needed attention to the risk for OSI among emergency service workers, including police (e.g., Bonokoski, 2010; Ombudsman of
Ontario, 2012; Tema Conter Memorial Trust; Badge of Life Canada). In the past five years, the Tema Conter Memorial Trust, a foundation providing education, advocacy, and support for officers and other first responders suffering from OSIs, launched a series of public campaigns highlighting these issues and targeting stigma among first responders as well as misconceptions within the general public (Bailey, 2014). As of April 2016, Ontario passed the Supporting Ontario’s First Responders Act, which amended the Workplace Safety and Insurance Act to include PTSD as a presumptive occupational injury among emergency service workers (Bill 163, 2016). The intention of this legislation was to allow emergency service workers, including police officers (as well as correctional officers, paramedics, and firefighters), to more readily access appropriate health coverage in the event that they experience PTSD as a result of their work. The legislation also required emergency service organizations to provide the Ministry of Labour with a detailed workplace PTSD prevention plan by April 2017. Unfortunately, the act does not make similar provisions for other OSIs which may be similarly high among police and other first responders, such as depression. The full impact of this legislative change on access to and engagement in mental health services is yet to be observed, but it is hoped that it will lead to improvement in the mental wellbeing of police and other first responders in the coming years.

As for rates of OSI among police officers, the existing research has suggested cause for concern. Collins and Gibb (2003) found that 41% of their sample of police met cutoffs for clinical levels of psychological distress. A study conducted with the criminal investigative services group of the Ottawa Police Service found high rates of overall job stress and indicated that 52% of officers reported high levels of “work role overload” (Duxbury & Higgins, 2012, as cited in Ombudsman of Ontario, 2012). Furthermore, one third of participants reported having missed work in the past six months due to emotional or physical fatigue, one third had high
levels of depressive symptomatology and high risk of burnout, and half reported suffering often from headaches, back pain, insomnia, and exhaustion. In a study by Gershon et al. (2009), police officers who reported high levels of occupational stress were at an increased risk for a number of adverse health outcomes, especially depression, anxiety, burnout, somatization, and posttraumatic stress symptoms. Anshel (2000) states that law enforcement is “one of the most stressful occupations worldwide” (p. 375) and leads to a high incidence of illness, lost work productivity, absenteeism, and premature retirement. He adds: “The failure to cope effectively with stress results in increased rates of heart disease, stomach disorders, divorce, alcohol and drug abuse, and suicide, as compared to the norms for the general population” (p. 376).

Some researchers have argued that there is no evidence supporting increased risk for OSI among police compared to members of other high-risk occupational groups, however (Aamodt, 2008; Curran, 2003; Stinchcomb, 2004; see Brodie & Eppler, 2012 and Ombudsman of Ontario, 2012 for review). It has also been pointed out that mental health problems and job stress are common within the population at large. A total of 27% of Canadians surveyed across occupational fields rated their jobs highly or extremely stressful (Statistics Canada, 2011). Approximately 10% of Canadians in the general population report experiencing symptoms of a mental health or substance use disorder in a given year (Pearson, Janz, & Ali, 2013) and up to 75% of short-term disability claims in Canada are estimated to be attributable to mental health problems (Statistics Canada, 2011). A report published by the Canadian Centre for Occupational Health and Safety Management (CCOHS, 2005) indicated that 7% of Canadians are absent from work for reasons related to mental health problems each year and that 50% of these are absent for more than 13 days. Furthermore, they quoted results from a corporate survey of Canadians participating in private group insurance programs, finding that 64% claimed to be irritable or
worried, 42% of these individuals also suffered from insomnia, and 21% reported that they were sick more often as a result of stress.

Others have argued that policing is a uniquely psychologically dangerous occupation. This perspective is tied to research finding higher rates of mortality due to stress-related conditions such as coronary disease and cancer among police, as well as higher rates of marital discord, alcoholism, suicide, performance anxiety, overachievement, absenteeism, emotional detachment, and posttraumatic stress compared to other occupational groups (Carlier, Lamberts, & Gersons, 2000; Morley, 2011; Toch, 2002; Violanti, 2004; Violanti, 2010). Furthermore, prominent researchers in the study of police stress make the argument that given the rigour of physical and psychological testing required of police recruits, law enforcement officers begin their careers as generally healthy and hardy individuals and should experience relatively low rates of psychological distress in comparison to the general population (Anshel, 2000; Violanti, 2004). Despite discrepant perspectives on this issue existing within the extant literature, a number of specific psychological impacts associated with police stress have received empirical support. Among others, these include burnout, isolation and relationship discord, depression, hypervigilance and posttraumatic stress, alcohol use disorders, and suicide.

**Burnout.** As is common within other emergency service and helping professions (Alexander & Klein, 2001; Popa, Raed, Pucarea, Lala, & Bobirnac, 2010; Wessels et al., 2010), burnout is a psychological outcome experienced by many police officers (Anshel, Robertson, & Caputi, 1997). Burnout is defined as the draining of mental or emotional resources caused by chronic job stress, and is considered to be a work-related indicator of psychological health (Schaufeli & Enzmann, 1998). Symptoms of burnout include mental or emotional fatigue, irritability, cynicism, or diminished compassion (Padyab, Backteman-Erlanson, & Brulin, 2016;
Turgoose, Glover, Barker, & Maddox, 2017). When individuals experience burnout, stresses from their job carry over to home life, making it difficult to restore and recover from the work-related demands and creating additional risk for psychological impairment (Peeters, Montgomery, Bakker, & Schaufeli, 2005). Importantly, burnout, particularly when left unaddressed, has been linked to more prominent mental health difficulties (Hakanen & Schaufeli, 2013), including among police officers (Golembiewski, Lloyd, Scherb, & Munzenrider, 1992; Stearns & Moore, 1993). High rates of burnout, including symptoms of emotional exhaustion, cynicism, diminished compassion, and interpersonal withdrawal have been found in both Canadian and American samples of police officers (Golembiewski et al., 1992; Kurtz, 2008; Padyab et al., 2016; Stearns & Moore, 1993; Turgoose et al., 2017).

Golembiewski and colleagues (1992) found that 27.2% of police officers in their study fell within the three most severe of eight phases of self-reported burnout. Of these, 53% reached clinical cutoffs for psychological distress. In their study of the psychological impacts of police stress Gershon and colleagues (2009) reported that symptoms of burnout were among the most commonly cited by officers from a large urban police department, second only to symptoms of PTSD. Violanti and Gehrke (2004) found that trauma exposure and posttraumatic stress acted as precursors to compassion fatigue among police officers, conceptualized as a lack of caring in the absence of reward or result related to one’s work.

One possible component of burnout that may be particularly relevant to police officers is the altering or negative skewing of one’s worldview, commonly referred to as cynicism. Some researchers have suggested that cynicism, along with exhaustion, make up the core symptoms of work-related burnout (Peeters et al., 2005). Brown et al. (1999) found in a sample of 601 police officers that high levels of cynicism coincided with high levels of job-related stress. Importantly,
in cognitive-behavioural frameworks of psychopathology, altered perceptions of oneself, others, or the world are considered key markers of or precursors to depression and anxiety disorders (Kuyken, Padesky, & Dudley, 2011). Research shows that due to the nature of the circumstances with which they come in regular contact, over the course of police officers’ careers they often experience a drastic change in their perceptions of the world, the citizens they serve, as well as in the value and impact of their work (Chan, 2001; Dick, 2000; Gilmartin, 2002; Koch, 2010; Miller, 2007). For example, in her qualitative study of the social construction of acute stressors among police Dick (2000) found that several officers expressed the belief that ‘the world is beyond help and it is pointless to attempt to intervene in it.’ It has been noted that officers primarily come into contact with civilians at their “baddest, maddest, and saddest” (Gilmartin, 2002, p. 24). As William Westley (1970), a preeminent researcher in police psychology aptly noted, “there is little opportunity in police work to celebrate humanity” (p. 10). In the absence of a more positive balance to these types of human contact, it is likely to become increasingly difficult for officers to avoid viewing the world through the restricted lens of such experiences. Police may begin to view the world as being fundamentally dangerous, cruel, or unjust. At the most extreme end of cynicism, police may begin to see humanity as basically evil, and may see their own efforts to make a positive impact as essentially futile. Furthermore, police officers are unlikely, given their experiences, to perceive such worldviews as inaccurate. Rather, research has identified the perception among police that the general public is naïve to the dark realities of the world, and that police act as the “thin blue line” separating the civilian population from contact with or knowledge of these realities (Conti, 2009; Gilmartin, 2002).

**Isolation and relationship discord.** Alongside shifting perceptions of the world and lifestyle changes associated with police work (e.g., shift work, non-participation in illegal
activities such as illicit drug use), research and clinical accounts suggests that police officers often experience a process of isolation from interpersonal relationships with non-police peers, with whom they may share less and less in common throughout the course of their careers (Gilmartin, 2002; Kirschman, 2007; Koch, 2010). Koch (2010) opined that a growing sense of suspiciousness and cynicism resulting from police work contributes to officers’ difficulty delineating between those they can and cannot trust, including individuals who are a part of their personal lives, such as spouses, friends, or neighbours. An ‘us versus them’ mentality may further contribute to challenges in relationships with non-police peers (Koch, 2010; Waters & Ussery, 2007; Woody, 2005). In addition, some police psychologists have argued that the strong collegial bonds that exist between police officers, a unique sense of camaraderie, may operate to the exclusion or suffering of relationships with individuals not inhabiting the police culture (Kirschman, 2007; Woody, 2005).

The police occupational role is likely to exert particularly negative effects on interpersonal relationships with family members (Dowling et al., 2006; Kirschman, 2007). Brodie and Eppler (2012) summarized that demands and stressors associated with membership in police organizations have potentially problematic influences on primary relationships through (a) competition for time, (b) ill communication, (c) carryover of work attitudes (e.g., hypervigilant, authoritative, cynical, or protective stances), (d) job-related problems (fears for safety, presence of weapons in the home, and irregular schedules), (e) negative interactions, (f) negative mood, and (g) problematic behaviors such as displacement of aggression, alcohol abuse, or marital infidelity. Colloquial and qualitative accounts from officers and police psychologists have long suggested that marital problems are common in police families and that rates of divorce and infidelity among police officers are higher than national averages (e.g., Woody, 2005;
Kirschman, Kamena, & Fay, 2014; Kirschman, 2007; Koch, 2010), although epidemiological research does not appear to support this latter assertion (McCoy & Aadmodt, 2010). Furthermore, researchers have suggested that rates of intimate partner violence may be high among police populations and research has linked aggressive behaviours in the home to aspects of the police culture (Blumenstein, Fridell, & Jones, 2012; Gershon et al., 2009; Johnson, Todd, & Subramanion, 2005; Waters & Ussery, 2007). Furthermore, as discussed by Oehme, Donnelly, and Martin (2012), concurrent risk factors for violence associated with policing – namely, PTSD and problem alcohol use – may also result in elevated rates of domestic or intimate partner violence within police families. Their survey study with a sample of 853 Florida police officers demonstrated significant correlations between PTSD and self-reported family violence, as well as between problem alcohol use and family violence, and 70% of surveyed officers reporting both hazardous or dependent alcohol use and clinical levels of PTSD also reported having engaged in violent or aggressive behaviours within their homes.

An additional consequence of highly-valued camaraderie known to exist between officers is that police officers for whom collegial relationships are less robust (for example, police sergeants or supervisors, who are in an authoritative role and thus do not experience the mutuality enjoyed by officers of the same rank) may be at particular risk for deleterious outcomes. Research suggests that a lack of reciprocity, that is, an unequal exchange between the emotion invested in work and the rewards obtainable through interpersonal relationships, whether they be with other officers, the organization itself, or with members of the community being served, is related to burnout in police officers (Kop, Euwema, & Schaufeli, 1999). Despite these potential difficulties, the sense of camaraderie that exists between fellow officers is seen as largely positive. Many authors have pointed out that these collegial ties serve a live-saving
function. Officers depend on the intuitiveness, support, and presence of mind of their colleagues in dangerous and occasionally life-threatening situations.

**Hypervigilance and posttraumatic stress.** Posttraumatic stress is one of the most recognized psychological outcomes related to police work. Given the nature of their work, police officers are at high risk for traumatic reactions on the job compared to those who are not routinely exposed to violence, death, or severe injury. Furthermore, in addition to their direct exposure to traumatic material, the threat of danger requires officers to remain on high alert in order to ensure their own and others’ safety. Gilmartin (2002) notes that officers typically develop a chronically high level of alertness on the job. He suggests that especially among young officers, this heightened state of alertness may be enjoyable, as it is accompanied by quick and practical thinking, high energy, engagement in work, and a sense of camaraderie. This high adrenaline state is often a necessary condition of police work, but some suggest that it is also addictive, unsustainable in the long term, and likely to have negative health-related effects over time (Gilmartin, 2002; Koch, 2010; Paton, Violanti, & Schmukler, 1999). As a constituent factor in the diagnosis of posttraumatic stress disorder (PTSD; American Psychiatric Association, 2013), it is also possible that this perpetual state of hypervigilance may put police officers at risk for the development of other symptoms of PTSD following traumatic exposures.

There is a significant literature supporting high rates of PTSD and posttraumatic stress symptoms (PTSS; i.e., diagnostically subthreshold symptoms of PTSD) among police officers, although rates vary greatly from study to study, ranging from as low as 5% to as high as 50% (e.g., Brown et al., 1999; Huddleston et al., 2007; McCafferty, McCafferty, & McCafferty, 1992; Ménard & Arter, 2013; Thornton & Herndon, 2016). Rates of PTSD within the general population are comparatively low, with lifetime rates estimated at approximately 8% and past
year rates estimated at approximately 3.5% (Statistics Canada, 2013b). Ménard and Arter (2013) reported that 18.5% of the 750 American police officers responding to an online survey met criteria for PTSD based on their responses to the PTSD Checklist – Civilian Version (PCL-C; Weathers, Huska, & Keane, 1991). Thornton and Herndon (2016) showed that of 76 front-line police officers, 11.8% were at clinical risk for PTSD, and 14.5% were experiencing the frequency and severity of hyperarousal, intrusion, and avoidance symptomology consistent with a diagnosis of PTSD. With regard to specific symptom clusters associated with PTSD, research examining the effects of perceived work stress in 1072 officers from a large urban police department (Gershon et al., 2009) found that 33% of respondents reported intrusive or recurrent thoughts, memories, or dreams about distressing work events, 24% felt detached from people and activities related to stressful events, and 23% avoided triggers or reminders related to a stressful event. Research with clinical samples of police (i.e., those seeking out psychotherapeutic treatment) has found rates of PTSD over 60% (van der Meer et al., 2017). Ménard and Arter (2013) concluded from their study findings that 1 out of every 7 officers may be need of a referral for therapeutic intervention, and that PTSD in law enforcement is likely underdiagnosed.

Of course, not all officers exposed to trauma in the course of their work will go on to develop problematic trauma-related symptoms. Thus, researchers have investigated factors potentially playing a role in vulnerability or resilience to traumatic stress. In a sample of 262 police officers recently exposed to a traumatic incident, Carlier et al. (1998) found that 7% of the entire sample met diagnostic criteria for PTSD and one third went on to develop PTSS or PTSD in the 18 months following traumatic exposure. Furthermore, they identified that although coping and trauma-related factors predicted symptom severity in the intervening months, organizational
factors were also important predictors, including dissatisfaction with organizational support, insecure job future, job dissatisfaction, and brooding over work.

**Depression.** The potential for depression as a consequence of job-related police stress has received comparatively little attention from the extant literature. Given exposure to suffering and hostility and a perceived lack of external supports, aspects of the police role may put officers at risk for depressed mood and other symptoms of Major Depressive Disorder. For example, a chronically vigilant awareness of one’s surroundings may be detrimental to mood and energy levels in the long term. Gilmartin (2002) describes the cycle of police officers’ on- and off-duty resting states as a “hypervigilance rollercoaster” (p. 47). While the on-duty officer is alert, engaged, involved, energetic, and humorous, he notes, rather than returning immediately to a normal biological resting state, the same officer typically becomes tired, detached, isolated, and apathetic when off-duty. Since police officers regularly engage in shift work, Gilmartin argues that full recovery from these extreme biological states rarely occurs. The exhaustion and disengagement that officers experience in their home contexts may contribute to marital or family conflict or social isolation outside of their work relationships (Dowling et al., 2006; Gilmartin, 2002; Kirschman, 2007). Furthermore, the experience of this withdrawn and apathetic state, particularly in combination with cynicism or other symptoms of burnout, may put officers at increased risk for depression.

Black, McCabe, and McConnell (2013) found that 50% of officers surveyed in their study reported symptoms consistent with mild to severe depression, and 41% reached clinically significant levels of depression on the General Health Questionnaire (Goldberg & Williams, 1988), a measure of general psychopathology. In their study of effects of perceived work stress, Gershon and colleagues (2009) found that high perceived stress levels were related to depression
among police officers. A large portion of their sample described often experiencing mood-related symptoms including low-energy (81%), feeling blue (64%), or feeling “physically, emotionally, and spiritually depleted” (54%). Fox and colleagues (2012) found that 9% of their sample of American police officer met diagnostic criteria for depression. In a study by Darenburg and colleagues (Darenburg et al., 2006), 16% of 100 officers surveyed met diagnostic cutoffs for depression (12.1% of male officers; 22% of female officers). Interestingly, rates of depression differed by age; no officers younger than 40 years of age met clinical cutoffs for depression, while 24.4% of officers aged 40 to 49 years and 20.0% of those aged 50 years and older did.

It is important to note that, like members of the general population, police officers experience stress both on and off the job which may contribute to mood-related psychopathology. In their study of 100 randomly selected urban police officers, for example, Hartley and colleagues (2007) found that exposure to multiple negative life events outside of work was associated with elevated levels of depression. Finally, Wang et al. (2010) demonstrated that a combination of individual and work-related factors predicted depressive symptomatology in a group of police recruits after one year on the job. Specifically, greater childhood trauma exposure, lower perceived self-worth during recruitment training, and greater perceived work stress during the first year of police work predicted higher levels of depression symptoms at 12-month follow-up, controlling for depression symptoms during training as well as comorbid PTSD symptoms at the 12-month follow-up.

**Alcohol use disorders.** The extant literature has also highlighted substance abuse – particularly alcohol abuse – as a mental health concern relevant to police officers. Colloquial accounts from police officers, as well as from mental health professionals working with police and their families highlight alcohol use as a primary and culturally-sanctioned method of
socialization and coping within this population (Gershon et al., 2009; Kirschman, 2007; Waters & Ussery, 2007). Kirschman (2007) estimated, based on her clinical experience, that police officers’ use of alcohol is twice that of the general population. Violanti has linked alcohol consumption to the stress associated with police work and police training (Violanti, 2001; Violanti, Marshall, & Howe, 1985; Violanti et al., 2011). Furthermore, he illustrated significant correlations between alcohol consumption and PTSD. This association was particularly strong among young officers (Violanti, 2004). A survey of 1106 police officers conducted by the National Institute of Justice found that 21% of officers reported problem alcohol use meeting diagnostic cutoffs for Alcohol Use Disorder (formerly Alcohol Abuse), and those suffering from high perceived stress were five times more likely to also report having an Alcohol Use Disorder (Gershon, 2000). Another study demonstrated that 34% of officers recruited from a large urban police department reported that they sometimes drank more than they had planned, 14% felt worried or guilty about their alcohol consumption, and 14% stated that they sometimes did not remember what happened when they were drinking (Gershon et al., 2009). Ménard and Arter (2013) found a rate of 16.7% of problem drinking among officers in their study, and Chopko, Palmieri, and Adams (2013) found that 18.4% of officers reported a moderate number of problems associated with drinking, 3.5% indicated high-risk drinking problems, and 0.6% reported a drinking pattern associated with severe risk.

Davey, Obst, and Sheehan (2001) surveyed 749 Australian police officers to assess factors contributing to their alcohol consumption and harmful drinking. They found that 37% of officers were at risk for harmful drinking on the basis of their scores on the Alcohol Use Disorders Identification Test (AUDIT; Babor, Higgins-Biddle, Saunders, & Monteiro, 2001) and 3.5% of officers scored within the alcohol dependent range. Although officers in this study self-
reported that social factors were the most likely contributors to their alcohol consumption, analyses demonstrated that self-reported stress levels were the factor most predictive of drinking. The authors noted that despite identifying social factors as the primary determinant of their drinking habits, officers were in fact drinking to cope. Lindsay and Shelley (2009) similarly found that 3.9% of their sample reported drinking seven days a week, and that stress, social influence, and social conformity accounted for significant variance in alcohol consumption. Although stress was an important factor in this study, the use of alcohol to fit in was the most predictive of problem drinking. This is consistent with the view that police culture is a drinking culture (see Lindsay & Shelley, 2009). Also in line with this view is the finding that 31% of officers surveyed in Davey et al.’s (2001) study saw nondrinkers as being unsociable and worthy of suspiciousness. This suggests that perceived norms around drinking within the workplace culture, especially as a social activity contributing to a sense of conformity or as a way to decompress after work, may result in higher rates of alcohol use and the potential for drinking problems among police officers. Rates of alcohol abuse or dependence in the population at large are similar to those reported in the above studies. According to Statistics Canada (Pearson et al., 2013), the lifetime prevalence among Canadians in the general population is 18.1%, and past year prevalence is 3.2%. Researchers have pointed out, however, that officers may be motivated to underreport their alcohol consumption for fear of departmental discipline, as having a substance use disorder would be cause for significant job consequences (Austin-Ketch et al., 2011; Violanti, 2003).

Suicide. Finally, officers suffering from an OSI may also be at risk for suicide, and risk is further exacerbated by officers’ ready access to lethal means via firearms. Police suicide has been the subject of a significant inquiry as well as some controversy in the study of police stress.
Several researchers have argued that the rates of suicide among police are higher than those within the general population, while others have argued the opposite. Alarmingly, some authors have reported that it is statistically more likely that a police officer will die by suicide than be killed by an assailant in the line of duty (Gilmartin, 2002; Ombudsman of Ontario, 2012). Hackett and Violanti (2003) estimated that the rate of police suicide is about 1.5 times higher than the rate of suicide in population-wide statistics. In a study of Canadian police officers, Charbonneau (2000) found police suicide rates to be almost twice that of the general population. Rates were elevated primarily among young officers ranging from 20 to 39 years of age. In contrast, Aamodt and Stalnaker (2001) argued that although the suicide rate of 18.1 per 100,000 found among police personnel is higher than the 11.4 per 100,000 seen in the general population, it is not higher than would be expected for people of similar age, race, and gender. Hem, Berg, and Ekeberg (2002) reviewed 41 original studies from North America, Europe, and Australia on the topic of police suicide. They found that rates varied widely between studies, and were inconsistent and inconclusive: some studies found elevated suicide rates among police officers whereas others showed an average or low rate of suicide compared to the general population.

As noted above, however, comparisons between police and the general population may not be equivalent, as the general population includes a wide spectrum of vulnerable persons, while police officer are subjected to extensive screening for psychological fitness or wellbeing at the stage of recruitment (Ombudsman of Ontario, 2012). Violanti (2008) outlined several issues contributing to inconsistent findings in this area of research. These included challenges linking suicidal behaviour or psychological distress to workplace issues, a motivated or incidental underreporting or misclassification of police suicides by police organizations or family members,
a lack of nationwide comprehensive data, and difficulties conducting research with or collecting
data from police officers and police organizations.

As a result of these challenges, reliable and consistent statistics on police suicide are
difficult to obtain. The Tema Conter Memorial Trust began tracking suicide statistics among
Canadian first responders in 2014. Until that time, no entity in Canada had maintained statistics
on the deaths of first responders by suicide. At the date of this writing, Tema reported a total of
58 validated reports of police officer suicide in Canada between April 2014 and November 2017.
Rates of suicide per 100,000 police officers ranged from 15.94 in 2015 to 26.13 in 2016 (Tema
Conter Memorial Trust, 2017). An investigative report published by the Ombudsman of Ontario
(2012) indicated, on the basis of informal statistics obtained from the OPP staff psychologist,
that from January 1989 through May 2012, there were 23 confirmed suicides, involving 16 active
and 7 retired OPP officers. Berg, Hem, Lau, Loeb, and Ekeberg (2003) found that 24% of
Norwegian police officers felt that life was not worth living, 6.4% had seriously considered
suicide, and had 0.7% attempted suicide. A study of 1400 American police officers found that
13.4% admitted to giving suicide serious consideration since beginning their careers (Bishop &
Boots, 2014) and another found that 8.8% of officers surveyed reported past week suicidal
ideation (Chopko, Palmieri, & Facemire, 2014). Violanti (2004; 2008) has linked traumatic
exposure and PTSD symptomatology as well as depressive symptoms to suicide ideation among
police officers. Violanti (2008) concluded that although we cannot determine a causal link
between police work and suicide on the basis of past research, the existing data supports with a
degree of certainty that police work exacerbates the conditions for suicide, and that “the
contextual nature of police work is a probabilistic link in the causal chain of suicide” (p. 305).
The Context of Culture

One of the most studied and discussed sociological aspects of policing involves the conceptualization of a distinct police culture. Workplace culture has been conceived of in a variety of ways within all manner of occupational settings. An oft-cited definition of culture, originally applied in corporate or management contexts, is that “culture is the way we do things around here” (Bower, 1966). This definition captures the function of culture in the communication of information and expectations within an organizational context. More specifically, Paoline and Terrill (2014, p. 5) defined occupational culture as it pertains to policing as “the attitudes, values, and norms that are transmitted and shared among groups of individuals in an effort to collectively cope with the common problems and conditions members face.” Since the 1970s (see Westley, 1970), a vast body of ethnographic, phenomenological, and empirical research has explored the existence of stable norms and values held by individuals employed in law enforcement contexts. Although conceptualizations of the traditional police culture have varied across the literature, there has been widespread support for the existence of a few core components, including a strong emphasis on traditional norms of masculinity or “hypermasculinity,” authoritarian control, cultural conformity, steadfast camaraderie, and an “us versus them” exclusionary mentality in which individuals not belonging or conforming to the police culture are not to be trusted (see Loftus, 2010 and Paoline, 2003 for review). A large body of literature has discussed links between the police culture and aspects of police decision-making and behaviour, such as in the case of corruption, brutality, and discrimination (e.g., Franklin, 2005; Marche, 2009; Waddington, 1999).

Over the course of the last 40 years, as social norms at large have shifted, researchers have also investigated whether important aspects of the police culture have evolved or remained
static (Ingram, Paoline, & Terrill, 2013). Organizational policies in policing have evolved in ways mirroring broader systemic changes. For example, police organizations have become increasingly diverse, with the addition of hiring and promotion practices aimed at employing a greater proportion of women and ethnic minorities in what has historically been a White and male-dominated occupation. In addition, there has been an increased focus on community models of policing, in which community members are seen as both consumers and shareholders in police practices intended to enhance neighbourhood safety. Officers engaged in community policing are expected to engage in preventative and community-building efforts in addition to their traditional law enforcement roles. Some researchers have argued that such institutional shifts in policing are likely to lessen officers’ adherence to the more traditional values of the police culture (e.g., Paoline, 2003). Others (e.g., Loftus, 2010) have suggested that traditional police culture has endured despite broad societal and institutional changes.

Another focus in research on police culture has been the degree to which the traditional culture exists as a homogenous and monolithic entity, or alternatively, is individual and varied across diverse police organizational contexts. Recent empirical research tends to support variation in cultural adherence across individual officers and organizations. Paoline (2003), for example, has critiqued monolithic conceptualizations of police culture and highlighted research supporting the complexity of culture, noting variation across and within organizations, police ranks, and specific roles within policing. Paoline later (2004) reviewed a number of empirically-established individual typologies existing within the police culture; the archetype of the traditional “cop” (i.e., mistrustful and or/hostile to citizens, negative views of supervisors and procedural guidelines, rigid perceptions of law enforcement role, belief in aggressive or authoritarian style) persisted in emerging typologies, including in Paoline’s own study (2004),
but only as one of many varying types of officer. Nickels and Verma (2008) highlighted discrepancies in adherence to traditional police cultural norms and values across Canada, India, and Japan. Ingram and colleagues (2013) examined a multilevel model of adherence to traditional conceptualizations of police culture, and found that, rather than being consistent across broad institutional context or varying on an individual level, adherence to the police culture was determined to a significant degree by working group (i.e., assignment to the same squad or work schedule, on the same shift, and in the same precinct). A common argument among those studying police culture is that many aspects of the culture are adopted as ways of coping, or to manage the distinct occupational demands and stressors associated with the job of policing (Chan, 2001; Ingram et al., 2013; Paoline, 2003; 2004), although others have challenged this assumption, particularly through a critical feminist lens (e.g., Franklin, 2005).

Given research supporting the endurance and relative consistency of important aspects of police culture, a question of importance to the current study is to what extent the police culture, or adherence to police culture, impacts the experience of workplace stress and the overall psychological well-being of police officers? Although research in this area is limited, several researchers have theorized and discussed the potential impact of workplace culture on police mental health. As a whole, the literature suggests that the police culture may play a role in promoting isolation and a lack of external social support, the development of a cynical and mistrustful worldview, unhealthy dichotomies between weakness and strength, conformity to standards of hegemonic masculinity with the alternative consequence of alienation and devaluation, and the use of maladaptive methods of coping such as alcohol use or denial of emotional expression.
Woody (2005), for example, reviewed both the negative and positive effects of police culture relevant to psychologists working with police officers. He suggested that despite the buffering influences of some aspects of the police culture on officers’ psychological health (such as the high degree of camaraderie, sense of belonging, and purpose), the culture also exerts numerous negative influences on officer well-being, via social isolation from non-police peers, the promotion of suspicious and cynical perceptions of “others,” and standards of emotional guardedness and control. Dick (2000) argued that workplace culture impacts socially-constructed meanings given to stressors, and in turn the likelihood of a traumatic reaction. Furthermore, he suggested that the police culture acts to normalize some emotional responses and pathologize some others, again impacting potential outcomes. Drodge and Murphy (2002) explored cultural responses to emotions in policing and noted that police officers are socialized against overt displays of emotion. They suggest that within the police culture, emotions are seen as negative, irrational, and interfering with rational thinking. In this view, thinking and feeling are seen as mutually exclusive, and emotions are mistrusted and “infantilized” (p. 426). Drodge and Murphy described that an ideal emotional stance of neutrality, objectivity, and impartiality is tacitly understood within the police culture. Officers, they write, are expected to embody “calm disengagement, affectless order, and unquestioning obsequience” (p. 425).

Relatively, the police culture is likely to dictate what methods of coping with emotions are acceptable or appropriate for officers to engage in, both on and off the job. In Koch’s (2010) qualitative study, officers interviewed regarding their psychological reactions to the scenes of completed suicides unanimously reported that police culture exerted a strong influence on their methods of coping. A primary coping mechanism employed by officers in this study was to block or avoid feelings. Participants acknowledged that the management of feelings in response
to tragic events was not discussed in police training, and they were underprepared to cope with the sights, smells, and emotions they encountered. The officers noted that emotions were viewed negatively within police culture and seen as getting interfering with job performance (Koch, 2010). Furthermore, sympathetic or nurturing behaviour from fellow officers, rather than being a welcome source of support, may be viewed as professionally demeaning within the context of police culture (Pogrebin & Poole, 1991). Pogrebin and Poole (1991) suggested that officers are socialized to repress their emotions, and as a result develop a shared misunderstanding of the feelings of their fellow officers. Thus, officers experiencing psychological difficulties will view these difficulties as being both unacceptable and uncommon, even when their peers may be struggling with the same feelings. This is significant, as there is evidence to suggest that chronic suppression or inhibition of emotional expression, particularly when it is inflexible and insensitive to the nuances of the social environment, may limit the efficiency of cognitive processing and the utilization of adaptive coping responses and interfere with the ability of others to provide appropriate care or support (Gross & Levenson, 1997; Kennedy-Moore & Watson, 1999). Furthermore, the enforcement of standards of “hypermasculinity” may influence how officers react to and are impacted by exposure to traumatic material on the job. Research has suggested that a strong “toughness ethic” (Pogrebin & Poole, p. 398) among police officers, in which emotional expression is denied, is associated with greater risk of PTSD following exposure to trauma (Rees & Smith, 2008; Resick, Monson, & Chard, 2007; Stephens, Long, & Miller, 1997; van Gelderena, Bakker, Konijn, & Demerouti, 2011).

Conti (2009) conducted ethnographic research with police recruits, and described the deleterious effects of socialization to the police culture. He described a process of “reintegrative shaming” (a term borrowed from Braithwaite, 2007) in which those positioned as outsiders are
othered and shamed, and officers attain acceptance and renewed purpose only by occupying the role of police officer, which is deemed to be of greater value than civilanship. Conti (2009) described that police recruit trainers invoke the view that police leadership is determined by suffering, or that those who are able to endure the most punishment are the officers who emerge as leaders, and are thus seen as powerful. Within this message is the insinuation that policing operates via a model of survival of the fittest. Conti (2011) furthermore described that the structure of police training models promotes traditional norms of masculinity, an idealized image of police character, and pits strength against weakness. Such training strategies and cultural prescriptions are unlikely to support healthy strategies for coping as officers move through their careers in policing, rather encouraging a problematic understanding of physical and psychological resilience which may result in increased distress when psychological difficulties arise. Violanti (1993) has also criticized paramilitary stress models of police training, which are standard across North America, as socializing recruits into the utilization of maladaptive strategies for coping.

Through the enforcement of strict and rigid criteria for what constitutes strength, power, and suitability for the police role, the police culture exerts pressures for conformity and individuals not adhering to these standards may be shunned or isolated by their peers (Frewin & Tuffin, 1998). Research suggests that this occurs not only within the process of recruitment and training, but throughout the trajectory of a career in policing. Franklin (2005) argued that nontraditional police roles such as community policing and the officers who invest in them are devalued. Within this cultural context, aggression, violence, danger, risk-taking, and courageousoiness are revered, while perceived alternatives, such as peace-making, restraint, or showing fear may be undermined (Franklin, 2005). This culture of conformity and exclusion is
likely to negatively impact those officers who do not adequately adhere to such standards. Given the high stress of policing, the potential for burnout is high without interpersonal reciprocity and support on the job (Brown et al., 1999; Kop et al., 1999). In addition, some research suggests that failure to conform to cultural standards may have life-threatening repercussions for officers, including even a lack of urgent provision of backup to an officer who does not belong to the cultural ingroup (Frewin & Tuffin, 1998).

Beyond creating additional sources of stress, the police culture may also fail to provide buffers to negative outcomes related to experiences of work-related stressors. Many researchers have suggested that cynicism, in addition to being a symptom of burnout related to the actual work of policing (Kirschman et al., 2014), is also a component of the police culture, in that cynical and suspicious perceptions of outsiders or the world at large are generally reinforced within it (e.g. Franklin, 2005; Garcia, 2005; Loftus, 2010). Research has demonstrated that cynicism and burnout are associated with a number of negative psychological states and outcomes such as compassion fatigue and secondary traumatic stress (Turgoose et al., 2017). Brown and colleagues (1999), for example, found in a sample of 601 police officers that a stronger belief in a just world (i.e., lower cynicism) was associated with a decreased likelihood of experiencing symptoms of stress. Stearns and Moore (1993) examined correlates of burnout scores using a sample of 290 Royal Canadian Mounted Police (RCMP) officers. They found that cynical and authoritarian attitudes were highly correlated with burnout. Relatedly, although the police culture values and promotes a strong sense of authoritarian control, Dick (2000) suggested that a violation of the illusion of control, such as in a critical incident involving the shooting of a fellow officer, oneself, or a victim, may in fact serve to impede adequate coping.
Psychological Help-Seeking Among Police

Despite multiple sources of both acute and chronic stress and high documented rates of psychological distress among police officers, little research has specifically investigated rates of psychotherapeutic service utilization within this population. Psychotherapeutic help-seeking, for the purposes of this review and research study, refers to utilization of professional psychological or psychotherapeutic services outside of mandated or provisional services offered by police organizations following a critical incident (i.e., Critical Incident Stress Debriefing; CISD). Existing research suggests that similar to civilian populations, police officer engagement with professional psychological services is limited. Berg et al. (2006), for example, demonstrated in a sample of 3,170 Norwegian police officers that fewer than 10% of officers reaching clinical cutoffs for anxiety (11.2%) or depressive symptoms (8.2%) had been in contact with a psychologist or psychiatrist in the past year. Among those reporting serious suicidal ideation, only 6.7% had contacted a psychologist or psychiatrist. Utilization of services by general practitioners and other specialists was significantly higher among police in this study, and also higher in comparison to the general population, while rates of psychological service utilization were similar to those found in the general population. The authors of this study suggested that somatization and low recognition of mental health issues contributed to the relative lack of utilization of psychologically-specific services by police officers. Donnelly and colleagues (Donnelly, Valentine, & Oehme, 2015) found, in a sample of 934 Florida police officers, that only 16.4% reported having utilized available EAP (Employee Assistance Program) counselling services, and only 56.4% reported knowing enough about these services to access them if needed.
Although the existing literature has acknowledged implicit barriers to help-seeking behaviour existing within the police culture (see Cultural Factors; pp. 58 – 61), very few researchers have specifically studied factors contributing to low rates of mental health service utilization among police. A thorough search of the literature revealed only nine studies examining police officers’ attitudes and inclination towards psychotherapeutic help-seeking, only two of which specifically considered the role of culture in influencing attitudes (Burns, 2014; Fox et al., 2012; Heffren & Hausdorf, 2017; Hyland et al., 2012; Hyland et al., 2015; Karaffa & Tochkov, 2013; Ménard et al., 2016; Meyer, 2000; Watson & Andrews, 2017). Five of the nine studies were published only recently, in the past three years. Three of these studies used Canadian samples of police. Most studies utilized survey-based methods, and only one used a fully qualitative approach.

Fox and colleagues (2012) demonstrated that while rates of PTSD, depression, and alcohol abuse were elevated among a sample of 150 American police officers (prevalence of 24%, 9%, 19%, respectively), less than half of those with a mental health condition had ever sought professional mental health services. This was despite the availability of department-subsidized mental health services. In this study, the most commonly cited barriers to accessing available services were concerns regarding confidentiality and the potential for negative impacts on career. It was furthermore noted that a substantial proportion of officers reporting mental health problem who did engage in help-seeking chose to access services outside of their department at their own expense. The authors hypothesized that the barriers to help-seeking identified in this study may be particularly relevant for services directly sponsored by police organizations, such as EAP services.
In a study of psychological service utilization in police organizations across five countries, Ménard and colleagues (2016) found that 94.4% of Canadian officers reported knowledge of available mental health services in their organizations, compared to 80% and 82% in the US and UK, respectively, and 77% of Canadian officers indicated that they felt they could use these available services if necessary. Canadian officers who indicated they did not feel they could use these services identified four primary barriers, including concerns about a lack of anonymity or confidentiality (9.1%), stigma (7.0%), mistrust of their departments (5.2%), and ineffective or inadequate services (6.1%). The researchers also found that need, as reflected by scores on measures of problem drinking and PTSD symptomatology, was not associated with increased service utilization. They suggested that barriers existed despite need and availability, and likely resulted from both cultural and organizational factors, though they did not specifically investigate the role of culture in shaping such concerns.

Using a Canadian sample situated in Southwestern Ontario, Heffren and Hausdorf recently (2017) found that 76% of 461 police officers reported experiencing at least one of several critical incidents in the past year, and 32% of these reported experiencing the event or events as traumatic. They surveyed officers in this study about their anticipated and actual help-seeking behaviours of various kinds, including accessing support from peers or family members as well as from professionals. Although many respondents reported that they attempted to cope with acute stress without accessing any type of support (44.1%), a large proportion were found to have sought support from family members (56.9%), and/or friends at work (42.1%) or outside of work (37.2%). A fewer number were found to have sought help from external mental health services (17.6%), direct supervisors (10.8%), another person outside of work (7.8%), internal mental health services (5.0%), or another person at work (2.0%). Results furthermore indicated
that the likelihood of coping with workplace stress without reaching out for support from one or more sources was predicted by more negative attitudes towards seeking professional help, more negative attitudes toward disclosing personally distressing information to others, and perceptions of less organizational support. Heffren and Hausdorf summarized that even when officers did feel comfortable disclosing personal difficulties and asking for help, they specifically sought out trusted sources such as family members and close friends, and were much less inclined to access professional services. The only factor predicting use of professional mental health services in this study was attitudes toward professional psychological help (as measured by the Attitudes Towards Seeking Professional Psychological Help Scale Shortened Form; Elhai, Schweinle, & Anderson, 2008). This study highlighted discrepancies in the level of comfort for seeking support from superiors and mental health service providers versus supports within existing close relationships, potentially revealing a role for cultural or institutional factors in determining psychotherapeutic help-seeking. However, the authors did not explicitly investigate these factors.

Watson and Andrews (2017) investigated the efficacy of Trauma Risk Management (TRiM), a peer-support system of risk assessment and posttrauma support, for addressing stigma and improving help-seeking engagement across three UK police services. Both officers who did and those who did not receive a TRiM intervention generally reported few concerns about seeking help. Results did identify, however, that the most significant barriers to help-seeking included a fear of career repercussions and the potential loss of colleagues’ confidence, suggesting concerns around organizational stigma. Both groups indicated that the least relevant barriers were self-identified stigma toward others with mental health difficulties and perceived discouragement by superiors to access help.
In another study of police attitudes towards psychological services, Hyland et al. (2012) applied the Theory of Planned Behaviour to a sample of 259 Irish police officers and assessed the degree to which it accounted for intentions to participate in psychological services. The Theory of Planned Behaviour (Ajzen, 1991; 2011) is a model of behavioural determination that has been applied specifically and extensively to health-related help-seeking behaviour (see McEachan, Conner, Taylor, & Lawton, 2011). The theory suggests that behavioural intentions (INT) are determined by three factors: an individual’s attitude (ATT) toward the behaviour, subjective norms (SN; i.e., the perception that others think the individual should engage in the behaviour), and perceived behavioural control (PBC; i.e., the perceived ability to actually engage in the behaviour). These factors are considered direct predictors of behaviour whereas beliefs underlying ATT, SN and PBC are indirect predictors. Hyland et al. used an adaptation of the Theory of Planned Behaviour in which PBC was split into constituent components of self-efficacy (i.e., internal control) and perceived control (i.e., external control). Participants were asked to imagine themselves in the position of a fictitious subject who experiences a series of significant psychological difficulties in the aftermath of exposure to a critical incident. In the scenario, the subject is recommended by both a friend and a general practitioner to see a psychologist. Imagining themselves in this scenario, participants then answered a series of questions measuring their intentions to attend an appointment with a psychologist as well as the various determining factors proposed in the Theory of Planned Behaviour. The utility of this model to predict intentions to engage in psychological services was then tested using structural equation modeling. Results demonstrated good fit between data and the modified version of the model used in this study, which accounted for 92.6% of the variance in behavioural intentions. Self-efficacy (i.e., internal control) had a strong, positive, and direct influence on behavioural
intentions. Subjective norms was the only other significant, albeit substantially weaker, influence. Neither attitude toward help-seeking nor perceived external control influenced behavioural intentions, though both age and number of years of service contributed significant explanation for variance in intentions. These findings indicate that police officers with greater intentions to participate in psychological services had a high degree of belief in their own capability to engage in the counselling process and were more responsive to perceived pressures from significant others in their lives to participate in counseling. Furthermore, they suggest that beliefs regarding the availability of necessary resources or potential barriers in the external environment did not influence participants’ intentions to engage in such services.

Despite the extraordinarily strong explanatory value this model demonstrated in predicting help-seeking intentions in this sample of police officers, the results of this study are limited in a number of ways. First, officers in this study were largely quite young (average age 27 years) and relatively inexperienced (79.5% reporting less than two years on the job), limiting their exposure not only to actual acute and cumulative stress on the job, but also to the cultural context of policing. Indeed, younger officers in this study rated significantly higher intentions to partake in psychological services than their older counterparts. In addition, officers in this study rated their intentions to engage in psychological services in response to an imagined rather than a genuine personal scenario, and actual behavioural outcomes were not measured. Furthermore, an accurate assessment of the impact of subjective norms on intentions to engage with psychological services is limited by the inclusion in the fictitious scenario of a recommendation made by both a general practitioner and a friend to do so, potentially establishing a subjective norm of engagement. Given the literature reviewed above, perceived norms of nonengagement rather than engagement with psychological services are likely to more accurately capture the true
cultural experience of most police officers. It is possible that with an absence of perceived norms of engagement established in this study, police officers’ intentions of utilizing psychotherapeutic services would be diminished as a result of the concerns highlighted by Fox et al. (2012), Ménard et al. (2016), and Watson and Andrews (2017).

A later study by Hyland and colleagues (2015) sought to validate and test the utility of an inventory of attitudes towards seeking mental health services. A three-factor model of intentions to seek psychotherapeutic services emerged, with factors including psychological openness, help seeking propensity, and indifference to stigma, and demonstrated satisfactory fit with the data. Furthermore, help-seeking propensity, which reflected perceived ability to seek help for psychological problems (and is therefore congruent with the concept of self-efficacy as shown to be relevant in their previous study), was the strongest predictor of intentions to engage in psychological counselling, controlling for age and personality traits. Help-seeking propensity was followed in strength by psychological openness as a predictor of intentions to access mental health services, and neuroticism was also found to be a weak but significant predictor of intentions to engage in services. Officers’ level of indifference to stigma (i.e., how concerned they would feel were significant others to discover that they were receiving psychological care) was not significantly associated with intentions to use mental health services. It appears based on research by Hyland and colleagues (2012; 2015) that self-efficacy plays an important role in police officers’ reported intentions of accessing psychotherapeutic services. However, without a consideration of sociocontextual factors, the complex role that culture and institutional environment plays in shaping officers’ sense of self-efficacy towards engaging in psychotherapeutic treatment is not clear, nor is it clear how this impacts behaviour and attitudes towards psychological help-seeking in practice.
In an unpublished dissertation, Meyer (2000) used a survey method to investigate attitudes and beliefs related to psychological service utilization among 508 police officers in the Midwest United States. Meyer found, contrary to her hypotheses, that police exhibited neither positive nor negative, but consistently neutral attitudes toward seeking psychological help. However, when qualitative analysis was applied to an open-ended question about improving the utility and provision of mental health services to police officers, responses were generally found to be less indifferent or neutral, and in line with literature suggesting barriers to utilization. Responses revealed themes of concern for confidentiality, anonymity, and a desire for more ready availability and accessibility. In a similar study, Karaffa and Tochkov (2013) used a mixed methods approach via online survey to examine attitudes toward seeking mental health services and their associated determinants in 158 Texas police officers. Alignment with police cultural norms was evaluated as a potential predictor of help-seeking outcomes. Quantitative results indicated that officers’ perception of their peers’ willingness to seek services was positively correlated with attitude scores, while endorsement of a “distrust of outsiders” cultural norm was negatively correlated with attitude scores. In general, survey results again demonstrated relatively neutral attitudes towards seeking professional psychological services. In contrast, and consistent with Meyer’s (2000) findings, qualitative responses revealed concern for pragmatic aspects of service utilization, including cost, provider competency, and location, as well as the potential for stigma, peer judgment, and confidentiality issues. Officers described concerns related to the legal and professional ramifications of seeking mental health services, and indicated a fear of being labeled weak or unstable as a result. In considering the discrepancy between quantitative and qualitative results, both Meyer and Karaffa and Tochkov suggested that
police officers possess complex attitudes towards psychotherapeutic services that are not simply positive or negative, and that quantitative methodologies may fail to capture these complexities.

Finally, Carolyn Burns of the University of British Columbia completed a dissertation during data collection for the present study which possessed a similar research design and purpose (Burns, 2014). A researcher with over 20 years of experience working with the Royal Canadian Mounted Police (RCMP), Burns identified herself as having familiarity with aspects of the police culture and the barriers to help-seeking embedded within it. Seeking to further understand this aspect of the culture, Burns utilized a qualitative method called Enhanced Critical Incident Technique to explore the lived experiences of 20 serving RCMP officers with regard to factors helping and hindering their use of psychological services. Research interviews revealed 14 categories identified by participants as being helpful in their decision to access psychological services, and 13 categories of factors hindering their decision, as well as a number of “wish list” items that participants indicated would help further facilitate access and willingness to utilize services. A thematic overview of these results revealed over-arching themes across helping and hindering, including information and education (i.e., helping: understanding mental health and job-related risks, knowledge of existing resources; hindering: lack of understanding or awareness, lack of knowledge of resources); the quality and influence of relationships (i.e., fit and trust of one’s psychologist, a supportive unit or supervisor, the influence of other parties, positive versus negative experiences with CISD or EAP services, past experiences with a psychologist, and ease of access); individual characteristics (i.e., helping: openness and self-awareness, reaching one’s individual threshold for accessing services; hindering: upbringing and personal beliefs limiting willingness); and organizational processes for accessing services. One of the most strongly supported themes, however, was the role of
systemic factors, which spoke directly to the ways in which aspects of the police culture helped or hindered help-seeking. Helping factors in this domain included increasing awareness and acceptance of mental health issues within society and perceptions of a changing police culture, while hindering factors included the police culture, stigma with regard to help-seeking, a fear of career-related repercussions to seeking help, and a perceived lack of support or care by the institution for members’ mental wellbeing. The results of this study point powerfully to the value of qualitative research for the study of this complex culture and its influence on help-seeking.

While Burns’ (2014) study provides promising insight into the role of culture in shaping help-seeking behaviours among police officers, is apparent that research and theoretical understanding in this domain is lacking. A social constructivist perspective on help-seeking considers not only the influence of the proximal cultural context, but also the context provided by wider systemic and institutional settings within which the police culture is situated, as well as individual differences in inclination towards help-seeking. The intersection of various social locations within individual officers constructs complex and multidimensional meanings related to help-seeking. The following is a review of the individual, systemic, institutional, and cultural factors likely to impact police officers’ help-seeking experiences and perspectives.

**Individual factors.** As in any other profession, police officers bring diverse individual past experiences, temperaments, vulnerabilities, and external contextual circumstances to their occupational roles. Indeed, even the degree to which individual police officers identify with the traditional norms of police culture is likely to vary from person to person (Ingram et al., 2013; Nickels & Verma, 2008; Paoline, 2004). Individual factors such as perception of social support, self-efficacy, identity constructs, psychological mindedness, cultural background, ethnicity, gender, and age, among many more, have been shown to play a role in psychological help-
seeking behaviours in a variety of populations (e.g., Farmer, Farrand, & O’Mahen, 2012; Prosman, Lo Fo Wong, & Lagro-Janssen, 2014; Sierra Hernandez, Han, Oliffe, & Ogrodiczuk, 2014; Suurvali, Cordingley, Hodgins, & Cunningham, 2009). As Hyland and colleagues demonstrated (2012), both self-efficacy and social support are important factors in determining police officers’ intentions to engage with psychological services. It is likely, as well, that other individual factors contribute to officers’ interest in, need for, and openness to psychological services. Wang and colleagues (Wang et al., 2010) demonstrated that greater levels of trauma exposure in childhood, as well as lower self-worth and greater perceived work stress in the first year of policing predicted greater depression symptoms one year later. They suggested that these factors might be worth screening for at the recruitment stage, as they may predictive of poorer duty-related outcomes.

Another individual factor potentially contributing to police officers’ openness to seek psychological assistance is personality. Lau and colleagues (Lau, Hem, Berg, Ekeberg, & Torgersen, 2006) conducted a survey study of police personality in 3272 Norwegian police officers of various ranks. Results demonstrated differential coping styles and susceptibility to stress among officers with eight different personality subsets, categorized in terms of their scores on indices of neuroticism, extraversion, and conscientiousness. In general, officers with high extraversion and low neuroticism reported lower levels of perceived stress, whereas those low in extraversion and high in neuroticism reported higher levels of perceived stress. Those high in extraversion and conscientiousness also reported higher rates of two types of active coping: control coping (e.g., problem solving without becoming emotionally engaged) and support coping (e.g., talking with supportive friends). Those who were also low on conscientiousness reported less control coping and less support coping. Contrary to past literature which has sought
to establish the existence of a distinct “police personality,” Lau and colleagues found relatively similar rates of each of eight personality styles distributed across their sample. The only exception was somewhat higher rates of participants falling into a category of high extraversion, low neuroticism, and low conscientiousness. Thus, the argument that individuals with certain personality types are prone to self-select for a job in policing was not supported by this study.

It is likely, given repeated and extensive psychological screening prior to qualifying for police college candidacy and later employment with a police organization (Allen et al., 2003; Varela, Boccaccini, Scogin, Stump, & Caputo, 2004) that police officers constitute an especially psychologically hardy or resilient occupational group. Testing screens for both major mental illness and for personality traits which may impact officers’ ability to perform their job, such as difficulty coping with stress, proneness to violence or impulsivity, and vulnerability to substance abuse. Further, officers are subject to Fitness for Duty evaluations in the event that they suffer from a serious mental health problem or other issue that superiors view as potentially impacting their job performance (Allen et al., 2003). Thus, officers who remain in recruitment pools following screening processes are thought to be more psychologically able to cope with experiences that others would find extremely distressing. Researchers (Anshel, 2000; Violanti, 2004) have pointed out, however, that despite the psychological hardiness that police officers supposedly enter their career possessing, many experience psychological difficulties at some point, and suggest that this is an indication of extreme conditions of psychological stress inherent to the police role.

Finally, another personal factor influencing the likelihood of seeking support through professional psychological services is one’s preferred method of coping, which may or may not be related to personality, as shown by Lau et al (2006). Police officers establish individual
methods of coping that may be either adaptive or maladaptive over the long term, but may help manage stressors in the short term and reduce the need or awareness of need for psychological intervention. Koch (2010), for example, outlined 10 methods of coping utilized by police officers to manage emotions resulting from being a first responder on the scene of a completed suicide. These included: a strong adherence to and reliance on the police procedural role, blocking of feelings, the use of humour, anger, faith, or storytelling to cope, depersonalization of the victim, investing in or divesting from learning more about the victim, engaging with or disengaging from survivors, and maintaining a baseline state of high adrenaline, preparedness, or alertness. Each of these various coping responses will impact the management of psychological stress in differentially effective ways, and also impact the perceived need for additional supports. Pogrebin and Poole (1991) specifically highlighted the use of humour to cope as a common and highly adaptive method of managing emotions among police. They suggested that through humour, officers manifest a need for shared emotional experience and collectively empathize with each other’s emotions in a culturally appropriate manner. As has already been discussed, emotional control or suppression may be a less adaptive method for coping, especially if it is utilized inflexibly or in a chronic way.

**Systemic factors.** Systemic factors are those which exert an influence on help-seeking within the population at large. In general, access to mental health services is limited by several factors, and rates of utilization are low even among individuals suffering from a diagnosable mental health problem. Though mental illness constitutes over 15% of the burden on health care services in Canada, less than 6% of health care dollars are allocated to mental health services (Lim, Jacobs, & Dewa, 2008). Statistics show that almost one third of Canadians who seek mental health care find that their needs are left unmet or only partially met (Sunderland &
Police officers who consider reaching out to utilize psychotherapeutic services, like those in the civilian population, may find themselves with inadequate or difficult to access options. Recent critiques of the state of mental health service provision to Canadian police officers specifically has demonstrated exactly this (Ombudsman of Ontario, 2012). As previous research has suggested (Fox et al., 2012; Heffren & Hausdorf, 2017), despite access to free EAP services provided via their employers, many police officers prefer to utilize external mental health services when they do. Depending on extended benefits, access may therefore be limited. Furthermore, negative experiences with a mental health professional has been shown to reduce officers’ comfort engaging in such services in the future (Burns, 2014). One important issue with available options for police officers is a lack of cultural competence on the part of many clinicians (Ombudsman of Ontario, 2012). Few psychologists are specifically trained or experienced in working with individuals in the law enforcement field. Fluency in “cop talk” among clinicians is limited, and police officers have complained of negative experiences as a result (Kirschman et al., 2014).

Among the most powerful systemic barriers to psychotherapeutic service utilization is the stigma associated with mental illness. Stigma is a social-cognitive process which results in negative stereotyping, prejudice, and discrimination of an individual having a mental health problem, and may occur via members of the public, including health practitioners or employers, or via the self, through internalized negative stereotypes held by the public at large (Corrigan, 2004). Stigma has been found to interfere in both the willingness to seek psychological services as well as the ability to access adequate and appropriate services (see Corrigan, 2004 for review). The Canadian Medical Association (2008) has reported that two thirds of individuals living with a mental illness in Canada fail to seek help fearing judgment or rejection, nearly half of
Canadians feel that people use mental illness to excuse bad behaviour, and 42% of Canadians indicate that they are unsure whether they would socialize with a friend who had a known mental illness. Research has shown that perceived stigma is a significant barrier to utilization of mental health services among members of military and paramilitary services, particularly for those suffering from a mental health concern (Pietrzak, Johnson, Goldstein, Malley, & Soutwick, 2009; Royle, Keenan, & Farrell, 2009). As discussed further below, there is evidence to suggest that stigma related to mental illness is even more prominent within the police culture than in the general population.

Finally, another systemic issue relevant to the demographic landscape of police organizations is the impact of societal norms of masculinity. Though the number of female police officers making up Canadian police organizations has steadily increased over the past decade, men still constitute approximately 80% of all individuals employed in policing in Canada (Statistics Canada, 2013a). Past research has demonstrated with remarkable consistency that men, regardless of age, ethnicity, or nationality, are disproportionately unlikely to seek professional help when compared with women. This has been found to be particularly true when it comes to seeking specifically psychiatric or psychological help (Addis & Mahalik, 2003). One prominently held explanation for such disparities has been the influence of hegemonic norms of masculinity. Masculine gender norm socialization, beginning from an early age, emphasizes the importance of self-reliance, physical toughness, and emotional control, all of which may conflict with tasks associated with seeking help from a health professional (Addis & Mahalik, 2003). Research has shown that adherence to masculine norms is negatively associated with men’s willingness to seek psychological help (Berger, Addis, Green, Mackowiak, & Goldberg, 2013; Sierra Hernandez et al., 2014; Smith, Tran, & Thompson, 2008), including male police officers
(Wester, Arndt, Sedivy, & Arndt, 2010). From a social constructionist perspective, potential help-seeking situations are contexts in which various meanings of masculinity are actively constructed (see Addis & Mahalik, 2003 for review). Addis and Mahalik (2003) have provided a conceptual model for the effects of gender socialization and the social construction of masculinity within help-seeking contexts. They outline five sociopsychological processes underlying men’s help-seeking decision-making, including evaluations of the normativeness of the problem, centrality of the problem to one’s identity, available opportunities to reciprocate received help, predicted reactions of others to help-seeking, and perceived loss of control if help is sought. Subsequent research has provided support for this model (Sierra Hernandez et al., 2014). Given that norms of traditional masculinity have been found to be highly valued within the police culture, this systemic barrier is likely to impact officers’ help-seeking behaviours, as is further discussed below.

**Institutional factors.** Though the cultural and institutional influences on meaning-making around psychotherapeutic help-seeking in this population are likely to be highly related, the institutional context varies between police organizations and likely impacts help-seeking in ways distinct from officers’ more immediate culture. In particular, the mental health education, support, and resources provided to officers employed by various police organizations will impact pragmatic issues such as officers’ awareness of relevant mental health concerns and their ability to access services when needed. Becker et al. (2009) showed that 90% of officers rated evidence-based treatments for PTSD such as Cognitive Processing Therapy as the most credible and their most preferred treatment option, in comparison to the typical offering of Critical Incident Stress Debriefing. These findings indicate that officers may be more interested in engaging in professional psychological services than rates of utilization would suggest. Becker et al. argued
that police organizations do not do enough to support or promote the utilization of professional psychological services.

In most police organizations, the current practice for addressing potential psychological issues comes in the aftermath of officer exposure to traumatic or “critical” incidents, such as a natural disaster, the shooting of a fellow officer or suspect, or the death of a child. Critical Incident Stress Debriefing (CISD; Mitchell & Everly, 2001) is a manualized seven-phase group discussion model of crisis intervention aimed at returning an individual and/or the organization to levels of prior functioning following exposure to a critical incident. While not all police services utilize this specific model of psychological debriefing, it is the most well-known and well-researched. The purpose of CISD intervention is to facilitate awareness of reactions following a critical incident, and provide education regarding stress management techniques. Furthermore, the use of peer disclosure is intended to normalize and destigmatize psychological reactions to critical incidents as well as to seeking help (Ombudsman of Ontario, 2012). CISD is not intended as a substitute for psychotherapeutic treatment in cases where such interventions are necessitated, but as a form of secondary prevention of psychological distress or disorder (Mitchell & Everly, 2003). Police organizations have largely embraced this method of psychological intervention, on a mandatory or voluntary basis, which is typically provided either by trained mental health professionals or police-employed peers. In recent years, CISD has come under much criticism regarding its efficacy, as well as the potential that it may in fact cause more harm than good (e.g., Carlier, Voerman, & Gersons, 2000; see Devilly & Cotton, 2003 or Lewis, 2003 for review), though some maintain support for this model (e.g., Malcolm, Seaton, Perera, Sheehan, & van Hasselt, 2005; Robinson, 2004). The American Psychological Association designates psychological debriefing as having no research support and being potentially harmful
as an intervention for PTSD (Society of Clinical Psychology, 2016). Furthermore, CISD’s utility is limited in that it addresses only acute experiences of distress following critical incidents, and is not intended to manage distress associated with chronic exposures to such incidents. Officers’ experiences with CISD, whether positive or negative, may impact their interest in engaging in more individualized psychological services outside of the context of their organization. As the primary community-based effort at addressing the psychological wellbeing of officers in many police organizations, the use of psychological debriefing is a problematic and incomplete response the psychological risks associated with the job of policing.

In October 2012, the Ombudsman of Ontario published a report outlining the findings of an investigation into the response of the Ontario Provincial Police (OPP) and the Ministry of Community Safety and Correctional Services to OSIs among police officers. In addition to finding that little mental health training or education was being provided to Ontario police officers, the report highlighted a distinct lack of institutional support or response around the experience of OSIs. For example, at the time of the report, the Ontario Provincial Police (OPP) employed only one staff psychologist, while their EAP coordinator was employed only part-time until 2011. Officers were not provided access to any centralized list of resources should they suffer distress on the job, and no coordinated efforts at education or prevention of mental health problems or suicide existed within the institutional mandate. Officers interviewed in this investigation reported a fear of career repercussions should they disclose a psychological health issue, and those taking medical leave due to a psychological concern described great challenges in returning to their jobs due to a lack of transitional support from their organization. In addition to institutional barriers existing within police organizations, health benefit claims for OSIs resulting from the cumulative impact of multiple traumatic incidents over the course of a career
(rather than as a result of a single critical incident), were routinely denied by the Workplace Safety and Insurance Board (WSIB). It should be noted that following the recent passing of legislation in Ontario which established PTSD as a presumptive illness among first responders, all organizations employing first responders have been required to submit a PTSD prevention strategy to the Ministry of Labour, and WSIB policy has shifted in line with legislation (Bill 163, 2016).

The OPP is not alone in receiving criticism for a lack of institutional support provided to its officers. The Royal Canadian Mounted Police (RCMP) has recently come under fire for inadequate mental health training, education, and support provided to officers, and for discriminatory treatment of officers suffering from OSIs (Moore, 2013). In response to numerous complaints, the Canadian government established the RCMP External Review Committee to oversee changes made to RCMP policy and practice in order to promote mental health among its members (Brull, 2008). In contrast, other police organizations have taken proactive approaches to addressing issues of mental wellness among their members. For example, in 2006, the Toronto Police Service launched an external study of how to improve member wellness, which resulted in a strategy that has since been recognized with awards by both the Ontario Psychological Association (OPA) and the American Psychological Association (APA) for the promotion of a “Psychologically Health Workplace” (APA, 2010; Toronto Police Service, 2008). However, even the Toronto Police Service has been accused by members and mental health professionals of providing insufficient training in recognizing the signs and symptoms of mental illness among fellow officers and for lacking the comprehensive infrastructure necessary to adequately assist officers coping with mental health problems (McGinn, 2010).
Another institutional factor which may interfere with help-seeking practices relates to the contact that police officers have with psychology in the form of evaluation of fitness for duty. For many officers, exposure to psychological service providers has been limited to arduous and scrutinizing psychological evaluation as part of the hiring process. Extensive psychological testing is required of police officers in order to pass the recruitment stage of their careers. This testing process is often experienced as stressful, ambiguous, and unpleasant (Kirschman et al., 2014). Often the only alternative association officers may have with individuals in the psychological field is for Fitness for Duty (FFD) assessment (Rostow & Davis, 2004), in which officers suffering from a suspected psychological issue are subjected to intensive evaluation to determine whether they are capable of performing their job. Some state or provincial guidelines specify that an officer must be free of mental or emotional problems or free from psychopathology to qualify for certain jobs (Waters & Ussery, 2007). Officers are thus acutely aware of the potential implications of such assessments, which may include being passed up for promotions, receiving mandatory job reassignments, or having their guns or badges confiscated on a short term or permanent basis (Rostow & Davis, 2004; Waters & Ussery, 2007). This may be part of the reason that police have been described by some as being broadly suspicious of the psychology and mental health field (Kirschman et al., 2014).

Cultural factors. Finally, police officers’ attitudes and behaviours towards psychotherapeutic help-seeking are likely to be strongly impacted by the cultural milieu within which psychological stressors and help-seeking behaviours are experienced. Traditional conceptualizations of police culture relevant to mental health have been discussed at length above. This section will address how particular components of the police culture may also specifically impact psychotherapeutic service utilization among officers. As Koch (2010) rightly
noted, the police culture not only defines the context within which psychologically difficult experiences occur but also within which the process of recovery from such experiences is determined and takes place.

One way that the police culture may influence officers’ interest in utilizing mental health services is by reinforcing emotional control or denial as a method of coping, thereby interfering with awareness of potential psychological issues as well as with identified need for psychological support. As already described, the traditional police culture positions emotions as being irrational and unacceptable, such that emotions are often denied or restricted (Dick, 2000; Koch, 2010; Pogrebin & Poole, 1991). This stance of emotional control occurs not only on the job, but also frequently extends into police officers’ personal lives (Koch, 2010). Howard, Tuffin, and Stephens (2000) interviewed 12 police officers in an examination of the social construction of emotions within police culture. They identified two conflicting discourses: one in which the discussion of emotions was normalized and healthy, and one in which emotions were viewed as unspeakable, and framed as dangerous and threatening to performance. The authors further noted that context played a vital role in which discourse was invoked, and thus whether police would discuss emotions with others. Emotional disclosure was engaged in only with carefully selected others, chosen on the basis of perceived maturity, gender, and the closeness of the relationship. In another qualitative study conducted by Pogrebin and Poole (1991), police officers described interpersonal barriers to the discussion of the felt impacts of tragic events with their work peers. Thus, the sociocultural construction of emotions may discourage police officers from discussing their personal emotional experiences with even those they most trust – their comrades. It is possible then that officers would feel even less comfortable with the prospect of
disclosing their emotional experiences to an unknown other such a psychologist, regardless of professional affiliation or need.

A related factor likely to introduce barriers to psychological service utilization within the police culture is a fear of stigmatization or alienation from peers if psychological difficulties become known. Within the traditional police culture, not only are emotions seen as irrational or interfering, the expression of emotions, and by extension, “emotional problems,” are also seen in this context as an indication of flawed character or weakness (Dowling et al., 2006; Koch, 2010; Pogrebin & Poole, 1991). The Ontario Ombudsman investigation (2012) revealed that the attitudes of both peers and superiors towards a claim of operational stress by OPP officers were consistently characterized as negative and minimizing, and that they regularly encountered the expectation that they “suck it up.” Furthermore, officers suffering from OSIs were often subjected to resentment and alienation from peers, and may be suspected of feigning illness in order to acquire paid leave from work. Furthermore, officers suffering from psychological difficulties are also seen as a safety liability. Koch (2010) describes the fear of perceptions of psychological vulnerability or weakness thusly:

It is very important to police officers not to be perceived as weak, either by the public or by other officers. If they are perceived as weak, others might take advantage of their emotionality, which could lead to manipulative attempts to find cracks in the firmness they find necessary to enforce the law. If other officers perceive them as weak, they may be seen as less trustworthy and reliable if they are needed to perform with a clear head in a tight situation. (p. 94)

Considering the centrality of loyal peer relationships to acceptance and success within the culture of policing, officers may avoid the possibility of evoking negative perceptions by seeking psychotherapeutic support, at even extreme costs.
Finally, another aspect of the police culture that is likely to impact officers’ willingness to seek psychological services is the reinforcement of dichotomous conceptualizations of ‘us versus other’ and attendant mistrust of outsiders. Police officers are trained to doubt the trustworthiness of anyone who is not a known colleague, and their lives often depend on this scrutinizing perspective. Individuals in the role of mental health professional are by definition located outside of the police cultural domain, and in many ways, occupy personal and professional social perspectives that are at direct odds with those embedded in the role and culture of policing (Kirschman et al., 2014). Police officers and mental health professionals are likely to view the world in extremely divergent ways. Thus, even if officers reach out for psychological support, the stage is set for misunderstanding, mistrust, and skepticism on the part of both police officers and the psychological services providers they come in contact with.

Waters and Ussery (2007) highlighted concerns about confidentiality and competence as culturally relevant barriers to the utilization of psychological services among police officers. Given concerns associated with peers or superiors becoming aware of participation in psychotherapeutic services, any doubts had about the confidentiality of such services is likely to strongly deter officers from engaging in them.

**Rationale for the Current Study**

As highlighted in the above review, sources of chronic and acute stress inherent in the police occupational role are numerous, and psychological distress is not an unlikely experience during the course of police officers’ careers. In addition, components of the traditional police culture, to the extent that they are present across diverse police organizational contexts, and adhered to by individual officers, are likely to supply additional sources of psychological stress. Rather than supporting the awareness and treatment of psychological issues among police
officers, however, police organizations have previously been criticized as providing inadequate education, resources, or support to address the potential for OSIs in their officers. Furthermore, officers experiencing operational stress or stress injuries face systemic, institutional, and cultural barriers to accessing appropriate and culturally-competent psychological services to support recovery, let alone those supporting ongoing preventative mental health care. This issue has, in recent years, drawn growing public awareness and concern.

Empirical study of the barriers to psychological help-seeking among police officers remains limited. The research that does exist is largely quantitative, and highlights the complexity of police officers’ perceptions of psychological distress and help-seeking, not easily captured through survey measures. Furthermore, few existing studies have considered the influence of sociocultural context in shaping help-seeking attitudes and behaviours. The current study seeks to fill this critical gap in our understanding of determinants of psychological distress and wellbeing in police officers, and in particular, the sociocultural factors creating barriers toward help-seeking. This study utilizes a constructivist grounded theory design and critical social analysis to explore the lived experiences of Canadian police officers with regard to workplace stress, mental health, and psychotherapeutic service utilization. The findings of this research have vital implications for both theory and practice, including for improvements in access to and utilization of culturally-competent psychological services for police officers in Canada.

**Research questions.** Based on the above review of the extant literature, a number of specific research questions emerged and were explored in the current study. The broad central research question of the current study is as follows: *To what extent and by way of what mechanisms does the contemporary police culture shape participants’ attitudes and behaviours*
with respect to psychotherapeutic help-seeking? In addition, three secondary research questions were relevant, and were explored in an effort inform and contextualize understanding of the central research question. Secondary research questions were as follows: (a) How has the contemporary police culture evolved from traditional norms, if at all; (b) What types of experiences with stress and/or OSI have participants had, and to what extent are these experiences shaped by the police culture; and (c) What methods of coping do participants utilize and prefer, and to what extent are these efforts shaped by the police culture. Research methods and research interviews were constructed with these questions in mind, toward the development of a model of psychotherapeutic help-seeking among police that would address these questions.
CHAPTER 3

METHODOLOGY

The purpose of the current study was to explore the work-related psychological experiences of 18 police officers in Southwestern Ontario, as well as their individual perspectives on and experiences of psychotherapeutic help-seeking within Canadian police culture and occupational context. This study adopts a critical social perspective in order to examine the influence of culturally-sanctioned norms on police officers’ willingness and ability to access psychotherapeutic support when coping with significant occupational stressors or stress injuries. A critical social perspective is positioned to challenge existing bodies of research for their lack of attention to structures of sociocultural and sociopolitical influence in the experience of stress and OSI's among police. As outlined in the previous literature review, although there is a rich tradition of narrative, ethnographic, and phenomenological research regarding the police culture, the limited research exploring police utilization of psychotherapeutic services has primarily used quantitative, rather than qualitative methods. Quantitative methods have been shown in past research (Karaffa & Tochkov, 2013; Meyer, 2000) to fall short of revealing the complexity of police officers’ attitudes and behaviours with regard to psychotherapeutic help-seeking. Furthermore, existing studies on this topic have only rarely considered the role that the police culture, a factor which is difficult to operationalize and capture via quantitative methods, plays in shaping these attitudes and behaviours.

Qualitative research aims to explore and understand meanings ascribed by individuals to a particular social or human phenomenon, for example through ethnography, phenomenology, and grounded theory methodologies (Williamson, 2009). Qualitative data is collected through
various methods such as case studies, textual analysis, observation, and in-depth interviews, which help formulate an understanding of individuals’ experiences and social processes and uncover personal meanings in the context of their own lived environments (Miles & Gilbert, 2005). A qualitative approach to research seeks to attend to subjective experience, including the full context of lived experience and both proximal and distal social structures, rather than aiming to establish a broad set of results which generalize to a larger group of individuals (Denzin & Lincoln, 2000). Instead of generalizability, qualitative studies seek particularity (Creswell, 2009); richness and conceptual density are valued over broad applicability.

Given the lack of coherent or well-developed theories of the impact of police culture on help-seeking, as well as the apparent complexities of individual officers’ attitudes toward mental health and psychotherapeutic services, a qualitative design for the current study is appropriate and necessary to develop a nuanced understanding and theory of the role of cultural and other contexts in shaping police help-seeking. The current study uses constructivist grounded theory methodology in an effort to address the limitations of past research, intending to give voice to the psychological and help-seeking experiences of individual officers and to shed light on socially-constructed meanings given to psychotherapeutic service utilization within the police cultural and institutional context.

**Rationale for Grounded Theory Design**

The most commonly cited qualitative method in the social and health sciences is grounded theory (Charmaz, 2014). It was developed through the collaboration of two sociologists who emerged from divergent research traditions (Glaser & Strauss, 1967); Glaser, originally educated within a positivistic paradigm as a quantitative researcher, and Strauss, trained as a qualitative researcher in the “Chicago school” of qualitative inquiry, which
emphasized a symbolic interactionist perspective and was known for a tradition of ethnographic field research methodology (Boychuk-Duchscher & Morgan, 2004; Charmaz, 2014; Glaser & Strauss 1967; Glaser, 2001). The collaboration between Glaser and Strauss combined the influence of social constructionism in the making of reality with the thoroughness and data-driven techniques of positivistic traditions. Grounded theory was originally conceived of by Glaser and Strauss (1967) as a systematic approach to qualitative analysis in which “theory is derived inductively through an iterative concurrent process of data collection, coding, conceptualizing, and theorizing, wherein new data are constantly compared to emerging concepts until no new themes, categories, or relationships are being discovered, at which point the properties of, and relationships among, constructs are specified in the form of a substantive theory about the social behavior under investigation” (Fassinger, 2005, p. 157). In constant comparison, a defining component of grounded theory, data is compared against itself to establish the consistency or uniformity of and variations within conditions of generated concepts and hypotheses, then against the evolving data and emerging concepts to generate new theoretical properties of the concepts and add hypotheses, and later against existing theoretical or conceptual models (Boychuk-Duchscher & Morgan, 2004; Holton, 2007). The purpose of this process is theoretical elaboration, and the saturation and densification of concepts (Holton, 2007). Theoretical completeness (Glaser, 2001) or saturation, which refers to the “intense property development” (Glaser, 2001, p.191) of a phenomenon, providing enough conceptual density necessary to move the theory beyond description. Collecting a substantial enough amount of data to reach theoretical saturation is thought to offset any problematic outcomes associated with misleading accounts provided by participants or misleading conclusions based on a superficial analysis of data by the researcher. Conceptual memoing helps to facilitate
theoretical sampling as the researcher uses memos to track the analysis and developing theoretical ideas through constant comparison (Holton, 2007; Walker & Myrick, 2006). The iterative process of data collection in grounded theory also alerts the researcher to potentially limited or misleading accounts.

Many of the basic principles of grounded theory were shaped by Glaser’s epistemological viewpoint, which emphasized empiricism, rigorous methodology, and theory discovery. Strauss, in contrast, brought to grounded theory notions of subjective and social practices such as within the concept of symbolic interactionism, an attention to process, action, and meaning rather than content or structure, as well as an acknowledgement of human agency (Charmaz, 2014). In later years, these philosophical and epistemological divergences led Glaser and Strauss to part ways, each favouring different versions of grounded theory in practice (Boychuk-Duchsher & Morgan, 2004; Corbin & Strauss, 2008; Glaser, 1978; 1992; Strauss & Corbin, 1990). Glaser’s (1978; 1992) model remained true to his positivist roots, and saw grounded theory as being “discovered” through objective engagement with the data via systematic coding and comparison. Strauss and Corbin (1990; 2008) spoke of grounded theory as more of a verificational approach to data, and proposed the use of a series of analytic questions, hypotheses, and methodological techniques such as axial coding, aimed at refining an understanding of the conditions and dimensions of a given concept. Strauss and Corbin’s (1990; 2008) approach integrates both objectivist and constructivist assumptions in their various works, and they depart from Glaser’s (1978; 1992) conceptualization of grounded theory through inclusion of strict methodological guidelines, as well as the suggestion that grounded theory researchers should familiarize themselves with the extant literature prior to data collection in order to sensitize themselves to pertinent concepts which may emerge from analysis. Glaser (1992) criticized Strauss and
Corbin’s (1990) approach for “forcing” the data, and argued that their techniques result in full conceptual description rather than theory development.

**Constructivist grounded theory.** In response to criticisms of the grounded theory practices supported by both Glaser and Strauss and Corbin, Charmaz (2014) articulates an arm of a growing constellation of grounded theory methods known as constructivist grounded theory. Born from postmodernist and postpositivist approaches, constructivist grounded theory is described as assuming “that people create and maintain meaningful worlds through dialectical processes of conferring meaning on their realities and acting within them.” Charmaz (2000) herself has critiqued both Glaser and Strauss and Corbin for the objectivist assumptions underlying each of their versions of grounded theory. She notes that both camps aim to minimize the interference of the researcher’s subjectivity; Glaser through coding and constant comparison and Strauss and Corbin through complex methodological applications. Charmaz suggests that objectivist assumptions lead both to “engage in silent authorship, [writing] about their data as distanced experts” (2000, p. 513). In contrast, a constructivist grounded theory approach according to Charmaz (2000) acknowledges that all data, including raw accounts provided by subjects and the associated thematic and theoretical content generated by researchers, are narrative constructions. Constructivist grounded theory departs from traditional approaches in its embrace of the role of the researcher’s subjectivity in the construction of research questions, sensitizing concepts, categories, and resulting theory. The researcher, who engages with the subject or phenomenon being studied, brings his or her own unique reality to this endeavor, and thus inevitably influences that subject or phenomenon. In contrast, positivistic traditions underlying Glaser (1978; 1992) and Strauss and Corbin’s (1990; 2008) approaches hold the
researcher apart from the data, an “unbiased and passive observer who collected facts but did not participate in creating them” (Charmaz, 2014, p. 6).

A constructivist approach to grounded theory also challenges the objectivist assumption of the existence of a single external reality which may discovered and recorded (Charmaz, 2000). In line with these viewpoints, a constructivist approach should sensitize researchers to multiple realities and viewpoints. Constructivist grounded theory researchers seek to engage reflexively with their own realities, as well as to consider multiple and intersectional contexts impacting their participants’ experience and the emerging data. Other factors differentiating constructivist from objectivist grounded theory include the development of a relationship with participants in order to capture authentic feeling and experience (Charmaz, 2000). Rather than attempting to achieve a level of externality or objectivity in resulting theory, constructivist grounded theory attempts to remain experience-near, to capture internality and complex individual realities. Charmaz (2000; 2014) advocates for the use of gerunds (i.e., active coding) to capture action and interrelated processes rather than isolated and static concepts, in order to preserve experience within narratives. In addition, constructivist grounded theory pays respect to tacit meanings embedded within participants’ narratives; Charmaz (2000) notes that what is assumed or unspoken by participants may be more pertinent than what is openly shared, and states that an “acontextual reliance on respondents’ overt concerns can lead to narrow research problems, limited data, and trivial analyses” (Charmaz, 2000, p. 514).

In Charmaz’ model, meanings are continually created, recreated, and modified through the constant comparison process, and interpretations are constructed beginning in close proximity to the data and moving through progressively more abstract levels of analysis (Charmaz & Henwood, 2008). Furthermore, data collection and analysis is accompanied by an
ongoing process of conceptual memoing, enabling the researcher build theoretical sensitivity and engage reflexively with one’s own subjectivity in analytic decision-making and the construction of codes, documenting emerging theoretical ideas (Fassinger, 2005; Holton, 2007). Similar to the original Glaser and Strauss (1967) model, the quality and credibility of the study is thought to be determined by the depth and richness of the data (Charmaz, 2014); however, Charmaz notes that while researchers might investigate the accuracy of statements made by participant when the study indicates it, even definitions of accuracy are to a large extent socially constructed. In addition, embellished or restricted accounts on a particular phenomenon are thought themselves to contribute meaningful information about participants, their social dynamics, and the climate in which such phenomena occur (Charmaz, 2014).

The current study utilizes a constructivist grounded theory methodology as espoused by Charmaz (2014). This version of grounded theory was selected due to its attention to the role of the researcher in the creation of emergent theory and to social constructions of meaning and the dynamic impact of context in the experience of multiple realities, as well as its acknowledgement of the value of unspoken or implicit meanings in human behaviors and relationships. Given the complexity and dynamic nature of the sociocultural processes being investigated in the current study, this approach was thought to be best suited to answering the central and secondary research questions. As the researcher engaged with the present research from a position of preconception based on her own lived experiences with this population, Charmaz’ guidelines for remaining open to the emerging data while also acknowledging one’s own bias were essential for the success of this project. Furthermore, as a novice in the utilization of qualitative methods, Charmaz’ writings were found to be enlightening and accessible, allowing for the development
of a study and an engagement with analysis consistent with the epistemological underpinnings of constructivist grounded theory.

**Situating Oneself as the Researcher**

Constructivist grounded theory researchers acknowledge and embrace both their participants’ as well as their own subjectivity and reject the notion that it can be controlled away. Rather, as Charmaz (2009) states, “we are a part of the world we study and the data we collect. We construct our grounded theories through our past and present involvements and interactions with people, perspectives, and research practices” (p. 10). Thus, it is common for qualitative researchers to make explicit their worldviews, assumptions, and biases related to their field of study in order to assist the reader in understanding the researcher’s stance (Morrow, 2007).

My research interest in the psychological and help-seeking experiences of Canadian police officers is grounded in my personal experiences as the daughter of a Canadian police officer. As a child, my father’s job was a source of great pride while also a source of confusion and at times fear for my siblings and I. While we were protected from knowing the true extent of the stress and dangers his role entailed as an undercover drug enforcement officer in Northern Ontario, we were as a family impacted by both subtle and profound effects of the nature of his job on him. Without a full understanding of the realities of my father’s day-to-day experience on the job, it was difficult to make sense of many of his behaviours, always intended to keep us safe and secure from what he saw as a fundamentally dangerous world, but in effect often creating tension, fear, or disconnection within our own home. Throughout my life, my father’s profession has been a prominent feature not only of the dynamics of my family, but of my own identity and relationship with my social world. Friends and their parents were closely vetted by my father, and I was often not allowed to participate in activities my peers enjoyed freely. My siblings and I
were acutely aware that we should be cautious of anyone unfamiliar to us, and even sometimes those we knew. Friends often feared my father, who from the outside looked and acted tough and unfriendly. I myself did not become truly acquainted with the softness my father harbours beneath this exterior until well into my adulthood. For many years, I felt resentful, confused, and hurt by the shape my relationship with my father took during the early years of my life. I dismissed his concerns as unfair and unwarranted and did not recognize or understand their source or meaning.

As I grew older, and in particular as I progressed through my education in psychology, I began to understand my father through a new lens. In working with clients who had experienced horrific trauma themselves, I began to become attuned to the violence and suffering that exist, unbeknownst to most of us, behind closed doors in every city and neighbourhood in this country. I became aware of the deep impact that repeated contact with death, injury, cruelty, injustice, and violence has on the human psyche and worldview. And I came to appreciate and respect the role that my father and other first responders played in being present for, and being relied upon, in the worst and most immediate of these experiences, and to admire the resilience he and his colleagues exhibited in the face of often relentless stress.

Being the daughter of a cop who is also a student of psychology has provided me a personal perspective on the divide that exists between police officers and social scientists. Due to vast differences in our lived experiences and the divergent social and political locations we each occupy, my father and I view the world in fundamentally different ways, from fundamentally different vantage points. In many moments, this has created a barrier to connection, understanding, and empathy between us. It is no doubt in part because of the sense of safety and security from which I was privileged to benefit as a child (by way of my father’s occupation as
well as the socioeconomic and ethnocultural positions I occupy) that I have been able to see people as basically good and trustworthy, to view individuals who commit crimes or hurt others as a reflection of their own unique challenges and circumstances, and to steadfastly believe in the innate ability of all people to grow beyond their worst choices or their most difficult days. These perspectives are necessary for and serve me well in my clinical work. Indeed, I have had the regular opportunity in my work to witness healing, growth, and the power of connection, vulnerability, compassion, and efforts at understanding. In contrast, my father’s occupation, though also deeply meaningful to him, ensured that he witnessed grief, suffering, anger, cruelty, and indifference far more often than joy, compassion, or gratitude. His training and on-the-job experiences taught him to expect danger around every corner and in every glovebox, to brace himself for vitriol from both the public and sometimes his own family members for choices he had a duty to make, and to trust almost no one to be truthful or to act with the integrity he expects of himself.

As should be clear from these statements, I did not enter this research endeavor free of bias. It is via these experiences of disconnection but also deep connection with my father that I was drawn to understand more thoroughly the psychological impacts of a career in policing, as well as the barriers that exist between individuals embedded in the police cultural context and those in the psychological service field. In addition, my training as a psychologist and psychological researcher has fostered in me a belief in the value of mental health treatment and encouraged me to think critically about individual and systemic barriers to treatment access in Canada. I see individual psychotherapy as an essential intervention for persons living with the trauma-related distress and Posttraumatic Stress Disorder. As the researcher, I bring to this project a basic empathy for the lived experiences of police officers as I previously understood
them based on my personal relationships and my clinical work with first responders. Alongside my empathy, however, I also carry a critical perspective on the police culture as I previously understood it based on these same experiences. This includes the assumption that the police culture by definition influences all aspects of a police officers’ engagement with stress on the job, including the decision to seek out help or not, why, when, how, and from whom. This study was aimed at exploring truths and myths of my assumptions, and at developing an understanding the complex dynamics underlying any relationship between police culture and psychotherapeutic help-seeking that does exist. I acknowledge that these previously held assumptions interacted with the data I collected as well as the meanings that I uncovered within them. I endeavoured throughout the research process to maintain awareness of my assumptions and bias and to remain open to multiple and divergent meanings as they emerged, through the use of conceptual memoing, self-reflection, iterative engagement with my participants, and debriefing with my research supervisor.

My personal connection to policing and my existing knowledge of the occupational realities of policing and the police culture allowed me to build trust and credibility within a difficult-to-access population, and gather rich, authentic accounts of very personal experiences. Furthermore, I believe that this knowledge and experience has helped to sensitize me to important meanings implicit within occupational events and the police culture in need of further inquiry. Finally, I see the sociopolitical position I hold as a clinician trained in experiential, phenomenological, and culturally competent approaches to psychotherapy – which honour individual meanings and unique experiences as being valid and valuable and demand the clinician’s self-awareness in the third space – as assets in my ability to remain open to what my participants and their narratives had to share with me.
Methods for the Current Study

Selection and recruitment. Participants were 18 active police officers employed in urban and suburban areas of Southwestern Ontario. While there is currently no consensus on the ideal sample size for qualitative research (Trotter, 2012), the current sample size is in line with past estimates of the natural saturation point in qualitative research, which typically range from 10 to 20 participants (e.g., Creswell, 2009; Glaser & Strauss, 1967; Green & Thorogood, 2009; Mason, 2010). Theoretical saturation is reached when no new information is obtained through additional interviews and emerging themes and concepts constituting theory have been richly articulated. The sample size is thus considered sufficient when collection of new data does not add any new themes or concepts, nor dimensions of themes or concepts to shed light on the investigation. Guest, Bunce, and Johnson (2006) attempted to establish the number of interviews needed to saturate data by conducting an experiment in which they reviewed their coding books for previous qualitative studies. They concluded that 12 research interviews were generally sufficient to discern common perspectives and experiences within a relatively homogenous sample. Charmaz (2014) pointed out, however, that grounded theorists typically aim to generate theory, rather than simply identifying conceptual themes from a dataset. She suggested that additional, iterative sampling and inquiry were often needed to flesh out emergent categories and to identify more significant, particularly implicit, lines of inquiry for theory development. The current study sought to capture the experiences of both male and female officers of various ages, ranks, and operational backgrounds, as well as those with diverse racial and ethnic identities. In addition, the researcher was interested in the experiences of officers both with and without a history of OSI, as well as both those who had and those who had not engaged in psychotherapeutic services at some point in their careers. Recruitment efforts were extended to police officers employed in both urban and suburban areas of Southwestern Ontario (i.e., as far
north as Orillia, as far south as St. Catherine’s, as far east as Kingston, and as far west as London). Given these intended variations sampling, as well as the understanding that mechanisms of workplace culture are often implicit (e.g., Bartlett, 2009), a sample size on the larger end of the spectrum of estimates for reaching the natural saturation point was sought out for the current study. This allowed for the analysis of rich themes and implicit processes within a heterogeneous group of police officers with diverse sociocultural and occupational experiences.

Due their skepticism of psychology (Kirschman et al., 2014; Loftus, 2010), fears of stigmatization related to the use of psychological services, (Karaffa & Tochkov, 2013), and police cultural prescriptions encouraging strict conformity to the norm, police officers constitute a “hard to reach” research population (Brackertz, 2007). Brackertz indicates that involving hard to reach populations in research is often done by reaching out to these communities in non-traditional or non-academic ways, and rather, in ways to which they are more likely to respond. In an effort to adequately sample this population, recruitment posters for the current study (see Appendix A) made use of culturally-consistent language and descriptions in its advertisements, for example, the use of nonacademic or colloquial terms (e.g., “cop,” or constable on patrol; “shrink”) to attract the attention and interest of police officers to participate in this study. Previous writings geared towards police populations and written by individuals with extensive experience working with police officers have made use of similar terminology and language (e.g., Kirschman, 2007; Gilmartin, 2002).

Advertisements were shared on social media platforms, in police psychology list servers, as well as in clinical settings including private practice and hospital programs having frequent contact with police officers. In addition, a snowball sampling methodology was utilized whereby officers were recruited for the current study via word of mouth. Each participant was asked to
provide information regarding the current study to other officers who may be interested in participating, to the extent that they felt comfortable doing so. This variety of recruitment methods facilitated the participation of both officers who were connected with psychological services at the time of recruitment and those who were not. Furthermore, the use of nontraditional recruitment methods such as snowball sampling and word of mouth referrals was intended to facilitate greater study access to individuals belonging to the police culture who may be skeptical of the research process, particularly when it is being conducted by individuals who do not belong to this culture (Kirschman et al., 2014; Loftus, 2010; Streiner & Sidani, 2009).

With respect to inclusion criteria, officers with less than eight years of active service were excluded due to the assumption that they have had fewer exposures to significant acute and cumulative occupational stressors and thus less cause for work-related psychological support. This cutoff was established through consultation with the researcher’s personal network of police officers. Some research has demonstrated that a greater number of years of service is associated with higher rates of overall stress among police officers (Deschamps, Paganon-Badinier, Marchand, & Merle, 2003). In addition, retired officers were excluded from participation in the current study due to literature suggesting that psychological issues emerging after retirement may be distinct from those resulting from on-the-job stressors (Latif, 2013). Furthermore, as the current study sought to examine psychological issues and help-seeking behaviour as it is embedded within the cultural and institutional context of policing, only officers who were currently situated within this context (i.e., active service) were included.

Six participants independently contacted the researcher in response to postings via email list servers that went out to police units or were posted in private Facebook groups for police. Two participants were referrals from two of these participants. One participant was directly
recruited from the researcher’s personal network, and 1 participant was referred via this individual. Two participants were recruited from the researcher’s extended network (i.e., not known personally to the researcher, but known to friends or the networks of friends of the researcher), and an additional 2 participants were recruited based on referrals from each of these individuals. Three participants were referred independently from clinicians working with police in private or public practice, and 1 additional participant was referred from within the network of one of these individuals. As such, there were a total of 6 direct or indirect relationships between individual participants in the current study; some but not all of the individuals referred from within their own networks were aware of the participation of their acquaintance. See Figure 1 for visual representation of recruitment sources. Care was taken to maintain the confidentiality of individual officers participating in the study along with other individuals in their close networks. Very little specific overlap or cross-over was observed in the narratives of participants’ individual experiences on the job.
Figure 1. Recruitment for the current study.

Note. Each individual participant is represented by a blue circle. A solid line denotes referral to the current study from one of the recruitment sources listed. A dotted line denotes a referral from an existing participant, thereby also indicating a relationship between two participants.

Unfortunately, no police officers belonging to visible racial or ethnic minority groups responded to initial recruitment efforts. Given the potential that police officers of colour may experience differential sources of workplace stress or workplace social supports, and may also engage with the police culture in ways contrasting with the dominant ethnocultural population in policing (i.e., White males), efforts were made to specifically seek out minority officers for participation in the study. The recruitment ad was altered later in the recruitment process to indicate that, “In particular, officers belonging to racial or ethnic minority groups are currently being sought for this study.” The researcher also made attempts to connect with leadership of the Association of Black Law Enforcers (ABLE), a non-profit organization based in the general Toronto area (GTA) aimed toward addressing the needs and concerns of Black and other racial minorities in law enforcement, in order to aide recruitment from these communities; however, these efforts were not successful. The lack of racial and ethnic diversity in the current study
represents an important limitation, which is further discussed in Chapter 11, Limitations and Future Directions (pp. 338 – 341).

**Procedures.** Interested participants contacted the researcher by phone or email and completed a telephone screen (see Appendix B). Following phone screening, participants who met inclusion criteria and were willing to meet within 2.5-hour travel time of Toronto, Ontario, were invited to participate in the study. In accordance with principles of constructivist grounded theory, in which researchers are encouraged to acknowledge and embrace both their participants’ as well as their own subjectivity (Charmaz, 2014), it is common for qualitative researchers to make explicit their worldviews, assumptions, and biases related to their field of study. Furthermore, some have suggested that researchers working with particular cultural groups to which they either do or do not belong should make their insider or outside status explicit in order to facilitate more rapid and complete acceptance by participants, as well as greater depth of data collection (Dwyer & Buckle, 2009). As such, at the stage of telephone screening, participants in the current study were made explicitly aware of the researcher’s social location as the daughter of a career police officer. This disclosure was made in an effort to build trust and a sense of legitimacy with participants as a member of a field which may be a source of skepticism or mistrust for officers (Kirschman et al., 2014; Loftus, 2010). A basic foundation of trust between participant and researcher is a necessary ingredient to gather rich, genuine data in qualitative research.

Special consideration was also given to the stigma associated with mental health problems that exists both within the police culture and within the population at large, and the possibility that officers participating in the current study may experience social consequences including loss of social status or reputation if their participation became known to peers or
colleagues, or if personally identifiable information is included in the presentation or publication of research findings. Furthermore, the Police Services Act of Ontario (1990) indicates that police officers should not “without proper authority, communicate . . . to the media or to any unauthorized person any matter connected with . . . the police force of which the officer is a member,” nor “divulge . . . any matter which it is his or her duty to keep secret” (section 2.1.e, Breach of Confidence). Thus, police officers who disclose privileged information or information thought to reflect negatively on their respective police service may be at risk for occupational or legal consequences should this information become linked to them. In order to minimize these risks, special cautions were taken in communications with participants and the collection and storage of data, described further below. Participants chose their method of communication and no voicemails were left unless explicit permission was provided. During telephone screening, participants were informed of study purpose and procedures, the nature of the data to be collected, expectations for their participation, possible risks of participation, limits of confidentiality, and data security measures, they were given the option to proceed with the study or decline. Those who chose to proceed were provided with a complete informed consent form (see Appendix C) via email to review prior to the research interview. Participants were given the option to complete research interviews at the University of Toronto, in their homes, or in a private alternative location of their choosing.

Interviews took place between June and October 2014. Nine participants chose to conduct interviews at the University of Toronto, 8 chose their place of residence, and 1 preferred to complete the interview at a division base. After the informed consent form was reviewed, participants had an opportunity to ask any questions prior to initialing it. Each participant then chose a pseudonym which would label all data they provided for the study and be used to
identify them in the presentation of findings. A paper document linking participants’ names to their pseudonyms was created to be shredded after participants verified a summary of their interview. Any record of email communications with participants were deleted at this point as well; participants were also advised to delete any record of contact with the researcher. Basic demographic information was recorded, including age, marital and parental status, current police rank and role, and number of years of service. Information on the police service to which participants belonged was explicitly not collected in order to maintain anonymity and reduce the risk of negative consequences for participation.

A semi-structured interview guide (see Appendix D) was used to guide in depth interviews. In an effort to address the central and secondary research questions of the present study, interviews explored participants’ occupational history, experiences of stress or psychological distress related to their jobs, the impacts of such experiences on various aspects of their lives, their preferred methods of coping with job stress, and their experiences with and/or perspectives on the utilization of professional psychological or psychotherapeutic services to address psychological stressors associated with policing. Consistent with the iterative principles of constructivist grounded theory (Charmaz, 2014), interview guides were adapted over time to investigate emerging themes from initial interviews, while less fruitful lines of questioning were eliminated from the interview guide to keep the length of interviews within three hours. For example, a question about the impact of the so-called police culture on willingness to engage in help-seeking was added to the end of interviews in order to access more explicit concepts of the nature of the police culture and its impact on help-seeking in participants’ lived experiences; implicit concepts were often revealed throughout the rest of the interview. Questions amended to and eliminated from the interview guide throughout the data collection process are highlighted in
A total of 53 hours of interview content was recorded, with interviews averaging 2.95 hours in length. Interviews were recorded on a portable mp3 recorder, transferred immediately to a password-protected and encrypted computer file on the researcher’s personal computer, and later backed up on an encrypted hard drive kept in a locked file cabinet at the University of Toronto. All personally-identifiable information included on paper forms were kept in a file separate from interview transcripts and interview audio files and matched only via pseudonym, also in a locked file cabinet at the University of Toronto. Given that police officers abide by ethical guidelines which specify that they must not accept or exchange compensation for information, it was assumed that officers may find it inappropriate to receive financial or in-kind compensation for their participation in this research study. Participants were thanked for their time and contribution to the research, and provided the opportunity to receive a summary of study findings upon completion; they completed a separate document to be maintained until study completion providing the preferred email address to receive this at. Participants were also provided a list of resources relevant to police stress, including a list of clinicians in the community who had experience and competence in working with police officers (see Appendix E).

Interviews were transcribed over the course of six months by the researcher, laboratory volunteers, and a professional transcriptionist. All identifying information was removed from interview transcripts, and participants are identified only by their chose pseudonyms. In the presentation of data in the results sections to follow, sections of quoted verbal content were edited for clarity and readability (e.g., the removal of utterances, repetitive content, circumstantial or tangential content), retaining the meaning of the original quotation. The timeline for transcription far exceeded initial estimates, and participants were informed of, and
provided consent for delays. Following transcription of interviews, audio files on all devices were deleted. Furthermore, a brief summary of the content and emerging themes of each interview was completed by the researcher for confirmation and verification by the participant. In addition, the researcher included questions for clarification of emergent themes in each document as necessary. Unfortunately, due to delays in the transcription process, as well as challenges in the researcher’s schedule, completion of summaries and provision of completed transcripts and summaries to participants were also much delayed, in most cases occurring within a year of initial interviews, but in some cases occurring over two years later. Participants were also informed of and consented to this delay. Once completed, deidentified summaries and transcripts were provided to participants via a secure file sharing program, Hightail. Participants were given two weeks to review the files and provide feedback or corrections to the researcher. Participants either provided written feedback via Hightail or consulted with the researcher by phone. Any additional information or corrections were integrated into transcript and summary documents for inclusion in the analysis. Each participant provided final approval on the content of their interviews and the researcher’s understanding of initial themes. This is in line with methods of verification in qualitative research identified by previous scholars (e.g., Creswell, 2009). The document linking pseudonyms to participant names was shredded following verification of summaries and transcripts by participants.

**Data analysis.** Employing a constructivist grounded theory approach to coding and analyzing qualitative data (Charmaz, 2014), NVivo 11 software for Mac was used to organize and code data in the present study. Per Charmaz, initial coding involved the assignment of descriptive codes to small units of meaning within interview text in order to establish lower-level themes across the interviews. As advised by Charmaz (2014) and others, the researcher made an
effort at this stage to remain open to the data, attempting to use non-interpretive language to label meaning units, and considering alternative descriptors for each distinct emergent category. Furthermore, memos were used throughout the coding process to reflect on emerging theoretical constructs as well as the potential for bias on the part of the researcher. Below is an example of a memo created during initial coding of an early interview, to capture an emergent theme for a relatively implicit process which did not lend itself to purely descriptive coding, and rather, rose to a level of interpretation requiring further inquiry to verify it. The memo annotates a section of text in which a participant described his perception both that mental illness is relatively uncommon within the policing community, and that he had previously seen himself as someone who would be unlikely to experience a mental health problem, stating, “it amazes me that there aren’t more officers and people around me that are falling victim to this kind of stuff . . . ‘Cause I just feel like if it could happen to a confident guy like me, it could happen to anybody.” While on its face this section of text seems relatively innocuous, an analytic eye notices that several underlying assumptions are implicit in this statement. This comment seemed to reflect a broader theme than a simple descriptive code would capture, and to reflect a phenomenon observed in this and other transcripts: the potential influence of the culture on understandings of and narratives relating to mental illness. The memo written in response to this section of text was as followed:

Memo 003G - Narratives of Mental Illness; November 30, 2016

I am creating a new node under Police Culture to capture narratives around mental illness as embedded within the occupational culture. I want to be sensitized to this category, as I believe it may speak to the relationship between mental health, help-seeking, and belonging to the culture. At the same time, I am wary of imposing my preconceptions, so I am also making a note for myself to consider the extent to which units of text coded in this category are speaking
directly to the culture or positioning themselves directly in relation to cultural ingroup/outgroups, or are speaking more generally about mental illness (presumably as embedded within the wider societal context and predefined constructs).

The section of text this memo is linked to is spoken by Bubbles. Under narratives of mental illness, I created nodes to capture his brief statement, including: positioning oneself as unlikely victim (of mental illness), naming occupational susceptibility, highlighting discrepancy between own and others' reaction, and perceived uncommonness (of mental illness). A very preliminary interpretation of this text might be that Bubbles is wrestling with his belonging to two incompatible/mutually exclusive culturally constructed groups: police officer and someone who experiences/d mental health problems. He is trying to make sense of how he, as a "confident" man and a perceived unlikely victim of mental health problems, has had such experiences while few other police officers, equally susceptible, have. He is both claiming ingroup membership and acknowledging differences between himself and other ingroup members.

As can be seen, the memo tied to the text above is quite interpretive, but the codes assigned to it are more descriptive; a higher-level category was also created as a result of interpretive reflection as captured in this memo. Memos were often used to explicate implicit or theoretical processes such as these as they emerged from the data, which were then further developed through constant comparison and focused coding. Along with diagramming emergent relationships between themes, memo-writing was a major component of the theory development process in the current study.

After initial or open coding of approximately the first 11 research interviews, a number of particularly rich, well-defined, or theoretically valuable concepts were observed to have emerged. Charmaz (2014) notes that at the initial coding stage, even codes that appear only occasionally within the data may be retained for further analysis if they contribute to the understanding of other concepts emerging from the data. The Weighing Costs and Benefits theme, discussed in results Chapter 9 Individual Help-Seeking Experiences and Influencing
Factors (p. 269) was one such code in the current study; although it appeared in the narratives of only 7 participants total, this theme helped to explain the relationship between other findings, and was ultimately integrated into emerging theory. At this stage in the analysis, the researcher engaged with the data coded within each existing category to synthesize and further define their properties and dimensions using constant comparison. Concepts and categories which had not risen to the level of richness of others were dismissed at this time in favour of more focused coding of emergent conceptual themes, and coding of the remaining seven interviews proceeded.

Following this initial synthesis, a total of 1017 unique codes and sub-codes (from an initial 1222 codes) belonging to six distinct major categories (i.e., police culture and role, workplace stress, workplace stress impacts, coping with and buffers to stress, mental health and help-seeking in the culture, and help-seeking) remained.

Focused coding proceeded with the remaining seven interviews. Only existing themes were coded, unless emerging narratives added significant theoretical or explanatory value to the categories which had already been defined. As focused coding progressed, the researcher returned to previous interviews as necessary to compare, revise, or amend existing codes. Another round of synthesis of existing codes took place following the coding of roughly four additional interviews, in which major emergent themes were further revised through constant comparison. It was at this point in the analysis when saturation with regard to major concepts and themes was reached, such that no novel categories or concepts emerged. The final three interviews were coded using these existing themes to focus and further verify coding. In line with Charmaz’s (2014) concept of “theoretical plausibility” and Glaser’s (2001) “theoretical completeness,” as well as with the principle of subjective constructivism, although there were some discrepancies between and within participants’ narratives as captured in major themes
(outlined within summaries of results in the following chapters), accuracy was presumed to be achieved due to the level of richness and conceptual density of themes, and their consistency with emerging theory. At this point in the analytic process, the researcher met with her research supervisor to review the major and sub-themes and that data which constituted them, as is suggested by Creswell (2009), as an additional method for verification. Through consultation and theoretical discussions with the researcher’s supervisor, as well as ongoing memoing and diagramming of emerging theory, themes were ones again refined and synthesized and the theoretical model was finalized. In the end, a total of 61 major themes and 100 subthemes, belonging to six major categories (which compose each results chapter to follow) emerged to constitute the findings of the current study.
Eighteen participants, 13 male and 5 female, were recruited for and completed participation in the current study. Participants ranged in age from 31 to 56, with an average age of 46 (SD = 8.05). They had an average of 21.67 (SD = 9.43) years of active duty service, ranging from 11 to 38 years. Most participants were Constables in rank (n = 10), with an additional 2 reporting that they were currently employed as Detective Constables. The remaining 6 participants had been given at least one promotion in rank; 4 reported that they were currently ranked Sergeant, 1 indicated a role as Detective Sergeant, and 1 reported being ranked Inspector. For reference, see Figure 2 for a representation of the paramilitary ranking system utilized across Canadian policing organizations, as it applies to participants and their experiences in the current study.

**Figure 2. Structure of the Canadian paramilitary police hierarchy.**

*Note.* Ranks highlighted in blue are represented in the current study.
Most participants reported working in a primarily urban context at the time of research interviews \((n = 12)\), with 5 working between both urban and suburban contexts, and 1 working primarily in a suburban context. Seven participants described that at the time of research interviews they were working in front-line (i.e., uniformed patrol) capacities; 6 were working in administrative capacities; 2 were primarily functioning in supervisory capacities; 2 in investigative capacities; and 1 in a community policing capacity. Eleven participants were married at the time of research interviews, 4 were in common-law relationships, and 3 were divorced. One female participant was openly gay, and all others identified as heterosexual. Thirteen of the 18 participants were parents, while 5 were not. All 18 participants in the current study were Caucasian; unfortunately, no visible minorities were represented within the current sample. See Table 1 for a summary of demographic attributes of participants in the study.

Following is a brief summary of each participant to provide a general context for participants’ individual experiences with workplace stress, coping, mental health, and help-seeking within the culture of their organizational and peer context. Portraits are intentionally kept brief, broad, and nonspecific, in order to protect the identities and privacy of individual participants. Each participant selected a pseudonym at the outset of the study which is used here and throughout this document to refer to them.
### Table 1

**Demographic Attributes**

<table>
<thead>
<tr>
<th>Attribute</th>
<th>Category</th>
<th>Number of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>Male</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>5</td>
</tr>
<tr>
<td>Age</td>
<td>31 – 39</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>40 – 49</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>50 – 56</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>( X (SD) )</td>
<td>46.28 (8.05)</td>
</tr>
<tr>
<td></td>
<td>Range</td>
<td>31 – 56</td>
</tr>
<tr>
<td>Years of Service</td>
<td>11 - 19</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>20 - 29</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>30 - 38</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>( X (SD) )</td>
<td>21.67 (9.43)</td>
</tr>
<tr>
<td></td>
<td>Range</td>
<td>11 – 38</td>
</tr>
<tr>
<td>Rank</td>
<td>Constable</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Det. Constable</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Sergeant</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Det. Sergeant</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Inspector</td>
<td>1</td>
</tr>
<tr>
<td>Context</td>
<td>Urban</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>Urban/Suburban</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Suburban</td>
<td>1</td>
</tr>
<tr>
<td>Role</td>
<td>Front-Line</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>Administrative</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Supervisory</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Investigative</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Community</td>
<td>1</td>
</tr>
<tr>
<td>Marital Status</td>
<td>Married</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>Common-Law</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Divorced</td>
<td>3</td>
</tr>
<tr>
<td>Parental Status</td>
<td>Parent</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>Non-Parent</td>
<td>5</td>
</tr>
</tbody>
</table>
Andrew is a 46-year-old male Constable currently working in an administrative capacity in an urban setting. He has 26 years of active duty service. He is divorced and is a parent. At the time of research interviews, Andrew was working modified duties as he was not authorized for use of force. He reported struggling with symptoms of depression, posttraumatic stress, problem drinking, paranoia, and suicidal ideation for several years prior to seeking out psychotherapeutic treatment. He described receiving little support from his organization around his OSI despite their knowledge of his struggles. Andrew described himself as an advocate for mental health among police officers and indicated an intention to build awareness and challenge stigma within the culture by sharing his story.

Bear is a 54-year-old male Constable currently working in a front-line capacity in an urban/suburban setting. He also has military experience within the context of his career in policing. He has 35 years of active duty experience. He is married and is a parent. Due to a combination of personal and workplace stressors, Bear reported struggling with psychological distress which briefly impacted his capacity to fulfill his workplace duties. He indicated that he delayed his decision to seek out psychotherapeutic services out of a concern that this would impact his career trajectory. He reported that he now sees the value and importance of psychotherapeutic treatment, and he also described the perception that stigma with regard to mental health and help-seeking in the policing community have generally improved over the course of his career.

Bubbles is a 31-year-old male Constable currently working in a front-line capacity in an urban setting. He has 11 years of active duty service. He is married and is not a parent. Following stress surrounding an incident for which he was disciplined, Bubbles described beginning to struggle with symptoms of posttraumatic stress, including intrusive images and
nightmares of past calls. He sought support and counsel from friends and family before deciding to contact EAP services for individual therapy. Bubbles described the perception that challenging aspects of the occupational culture within specific units created tension with his peers. He noted that he is now posted in a unit with a culture that better fits his own personality style.

Donald is a 56-year-old male Inspector currently working in a supervisory capacity in an urban setting. He has 38 years of active service experience. He is married and is a parent. Donald described that although he experienced various stressors throughout his career, he was able to manage stress without feeling the need to engage in psychotherapeutic services. He indicated he would not hesitate to pursue therapy should he feel the need in the future. He described a perception that the policing culture has evolved significantly with respect to mental health and help-seeking stigma, and that few barriers currently exist for police to access mental health services when needed. Furthermore, he described his platoon as being a highly supportive and close-knit community, and that his and others’ leadership have assisted in facilitating a culture which promotes wellbeing and good mental health.

Dryfuss is a 43-year-old male Constable currently working in a front-line capacity in an urban setting. He has 14 years of active service experience. He is divorced and is a parent. Prior to entering policing, Dryfuss was in the military, and had been deployed to areas of active conflict. Following a traumatic incident on the job as a police officer, Dryfuss began to engage in problem drinking and isolation. He was later diagnosed with PTSD, and described being targeted by his organization due to unfounded concerns around his being a danger to others. Dryfuss indicated that following some unhelpful experiences with psychotherapeutic services, he eventually located a psychologist with expertise in treating police, and described this experience as fundamental to his recovery and ability to remain employed as a police officer.
Faye is a 45-year-old male Detective Constable currently working in an investigative capacity in an urban setting. Faye has 17 years of active duty experience. He is married and is a parent. Faye indicated that during a period of heightened personal and professional stress, he began to experience anxiety, including panic attacks, and began isolating himself, engaging in problem drinking, and experiencing suicidal ideation. When after some delay he connected with an EAP clinician, he hid his drinking and suicidal thoughts. Faye later connected with a psychologist who had experience working with police, and he indicated that he was able to address these issues in treatment. He reported achieving full recovery, and changing his strategies for coping and work-life balance following this experience. He described himself as an advocate for mental health within his immediate policing community.

Frank is a 39-year-old male Constable currently working in an administrative capacity in an urban context. He has 11 years of active service. He is married and is a parent. At the time of research interviews, Frank had been working modified duties and had recently taken a leave from work due to an OSI. He stated that he did not feel he would be able to return to work as a front-line officer. Frank reported “burying” his emotions with regard to workplaces stresses and that he did not recognize his symptoms as trauma-related for many years, instead believing that he was suffering from medical problems. Frank described that he eventually connected with psychotherapeutic treatment through the suggestion of a colleague who had also struggled with PTSD. He described his recovery as ongoing, and noted that stress related to the WSIB claims process has contributed significantly to his difficulties.

Giselle is a 51-year-old female Sergeant currently working in an administrative capacity in a suburban context. She has 29 years of active duty experience. She is in a common-law relationship and is a parent. Giselle described having joined the police service during a time
when few female officers were being hired. She described having had to prove herself to her family and to her peers, and having faced challenges surrounding maternity leave and childcare that her male peers did not. Giselle reported feeling depressed during a particularly difficult time in her career. She indicated that she had pursued both couple’s and individual therapy via her EAP service in relation to personal stressors, but not work-related difficulties.

Jack is a 50-year-old male Constable currently working in an administrative capacity in an urban/suburban setting. He has 26 years of active duty service. He is divorced and is not a parent. At the time of research interviews, Jack had been working modified duties for several years due to an OSI. He reported that within a few years of beginning policing, he began to struggle with significant symptoms of depression, including suicidal ideation. Jack described hiding his depression from peers due to fear of judgment. He reported experiencing significant challenges obtaining accommodations from his organization, and having had negative experiences with his medical advisory board. Jack indicated that he eventually located a psychologist with expertise working with police, and he credited his ongoing recovery to this.

Jake is a 32-year-old male Constable, currently working in a front-line capacity in an urban setting. He has 11 years of active service experience. He is married and is a new parent. Although being emotionally impacted by the calls he attended, Jake denied having ever struggled with significant mental health problems as a result of his work. He noted that were he ever to experience a psychological problem, he would be hesitant to seek out psychotherapeutic services due to concerns around the limits of confidentiality and potential career consequences. Jake highlighted the importance of clarity around the process of therapy, and of getting support from trustworthy sources.
James is a 44-year-old male Sergeant, currently working primarily in a supervisory capacity in an urban/suburban setting. He has 15 years of active duty experience. He is married and is not a parent. James described that during a difficult period in his career he felt disappointed that the leadership of his organization did not support his efforts as a manager. He denied having ever used psychotherapeutic services, and noted that by relying on existing coping mechanisms and remaining guided by the values of his organization, he was able to welcome stress as a learning opportunity. James indicated that although he knew little about the mental health services available through his organization, he was open to the idea that therapy could be helpful, and reported that he would be willing to engage in therapy if ever needed.

Jeep is a 43-year-old male Constable currently working in a community policing capacity in an urban setting. He has 14 years of active duty experience. He is married and is a parent. Jeep described that for the first 10 years of his career, he responded to traumatic incidents and other stressors by “burying” them. He indicated that stress accumulated over time until a traumatic incident he responded to while working front-line duties triggered PTSD. Jeep indicated that he continued working for approximately six months with active PTSD symptoms before requesting modified duties and seeking out psychotherapeutic services. He reported that he was very satisfied with the services he received, noting that his treatment provider was familiar with the police culture and role.

Jon is a 48-year-old male Sergeant, currently working in a front-line and supervisory capacity in an urban context. He has 14 years of active service experience. He is in a common-law relationship and is a parent. Jon indicated that early in his career, after responding to a series of sudden deaths, he began to feel depressed and sought out individual treatment. Jon reported that because of the positive experience he had with treatment at this early stage in his career, he
has generally been open to engaging in psychotherapeutic services and has utilized them as necessary. He noted that close colleagues have also supported him during times of high stress, and that he often recommends psychotherapeutic treatment to subordinates and peers.

Margaret is a 56-year-old female Constable currently working in a front-line capacity in an urban context. She has 33 years of active service experience. She is in a common-law relationship and is not a parent. Margaret indicated that during periods of time in her career when she was experiencing both personal and workplace stressors, she struggled with symptoms of depression and panic attacks. She reported that she delayed a decision to seek out psychotherapeutic services out of a fear that she would be judged by peers or that her career would be affected if anyone found out. She reported that her eventual therapist assisted her to understand her symptoms and she regained control of them. Margaret reported the perception that any stigma existing within the police culture with regard to mental health and help-seeking has significantly improved in the past many years and felt that there were now few barriers for those in need of psychotherapeutic services.

Scoop is a 54-year-old male Sergeant currently working in an administrative leadership capacity in an urban/suburban context. He has 33 years of active duty experience. He is married and is a parent. Scoop reported being troubled by on-the-job experiences, especially those involving children, and the death of a fellow officer by suicide. He indicated that in working with members of the peer support team in his organization, he began to recognize ways in which his work had impacted him, and eventually sought out individual psychotherapeutic services. In his current position, Scoop described making a point of prioritizing mental health of members of the organization, including sharing his own experiences with others.
Terry is a 56-year-old female Detective-Constable currently working in an administrative capacity in an urban setting. She has 19 years of active duty experience. She is married and is not a parent. Terry indicated that she was diagnosed with PTSD related to the death of a fellow officer early in her career. Terry described that because she has witnessed unfair and/or discriminatory treatment of fellow officers who have suffered from psychological problems, she has kept her own struggles with depression and trauma-related symptoms private. She reported a general sense that her organization cared little for the wellbeing of its officers, and that efforts toward improving mental health services were a reflection of organization self-interest.

Vera is a 50-year-old female Detective-Sergeant, currently working in an investigative capacity in an urban context. She has 30 years of active duty service. She is married and is a parent. Vera reported having had a rewarding career despite stressors in the job, in particular those related to internal politics. She reported that in relation to an incident in which her personal and professional lives intersected, she experienced a loss of valued community. Vera described becoming depressed during this time. She initially accessed EAP services, and indicated that she did not feel the therapist understood the policing context within which these situations arose. She later connected with an external therapist, and found this experience to be very valuable. Vera described becoming less committed to her organization over the course of her career, and that this has helped her cope with job-related stressors.

Zoe is a 35-year-old female Constable, currently working in a front-line capacity in an urban/suburban context. Zoe has 14 years of active duty experience. She is married and is a parent. Zoe described that while she is troubled by exposure to suffering and feelings of helplessness in relation to her work, existing coping methods and the support personal and professional relationships have helped her manage stress effectively. She denied having ever
struggled with a mental health issue or feeling the need to engage in individual psychotherapeutic services. Zoe described that following the birth of her child, her priorities shifted and she developed greater work-life balance and boundaries. She reported that perception that her organization is quite supportive of members’ use of mental health services.
CHAPTER 5
RESULTS
NARRATIVES OF POLICE CULTURE

All 18 participant interviews and responses were analyzed using a constructivist grounded theory approach. Emergent themes of the analysis reflect common responses, narratives, and shared experiences related to workplace stress, coping, and outcomes; the impact of cultural context; and factors facilitating or interfering with mental health help-seeking. All major themes reported here were supported by at least 6, but more often over 10 of 18 participants. All subthemes were supported by at least 4 of 18 participants. Emergent themes of the current analysis are organized under the following six chapters: Chapter 5 Narratives of Police Culture; Chapter 6 Workplace Stressors and Outcomes of Stress; Chapter 7 Mental Health and Help-Seeking in the Culture; Chapter 8 Coping, Responses, and Buffers to Stress; Chapter 9 Individual Help-Seeking Experiences and Influencing Factors; and Chapter 10 Evolutions in Cultural Adherence and Identity.

Research interviews with participants of the current study began with a discussion of the nature of their current and past roles, and the qualities and characteristics they and their colleagues identified as most central to their roles and identities as police officers. Within the context of these discussions, as well as throughout the remainder of interviews, a number of themes emerged which spoke to the norms and expectations participants engaged with as members of an occupational culture. In line with recommendations by Chan (2001) – who suggested that rather being passive recipients of the culture, police are agents of culture as well as cultural change – in the current study, culture is understood as an active and dynamic
phenomenon reflecting the abiding values of an occupational community. Individuals both participate in the culture, and therefore reinforce or challenge it, as well as being recipients or consumers of it. All members of the community both influence and are influenced by its culture, with the relative impact depending on implicit structures of power.

This chapter provides an outline of the primary themes that made up participant narratives with respect to their occupational culture, including the complex ways in which they participated in or experienced normative cultural identities and expectations. These narratives are summarized in the major theme, *Narratives of Police Culture* (*n* = 18). Participants also described specific ways in which their position within the culture shaped their experience of it, in particular as a woman within an historically predominantly male community (see *Women in Policing; n* = 6). Furthermore, variation in adherence to cultural norms and a spectrum of microcultures existing within the dominant police culture were captured in the major theme *Mechanisms and Variations in Cultural Adherence* (*n* = 15). See Table 2 for a summary of the major themes and subthemes discussed in the current chapter.

**Table 2**

*Narratives of Police Culture*

<table>
<thead>
<tr>
<th>Major Themes</th>
<th>Subthemes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Narratives of Police Culture (<em>n</em> = 18)</td>
<td>Camaraderie (<em>n</em> = 16)</td>
</tr>
<tr>
<td></td>
<td>Duty (<em>n</em> = 12)</td>
</tr>
<tr>
<td></td>
<td>Effectiveness (<em>n</em> = 15)</td>
</tr>
<tr>
<td></td>
<td>Fairness and Compassion (<em>n</em> = 15)</td>
</tr>
<tr>
<td></td>
<td>Power and Control (<em>n</em> = 17)</td>
</tr>
<tr>
<td></td>
<td>Toughness Ethic (<em>n</em> = 17)</td>
</tr>
<tr>
<td></td>
<td>Cultural Spectrum (<em>n</em> = 15)</td>
</tr>
</tbody>
</table>
Narratives of Police Culture

Six primary themes emerged from participants’ narratives around their organizational, occupational, or workplace culture. These included Camaraderie \((n = 16)\), Duty \((n = 12)\), Effectiveness \((n = 15)\), Fairness and Compassion \((n = 15)\), Power and Control \((n = 17)\), and Toughness Ethic \((n = 17)\).

Camaraderie. Sixteen participants in the current study referenced camaraderie, or a sense of belonging, friendship, and mutual trust between officers, as an important component of their occupational culture. Participants spoke of the value and meaning offered by belonging to or being embraced by, as well as trusting and being trusted within the community, especially their immediate community. When asked how she might define the police culture, Zoe stated:

The brother and sisterhood. I guess the easiest way to describe it is, what other kind of job do you go to where you walk out the front office of your building and trust that the person behind you is going to be there to catch you if you fall, to cover your ass if someone is shooting at you? If you're going to die on the road you want the person holding you to be family, and anybody that you walk out that door with to go to your patrol car, you trust to hold you when you die, and say it's going to be okay. That's your family. There is an innate connection between anybody who wears the uniform, whether you know them or not. These are the people you're going out there with, in the trenches with. You're willing to sacrifice your lives together to protect everybody else.

As can be seen within Zoe’s statement, camaraderie as defined here is a natural result of the extent to which police officers must rely on each other for safety and security. A sense of trust and closeness was described by several participants as resulting from these bonds. Jack also described valuing the connection he developed with his fellow officers, in particular with his partner:

I did enjoy... the camaraderie amongst the officers. That is phenomenal. I worked with a permanent partner for a couple years. We were close, like a true
partnership... and I think part of it is because you're reliant on each other in some pretty stressful situations.

Others also described that a sense of family with coworkers was an inherent component of the workplace culture. Terry, for example, stated that when one joins policing, “you get the family-like a second family, and the camaraderie.” Although almost all participants described that this sense of camaraderie was present within the policing community, significant complexity to the ways in which camaraderie operated emerged from interviews.

A fundamental tenet upon which this sense of camaraderie develops and is ultimately maintained, as can be seen in the passages above, is the ability to rely on one’s colleagues during highly stressful and sometimes dangerous situations. Bear explained, “there’s no egos because we all work as a team, we move as a team, we’re reliant [on each other]. My arch of fire is very narrow, [but] I am relying on number three, his arch of fire, and him doing his job, so there’s that trust.” Jake further described:

When I’m going through that door and I’m looking at the person next to me who's saying ‘alright good, let's go, let's get this’ and the next person is saying ‘I got this, let's go,’ and you're saying the same thing, and we know on some level we're all [afraid], but you draw a lot of strength from each other.

Trustworthiness, as a result, was described as being fundamental to belonging within the policing community. Margaret stated, for example, “If people don't trust you, if your colleagues don't trust you, and your employer doesn't trust you then, you really are no use to anybody and you shouldn't be in this job.” In line with the importance of trust was the idea, embedded within a narrative of camaraderie, that police officers “look out for their own,” providing protection not only in physically dangerous situations, but also politically threatening situations. Zoe reported:
I'm always going to back up my platoon mates. I'm not going to stand up for the
guy who is blatantly wrong, but it's innocent until proven guilty with your
coworkers. It's very much -- it's kind of us against them in some senses.

As Zoe’s words suggest, another complexity of the way camaraderie functions within the
police culture is by creating closeness and allyship that inherently excludes those who do not
belong to the ingroup. In Zoe’s example above, she draws a distinction between her own platoon
and those outside of this immediate group, including upper management. This was a common
narrative among participants. Jeep stated, for example, “the only support you’re going to find [is
from] the guys and girls on your level, that work with you and have to do the same shit.” Ingroup
and outgroup lines were drawn in a variety of ways. Narratives revealed that an “us versus them”
dynamic can be created between members of the same unit due to competition for promotion;
between different units due to perceived differences in prestige; between different ranks within
the paramilitary hierarchy; and between police officers and civilians, the media, or other external
entities. Bubbles described that he was not welcomed into the culture of a new unit because his
presence caused sense of competition with his colleagues, stating, “I didn't have the ability to
really make a good impression . . . [because] people were already judging me as competition. I
got the feeling that certain people were already choosing not to fully give me the benefit of the
doubt or be friends with me.” Faye described that acceptance within the cultural context of a unit
is an important factor in determining one’s career trajectory, saying, “The pressure is to belong,
because if you belong, you get accepted; if you get accepted, you get to go into the units that are
respected. . . . If you’re not accepted and they don’t like you, you don’t get to those places.” Jake
described a sense that external forces were against an “us,” meaning he and his fellow officers,
stating, “We've got bad guys against us, we've got courts against us, we've got weapons against
us. We're used to adversity.”
Alongside positive and protective functions of camaraderie, participants also described strict factors upon which trustworthiness and belonging were determined. Participants reported that camaraderie or belonging was challenged especially when there was a lack of trust between officers. Jeep described that in his experience, individual units had subtle systems for maintaining adherence to norms promoting trust. He stated:

I've seen it . . . where the guy who doesn't do the calls [or “doesn't get involved in the big fight because they’re afraid”] . . . they get ostracized or they get dealt with . . . and it has its place . . . I have to trust you and I have to be able to count on you and if I can't, it needs to be dealt with.

One's reputation also appeared to be key in determining belonging and trustworthiness, and several officers spoke of the importance of protecting one's reputation. For example, Faye indicated that a supervisor was flexible with him around sick days while he was struggling with various stressors. He described that he was afforded this leeway as a result of his reputation:

That [leeway] comes from reputation, that comes from [my supervisor knowing] who I am, where I’ve been, what I’ve done. I’m not just some new kid . . . I hate to say it, but I kind of earned that reputation or that leeway as crazy as that sounds . . . it’s nothing that’s etched in stone, it’s kind of just how we exist.

Narratives throughout research interviews suggested, however, that an officer’s reputation is delicate, and that perceived indiscretions, or actions falling outside of immediate cultural norms, may result in a loss of reputation and therefore belonging. Faye, for example, went on to say, “it sticks with you your whole career after you make one big mistake.” Dryfuss compared his experience of camaraderie within military culture to that of policing, and noted how one’s reputation is easily damaged and may result in a loss of belonging:

If you have a moment of weakness, which everybody does -- you get scared, [for example] . . . [in the military] you don't get judged. You get through it and you get
supported and if you really weren't fit for it, you get removed, but that happens so rarely. It's such an effective system. Whereas in policing you're judged . . . in policing I don't think you have any unconditional anything. It's all predicated on conditions.

Duty. Twelve participants reported a sense of duty that guided their work and which they saw as a necessary quality to being a police officer – one that set them apart from others who were not a part of the policing community. For example, they described a willingness to make sacrifices in their personal lives because they were driven to contribute, protect, or provide justice. Several of these officers acknowledged that not all of their colleagues possessed this sense of duty, however, they also described that a lack of dedication, self-sacrifice, and work ethic would be noticed and viewed negatively within the community. Andrew described that dedication was a necessary quality in this line of work, stating, “you have to be reliable and dedicated to what you're doing.” Dryfuss reported that despite becoming disenchanted with his organization and policing in general, he retained a sense of duty:

I think you do need a sense of duty, which is not innate to a lot of people . . . And as disappointed as I was in what happened . . . I still have pride in my job, in my duty, and I'm not going to let what was done to me affect my performance . . . You need a sense that . . . this is my duty, I'm obligated to do something here . . . you don't wait until you're asked to intervene.

Donald also described that dedication and commitment were valued in the culture:

We put in a lot more hours than we get paid for, everybody does. The one's who don't, we know them and they don't get anything. You want a position in the building? No, you're a clock watcher, you're in the last minute, you leave at the earliest minute, that's not what I need . . . I need someone that brings heart and soul into it and I've got lots of them available.

Zoe, on how “clock watchers” are perceived by their peers, states, “You can't just go out there and coast. People do that and they're not well received or well liked. You have to be hard-
working, you have to be self-motivated, you can't just sit in your car and wait for calls to come
in.” Jake described that a sense of duty was almost inherent to individuals who become police
officers, including himself. He reported that he knew of few colleagues who were not internally
driven by a sense of commitment to their work:

I can't stand to see someone in need and not being able to go over and help them . . . that's why coppers are, for the most part, easy to supervise ‘cause we're so self-motivated . . . you could literally go out and sit in a parking lot and if that radio doesn't go all day you could sit there and make 80 grand and do nothing, all day. And I work with these people . . . [but they are] extremely rare . . . [We] will get out and work their butts off all day, in the rain, it's freezing cold, it's minus 30 and [we’re] out there . . . because it's what we do, it's what we enjoy.

Jack described his perception of what makes a “good police officer” as such:

You need to want to be a cop, you don't want to be a law enforcement officer, you
don't want to be a police constable, you don't want to join the job because it's
good paycheck and there are benefits and room for advancement . . . somebody
who wants to make a difference, who is willing to -- when everybody is running
[out] you want to be running [in], not because this is my job. No, this is the right
thing to do.

Participants also described that this sense of duty extended even to their off-duty time. They
reported a willingness to make personal sacrifices for their work. For example, Margaret
reported:

I get involved in things off the job, too, that people just wouldn't even consider. It’s because of who I am and what the job has made me and what I know and the competence that I possess and the feelings I have for people in general that make me to do that. There’s lots of times I don't . . . put myself first.

**Effectiveness.** Furthermore, 15 participants indicated that competence and efficacy were
valued attributes within their workplace community. Jack reported, for example, that officers
should locate and invest in the context in which they are most competent. He indicated that
effectiveness and a willingness to learn and become more competent was a fundamental attribute to good policing:

If you find that niche, whether it be mental health, or drugs, or whatever, a good cop -- a successful cop, is one who does the job well. . . . You have to be willing to learn . . . You have to be willing to realize that, okay, I don't know everything.

Vera described the perception that recent promotion practices in her organization did not encourage development of competence or expertise in a particular area of policing, and indicated that she and others felt this was problematic. She stated:

Once you find officers who are interested in a certain field and they excel in it, then continue to have them excel in [it]. [Because] then you're getting more and more expertise in those areas, which is better for the organization, which is better for the community. Then you have people [in each area] who are really good at what they're doing.

Although it was acknowledged that the specific skills needed to be effective in a particular unit varied, participants described a set of characteristics as being central to general effectiveness on the job, including physical fitness, good communication skills, confidence, intelligence and critical thinking, and self-awareness. Jeep’s definition of a good police officer included:

[An] analytical thinker, and very observant. Those are tools and you need to develop as you go. . . . They're the problem solvers . . . the guys that want to go in and deal with the people and resolve the situation . . . they're not quick to bring their own biases in there. . . . They listen, they can listen to everybody.

Zoe stated, “You have to know your material. You have to pay attention to your training . . . you've gotta be confident in what you're doing. You have to be able to back your shit up.” She later expanded to make note of the importance of communication skills, saying,

Communication skills are number one. On the job with people, with your supervisors, with your co-workers; not just talking, but listening to people. You
go to calls with some people that can't just shut up and let the person talk, so it takes twice as long to do it or they're missing something because they're not letting the person talk.

With regard to communication skills, Vera stated:

You have to have the ability to speak to people, you have to have the ability to communicate either verbally or through body language. We are a representative of our communities and if we can’t talk to people or we can’t communicate, especially in times of crisis, we’re not too effective.

Experience and explicit demonstrations of competence were also described as important factors in evaluating an officers’ fit within a particular unit or within the culture widely.

**Fairness and Compassion.** Fifteen participants described that fairness, compassion, and a fundamental integrity were integral to the job of policing. Participants described valuing the opportunity to show compassion and the necessity of a strong moral compass in navigating challenging situations on the job. A thread that was observed throughout various narratives within the current study was the desire to help others. In addition to reflecting the sense of duty described above, this illustrated an underlying compassion which many participants reported attempting to embody in their roles through expressions of empathy and a commitment to honesty, respect, and fairness. Vera reported, “you have to want to help people. You have to care.” Andrew stated, “you have to have respect for the community, the people that you are there to help, because that’s who you’re working for.” Margaret reported a shift in the culture since her early career, in that more open displays of compassion were accepted. She stated, “You don't have to be the tough cop . . . you can be genuinely sympathetic with people. I think the job has changed . . . things have evolved to that.”
With regard to fairness, participants reported the importance of being open, accountable, and meeting the civilians they encounter, including those being arrested or investigated, with respect. Donald stated, for example, “You have to have a willingness to work with people rather than against them. They've all got [their] issues, even the bad guys. I've only known evil about three times in my career... The rest are just people who've done something bad.” In addition, Jeep reported:

I don’t care whether you’re a mom and pop going to church, or you’re a hardcore gang guy; all things being equal, I always start off with ‘Hey how is it going?’ – cause there is no reason not to, right? Unless you give me a reason.

Participants emphasized the importance of integrity, and of being guided by a strong set of morals. Bear described that a lack of integrity would be negatively viewed by one’s peers and supervisors and also lead to a lack of effectiveness due to doubts around credibility. He indicated:

If you don’t have integrity, you may as well pack it in and go find something else to do because everything you do is going to be looked at with a skewed eye -- from your fellow officers, to your supervisors, to the courts. If you can’t get into the box and have some credibility with a judge [when] you’re recounting the facts you’re wasting their time. You may as well not arrest anybody.

Scoop also emphasized moral integrity, stating, “Number one I guess is knowing the difference between right and wrong. That's kind of obvious. I think you should have a strong moral fiber... Although we're prone to make mistakes sometimes... you have to be able to practice what you preach.”

While each of the 15 participants captured within this subtheme made reference to the importance of fairness and compassion in their work, and described that they attempted to
embody these characteristics themselves, several participants also acknowledged that they had observed colleagues behave in ways not in line with this narrative. Jon stated, “you hear things that officers do that completely ruin my concept of what a police officer's supposed to be. And, like I've done stuff that I shouldn't have done.” Terry reported that she had witnessed fellow officers being violent without cause. For example, she described that on one occasion, she encountered the following scene:

There were a number of probationary officers who were younger there, and there was one guy who was literally kicking the crap out of this kid -- he’d stolen a car. . . . I put a stop to it right away, and then afterwards when we got to the station I literally went up one side of him and down the other. I was just really angry.

She described being upset by this experience not only because it conflicted with her personal values, but also because of the perception of police officers it created in the community:

The perception is that we’re all just a bunch of thugs that just want to beat people up, and yeah, the job does attract that element -- not so much as it used to, but unfortunately there’s still a lot of testosterone in the police service. And I don’t like being painted with that brush ‘cause I’m above that.

Jeep presented a nuanced perspective to variability in expressions of compassion by police:

I'll do a lot of talks in schools, right, and [the kids will] be like, ‘cops are assholes,’ and I can't argue with them. . . . There are a lot of dicks, ‘cause I work with them and I don't like them either. . . . But then I go, ‘the guy that maybe is being a jerk to you, for all you know, just came from a call where some baby just died, right?’ So, I try to give them the other side too. That even a really good person, if they’ve just dealt with something crazy and they’re dealing with some teenager in the park that doesn’t want to leave because, you know, ‘fuck you cop’ -- you know, my patience levels drop dramatically on that kind of thing. So, we have all kinds, and I’ve worked with all of them. I think the vast majority are still just good people that want to do the job and go home . . . but there are some you just shake your head . . .
Although in apparent opposition to the narrative of a culture of fairness and compassion, these observations demonstrate that, at least among participants in the current study, a lack of fairness and compassion is likely to problematized. Along with the other complex narratives surrounding the police culture outlined in this chapter, these observations also illustrate that culture is not a monolith, and that individual adherence to cultural values and expectations varies. This is further explored in *Mechanisms and Variations in Cultural Adherence*.

**Power and Control.** Seventeen participants in the current study described that structural and symbolic power \( (n = 11) \) and exercises in control \( (n = 14) \) were implicit in workplace practices. With regard to power, participants acknowledged that their positions granted them a great deal of power and therefore responsibility. Throughout interviews, participants also made reference to hierarchical power structures existing within the paramilitary model of policing, and discussed efforts they and others made to gain power via promotion or other means, or to navigate explicit and implicit power dynamics. Speaking to the power inherent within the job of policing, Bubbles stated, “you have a lot of power in your hands.” Jon expanded to describe the sense of responsibility that accompanies this power, specifically in delivering next of kin notifications, stating, “You have to be able to deal with that power, to be able to console these people . . . If [you don’t] deal with it properly, it could make things even worse, right?”

Some participants described ways in which peers wielded this power as an extension of their egos. Giselle described that some of her colleagues misused their power, stating, “I swear to God they were like the geeks in high school, they were the losers, and they think putting on a police uniform suddenly turns them into men. They were the worst ones because they were usually assholes to people.” Participants also commonly made reference to power-seeking, for example, via seeking promotion, as an indication of poor moral character or untrustworthiness.
Jeep reported, “there are a lot of dick people there that are in charge in the hierarchy that all they are concerned about is their pension, their position, their promotion -- they're motivated by their own self-interest.” Similarly, Vera described a supervisor who she did not trust as such: “he does whatever is best for him and not what's best for the greater good, or the unit. He wants to make himself look good all the time. He's bucking for a promotion.”

Dynamics of power were also described as impacting interpersonal dynamics within the culture. Jake reported that newer officers might be wary of actively engaging in a Critical Incident Stress Debriefing due to power differentials and competition. He stated, “group dynamics being what they are, the new guy on the shift isn’t going to open up, the guy who has a rival with another shift member isn’t going to be vulnerable in front of them . . .” James indicated that as a Sergeant, he feels more comfortable challenging the officers under his supervision than the upper management of his organization, stating, “I'd rather go up against the officer, as opposed to going up against the leadership of the organization.” Bear described that after being involved in a high-speed pursuit that resulted in the death of a civilian, he was differentially willing to accept criticism from his peers depending upon their seniority or status:

Senior guys I can take it from . . . because they’d been there and done that. . . . But when you’re getting it from the young guys, who are a little wet behind the ears, three years on -- okay, come and talk to me after you’ve been on fifteen years . . . I can take it from the older guys, but these guys? No, unacceptable in my mind.

Narratives relating to control were also a common theme within discussions of culture. Participants reported expectations of authoritativeness and the ability to exercise control of external situations, but also that efforts at mental and emotional control were common and
necessary in the job. Jeep reported that the ability to exert authoritative control is inherent among the best police officers:

> The best cops are the ones that . . . the uniform’s superfluous. If I walked into a situation wearing my T-shirt and shorts, I could control it pretty much as well as if I was wearing a uniform. Those people . . . don't need the uniform to give them those tools. They have it. They can speak, they carry authority, people will listen to them regardless.

Jon reported enjoying this aspect of the job: “I like to be able to take [a situation] and try to control it. So, there's mayhem going all around, it's your job to take control of that and get everything back in order, and protect people, and make sure everything goes ok.” Andrew stated that this was broadly true of police officers, stating, “police officers like to be in control,” and Dryfuss stated, similarly, “the type of person that gets into policing is a control freak.” Others outlined the importance of being able to embody authority and take control of situations on the job. Faye indicated that, “a person who can't take charge will lose charge of situations, and that can put you in a bad spot. So, you need to really get in there and take charge. Not very member of the public likes seeing the results of it, but it is what it is.”

This standard of external control appeared to extend to participants’ internal experiences. A number of participants described that mental and emotional control was normative among those belonging to the police culture. Dryfuss stated, for example:

> Policing culture is that you have to, [even when] you are having the worst thing [happen] in your personal life, you have to put on your uniform and go out and do a job that . . . requires confidence. You have put on a persona of calm. You have to control your emotions. You have to try and leave your personal baggage at the door.

James also reported that this was an important aspect of being effective on the job, stating, “You have to maintain control of your emotions. You have to practice that. I don't let that get effected
too much.” Jake indicated the perception that emotional guardedness was a common attribute of his fellow officers. He reported, “most police officers are not by nature open people. At least most of my colleagues aren't. They’re very guarded with their feelings and emotions.” Bubbles indicated that this emotional control becomes quite automatic and difficult to turn off:

I think officers get so used to shutting off their emotions and playing that role, that it's easy to forget that that there's a way to do it. I just feel like there is a way to enforce laws and be that disciplinary figure without shutting off your emotions. But it's tough, because it's not the cultural norm within policing.

Vera described that demonstrating emotional control is an important method of proving oneself and gaining acceptance and respect from peers. She noted that for women, this may be especially vital. She stated:

Everyone has to prove themselves, but I think women have to prove themselves that much more . . . so, you don’t want to show that kind of emotion. [You want to show] that you're in control. Because policing is all about control. You have to have control when you're doing stuff.

**Toughness Ethic.** The term used to title this final subtheme of police culture was borrowed from Pogrebin and Poole (1991) who described a social environment in policing in which emotional expression is denied, reflecting a “toughness ethic” (p. 398). Throughout research interviews, 17 participants in the current study described personal and peer-driven standards for maintaining a high threshold for stress, an expectation that they continue functioning at a high level regardless of the weight of workplace demands, and norms of masculinity or “machoism.” Toughness was also demonstrated via emotional control, and thus related to the previous subtheme. Participants acknowledged that in part due to the historical demographic makeup of police services, and in part due to the physical nature of the job, policing culture tended to be bound up with masculine norms. Norms of masculinity appeared to
partially underlie standards of toughness. Jeep indicated that the fact that policing is a “macho” job presented challenges for openly acknowledging distress or the need for support. He stated: “It’s just the culture. We do a macho job, still, even though they are trying to cut [that] away. It's a macho job. You carry a gun, a badge, you drive fast, you arrest people. So, yeah there's a lot of expectations [about how you express yourself].” Faye described the perception that a valuing of masculine attributes extended to hiring practices, stating, “I think they hire alpha males -- not alpha males, alpha people -- that are more A[-type] personality, more aggressive.” Dryfuss also described that the police culture remained dominated by men, noting, “Policing still a very male [profession]. Our chief is a guy, we've never had a female chief, all the senior officers are men. There's the odd token female in the organization, but it's very male dominated.” Terry concurred:

There’s always going to be that macho element. We still have more men than women. As far as the man-woman ratio, we need more women, mainly because I think women, they handle things differently. They’re more sensitive and they can be just as tough but they are more sensitive to issues, I think. Once you address that ratio you won’t have as much machoism, the testosterone element that leads to that culture of being a tough guy.

The culture of being a “tough guy” was displayed in a number of interview narratives. It was made clear by most participants that within their community, they themselves, their peers, and their superiors often had expectations of sustained and unwavering mental strength, and a capacity to remain effective and outwardly composed in the face of significant stressors. Andrew stated, “you're going to have your rough days, [but] you’re going to have to suck it up and carry on, people depend on you.” Bubbles opined, “police officers do need to be able to cope with stressful situations while remaining mentally stable. In my opinion, the idea of being ‘calm under pressure’ is an attribute of a good police officer.” Jack described observing that these were the standards by which he should abide, stating, “It's quite clear that these things are not supposed to
Jon described a similar understanding of his workplace culture, stating, “Nothing's supposed to get to you, right? I guess that's what it is. You've been taught to think you're still taught to think that way.” Terry reported, “as a police officer you're supposed to be able to be the tough person, you’re supposed to hold it all together.” And similarly, Vera described:

We think you need to be a strong personality, tough-minded, capable of dealing with stress and reacting in chaotic situations under stress, and reacting appropriately, and being able to save someone's butt in a life-and-death situation... We're not supposed to show that it's gotten to us.

Scoop described the types of high-stakes situations in which it is vital for officers to remain calm and project toughness:

I remember when we were doing our tactical training, we're training to go after an active shooter. And your natural instinct when the brass hornet is flying by you is to jump out of the way, and I did. And no, you can't, you have to go that way. It is statistically proven that bad guys are shitty shots in the first place, so your likelihood to get shot and killed is minimal. However, when you hear [the bullet] go by [you want to run]. But your job is to [approach]. So your instincts [go] away. That's part of your resilience, mental toughness.

Women in Policing

Five of 18 of the participants in the current study were female officers. Throughout the course of research interviews and in particular during discussions of workplace culture, each female participant, as well as one male participant \((n = 6)\) named specific challenges of existing within the culture as a woman. Five participants addressed unfair or unequal standards for female officers. As Terry stated, “When I first started, and it still exists a little bit today but not as much as it was, there was a real bias against women in policing... you have to be twice as good to be given half as much credit.” She went on to say, for example, that she feels her fellow male officers judge her and doubt her capabilities or effectiveness as an officer:
Even to this day when I have to go to yearly training . . . You’re always feeling like these young guys or even these older guys are judging you -- you’re not good enough, you’re not strong enough, especially now that I’m older. It’s like, well what the hell is she going to be able to do?

Vera echoed these sentiments, stating, “when you first start policing, everyone has to prove themselves, but I think women have to prove themselves that much more.” Perceptions toward women in the culture were not wholly negative, however. The existence of benevolent stereotypes also emerged from the narratives of these 6 participants. Dryfuss identified a bias that he and other male officers held toward their female colleagues:

I would go to talk to a male on my platoon about a work problem before I would go talk to a female constable, unless I know them, and I know that they know what they're talking about. It's just like some kind of misogynistic bias -- because policing still a very male-dominated [profession].

However, he also stated that when he was struggling with mental health issues, he preferred to discuss this with a female, rather than a male Sergeant as he expected a more compassionate response from her than he would his male Sergeant:

I went to see my staff sergeant. I think the only reason I went was because she was female and I felt it'd be okay to tell her . . . I would have been very uncomfortable telling a male supervisor . . . I think female supervisors come across differently. . . . I found that they could be a calming influence . . . not emotional, but more empathetic.

Zoe also described experiencing both positive and negative aspects of being a woman in the police culture. She reported being upset when a Sergeant had a member of her service’s peer support team check in with her following a bad call, but did not do so for any of the other male officers who had also attended the scene. She described feeling “singled out and underestimated, like, the new mom, [the] female can't hack it. She isn't mentally tough enough to deal with this.”

One the other hand, however, she reported the perception that double standards with respect to
women in policing presented both positives in negatives, in that being emotionally impacted by one’s work was in some ways more acceptable for women:

I think you kind of have to prove yourself a little more as a female and you may have to like be a little stronger, but . . . it's less of a big deal if you get to that tipping point than if you're a guy . . . I think there's pluses and minuses to being a female on the job, and one of the minuses is that they expect us to be emotional, and one of the pluses is that they expect us to be emotional.

Three of 5 female participants in the current study described that there was pressure to demonstrate fit within certain culturally-sanctioned norms of toughness or masculinity to prove themselves or be accepted by their male peers. For example, Giselle described that early in her career there were few women hired to the police service, and as a woman, she experienced a subtle pressure to embody a more masculine image and a sense that femininity was somehow incompatible with policing. She stated, “The mold [for women] was masculine. Short hair, big, a lot of lesbians . . . and they were so few of them, really! I don't know if that was a hurdle for me or not but sometimes I felt like it was.” She reported that although she and her female colleagues felt that they were on par with their male colleagues, they were not treated as such, stating, “when I talk to my female officer friends, we all felt the same way. We all felt we were [the same as the men], but we weren't really. Even though we were doing the same stuff and answering the same calls.” Similarly, Margaret reported a desire to be seen by her male colleagues as “one of the boys,” but that she was never able to achieve that sense of complete acceptance or equality despite close relationships with her male peers. She reported that she eventually made peace with this by recognizing the unique qualities she brought to her work as a woman:

Being one of the boys, being accepted as part of the team was very important early in [my] career. I think once you realize . . . that you are not gonna be one of
the boys, you are not the same as the guys -- you've got different qualities, that
that make you who you are, that will dictate your successes, and they are not the
same as the guys -- once you realize that, I think you become more at peace with
yourself, and stop trying so hard to be one of them because it's not gonna happen.

Terry indicated, in contrast, that attempting to be accepted into the police culture as a woman has
prompted her to ignore stress and to project an outward toughness that does not align with her
internal experience:

[Being a woman in policing has] made me work harder. To appear better, to
appear more confident. I am much more confident than I ever used to be. It also
has made me, when I am stressed, not admit to it -- It’s made me work harder to
be one of the guys, to be accepted as one of the guys, because that’s the way you
do it, otherwise you won’t be accepted. . . . You don’t show any emotion, you
don’t show any sensitivity. Even to this day most of the people I work with have
no idea how sensitive I am.

Participants also reported unique challenges to being a female police officer, such as challenges
with maternity and childcare, or a greater vulnerability to danger on the job as a result of smaller
statures.

Four of 5 female participants made reference to a unique sense of camaraderie between
themselves and other female officers. They described sharing experiences and perspectives and
providing each other support. For example, Vera stated, “I don't have a lot of police friends . . .
but there is a small group of ladies that I would hang out with. I cherish that a lot.” Margaret
indicated that she was involved in developing an association for female officers, and creating a
community with other women in her field. Margaret also noted, however, that masculine cultural
norms minimize membership due to the pressure for women to belong: “I wish it was more than
what it is [but] it’s a tough sell for a lot of people, a lot of women; I think because they don't want
to be separated from being one of the boys.”
Mechanisms and Variations in Cultural Adherence

This section provides an overview of the ways participants in the current study described how they become aware of cultural expectations in their workplace, the mechanisms by which adherence to cultural norms was reinforced or encouraged, and variations in their own and others’ adherence to these norms. This data is captured within the subthemes Implicit Mechanisms ($n = 11$), Explicit Mechanisms ($n = 10$), and Cultural Spectrum ($n = 15$).

**Implicit Mechanisms.** Throughout interviews, participants frequently referenced behavioural norms among police officers as if they were a given, for example, stating, “you just don’t . . .” or “you just have to” behave in certain ways, or when asked about the reasoning behind certain behaviours, indicating that this is simply the way things are. Often, they had difficulty identifying specific experiences or instructions from which these expectations for themselves or their colleagues originated, or articulating the reasons they adhered to certain standards. Despite this, when pressed further, participants were able to expand on the underlying values, meanings, and expectations implicit in normative behaviours, as well as the potential consequences of not abiding by them. Eleven participants’ narratives belied a set of moral and behavioural standards remaining relatively unspoken but understood implicitly, and reflecting cultural norms within their work environments.

Implicit mechanisms of cultural adherence were observed across various themes to be explored further in the chapters to come. In particular, this was seen in discussions of cultural standards around expression of emotion or acknowledgement of psychological impact of workplace incidents. Participants stated this seemingly shared understanding as a simple fact. For example, Andrew: “you don't talk about it and say this affected you, because then they are gonna look at you differently; Frank: “It just is what it is. Guys don't talk;” and Jake:
I know you were quaking in your boots throughout the whole thing but I'm not gonna say it and you're not gonna say it, because that culture has just become so entrenched . . . it's just not something that you bring up or talk about.

In discussions with the researcher, the implicitness of such understandings becomes even more apparent. For example, in a discussion with Jeep about why he “buried” his emotions with regard to past traumatic incidents on the job:

[Interviewer]: You talked about burying [your feelings]. So, I want to know a little bit about how? Why?
[Jeep]: Why? It's just 'cause -- that's just what you do.
[Interviewer]: It's what you do…
[Jeep]: It's just what you do. You don't -- it's just what you do.
[Interviewer]: Okay, talk a little bit more about that.
[Jeep]: You just -- that's just what you do! It's -- you're a cop! You don't just sit there and go 'hey, you know that thing I saw last night? Yeah, that really fucked me up.'

Jack described that he did not learn expectations around psychological impact and expression of emotion via explicit communication but by simply observing his fellow officers.

[Interviewer]: How do you know you're not supposed to talk about it, you're not supposed to show weakness? How does that get communicated? It's a hard thing to put into words, I know.
[Jack]: Yeah, because it's not like -- I guess you learn from watching. You go to these calls, and the senior guys are handling it in a certain way. It’s not like they come out and say ‘you can't be bothered by this,’ but you just learn from watching and from listening and it's quite clear that you know, these things are not supposed to affect you.

Finally, Bubbles reported a sense of how his nonadherence to cultural norms created tension and an implicit challenge to the status quo behaviours of the officers around him. He stated:
It's not like I'm saying to another officer ‘Why are you policing like that? Why are you being like that?’ But, just the fact that I'm doing something different than them, challenges them indirectly, or it creates a bit of an environment where people feel challenged, I think.

**Explicit Mechanisms.** In addition to implicit expressions encouraging cultural adherence, participants identified more explicit ways in which cultural adherence was reinforced, or nonadherence was discouraged. Ten participants described being explicitly told what behaviours were expected of them, were able to identify likely career consequences were they not to abide by cultural norms, witnessed others who did not adhere to cultural norms or expectations alienated or denigrated by peers, or discussed the ways in which the simple nature of the job (e.g., high call volume and little recovery time following bad calls) encouraged adherence with policing norms (e.g., emotional control). Bubbles reported that after struggling to gain acceptance in a new unit, he was told by a coworker that his faith made them question his trustworthiness and ultimately, his willingness to “take care of his own,” standards of the *Camaraderie* norm elucidated above:

> We had a private conversation in which he basically told me that, ‘guys are a little concerned about your faith and how it's going to play a role in how trustworthy you are if something were to go down where you have to lie for somebody.’ And I was like, well, that's a tough one . . . And I almost felt like they wanted me to be 100% on that question.

Faye reported the perception that a lack of belonging, facilitated by adherence to cultural norms, was likely to have concrete consequences in one’s career trajectory. He stated:

> As a young officer . . . the pressure is to belong, because if you belong you get accepted; if you get accepted you get to go into the units that are respected, and to be getting into those units means you have done good work, people like you, now they put you there and you can perform there. If you’re not accepted and they don’t like you, you don’t get to those places.
James described that in his experience, enforcing the values of the organization by disciplining members as a supervisor (also perceived to be in opposition with the “looking out for one’s own” standard) resulted in alienation. He stated, “without a doubt isolation is the consequence to maintaining the values and the policies and procedures of the organization.”

Other participants described witnessing how officers who challenged cultural expectations were regarded by their peers, and that this reinforced their personal adherence to cultural norms. Jack reported, for example:

Another officer told me, ‘I was working with [a friend of yours] and we did a sudden death, and he asked me afterwards - Did that bother you? Because it really, really upset me.’ And this other copper was kind of like, ‘what the hell is his problem?’ So there’s that as well, you realize you’re not supposed to say things like that.

Jeep also described being aware of ways in which individual platoons would engage in a sort of subtle “self-governing” around adherence to cultural expectations within that specific community. He noted that he did not experience this himself because he did not deviate from the norm, for example, of not calling in sick following a bad call (i.e., Camaraderie; Toughness Ethic). Jeep reported:

It's a very subtle kind of pressure that's going to be put on you . . . if something happened, say you were in an incident and you took the rest of the block off because of it, maybe someone would say something to you but probably not. But when you came back there would probably be that sense of . . . insidious pressure or judgment, or culling the herd almost. Like you can't hack it . . . [Interviewer: Is that something you ever experienced personally?] No, because I never stayed off.

Cultural Spectrum. Although participants reported a variety of mechanisms by which adherence to cultural norms was encouraged, 15 also acknowledged a breadth in the degree to which individual officers in fact adhered to each norm. Four referenced the existence of what
will be called “microcultures,” or smaller communities existing within the wider police culture, such as units or platoons, and which functioned according to a set of unique norms and values existing somewhere along a spectrum of adherence to each of the cultural norms outlined above.

Bubbles summarized this phenomena as such:

As much as the police force is this big organization, it's made up of so many little groups. Each station has five shifts, each shift is its own microcosm of the police service. A shift is maybe 20 guys with three sergeants and a staff sergeant. Each shift has its own dynamic based on the personalities in that group . . . the guy-girl ratio, the visible minority ratio.

In particular, participants described that the leadership (i.e., shift sergeant, staff sergeant) of a particular unit or shift had the greatest potential of creating and shifting norms within that microculture. Bubbles made reference to the importance of this aspect as well:

A key thing is the supervisors. My supervisors right now, they're the most laid back, generous, kind, family-oriented people. So, total contrast from the new detective that's trying to prove himself, that doesn't like the new young guy because maybe he's a little bit different. . . . So everything down the line of command and the whole hierarchy of power is smooth, laid back, easy, family-oriented.

Donald also reflected on the importance of supervisors in creating a culture of support:

If you get good leadership, you have a good working environment. I've seen occasion where the supervision was falling down, and so the schoolyard bullies take over. You've got to remind them sometimes they're not in charge and then the real normal people can come out and stand up because they've got support.

James described his supervision style in contrast with others. He described the importance of holding officers accountable and adhering to organizational values:

You see supervisors who are friends with their people . . . they don't want to have to deal with difficult situations, they don't want to critique the officer, they don't want to tell the officers the negative things, they want to praise the officer all the
time, and let somebody else deal with the difficult situations. Whereas with me, I have no problems dealing with the difficult situations. If I have to step in and correct the officer- hey, it's difficult but I won't turn away from doing that.

Elsewhere, James indicated that the reputation he gained from this approach created fear in the officers of a unit he transitioned to. He stated, “going into the office apparently created huge fear . . . which put them in a situation where [they were] defensive, put them in a situation where now they had to protect themselves. I hardly knew them, but they had definitely heard about me.”

Vera reported that generally speaking and especially in recent years, adherence to norms which may discourage openness around mental health issues varied significantly across people. She reported the perception that the existence of individuals on the more traditional end of the spectrum created a sense of fear despite openness among others. She stated:

Some people have a better understanding, like I think I do compared to a lot of other people. You have a greater range now whereas before it was -- everybody felt that same way or they figured they have to toe the line the same way. Now, some people are more open and understanding to it, but a lot of people still aren't so there's still those fears.

Finally, some officers reported explicitly challenging cultural norms. Jeep, for example, described:

I don’t give a shit. In some ways it’s wickedly liberating because there are all these people like ‘Oh you can't say that’ and I'm like, ‘I can say anything I want!’ I spent 10 years not saying stuff . . . if someone thinks it's bullshit, call me on it! But I'm not going to sit there anymore and say, ‘oh no, you know, blah, blah, blah, platitude, party line, party line.” No! This is what it is okay?
CHAPTER 6
RESULTS
WORKPLACE STRESSORS AND OUTCOMES OF STRESS

Participants in the current study described experiencing numerous organizational, occupational, and traumatic stressors throughout the course of their careers, as well as a variety of stress-related outcomes. In the current study, a stressor is any event, experience, or environmental stimulus that creates some type of demand on an individual participant’s psychological resources. As past psychological research has demonstrated, any event or experience, even positive ones, can be experienced as stressful by an individual if it exceeds the individual’s resources, either immediately, or over time. Stressors in the current study are considered to be separate, though related, to stress itself (that is, the experience and outcomes of one’s resources being exceeded); the stimulus that creates psychological demand may or may not result in stress. See Table 3 for a complete outline of the Workplace Stressors and Outcomes of Workplace Stress reported in the current study.

Table 3
Workplace Stressors and Outcomes

<table>
<thead>
<tr>
<th>Organizational Themes</th>
<th>Major Themes</th>
<th>Subthemes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workplace Stressors</td>
<td>Corrosive Stressors ($n = 18$)</td>
<td>Lifestyle Stressors ($n = 13$)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Internal Politics ($n = 18$)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>External Scrutiny ($n = 16$)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Personal Stressors ($n = 15$)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lack of Recovery Time ($n = 15$)</td>
</tr>
<tr>
<td>Implosive Stressors ($n = 18$)</td>
<td></td>
<td>Worldview Strain ($n = 11$)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Futility and Helplessness ($n = 15$)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Overlapping Roles ($n = 14$)</td>
</tr>
</tbody>
</table>

126
### Organizational Themes

<table>
<thead>
<tr>
<th>Major Themes</th>
<th>Subthemes</th>
</tr>
</thead>
</table>
| Explosive Stressors ($n = 18$) | Risk and Danger ($n = 18$)  
Trauma Exposure ($n = 18$) |
| Cultural Stressors ($n = 12$) | Cultural Adherence ($n = 10$)  
Cultural Nonadherence ($n = 11$) |

### Outcomes of Workplace Stress

<table>
<thead>
<tr>
<th>Worry and Anxiety ($n = 15$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Posttraumatic Stress Symptoms ($n = 18$)</td>
</tr>
</tbody>
</table>
| Cognition and Perception ($n = 18$) | Altered Worldview ($n = 15$)  
Altered Self ($n = 13$)  
Disillusionment with the System ($n = 12$)  
Mistrust ($n = 9$)  
Empathy ($n = 11$) |
| Mood, Energy, and Self-Concept ($n = 18$) | Anger ($n = 15$)  
Burnout and Fatigue ($n = 9$)  
Sadness and Depression ($n = 17$)  
Suicidality ($n = 6$)  
Guilt and Shame ($n = 11$) |

### Health-Related Outcomes ($n = 9$)

### Disconnection and Relationship Strain ($n = 16$)

### Work and Career Impacts ($n = 11$)

<table>
<thead>
<tr>
<th>Positive Outcomes ($n = 9$)</th>
</tr>
</thead>
</table>

### Workplace Stressors

Emergent stressors in the current study fit into distinct categories which closely aligned with the types of police stress observed and defined by Waters and Ussery (2007). Waters and Ussery reviewed the history of police stress studies, and presented a model of police stress in which predisposing, resiliency, incident-level, and coping factors were taken into consideration. Their model proposed that the impact of various stressors within the police role may be
considered explosive (i.e., leading to acute and severe overt reactions), implosive (i.e., creating internal conflict, or interference with the officer’s values), or corrosive (i.e., eroding confidence, hardiness, and resiliency over time) in nature.

Although Waters and Ussery (2007) conceived of corrosive, implosive, and explosive stress as being defined by the outcomes rather than sources of stress – specifically, the timeline of impact and the dynamics of the relationship between the stressor and the individual experiencing it – in the current study, emerging types of stressors fit these pre-defined terms. Thus, Waters and Ussery’s terminology was borrowed to categorize emergent narratives around stressors. In the current study, sources of stress were often described in terms of their broad immediate versus longer-term impact and the participants’ interaction with the stressor. Discussions of sources and outcomes of stress often occurred at separate points of the interview process, thus dissociating specific sources of stress from their specific outcomes. Rather, outcomes were generally described as relating more broadly to the work of policing, or emerged naturally through the course of participant descriptions of their lived experience as opposed to in simple cause-effect narratives. In addition, a fourth category of stressor emerged from participant narratives which was distinct from those described by Waters and Ussery, and is defined here as Cultural Stressors.

It is noted that interviews revealed that depending on individual experiences and interpretations, there was variability in the outcome of each category of stress. For example, being scrutinized by the SIU, the public, or one's peers for an on-the-job decision (i.e., corrosive stressors), especially in the context of posttraumatic stress, could be experienced as a significant betrayal and shift officers' attitudes toward the organization or their work (i.e., implosive stress), or have a retraumatizing impact (i.e., explosive stress). As research has suggested, the experience
of trauma can also have an implosive effect, as traumatic experiences often challenge previously held beliefs about the self, others, or the work. Since the current study considered corrosive, implosive, and explosive stressors separately from their ultimate outcome, and rather, in relation to the participants’ dynamic experience with the stressor, this did not change how stressors were coded. Workplace stressors described by participants in the current study fell into four, occasionally overlapping major themes: *Corrosive Stressors* \((n = 15)\), *Implosive Stressors* \((n = 18)\), *Explosive Stressors* \((n = 18)\), and *Cultural Stressors* \((n = 13)\). Each major theme and its subthemes are summarized below.

**Corrosive Stressors.** In line with Waters and Ussery’s (2007) initial conceptualization of *Corrosive Stressors*, participants reported a number of routine, low-level stressors which may not have an immediate or acute impact on the individual, but contributed to overall strain, and in some cases were perceived to increase vulnerability to other more acute or significant stressors. All participants in the current study reported experiencing one or more of the following corrosive stressors: *Lifestyle Stressors* \((n = 13)\), *Internal Politics* \((n = 18)\), *External Scrutiny* \((n = 16)\), *Personal Stressors* \((n = 15)\); and *Lack of Recovery Time* \((n = 15)\).

**Lifestyle Stressors.** Sources of stress related to the unique daily demands of policing on participants’ time and energy were termed lifestyle stressors. These included shift work, long hours, and unpredictable schedules \((n = 9)\); unhealthy diets due to schedule demands, and sedentary work \((n = 5)\); difficulties with work-life balance \((n = 4)\); and the challenges associated with aging as a police officer \((n = 4)\). Each lifestyle stressor was described as a source of ongoing strain which impacted participant’s ability to maintain wellness promoting activities, such as eating well, exercising, spending time with family, or getting enough sleep. Bear summarized his experiences of these stressors as such:
Shift work, sedentary lifestyle -- sitting in a cruiser for four hours not getting a call. . . . Eating at irregular times, sleeping -- because you don’t work a permanent night shift, the hardest thing for me now- I used to work nights and, and I’d have no problem . . . Now, it takes two or three days to switch my clock.

Dryfuss reported that shift work creates challenges for balancing his work and personal lives, and noted that as he ages, shift work has become a greater source of stress on his body:

There's the basic things that aren't even unique to police, like shift work. Yes, it's a routine, but it's never the same routine. . . . I get my son for a bunch of weekends in a row, and then I don't have him for any weekends. . . . I'm 43 now, so I do feel night shifts now, like I never used to.

Jack described shift work as a source of cumulative stress:

The rotating shift work, after a while, beats the hell out of you. I know some guys that can do it for 30 years plus and it doesn't affect them, but the majority I think - after a while, not having that regular sleep patterns and just messing up with your body's natural rhythms just kills you.

**Internal Politics.** Another commonly reported source of corrosive stress was internal politics, which refers to all manner of interpersonal, political, or administrative strain experienced within the context of one’s organizational culture. All 18 participants in the current study pointed to one or more aspects of internal politics as a significant source of stress at one or many points over the course of their careers, including bureaucracy (n = 13), the politics of career advancement (n = 13), interpersonal challenges with the leadership, supervisors, or peers (n = 13), being the subject of an internal investigation or disciplinary measure (n = 12), or a perceived absence of internal support (i.e., organizational, supervisory, or peer support; n = 17). With regard to bureaucracy, participants described frustrations related to perceived unnecessary or unduly lengthy administrative procedures, a lack of perceived transparency or competency reflected by upper management decision-making, and a sense that there was an unreasonable
level of accountability expected of individual officers. Jeep reported, for example, his opinion that bureaucratic procedures create inefficiencies in the process of law enforcement:

> The insane amount of paperwork and duplication and redundancy. It's like from Monty Python, ‘Redundant office of redundancy . . . ’ when you sit there after a domestic or an impaired, and you're filling out the same information, again, for like, the seventh time . . . and he's out before you finish the paperwork.

The politics surrounding career advancement was a source of stress for a number of participants, who described being frustrated by decision-making in the promotion process, or felt themselves rejected or bullied by peers due to their disruption of symbolic norms around seniority. Jack stated:

> They're promoting the wrong people. They're not promoting [the guy] who wants to be a uniform sergeant so he can look after his platoon and help them. You're getting guys who are willing to gain rank by climbing on the backs of other people, or they're just yes men, or they won't make a decision.

Terry described that her promotion process caused tension with coworkers in one setting:

> He didn’t like me, and a lot of that came from the fact that I had brought my seniority with me as a [previous role] and the shift that I got assigned to was a very young shift. There was a lot of resentment that I had holidays before them…

Participants experienced interpersonal difficulties, internal scrutiny, or a lack of internal support in a variety of ways. Among higher-ranking officers, such as James, efforts to support organization goals by holding members to high standards caused greater stress when they were unable to depend on upper management to support them in doing so. James reported:

> If you're supporting the chief and the deputies, your staff sergeant should be doing it, your inspector should be doing it and your superintendent [should be too], but if they're looking out for self-serving needs as opposed to the organizational needs and they're not there when you look [to] them . . . it's such a disappointment.
From a front-line perspective, however, there was also often a sense that the organization was interested primarily in protecting themselves, rather than supporting the individual needs of service members. As Jeep stated, “what's the organization gonna do? There are going to pull out their rule book and go 'Oh, you shall do this or you shall do that . . .’ which is all written just to protect them. It's not written for you. It's written to protect the organization.” Margaret described how a perceived lack of support from peers, in particular following a high-stress experience, can cause additional stress:

I was criticized by some of the colleagues for approaching the vehicle. And I didn't want to approach the vehicle; it was the sergeant that approached . . . I felt some emotional stressors as a result of that . . . dealing with your colleagues, and trying to re-establish your credibility.

External Scrutiny. In addition to stress related to internal politics, 16 participants reported being chronically aware of multiple levels of scrutiny from various outside sources, which contributed significantly to their day-to-day strain. Sources of external scrutiny and associated stress included legal (i.e., within the court system; $n = 9$), government (i.e., SIU investigations; $n = 6$), and public/media scrutiny ($n = 13$). More generally, participants reported experiencing stress related to the sensation of being monitored or especially conspicuous to the public as a result of their role ($n = 7$) as well as the experience of being generally misperceived, mischaracterized, or misunderstood by civilians ($n = 13$). Jake summarized his experience of external scrutiny, in addition to multiple levels of internal scrutiny, and how it contributes to on-the-job stress:

[We are scrutinized by] our own internal organizations, plus civilian agencies, and the SUI, and civilian watchdog agencies, and the [Office of the Independent Police Review Director] . . . I didn't expect to have to think 18 levels through every time I go to make a decision . . . you have to do it perfect . . . and those decisions are never easy just in and of themselves.
Participants described the awareness that much of the work that they are tasked with doing is unpopular, and they reported experiencing what they perceived to be villainization by the media as well as anger or hatred from the public, as a source of stress. The subject of carding, for example, an issue of particular controversy in the General Toronto Area at the time research interviews were being conducted, came up in 5 of 18 participants’ comments. At the time, allegations that the common police practice of carding (i.e., the stopping, questioning, and documenting of individuals when no particular offence is being investigated) was disproportionately directed at people of colour was the subject of ongoing media and Toronto city council attention. On this subject, Jeep expressed frustration at the perception that no matter what action he took, he would be subjected to the same level of scrutiny by the public and/or media:

I think a lot of cops get into the thinking: What the fuck do you want me to do? Because if I do my fucking job, if I do what I'm supposed to do, I'm this. If I don't do it, then you are going to come after me for neglect, for not doing this, this, and this. So I don't know what to do anymore. [emphasis added]

Thirteen participants reported a sense of being misunderstood or viewed in simplistic ways by outsiders. In Faye’s words, “you have this burden placed upon you -- the public doesn't see that in the other side; they just see the policeman in the car driving around and whatever, they don't see the other side of things.” Also related to the feeling of being misperceived by outsiders was frustration caused when participants witness another officer exhibiting behaviours they believed to contribute to a negative perception of police. James, stated, of frustrations related to this concern in his supervisory role: “Sometimes it's even worse, you know it's, why are you wearing the same uniform as me? You are the one who increases the risk, I have to manage the likes of you.”
Personal Stressors. Personal stressors also emerged from discussions about workplace stress. Fourteen participants reported experiencing significant stressors in their personal lives, alongside the everyday corrosive, and more extreme implosive or explosive stressors they experienced on the job stress. Personal stressors were considered to be a type of corrosive stress as they often interacted with workplace stressors to contribute to strain and stress in the workplace, as well as to overall vulnerability to mental health problems. Three participants, for example, reported experiencing traumatic events in their personal lives. For these participants, the knowledge or identity that they gained from their careers framed these experiences in especially challenging ways. For example, Jon’s wife was involved in a life-threatening accident; he received a call about the accident from a co-worker. He noted that his experience as a police officer contributed significantly to his interpretation of the information he received (i.e., that she had been taken to a trauma hospital and was therefore unlikely to have minor injuries), and thus made the experience especially frightening:

You see things that are related to the police, like her getting in an ambulance to go to [trauma hospital] -- you know that's not a good sign, but then you've got people telling you ‘oh she's gonna be ok’ . . . she's going to [trauma hospital] from here so that's not right, that's scary.

Six participants reported that they experienced a divorce or loss of personal relationships which contributed significantly to stress at work. Faye described that his divorce compounded stressors on the job, stating:

[Work demands were] really weighing on me and then I had a thing in my personal life happen, which sort of compounded onto everything and it just got to the point that I was having [anxiety attacks]. I was going through a divorce . . . you're being pulled in all these different directions.
Other examples of personal stressors contributing to or related to workplace strain included conflict with children or spouses, deaths in the family, and major life changes.

**Lack of Recovery Time.** Fifteen participants reported that their accumulation of stress over time related to the perceived experience of high intensity work demands and a general lack of recovery time following calls or critical incidents, as well as to their tendency to maintain the same level of vigilance while off-duty as they do on the job. These experiences were conceptualized as a *Lack of Recovery Time*, as in both cases, participants reported an inability to disengage or decompress from workplace stressors, and thus return to their baseline level of functioning. As such, stress was perceived to accumulate or increase incrementally, slowly corroding well-being over time. Jack described it as follows:

> It's not the huge events it's not the big homicide scenes or accidents or anything like that, it's the day-to-day erosion that gets you down. . . . a friend of mine went to an industrial accident where a guy’s head was crushed and he said he said all the firefighters got counselling; he said, ‘you know what we got? We got a domestic an hour later.’ It's like hurry up, finish up, there's something else.

Similarly, Jeep described his experience of ongoing stress on the job as such:

> You don't deal! I just walk into work the next day [after a traumatic incident] and went to my calls and continued on. And then I went to a double homicide where the guy had no head, and then I went to work the next day, and then I went to a shooting where the guy was picking up his teeth, and then I went to work the next day -- one of our officers got shot, and I did the emergency run to [the hospital] with him and I was bagging his wet clothes from all the blood, and bagging them; and then, I went to work the next day.

Faye reported that his policing persona and a high level of awareness carried over into his personal life, causing a sense of pressure even during off-duty time, especially early in his career:
At work you gotta look a certain way, you act a certain way and you take that attitude and all those behaviours and mannerisms and you apply them to your off-duty time with your buddies. So, when you’re in a bar you’re always looking for stuff that is going on: you’re looking for guys dealing drugs, you’re looking for this, you’re looking for that.

Andrew made the point that when his posttraumatic symptoms began to bleed into his personal life, he was unable to engage in recovery while off-duty, describing, “It starts to set into your own personal life. You become more paranoid, more observant, you’re put more on edge in your own personal life when you should be able to come home and shut it off, and you can’t.”

**Implosive Stressors.** Stressors were considered implosive in nature when they created internal conflict, challenged existing perceptions of self, others, or the world, or were in opposition with the participant’s values. All participants reported coming into contact with one or more implosive stressor in the context of their work, while most described experiencing several. These included *Worldview Strain* (*n* = 11), *Futility and Helplessness* (*n* = 15), and *Overlapping Roles* (*n* = 14).

**Worldview Strain.** Eleven participants described experiences within their work that challenged personal or typical perceptions of the world, for example, the idea that the world is generally safe, that people are generally good, or that suffering is an uncommon part of most peoples’ lives. Six participants acknowledged that as police officers, they are disproportionately exposed to the negative aspects of people and the world, which shaped their perceptions of both. Zoe iterated a point made by several officers, stating, “nobody calls you when they're having good day and says, ‘hey can you come over here, and I wanna tell you about my good day of school.’ No, you're getting called to someone's house when they've done something wrong or
something bad is happening.” Jack described that because of this, early in his career, ideas he took for granted based on his lived experience were challenged:

I was dealing with the dregs of humanity on a regular basis; not even just daily, sometimes hourly. . . . Just to see how some people lived and treated each other and the complete disregard for people, I learned that human life meant nothing. People would be willing to kill you over not getting arrested for a small possession of cocaine. You know, so it was an eye opener.

Three participants described that they often came into repeated contact with the same individuals, neighbourhoods, or groups, which influenced their perceptions of them, or of the state of the world in general. Frank noted, for example,

You begin to desensitize yourself from people and kind of dehumanize them. Especially the area I'm in -- like in [my division] . . . it generally was a Black [neighbourhood] . . . and not nice pocket - it's not like, ‘someone kicked my fence.’ You get people stabbing, shooting, so you just start to view them as, not people, more like just -- it's the same group of people you're always going to for shootings.

Six participants described their perceptions that their unique exposure to suffering, violence, or cruelty provided them insight into the “real world.” This view was typically coupled with the perception that since civilians were not privy to this type of information, they had naïve perceptions about the world. Bubbles described that over the course of his career, his “mind [had] been brainwashed to the realities of life.” He stated, “I tell people being a police officer is like having a backstage VIP pass to the reality of life. And it's not always pretty.” Giselle acknowledged the strain that this “backstage pass” puts on her, stating:

Sometimes I've wished, wouldn't it have been nicer if I just chose some career where I could go through life with blinders on my eyes. Just pretend that these things aren't happening, or because I'm not exposed to them directly, they don't impact on me. Sometimes you just think, oh, it would've been nice to have, you know, a nice job.
**Futility and Helplessness.** Fifteen participants reported experiencing situations in which, despite their best efforts, they were unable to affect change, make an impact, or obtain the outcome they were intending. Such situations often engendered feelings of failure, helplessness, futility, or a lack of control or agency, experiences which were themselves described as difficult as they were typically incongruous with self-identity. Participants reported experiences of futility or helplessness during active calls for service, as well as more generally as part of their involvement in the justice system. Others described feeling frustrated by the actions or inactions of their peers, supervisors, or organization when they were perceived to impede success despite the participants’ best efforts. Since participants, as police officers, are by definition members of the justice system as well as members of their specific organization, strain to their perception of these institutions may also result in strain to their perceptions of self, creating a sense of frustration or dissonance related to their belonging within them.

Several participants described that being unable to help, or to control the outcomes of an incident to which they responded or in which they were involved, created a strain to their sense of efficacy. Dryfuss, for example, described that the incident that prompted his ultimate diagnosis of PTSD involved his inability to rescue a child, and the sense of helplessness he experienced as a result. He expanded to say:

> Seeing children, either abused or just in a situation where bad things are happening in their family or their life and they have no control [is difficult]. They have no ability to protect themselves or change and there’s nothing I can do either. It is the helplessness.

Bear indicated that following a police pursuit he was involved with in which the driver being pursued hit and killed two bystanders, his colleagues criticized his actions. He reported that the experience of having not been in control of the outcome (as in several other areas of his life
during that time) was most difficult for him, stating, “the comments were not that offensive. I think I was more angry because I wasn’t in control of the situation; I didn’t like being [out of control].” Zoe also described having difficulty with the aspects of her job in which she feels ineffectual, for example, attempting to comfort someone who’s loved one has died. She stated, “When somebody has died, you can't do anything. You can't bring anybody back. There's nothing you can do. And that’s watching somebody's world fall apart, and it's horrible. You can feel it.”

Six participants expressed frustration about the sense of futility they experienced in being held by their organization, or by the public, to what they viewed as impossible standards. Jeep stated, “It's like you are responsible for shit that you have no control over.” Similarly, Bear described that corrosive stressors identified above, internal and external scrutiny, could also have an implosive effect in that they limit officers’ abilities to meet the intended goals of policing. He described, “I believe in oversight, I think it’s absolutely critical, but you have . . . five or six different agencies or groups overseeing the police. It’s become impossible to accomplish many of the goals.”

Four participants described experiencing a sense of futility as a result of their role within what they saw as an ineffectual justice system. Jack stated, for example:

The court system is a joke . . . you would arrest them and they're back out there, so you arrest them again, and you're back, and arresting them again, so that felt kind of futile. . . . It's frustrating and also it's disheartening because you're like why are we even bothering?

Frank also described:

Looking back, I started to become very jaded, because there was no real point of constantly putting yourself at a threat if that threat goes to court and gets back out.
You just saw them go around and around with the justice system; and more and more victims [are hurt].

Finally, 7 participants described that their perceptions of themselves and/or the organization to which they belonged were strained as a result experiences of ineffectuality or lack of control within their organization, or with coworkers, that challenged their expectations of or confidence in them. Bubbles described entering a hostile environment when he was promoted to a new unit, and feeling strained by his inability to make any gains with regard to being accepted by his peers despite his efforts. He described this as such: “Not feeling like you're among friends; feeling like you're just fighting this uphill battle.” Terry reported feeling frustrated and let down by her organization, as well as helpless herself, when a major incident involving an area that she and her partner had warned supervisors about occurred:

My partner at the time and I had done an awful lot of work on our projects in trying to get them to do more things in [the neighbourhood] because we saw it as a potential hotspot and nothing was being done . . . you feel like you’re spinning your wheels and like, why am I bothering?

Frank reported being disappointed by the perceived “incompetence” of coworkers, who he described handled a case inappropriately, resulting in the acquittal of individuals who had targeted a young woman with whom he was working:

The Judge turned and said ‘I believe that this happened, but I can't convict this person because they haven’t’ -- and he pointed to the police officers who had investigated the crime – ‘they haven’t put the proper evidence forward.’ . . . it creates huge frustration when other people don't do their job properly.

**Overlapping Roles.** Fourteen participants reported experiencing stress related to the intrusion of their professional roles into their personal lives, or of their personal experiences into their professional lives. Five participants described experiencing moral conflicts as a result of
situations in which their personal and professional roles overlapped. As Donald pointed out, the Police Services Act requires that officers act in line with their professional mandates, for example, reporting crimes they witness, even while off-duty: “The Police Act is pretty clear in my duties. I have to act no matter whether I'm working or not. That's your arm, especially if you're in your uniform, you've got to handle stuff.” Vera reported that because of Police Service Act mandates, she was forced to report the criminal misconduct of a close acquaintance, and as a result, experienced a loss of community in her personal life. She described that this was an extremely difficult experience for her:

They were telling everybody . . . that I was the big bad police officer who was trying to throw my weight around . . . and we were totally alienated by the [community]. It was so stressful . . . if I [didn’t] do something and something happens . . . (a) my job would be at risk, (b) I don't know if I could look at myself in the mirror.

Bubbles similarly described that he was reprimanded for actions he took to assist a friend while in uniform, and without following Police Service Act mandates. He stated: “I learned a valuable lesson that day which was to just not get that involved in peoples’ personal issues sometimes. Even if it means calling the police on your friend. Next time I would have called the police on him. But that was a tough lesson to learn.”

Other participants reported experiencing strain related to being unable to escape others’ perceptions of police, and therefore themselves, while off duty. Dryfuss reported, “when people know you're a police officer, you find they treat you differently . . . like my neighbors at the trailer park, they don't talk to me since they found out I'm a police officer.” Jeep described: Even socially, you’re always the cop, right . . . you never go to a party and go, ‘hey this is so and so and he’s an accountant.’ But, ‘hey here’s [Jeep] and he’s a cop.’ And then all the cop questions
and this and all that stuff.” Finally, other participants described having difficulty separating workplace stresses from their personal lives, leading to strain in one or both roles. Donald reported: “I [would be] on the phone in my bedroom and then you go out and face the family. So, I'm switching roles, like, really quickly. So that would bother me at the time.” As noted above in Personal Stressors, participants described that workplace experiences took on greater meaning and were experienced as being especially difficult when viewed through the lens of personal loss or trauma, while the opposite was also true. For example, Bear struggled on the job following a personal loss that was triggered by on-the-job experiences. He stated, “I was feeling confused, disillusioned, detached. It wasn’t just personal it was professional, it wasn’t just professional, it was personal, it was a whole- I didn’t know where to turn.”

**Explosive Stressors.** Explosive stressors are those likely to prompt an overt or acute reaction in the individual. In the current study, explosive or acute stressors fell into two primary categories: Risk and Danger \( (n = 17) \), and Trauma Exposure \( (n = 18) \).

**Risk and Danger.** Seventeen participants reported that some aspect of the risk and danger they experience on the job caused them stress. Emergent narratives with regard to risk and danger included making high stakes decisions \( (n = 13) \), adapting to high levels of stress in the moment \( (n = 8) \), coming into contact with the potential for line of duty death or injury \( (n = 9) \), and generally being made aware of one’s vulnerability to danger at any moment \( (n = 9) \). With regard to high stakes decision-making, participants reported feeling the pressure of making the right decision, knowing that their decisions could have life-altering impacts for the individuals they come into contact with. As Jake described, as a police officer, “you have to make a million split second decisions with no time to react, with unbelievable consequences, life ending consequences, in a second.” While many participants described the stress of making split-second
decisions, such as their use of force, others also described the strain that comes from knowing
that even well-reasoned decisions have the potential for deadly or life-altering outcomes. Jeep
reported, for example, the pressure associated with attending domestic violence calls:

    Maybe it was like a . . . he pushed me, she pushed me, no marks, nothing, or even
if there was, you might arrest and then release them right? . . . you are gonna get
guys that are so afraid that if I release him and he leaves and then he comes back
with an axe and kills the entire family . . . Whose fault is it gonna be?

Similarly, Jon described that he was cognizant of the degree of responsibility involved in
delivering next of kin notices, and found this “scary,” wanting to make sure that he did so
effectively. He explained, “you're changing peoples' lives, right?”

Participants also reported that in the course of their work day, they were frequently in the
position of having to adapt acutely to react to potentially dangerous situations. The acute stress
response itself was often described as being stressful, especially if it required a rapid engagement
of one’s faculties from a relatively low-stress baseline. For example, Faye described that his
undercover surveillance work resulted in rapid changes in his level of stress:

    You could go from sitting here like this, waiting for a person to come out, and it
could be three, four hours, and all of a sudden, they're out -- okay! Game on, now
you're going. Your alertness goes higher, your heart rate comes up, you're stress
level comes to a certain level . . .

Jake described a similar experience on one specific call involving a pedestrian hit by a vehicle.
He noted that he had not been prepared for what he would find at the scene, and described that
the rapid change in his stress levels was difficult:

    It was a nice sunny day, and everything was just so calm . . . You get used to the
lights and sirens, that doesn't even rev you up anymore after a while . . . and it’s
your usual day, drinking your coffee, going to your call, and then the next thing
you're in something like that. It's those rapid changes that are kind of hard.
Participants also indicated that due to the level of uncertainty and unpredictability involved in their work, they must remain ready to adapt to high stress situations at any time. Although periods of acute stress might be relatively uncommon compared to more mundane activities (as Bear described, policing is “about 95% boredom, 5% panic”), a baseline level of vigilance and awareness of the potential for dangerous or high-stress situations is required. For some then, the acute stress activated by danger can became more chronic. Jack describe that, “Especially in the bad areas . . . your flight or fight system is always on and it's in a low idle.” Similarly, Donald explained, “The problem is, and here's where the stress comes in, you have to anticipate [danger] with every single encounter. We don't get killed on the job often, knock wood, but we think of it every single day, and every single car you stop is a potential weapon.”

Deaths or injuries of fellow officers in the line of duty, in addition to being a significant and sometime traumatic experience or loss, were described by participants as serving as a reminder of the risks involved in their work. Jake stated, of attending police funerals:

Everybody says that, ‘it could be me’ but that's what you're doing, you're looking around and thinking how easy -- it could be me, that could be my family on the front page . . . It’s almost like getting a front row seat at your own funeral.

Zoe described, in relation to the violent on-duty death of a fellow officer, “As soon as that happens to somebody you know, you know it could be you. It kind of brings into perspective that – yeah, we have a good job, yeah it's fun, yeah, we get to go in and be cowboys sometimes, but every day you go to work…”

**Trauma Exposure.** All 18 participants reported coming into contact with at least one, and typically many types of traumatic incidents over the course of their careers. An experience or exposure was considered to be traumatic when it fell in line with DSM-5 Criterion A for PTSD
(American Psychiatric Association, 2013); that is, coming into contact with actual or threatened death, actual or threatened serious injury, or actual or threatened sexual violence, either via direct or indirect exposure, witnessing another person’s experience, or learning that a relative or close other was exposed. Furthermore, in line with Waters and Ussery’s (2007) conceptualization, experiences were considered to be traumatic when they facilitated an acute reaction in the individual (often, horror, fear, sadness or grief, or helplessness). A number of specific situations were experienced by participants as traumatic. These included bad calls involving children ($n = 12$); exposure to death, sexual assault, or mutilation ($n = 16$); or to grief and suffering ($n = 16$).

Calls involving children were often described as having special significance and impact; as Bear stated, “probably one of the worst calls a police officer can get is a child injured or deceased.” Similarly, Dryfuss stated, “for me the most difficult one always is children.” For several participants who went on to struggle with symptoms of PTSD, a call involving a hurt or dead child was the trigger. Jeep, for example, described being unable to save a child and his mother from a fire:

I look up the stairs and . . . there's like a wall of black smoke. And I remember thinking, ‘If I go up there, I'm not coming back down.’ There's no doubt in my mind that if I had gone upstairs . . . I'd be dead. So . . . the fire guys come in and . . . they go upstairs and they carry him out and I can see his little foot . . .

Most participants reported stress associated with their exposure to death or serious injury (for example as a result of suicide, homicide, traffic or other accidents). Margaret indicated that she felt her experience of depression was in relation to these types of experiences. She stated:

I think it was some of the stuff that you encounter on the job that maybe you couldn't talk about. Suicides, or situations where there is personal, physical harm to people. Whether [they had been] victimized in an assault or something like that, stabbed, or assaulted, or accidents, or whatever.
In some cases, the difficulty associated with coming into contact with death and injury was primarily due to sensory aspects of this experience, such as smells, sounds, or disturbing images. For example, Terry described: “I remember . . . being one of the people that had to search a garbage dumpster . . . bit by bit by bit, looking for body parts. That was awful.” In others, the difficulty experienced in relation to death and mutilation was due to the extent of suffering assumed by the victim.

Exposure to grief and suffering, either that of the victim themselves, of witnesses to the incident, or of the family of the victim, was broadly described by participants as a difficult experience. Jack, for example, described that what bothered him most about responding to a construction accident scene in which a worker was killed was imagining that the worker likely knew that he was about to be killed. He described, “I can picture him . . . screaming, knowing he's going to die, but also knowing that everyone up there has their ear protection on, this big machine is idling so you can't hear a damn thing over it, so that's what goes through my mind.” Jon described that he struggles with delivering next of kin notifications because as he does so, he witnesses the impact they have on the family members:

You have to say, 'I have some bad news. Your husband's been killed in a car accident.' And then watch peoples' faces just go [sound of an explosion]. So, you're fucking everybody's life up right there. Just like that, right? Within seconds, you just see everything, their whole life is just completely changed.

Other officers noted that it was difficult for them to see their fellow officers impacted by bad calls, or to be exposed to the reactions of civilian bystanders who had witnessed a death or catastrophic injury.

A phenomenon emerging from discussions of trauma exposure was that participants often described that the traumatic incidents they were most troubled by had some personal meaning or
context that shaped their understanding or experience of it, or that their level of contact or investment in the incident or individuals affected was particularly deep. For example, participants spoke of being especially upset by a negative outcome of a case when they had become invested in the victim’s story or connected with them on a personal level. Zoe described that she developed a connection with the wife of a man whose car accident she had responded to, and was later deeply affected to learn that her husband had unexpectedly died following minor surgery:

We just had this connection, and a couple times we talked -- it would be like ten minutes about the accident and then I would just like chat with this lady on the phone that I'd never met. And then I go into work one day and someone's like 'so and so died from the [accident].' . . . I remember I was fucking devastated for that woman. . . . that call stayed with me for a long time.

Participants also reported that coming into contact with the death or injury of a person previously known to them, being the first responder on the scene, experiencing calls involving children after having children themselves, or attending a perceived “trivial” call directly following a traumatic incident all increased the level of stress experienced by the participant.

**Cultural Stressors.** This final category of stressor that emerged from research interviews was distinct from those defined by Waters and Ussery (2007) and speaks directly to a secondary research questions in the current study. It was thus captured as a separate major theme. Cultural stressors, though they may function similarly to corrosive or implosive stressors, were distinct in that they spoke specifically to the challenges of operating within a culture with a set of norms influencing behaviour and belonging. A total of 12 participants spoke to the stress associated with adhering to cultural standards or overidentifying with policing as an aspect of one’s identity ($n = 10$) or nonadherence to cultural expectations or nonidentification with policing as a
significant aspect of identity \((n = 11)\). In some respects, these types of stress contributed to the experience of other stressors identified above, for example, a lack of work-life boundaries and therefore recovery time, experiencing difficulties within the promotional process, or experiencing interpersonal difficulties or a lack of internal support. These cultural experiences, however, were also a source of stress in their own right.

Andrew described the strain involved with attempting to maintain an image of normalcy within his workplace while struggling with significant mental health problems:

I became an alcoholic. And at work I would try to hide it. I had two different lives; one life where I’m standing up and being the supervisor and all that stuff, and trying to keep everything inside, and after I was a total mess. So, you know, it’s two different identities.

Dryfuss indicated that prior to his mental health difficulties and being charged by his organization, he strongly identified with and adhered to traditional expectations of the police culture, and described that early in his career, he did so in an effort to be accepted:

I defined myself as . . . I was kind of a product of being in a uniform. It's like, you're kind of institutionalized . . . [you] become wrapped up in it if you're not careful. And when you're young, you want to belong, you want to be accepted, you want peer recognition about what you're doing, that it's right, that it's honorable, that's it's valuable, that you are a valuable person, that what you're doing has value and meaning.

He noted that following what he termed his “fall from grace,” he no longer fit within the traditional culture, and that this relieved a great deal of stress. He stated, “we're not flawed but we're just human . . . now that I'm not aspiring to be perfect, it takes a lot of stress away from policing because police officers are always trying to be perfect. Present the perfect image.” Faye spoke of how the extent to which he identified as a police officer early in his career created stress as a result of “never turning off.”
It was our identities . . . As a young officer, when you have that job . . . the pressure is on for you to perform and for you to be good at it, especially for the older senior guys they are looking down upon you . . . like it’s the feeling of being accepted, being included, belonging, and that just transfers over to your off-duty time. So then - you don’t really shut off.

In contrast, other participants discussed the stress associated with not adhering to or “fitting” within the occupational culture surrounding them. Bubbles described the perception that as a result of his lack of adherence to the norms of one particular unit, he implicitly challenged the culture, creating tension between he and his fellow officers:

It's interesting, I think any time somebody tries to push the bar and bring some balance, even in their own life, it kind of somehow . . . makes it uncomfortable for other people that you're not doing the norm; the cultural norm. Just the fact that I'm doing something different than them, challenges them indirectly, or it creates a bit of an environment where people feel challenged, I think.

**Outcomes of Workplace Stress**

Participants reported diverse experiences with respect to the outcomes or impacts of various workplace stressors, including the development of mental health problems, interpersonal challenges, changes in mood, perceptions, or attitudes, and outcomes related to one’s work and personal life. Specifically, research interviews identified the following major themes for the outcomes of workplace stress: **Worry and Anxiety** (*n* = 15); **Posttraumatic Stress Symptoms** (*n* = 18); **Cognition and Perception** (*n* = 18); **Mood, Energy, and Self-Concept** (*n* = 18); **Health-Related Outcomes** (*n* = 9); **Disconnection and Relationship Strain** (*n* = 16); **Work and Career Impacts** (*n* = 11); and **Positive Outcomes** (*n* = 9).

**Worry and Anxiety.** Fifteen participants reported experiencing symptoms of anxiety or increasing worry as a result of workplace events or experiences. Worry and anxiety are distinguished here from unique symptoms associated with Posttraumatic Stress Disorder, which
are outlined in the next major theme, though an argument may be made that worry and generalized anxiety in this context are often the result of posttraumatic stress. The types of worry and anxiety reported ranged from acute fear during high pressure or dangerous pursuits or arrests, to panic attacks, to generalized anxiety or even paranoia that extended into one’s personal life. On the acute end of the spectrum, 6 participants reported experiencing a sense of fear in relation to aspects of their job. For example, Bear stated, “people think, you guys must love getting into pursuits. No, they’re the scariest thing we do. I would rather go down an alleyway chasing a guy with a knife than get into a car pursuit because you’ve got six thousand pounds of metal [involved]” Three participants reported experiencing anxiety attacks in response to job-related stressors. Faye described:

> When I was working in the robbery unit, I was so busy -- constant need to solve things and make them make sense, and hold bad people responsible, that I was admitted to the hospital because I thought I was having a heart attack. . . . but what it was, was stress.

Andrew described that the experiences he had in his work began to carry over to his home life, such that he began to worry chronically about the safety of his children. He stated, “I became paranoid with my young daughter at the time, thinking, something is gonna happen to her, if she goes outside the door, is somebody gonna be there? [You] . . . really just start relating things to your own life.” Seven of the 13 participants in the current study who were parents reported worrying about their children as a result of workplace experiences. A total of 12 participants reported experiencing generalized worry or “paranoia” over the course of their careers. Bubbles described, for example, “cops can kind of get to that point where they’re so suspicious of everybody that they become fearful of everybody, right? And I definitely experienced that at times.” Finally, 4 participants described that workplace events caused them to have difficulty
trusting themselves or feel afraid to make a mistake. Scoop stated that during the beginning of his career, a fear of making a mistake was especially prominent: “[I was] afraid of screwing up, because it was drilled at you, ‘Don't screw up! Make sure you don't do this, don't do that.’”

**Posttraumatic Stress Symptoms.** In addition to generalized anxiety and worry, all participants reported experiencing one or more symptoms associated with posttraumatic stress within the course of their careers; a total of 8 participants reported being diagnosed with or having self-diagnosed PTSD. The ten other participants described more acute or possibly sub-threshold symptoms of posttraumatic stress (meaning a response, symptom, or change in functioning associated with exposure to a traumatic event), and did not verbally identify as having ever had PTSD. Jeep described his experience of PTSD on the job thusly:

Exhausted and beat and just [sigh] . . . like, no light. There's no end. This is what it is, and it's just - it's just a meat grinder and you're like, oh my God, and I just can't get a break! I need to breathe and I can't breathe. Like . . . that's awful. So, that's kind of where I was, like this gaping hole of anxiety in my chest.

Participants reported specific posttraumatic symptoms included re-experiencing ($n = 16$); hypervigilance ($n = 8$); arousal-related sleep difficulties ($n = 8$); and avoidance of reminders ($n = 5$). Six participants reported experiencing nightmares related to workplace traumatic events, and 11 participants reported experiencing intrusions, triggers, or distressing memories of workplace traumatic events. Vera described that although she does not feel chronically affected by workplace incidents, memories of traumatic events are easily triggered, saying, “there’s things that stay with you. It’s not like you carry it around every day, but there are things that will trigger that memory pretty easily.” Following a bad call Jake attended early in his career, he reported experiencing acute symptoms of traumatic stress. He reported, “[I was] just thinking about it, and picturing it, you know, you have thoughts about it . . . I had a bad nightmare that
night, that was just weird, that just really bothered me.” Finally, following a dismissal from a valued position, and in the context of stress and worry related to this, Bubbles reported that old memories of traumatic incidents he had experienced on the job began to resurface and cause additional distress:

There'd be times when I'd get on a negative thought process, and part of what would come to mind are all those gruesome things you see as an officer that get filed away, right? Which never disturbed me at the time, half of them. . . . But then when you start being trapped in anxiety and fear, and you start really going to all the dark places.

Participants described experiencing hypervigilance across a spectrum of severity and chronicity. Dryfuss, who was diagnosed with PTSD, for example, stated, “I couldn't walk to the store without feeling like I was on a patrol [when it was] at its worst.” Other participants described a more general level of heightened alertness as a result of their jobs. Jon stated:

You kind of have to be prepared for something to happen. So, you might be a little bit more on guard than most people, which I know is a common thing [among police] . . . I feel like I'm more aware than most people, of my surroundings, what's going on.

With regard to avoidance, some participants reported avoiding specific triggers that reminded them of traumatic incidents on the job, while others described a more general avoidance of broad types of stimuli or information. For example, Terry, among others, reported avoiding the news as she finds the content stressful. She stated, “I do have a tendency to tune that stuff out too because it just gets to you. I don’t read the paper or listen to the news as much as I used to because I don’t want to. I see enough of it at work.” Participants also reported various levels of sleep difficulty related to anxiety and general arousal. Giselle described that during a particularly stressful period of her career, upon returning to a uniform patrol position, she was “anxiety riddled to the point where [she] could hardly sleep,” and as a result was working on very little sleep. Bubbles
described his trauma-related sleep difficulties as such: “Constantly [in] fear, and taking hours for me to fall asleep, tossing and turning, just at war in my mind.”

**Cognition and Perception.** Participants (n = 18) reported changes in the ways they perceived and related to their worlds and to other people as a result of contact with some workplace stressors, and especially as stress accumulated over time. In some cases, participants directly linked their experiences with implosives stressors (such as contact with previously unknown aspects of the human experience, helplessness, or overlapping roles). In other cases, they described a general change in their worldview, personality, or sense of trust in and connection with other people over the course of their careers in policing. Specifically, five subthemes relating to changes in cognition and perception emerged from research interviews: *Altered Worldview* (n = 15); *Altered Self* (n = 13); *Disillusionment with the System* (n = 12); *Mistrust* (n = 9); and *Empathy* (n = 11).

**Altered Worldview.** Fifteen participant reported that their perception of the world changed as a result of experiences within their careers. They describe becoming cynical or even hopeless, and reported developing a sensitized awareness of the dangers of the world, and of the flaws of humankind. With regard to how her job impacted her view of the world, Giselle stated: “You think the world is fucked. You realize that there are a lot of really messed up people out there. A lot of messed up people. Even ones that appear to be, you know, functioning fairly well. No, there's a lot of messed up people. And, it's getting worse.” Jack reported that he began to hate people as a result of his work:

I got to the point where, I wanted the defense lawyer when I was testifying to ask me if I was racist because I would've answered, ‘Absolutely. I hate humans.’ And if he asked ‘oh what type,’ I'd say, ‘all of them’ . . . this world would be better off without the human race . . . I got to the point where I just did not care.
With regard to risk for danger, Margaret pointed out that police officers are much more aware of the potential for danger than the average citizen:

You’re more aware of the dangers at night. . . . I’d always want to be out there and make myself visible . . . because people were more vulnerable and less aware of what some of the repercussions could be. I was aware of them.

Bubbles echoed this sentiment, and noted that for him, awareness of the potential for danger became more extreme, stating, “Whereas the average person may think, oh it won't happen to me, with a police officer there's an awareness that it could happen to me. And so, it could happen became, it will happen. I should prepare for it because it will happen.”

**Altered Self.** Thirteen participants described being “changed” by their work. Some described that they became hardened, emotionless, or desensitized to stressors such as exposure to human suffering, death, or injury. Others described becoming changed in the sense that they were no longer able to see the world through innocent eyes. The narratives captured in this subtheme were remarkably similar across participants. For example, the idea that as a result of on-the-job experiences, one can never return to the person they were before these experiences, as described by Andrew, who stated, “Seeing things happen, it changes you, it definitely changes you. And I don't think you can ever go back . . . You are not going to be the same. And you're not going to think of the world the same.”

And by Bubbles, on his perceived loss of innocence:

That perhaps is one of the biggest regrets I have about becoming a police officer. [Going from] that youthful naivety of embracing life and not being afraid of anything to then being confronted with the realities of the dark side of life. Just the brokenness in the work and the hurt that's everywhere. I think being exposed to that does kind of leave a mark that's almost irreparable.
Another narrative described becoming hardened, cold, or having one’s natural empathy eroded over time. For example, Dryfuss on his experience, which was exacerbated as a result of his time in the military prior to entering policing:

After a couple of years . . . you kinda don't look as people as people, you look at them as – ‘how do I just get this call over with so I can do what I want.’ I wanna go arrest somebody, I know where I can go find some drugs, I know where I can go find a guy that's wanted.

Similarly, Faye stated, “It affects you daily, generally, but you become kind of hardened to it. You kind of have to because if you don’t it gets past the point where it should . . . if you let it come into your heart, then you got problems.” Frank also endorsed this type of altered self, reporting, “You wanna hug some of these poor kids but I learned to get colder . . . [you] desensitize yourself from people. . . . It just slowly happens.” And finally, Jack stated:

If you go to a call and you know start falling apart what good are you, but at the same [time], you don't want to become so callous, so hardened that you lose all contact with your emotional side. But that’s the hard thing about those situations, is that they quickly build up and they no longer effect you.

**Disillusionment with the System.** In addition to changes to worldview and to the self, participants described changes in their perception of the system within which they were embedded. Twelve participants reported becoming disillusioned over the course of their careers with their organizations, upper management, or fellow members (n = 9), or with the justice system as a whole (n = 7). Andrew described:

I think amongst a lot of police services, that disenchantment comes in after 8 years . . . you picture your fight being out there, not internal. You are supposed to be all working together for common purpose, for a common goal, it's a team, everybody has their role to play, and then all of a sudden . . . it becomes more negativity inside.
Frank reported the perception that his superiors do not adhere to the values they expect their membership to adhere to. He stated, “the core values they have in [this service] – honesty, integrity, respect -- those are what I expect, but as you go on the job you realize none of your superiors have those.”

With regard to changes in perceptions of the justice system as a whole, participants described that they lost the sense that the justice system functioned as intended, that their role in law enforcement was making an impact on the world, or that the law in general was something always worth enforcing. Jeep, for example, stated:

[Initially] you think that these are good people doing good work that are going to make a difference -- everything works, the court works, and you go there and hear, and then you realize- holy shit, what a minute! I'm the one that's on trial, not the bad guy. . . . Until you're actually in it, you don't realize the real nature of it.

Dryfuss reported that his perception of the law in general changed as a result of workplace events:

I don't have that naive, ‘well that's against the law’ [perspective]. The law [is] man-made . . . I don't have the same respect for the law that I use to . . . The criminal code is full of bullshit -- it's full of stuff that special interest groups inserted in there to put down a people.

Mistrust. Nine participants reported developing difficulties trusting other people due to repeated experiences with individuals who lied or were untrustworthy on the job. Jack recalled experiencing this change early in his career:

Before I became a cop I trusted people. You would have to show me that I couldn’t trust you. It very quickly got to the point where you have to show me that I can trust you and . . . where I even expected people that I trusted would eventually either betray me or abandon me or let me down in some way.

Terry also reported beginning to mistrust others due to her exposures to human duplicity:
The job has made me think that the world is a really rotten place. There’s a lot of really rotten people here and I’m always aware of that. I’m always suspicious. . . . You get to be very untrusting of people and that’s not something I ever used to be. Before I was a police officer I was very trusting.

Finally, Dryfuss echoed this sentiment. He reported that due to his contact with individuals who had hurt or taken advantage of others, he began to doubt the trustworthiness of innocent people:

You kind of see this underside of humanity . . . [of] people that would remind you of your neighbours. . . . and things that are innocent sometimes don't seem innocent. Even if there's nothing there, you can't help but think in the back of your head . . .

**Empathy.** While many participants described experiencing negative changes to their perceptions of the world and others over the course of their career, 11 also described that they experienced compassion and empathy in response to difficult workplace experiences, and some reported that their work deepened their sense of empathy for others, both victims and their families as well as those being charged or arrested. Donald stated that rather than being hardened by his work, as some other described, it has softened his heart:

Sometimes you have to do some things that are hard, but not be that hard person, and most of the time, you have to be a human being. I tell people all the time, this job doesn't harden your heart, it softens it. Generally speaking, [my outlook on the world has been] impacted very, very positively . . . your heart gets bigger and softer all the time.

Scoop felt that his outlook on the world had not been negatively impacted by his work. He described a sense of being connected with the individuals he comes into contact with on the job through shared humanness:

We're only human so we're going to make mistakes . . . I don't think there's that much of a difference [in the way I see the world]. I've got friends who have been incarcerated and [charged with] drunk driving and stuff like this. [I think] you shouldn't have done what you did, but you're human, and you make mistakes.
Although empathy might be thought of as the opposite of cynicism, some participants reported experiencing both empathy and cynicism at different periods of time, in relation to different experiences, or even experiencing empathy in response to disillusionment with broad systems. Andrew, for example, reported that he feels a desire to improve the way individuals with mental health problems are treated by police and the system at large, as he can identify with their experience. He stated, “systems have to change but the biggest thing is, to treat everybody as if that's a family member. How would you want to be treated? I could've been one of these people. I could've been on the street, or I could be the one that's not here anymore.” Like Andrew, many participants described a deepened sense of empathy after going through their own difficult experiences. Dryfuss described that after being arrested and charged by his organization, he began to empathize more deeply with the impact of this on the individuals he arrests. He stated, “[Before], if I was to arrest somebody in front of their family I wouldn’t think twice. I find now that I see a fuller picture: That dad's getting arrested, he's the breadwinner, this family is forever going to be changed.”

Mood, Energy, and Self-Concept. Each participant in the present study reported that their energy level, mood, and/or self-concept were impacted either acutely or chronically by the workplace stressors identified above. Emerging outcomes falling within this major theme included: Anger (n = 15); Burnout and Fatigue (n = 9); Sadness and Depression (n = 17); Suicidality (n = 6); and Guilt and Shame (n = 11).

Anger. One way participants described that their mood was impacted by their work was by responding with anger or resentment (n = 10), becoming irritable (n = 12), or engaging in aggressive behaviours (n = 6). A total of 15 participants reported experiencing anger as a result of workplace stressors. Bear described that during times when he was under increased pressure at
work he stopped being “fun” and began to be easily irritated. He stated, “I wasn’t my bouncy self in the guard room . . . little things started to irritate me. . . . I remember coming home and I wasn’t as kind to my wife as I should be.” Both Giselle and Jeep also reported developing a short fuse with family members. Jeep stated, for example: “I was mad at my kids all the time. And I’d catch myself and I'm like ‘What the fuck am I yelling for?’” Giselle reported, “I know that one of the ways [stress affects] me is, you get a short fuse sometimes, ‘cause you're worried about things. So, who pays the price when you're feeling like that? Usually the ones that you come home to. Save it up all for them.”

Two participants indicated that they were disciplined by their organizations as a result of engaging in aggressive behaviour with coworkers on the job. Others also reported having difficulty controlling their anger on or off the job. Frank reported that before recognizing that he was suffering from PTSD, he began to get into regular verbal or physical altercations, such as on the hockey rink or while driving:

I started viewing everything as a threat, so when [someone] hit me in the corner with a bit of a stick I took exception. All my years of playing hockey, I never got into a fight -- I go in and I start playing police hockey league and all of a sudden, I got into 4 fights in one year.

Jack described that his anger and recklessness at times put he and his coworkers in danger, stating, “There were times where I lost my temper at work. I did stupid dangerous things, I put myself and other officers in danger just because I let my temper get control of me.”

**Burnout and Fatigue.** Nine participants reported becoming emotionally or physically fatigued as a result of workplace stressors. Emotional fatigue resulted in feelings of apathy or burnout. Zoe reported, for example:
Sometimes you just don't care. There are definitely days that you get in the cruiser and you're like I just want to get this 12 hours with, I don't want to be here, I don't care. I would say that affects your productivity at work . . . when you are just burnt out, when you go call to call or you're just working non-stop.

Jeep described becoming apathetic at different points of his job, stating that he sometimes simply counts down the time to retirement: “12 more to go, 10 more to go.” Right? I think that just comes from, you just feel beat, and you just- Whatever. Ten more to go and I'm out of here and I don't have to deal with this shit anymore.” Terry reported that a combination of shift work and court appearances caused her to feel “tired all the time.” She stated, “When I became a police officer I was 39, and initially, I loved working midnights, but coming off them was really tough and the older I got the worse that got . . . you’re always tired, constantly tired.”

Sadness and Depression. Almost all participants \((n = 17)\) reported responding to difficult workplace events with a sense of sorrow or sadness or described developing more chronic symptoms of depression at some point in their careers. Thirteen participants reported significant symptoms of depression or self-identified as having been depressed at some point in their careers. Some described periods of emotional lability \((n = 6)\) or rumination and negative thinking \((n = 6)\). Donald described feeling sorrow with the families of individuals who had been killed, stating, “When you deal with anything bad that has happened to people you kind of feel a part of their grief.” Similarly, Dryfuss reported profound grief in response to the death of a child in a call to which he responded. He described that that evening, his wife asked him about it: “She was like, ‘Are you alright?’ And then I just lost it. But I wasn't even crying, it was a grief that I had never ever felt before in my life; like overwhelmed with grief. I couldn’t even breathe and I fell out of the bed.”
Bubbles reported becoming depressed after being disciplined and dismissed from a valued position. He described:

I couldn't even enjoy like normal things that I would do . . . I was never suicidal, but I definitely felt low enough that I really understood how people get suicidal. And I just remember feeling so horrible on a regular basis, and just unable to escape consistent negative feelings . . . I would say I was totally depressed.

Jon also reported experiencing depression during his career, noting that he first became depressed following the first fatal traffic call he responded to, stating, “that was really stressful, and I think that was my first experience with aftershock . . . and I know I got a little bit depressed, like after a month or two, I started getting kind of blue, and feel weird.” Jack reported experiencing depression on and off for most of his career. He described:

I didn't know it, but at that point I was going through my first really major bout of depression . . . I hated the job, I hated people, I couldn't stand going to work, yet I hated being at home . . . I've been dealing with it pretty much I'd say now for 20, 20-plus years.

Jack noted that although he was vulnerable to depression as a result of his childhood experiences, his experiences on the job exacerbated problems with mood:

I used to think that it was all the job, nothing but. I now realize I was laying the groundwork for it back in my childhood. Was I depressed prior to the job? No. Was I moody? Yes. By joining the police and actually going to a place like [my first division], I took the potential for depression and I just put it in very fertile ground and it grew, like mad.

**Suicidality.** Six participants reported experiencing suicidal ideation at some point during their careers, often in response to a combination of workplace and personal stressors. Scoop indicated that he briefly contemplated suicide, and that this was made more serious as a result of his access to means:
That was a brief thought, but it actually scared me that I gave it some serious thought. I didn't write a note, or make a living will or doing any planning; it was just a moment . . . I'm sitting in the cruiser with my firearm -- I know what it smells like; the taste of metal, it's not very good.

Faye also described becoming suicidal, and reported that limiting his access to his gun helped maintain his safety:

It was always on my mind . . . and the way our job works is you can take your gun home if you wanted to or you can leave it in the locker at work . . . because I was riding my bicycle back and forth, I always put the gun in the locker at work, spun the lock and away it went. And that was probably a good thing because if I had the ability to bring it home and kind of had it sitting around, and you're having a bad day . . . I can only imagine if…

One participant reported actually making a series of suicide attempts, by way of overdose.

Guilt and Shame. Eleven participants reported that as a result of workplace stressors, they struggled with feelings of guilt or regret (n = 10) or shame (n = 5). Each of these emotions reflected challenges to self-worth, confidence, or identity. Related to the idea several participants reported struggling with, that they “should” be able to help, save, or fix things for the individuals they come into contact with in their work, helplessness, or the inability to do so, prompted feelings of regret. Often guilt or shame were with respect to actions the participant had taken or not taken while on the job, about feelings or reactions that they felt they should not have experienced, or in regards to having had to make sacrifices within their family or personal lives as a result of their work. Jeep reported that the most prominent way in which he struggled following a traumatic incident on the job was with feelings of guilt and self-reproach:

The funny thing is I think after all the stuff I’ve been through, the thing at the end of the day that really kept getting to me the most was the guilt. Not even the scene – I mean, I’ve seen enough gross stuff – I think the thing that was really eating me was the guilt. About not going up stairs. About not saving anybody.
Dryfuss also described feeling profound guilt and shame following a traumatic event, even while being honoured for the actions he and his partner took to save a young girl’s life:

The priest was giving his sermon, and he started pointing us out, saying, ‘These men are heroes.’ And naming us and thanking us. And I was just like -- even now thinking about it . . . I just wanted to crawl under the pew. I'm like, we're not heroes because there's this little white coffin here. If we were heroes and did our job, she would be alive. I felt ashamed.

Bubbles reported feeling ashamed for struggling with posttraumatic stress, comparing his experiences to those he felt had more of a right to be impacted by their work:

That also led to feelings of guilt and shame, because that's something that like soldiers [have], they see their buddies getting killed and stuff. . . . how can I compare myself to a soldier? . . . You start feeling ashamed of yourself. Why do I feel like this? I remember thinking I've got so many things to be thankful for.

Bear reported feeling guilty and regretful about missing family events or important milestones in his children’s lives as a result of work responsibilities. He stated, “Guilt, guilt. . . . Somebody’s gotta do it and it’s an important role, so I guess that makes it a little easier . . . to stomach, to accept, but it still hurts. It still hurts. I just, I have regrets. I have tons of regrets.”

**Health-Related Outcomes.** Nine participants reported experiencing health-related outcomes as a result of workplace stress. Examples included weight gain or loss; hair loss; over-exercise or forgoing a regular exercise routine; somatic symptoms such as headaches, muscle pain or tension, or gastrointestinal issues; or linking health problems such as high blood pressure, tinnitus, boils, or chronic chest infections to workplace stress. Andrew reported, “[I lost] 30-40lb within a couple months.” Scoop credited workplace stress in his current role to the development of tinnitus and hearing problems, stating, “In the last 5 years I've developed severe tinnitus and hearing loss. I wear hearing aids. And by all accounts it’s due to stress.” Jack reported
developing chronic migraines as a result of workplace stressors. He stated, “it got to the point where the migraines for me were a weekly experience. I was popping some pretty heavy pain killers and almost got addicted to them, but luckily I caught myself.” Donald described that during his time working in a particularly stressful role he began to suffer from chronic chest colds. He noted that this was part of why he decided to eventually leave the position. He reported:

I pretty chronically had chest infections, the point to where my partner started worrying about me. I haven't had once since I left . . . I haven't had a sick day since. Whether [it was] the air or whatever, I don't know. You don't get out much. Spend a lot of time at your desk. It was . . . [a] lifestyle that didn't agree with me.

**Disconnection and Relationship Strain.** Participants \((n = 16)\) also reported that as a result of workplace stress and the sequelae of outcomes related to it, their personal and professional relationships were impacted. Thirteen participants described an overall sense of disconnection or isolation from others, while 7 reported that workplace relationships became strained and 13 reported that relationships with outsiders, such as family or friends, were impacted by workplace stress. One particular outcome that emerged from the narratives of 6 participants was the sense their workplace experiences created a disconnect between themselves and those who had not been exposed to the types of things they had. This outcome is related to the sense, described in the section above (see *External Scrutiny*), that they are generally misunderstood or incompletely understood by civilians. This sense of disconnection was articulated by Faye when he described letting go of old friendships with people who were not police officers themselves:

People who haven't done my job, they're not going to understand, that's how you feel. Understand what it's like to see what we see, do what we do, experience what we experience, and be in this position of trust . . . they don't get it . . . You
start to develop a very us-them attitude, and [then] it's easy to accept your friends going [another] direction.

Giselle described a similar view in explaining why she finds it difficult to rely on the support of family members around workplace experiences:

Family . . . for people who aren't in it, they might not really know how to help you, because they don't know what it's like . . . to be the first officer on scene of a car accident where a guy's in the front driver's seat burning to death. . . . Or a father coming home to his 16-year-old son who's shot himself in the head. . . . How does somebody who hasn't been exposed to that or understand that help you?

Other participants reported a more general disconnection or isolation from others as a result of changes in the ways they perceived the world. Faye also reported, for example:

You get so alone in this job, and I'm going to use the term alone because I find anytime I want to do something, even with my wife in public, being around a lot of people drives me nuts. And I was never like that when I was younger. I don't know if I just don't trust people or I think something's going to happen and I kind of don't want to be involved with it, and I want to protect people, like my wife and my kids, and keep them away from it.

Participants described that their personal relationships, for example, with children, spouses, or other family members, were impacted by workplace stressors in a variety of ways. As outlined above (see Anger), relationships could be strained as a result of increased anger or irritability. Participants also indicated that their over-involvement in their work created tension in their personal relationships. Dryfuss described that as a result of workplace demands as well as a lack of understanding from his wife about the ways he was being impacted by his work, he became increasingly withdrawn and detached and his marriage suffered:

I went to my boss and said ‘I don’t like it here, I don't fit in with my unit, and also things are at home are not good.’ He’s said, ‘you go take care of home.’ But it was too little too late. Then we separated . . . part of why my marriage failed is
because I became detached from my ex. I really withdrew and became subdued, and colder.

Participants also reported a sense of being alone or isolated as a result of a lack of perceived safety or understanding from family members or peers in the workplace. They noted that due to this perception, they did not confide in members of their supposed support system. Terry described, “I was feeling very alone, like there was nobody to turn to [or] talk to. That I was really on my own.” Andrew also reported that when struggling with PTSD and suicidal thoughts, he felt isolated as he was aware that it would not be safe to discuss his difficulties with his coworkers. He stated, “When you get managers, supervisors and that, carrying in on the jokes [about the mentally ill], as a constable, who am I gonna go to? Do I go to my supervisor when they’re making jokes? Am I gonna be the brunt of the jokes now? . . . there is no safe place to go.”

**Work and Career Impacts.** As a result of workplace stress and strain, 11 participants reported experiencing a loss of job satisfaction (*Job Dissatisfaction; n* = 5), difficulties functioning at work (*Impaired Work Function; n* = 9), or broad negative impacts to their employment or career trajectory (*Career Consequences; n* = 5).

**Job Dissatisfaction.** Five participants reported being unsatisfied with their work as a result of acute and cumulative stress they experienced within it. For some, this was specific to a particular unit or context, while for others, dissatisfaction extended to the job of policing itself. Giselle, for example, reported that she was extremely unhappy about having had to return to front line policing following a secondment to another unit which offered significantly more stability, predictability, and mastery. She described that on her first day back: “I'm in the car and I basically can't eat, because I don't even have an appetite, that's how upset I am, and I'm crying.
And I'm phoning [my husband], and I'm saying, ‘I can't do this. I can't do this. I want to come home. I can't do this.’” Both Terry and Jack, in contrast, described more broad dissatisfaction with their work. Jack reported that during certain periods, he “hated the job . . . hated people, [and] couldn't stand going to work.” Terry reported that as a result of frustrations with her organization, she looked forward to returning to civilian life, stating, “it frustrates me because I have to buy into it. I have to be a part of it whether I like it or not. I can’t wait to retire. You know, just become a real person again.”

**Impaired Work Function.** Nine participants indicated that during significant periods of stress or while experiencing a work-related mental health problem, they were unable to function on the job at their typical capacity. Participants described that their productivity or motivation at work suffered, or that they were taking frequent sick days. Dryfuss reported: “I was not in a good place. And I was calling in sick, which I never did before. I never took a sick day in my life before then. And then I got called in to be disciplined for calling in sick too much, because I didn't want to go into work drunk.” Faye described that he avoided getting involved in situations that were more demanding and also used much of his sick time during a period of depression:

I usually would avoid work. Meaning I would avoid taking anything that would get me involved in something. I wanted to be away from all of that. I wanted to be free of everyone else's problems because as a cop you're dealing with everyone else's problems and I felt, well fuck, I've got problems so get someone else to look at your problems cause I wanted to float around and do nothing. There were times when I couldn't come into work. I'd call in sick. I would just stay away from work.

Bear indicated that he was not functioning effectively at work during a significant period of both workplace and personal stress:
I knew I was going to work and I wasn’t bringing my ‘A’ game, per se. I knew I was not making the best decisions from an officer’s safety standpoint. I knew I wasn’t doing my best for my platoon mates, my supervisors, for the community.

**Career Consequences.** Five participants reported that their career trajectory was impacted either directly or indirectly by their experiences of workplace stress or work-related mental health problems. Andrew described that as a result of mounting paranoia, he behaved aggressively toward a coworker and was charged by his service. He reported, “I was charged and lost my rank and I've been fighting ever since to get it back. I was charged criminally under the Police Service Act for discreditable conduct.” Dryfuss was also charged by his service as a result of an altercation with a coworker on the job, which he connected to his experience of PTSD. He stated that his service took further actions against him only when they learned that he had been provided this diagnosis. Two participants in the current study had been on modified duties for several years, and 1 of them was currently on a leave from work. Frank expressed a belief that he would be unable to return to any work, let alone policing. He stated: “I'm so fucked up as a package. Where do I go? . . . I can't function. And now [WSIB is] telling me like that I'm supposed to go to another employer. Like who's going to pay me?” Vera reported that she was passed up for a promotion as a result of sick time she took for a stress-related health problem:

> After the promotions came out, and I wasn't on the list [my supervisor] called me in his office, and he specifically mentioned my sick time and he said that my name was right up there, but he couldn't go to bat for me any further because I had too much sick time within that last year.

**Positive Outcomes.** Finally, 8 participants reported experiencing positive outcomes as a result of coming into contact with various workplace stressors. Specifically, they reported experiencing personal growth or strengthened resilience \(n = 8\), or improvements in personal or professional relationships \(n = 3\). Bubbles described that he felt that the ways in which he was
challenged by workplace experiences helped him to get stronger. He reported, “if [people] don’t challenge their threshold, they don't grow stronger, whether it be mentally or physically. I think that was a big part of me coping or dealing with it.” Andrew reported finding a renewed sense of meaning and gaining respect as an advocate for emotional wellbeing among police officers:

At work, relationships are better because people know who I am . . . because I stand by my integrity and morals. . . . So I mean I'm respected for that. . . . I'm involved in some internal groups at work. One of them is a support group for people with disabilities.

Margaret also reported personal growth as a result of workplace stressors:

I think it's made me more aware of my limitations. I think it's made me more truthful to myself. I think it's given me better understanding of who I am, my limitations, how far I can go emotionally in situations. It certainly built my character, the different stressors [I’ve] encountered and how [I’ve] dealt with them.

With regard to improvements in relationships, participants acknowledged that difficult experiences can bring people closer when they are able to support one another. James reported, “It improved my marriage- well my marriage was good before it, but . . . your friendship, your partnership, gets stronger cause you're depending on each other emotionally for support. You can rely on the person.” Zoe echoed this statement with respect to workplace relationships, stating, “I think it only brings people closer. We've had some difficult things happen and I can't say it's ever had a negative impact. I mean, banding together in grief isn't a good experience but it brings you closer.”
CHAPTER 7

RESULTS

COPING, RESPONSES, AND BUFFERS TO STRESS

This chapter outlines the various ways that participants described responding to or coping with workplace stressors, or the aspects of their work or life that they identified as buffering their experience of stress when it occurred. Participants reported a diverse array of strategies for managing stress, and typically employed a large number of strategies which often evolved over time and the course of their careers. Stress management techniques described in the present study were organized into six emergent categories, under which a number of major themes and subthemes are further delineated. Organizing themes included: Self-Maintenance, Self-Regulation, Relationship Orientation, Work-Life Balance and Boundaries, and Passive Coping. Refer to Table 4 for a summary of participant’s coping, responses, and buffers to stress.

Table 4

Coping, Responses, and Buffers to Stress

<table>
<thead>
<tr>
<th>Organizational Themes</th>
<th>Major Themes</th>
<th>Subthemes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-Maintenance (n = 18)</td>
<td>Acceptance (n = 10)</td>
<td>Allowing Discomfort (n = 3)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Radical Acceptance (n = 9)</td>
</tr>
<tr>
<td>Meaning &amp; Purpose (n = 18)</td>
<td>Contribution (n = 18)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Identity and Identity Consistency (n = 13)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Making Sense or Meaning (n = 8)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fostering Mastery and Growth (n = 15)</td>
<td></td>
</tr>
<tr>
<td>Perspective (n = 15)</td>
<td>Focusing on the Good (n = 7)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hope &amp; Gratitude (n = 9)</td>
<td></td>
</tr>
<tr>
<td>Self-Monitoring (n = 10)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual Help-Seeking (n = 14)</td>
<td>See Chapter 9</td>
<td></td>
</tr>
<tr>
<td>Self-Regulation (n = 18)</td>
<td>Preparation &amp; Certainty (n = 8)</td>
<td></td>
</tr>
<tr>
<td>Organizational Themes</td>
<td>Major Themes</td>
<td>Subthemes</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>-------------------------------------</td>
<td>------------------------------------</td>
</tr>
<tr>
<td>Relying on the Role ((n = 9))</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Processing &amp; Expression ((n = 10))</td>
<td>Emotional Expression ((n = 5))</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cognitive Processing ((n = 7))</td>
<td></td>
</tr>
<tr>
<td>Control &amp; Avoidance ((n = 17))</td>
<td>Avoidance ((n = 10))</td>
<td></td>
</tr>
<tr>
<td></td>
<td>External Control ((n = 6))</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Internal Control ((n = 16))</td>
<td></td>
</tr>
<tr>
<td>Drinking to Cope ((n = 9))</td>
<td>Casual Drinking ((n = 9))</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Problem Drinking ((n = 4))</td>
<td></td>
</tr>
<tr>
<td>Relationship Orientation ((n = 18))</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Connection ((n = 18))</td>
<td>Being Seen ((n = 18))</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Confiding ((n = 15))</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inside Relationships ((n = 18))</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Outside Relationships ((n = 15))</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Insider- Outsider Relationships ((n = 9))</td>
<td></td>
</tr>
<tr>
<td>Hiding &amp; Isolating ((n = 15))</td>
<td>Interpersonal Guardedness ((n = 6))</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hiding Distress ((n = 12))</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Isolating ((n = 10))</td>
<td></td>
</tr>
<tr>
<td>Work-Life Balance &amp; Boundaries ((n = 18))</td>
<td>Job Satisfaction ((n = 13))</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Balance ((n = 18))</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Boundaries ((n = 11))</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Identity Orientation ((n = 15))</td>
<td></td>
</tr>
</tbody>
</table>

Self-Maintenance

Self-maintenance refers to a number of strategies participants employed which were defined by a relationship to the self or by a personal orientation toward the object or incident creating stress. These strategies were termed self-maintenance because they reflected efforts by the speaker to remain intact in the face of challenges to strongly held personal values or beliefs, often via cognitive strategies to minimize dissonance. Self-maintenance also refers to investment
in activities that provide a positive impression of the self, or allow for ongoing self-care. Major themes comprising self-maintenance include: Acceptance \((n = 10)\), Meaning and Purpose \((n = 18)\), Perspective \((n = 15)\), Self-Monitoring \((n = 10)\), and Individual Help-Seeking \((n = 14)\).

**Acceptance.** A total of 10 participants utilized acceptance strategies to manage stress related to their work. There were two types of acceptance-based strategies referenced by participants: Allowing Discomfort \((n = 3)\) and Radical Acceptance \((n = 9)\).

**Allowing Discomfort.** This subtheme refers to the strategy of recognizing and accepting the experience of stress when it occurs, as a way of moving through, rather than avoiding discomfort. Three participants engaged in this method of stress management. For example, Scoop stated, “I don't beat my head against the wall saying ‘why, why, why.’ I accept it. I call it: embrace the stress. Don't let it beat you. If you fight it, you're going to lose.” Similarly, James spoke of welcoming the experience of stress as an opportunity to grow. He described:

> Without saying I want stress, I do welcome it when it comes, because it's challenging to manage. . . . I know that if I haven't gone through it yet, the next time it happens I'll be that much stronger to deal with it. So I won't turn away from stressful situations.

**Radical Acceptance.** Radical acceptance is the phenomenon described by 9 participants in which they recognized the realities of the situations they were in and their inability to change the circumstances or outcomes, and chose to accept this state of affairs rather than trying to reinterpret, alter, or resist it. James described radical acceptance that internal politics would play a role in upper management decisions to support or not support his approach to supervision:

> There are, maybe, times when the leadership may not be able to support me in a certain situation because they've got to protect the organization. I accept that. There are going to be situations and I'm not going to get mad at that. I accept that
there are certain politics involved in things and sometimes you're there and you'll have to suck it up.

Margaret referenced radical acceptance of her limitations in facing difficult outcomes of critical incidents on the job:

You just understood that you did what you could do. You weren't the cause of it. You provided as much assistance and support as your job would allow you to and that you could. You can't dwell on the repercussions or ramifications of an incident . . . because it would eat you up.

Finally, Dryfuss spoke of learning to accept the reality of his diagnosis of PTSD, as emphasized by his psychologist:

[He said,] ‘There’s no cure . . . You're going to have PTSD for your whole life. You have it. It's not going away, but you can just learn to live with it and manage it.’ And that was one of the best things that was ever said, but it was one of the hardest.

**Meaning and Purpose.** The strategy of making meaning from difficult workplace experiences, or fostering a sense of purpose in one’s work, was universally employed by participants in the current study. All 18 participants reported utilizing one or more of the following methods of establishing a sense of meaning or purpose: **Contribution** \((n = 18)\), **Identity and Identity Consistency** \((n = 13)\), **Making Sense or Meaning** \((n = 8)\), and **Fostering Mastery and Growth** \((n = 15)\).

**Contribution.** The most strongly supported method of establishing meaning or purpose in this study, endorsed by all 18 participants, was through investing in a sense of contribution, for example by acting as an example for youth or one’s community, or by specifically investing in the helping role. Faye spoke of valuing the opportunity to teach high school student about the job of policing:
As I get into the classroom and start talking to them . . . and they get more comfortable, and they start asking me questions . . . I can always explain to them like ‘you know that's not what really happens, this is what happens, and this is why we do this’ and [I] realize what I've gone through and grown . . . and how I can pass that on to them.

Several officers spoke of the meaning and value they glean from helping others, and by going beyond the call of duty to make a difference for an individual or family in distress. Donald cogently captured the concept of helping as a way of coping with difficult circumstances:

I say to the rookies ‘what's your worst day on this job?’ and I answer it for them, ‘It's dealing with a dead person and their family. And what should be your best day on this job? It's dealing with a dead person and their family.’ It's the same thing. It can be tough but, you're making a difference in somebody's life.

Andrew described the dedication with which he approaches his role as a helper:

You're there to make a difference. And even . . . taking an extra 5 minutes to comfort somebody, get them a coffee or do something, reaching out, going beyond . . . you gotta think outside the box, you gotta have a way to think and say, ‘Okay how can I make this better?’

And similarly, Scoop reported:

You would show concern, support, empathy, sympathy . . . It was like, ‘Can we help you?’ And most cases, people wanted you to help them. You know, if the wife breaks down, the husband’s like, ‘Oh, I'm not sure what to do.’ We’re like, ‘Don't worry.’ We'll make the coffee; put the pot of tea on. Call up people that can help with, support groups and stuff.

**Identity and Identity Consistency.** Thirteen participants discussed the ways in which their work contributed positively to their sense of identity, or aligned with existing self-identified values and beliefs. The sense of identity gained from their work acted as a buffer to workplace stress, while acting in ways that were consistent with their values allowed them to feel satisfied with the difficult decisions they had to make on the job. Eight participants expressed a sense of
pride or distinction from the idea that in doing the work of a police officer and by being privy to information that civilians are not, they are different or special. They gained a valuable sense of self from identifying as a police officer or by engaging with the types of extreme or uncommon situations that their work demanded of them. Giselle described that although her job exposes her to difficult situations, she values the opportunity to grow in unique ways: “You get you get so much out of it too. I mean you see a lot of a lot of shitty stuff and meet a lot of shitty people, but it also makes you grow in ways that, you know, that other people don't.” Jon echoed this sentiment, describing that he enjoys “doing things that other people couldn't do, and knowing that you're doing something that a lot of people couldn't do.” Donald expressed that having a unique window into peoples’ lives made his job, and by extension himself and his colleagues, special: “I've read a million novels and I've lived them . . . I've always enjoyed -- you get a peek into lives all over the place.” Finally, Jake summarized a fundamental and self-maintaining view that he and his colleagues were a unique and special type of person, even separate from their profession:

What I love about my job is I work with all kinds of people who are just those people . . . seeing something happen that might be dangerous to get into, but if somebody needs help I'm going, 'hey, let's go, I'll race you to it.' And off you go. . . . getting to work with those people and being around them all day is a super fun part of it . . . [they’re] just special people.

Six participants discussed that maintaining a commitment to their personal values helped them to manage workplace stressors. James, for example, described coping with entering a difficult workplace environment in which he was isolated by reflecting on his ability to maintain adherence to his values and the values of his organization despite this pressure:

I'd rather be the lone person as opposed to some[one] that is just part of the group . . . I go into a situation and [don’t] fear the consequences . . . ‘cause it minimizes...
my need to compromise the values. . . . You’re proud of the fact that you didn't compromise what's expected of you so that you’re not isolated.

Bubbles reported that maintaining his integrity helped him manage the disappointment of being dismissed from a valued position, stating, “I'm happy to say, OK, I didn’t get the full three years in that position but I feel like I held on to my integrity.” Donald described that knowing that he’s made the morally right decision helps him to engage in the more difficult aspects of the job, for example, disciplining police officers:

You have to change your psyche depending on the job that you're in . . . to stay on the good side . . . You just wrap your head around the fact that it's an important job that has to be done right and I've got the parts to do it . . . and then, you know, it's not giggles but it's -- you get your satisfaction from doing the right thing.

**Making Sense or Meaning.** Eight participants described a process of making sense or meaning out of difficult or traumatic experiences on the job as a way of coping. For 5 participants, this process was explicitly tied to their faith, while 3 others described more secular meaning-making processes. Andrew described how his faith allowed him to engage with dead bodies without experiencing undue distress, saying, “you always separate it . . . and your beliefs is that, if it’s a body the spirit has gone up to God or whatever, and it's just a body.” He later noted that his faith helps him makes sense of his suffering and ongoing recovery as an opportunity to help other officers:

I think, well I was spared for a reason, and . . . I believe that in my faith, I'm here for a reason. I had a lot of friends that I knew that have taken their own lives. And I'm thinkin’, they tried to get help, they tried to change the system, and they weren't strong enough. I'm thinkin’ . . . okay, I'll take it.

Dryfuss reflected on the meaning he gained from looking back at the critical incident that triggered his PTSD:
To me it's something -- it's a landmark, it's a landmark. A landmark of something that really was positive, that turned out to have some meaning for me. You know, she's still dead. It really doesn't have much meaning for her or her family. They lost a sister and daughter, but for me, I'm kind of -- it's okay now.

Zoe described that making sense of the cause of tragic events helps her to cope with them:

Suicides are always hard because I don't understand how people can do that. But then you think about it and you have to realize that . . . there's gotta be an explanation for that . . . I don't know if it's easier to justify why some things happen or find an explanation, but as soon as there's an explanation or a why, that helps you cope, right?

Fostering Mastery and Growth. A total of 15 participants reported focusing on achievements or mastery of workplace skills helped establish a high threshold for stress, that they educating themselves in order to better cope with workplace demands, or pursued growth opportunities in the job, which helped them make meaning from challenging experiences.

Investing in and feeling competent in the job was one way that participants reported benefitting from a sense of mastery. Donald, reported, for example, “you have to do the job and you have to do it well and you get rewards out of that. So although it may have been stressful doing it, it was rewarding at the same time . . . I certainly have not had any time on the job ever where it's looked bleak.” Faye described gaining a sense of meaning and satisfaction from reflecting on his achievements on the job, especially as they are commensurate with difficult experiences:

Now that I'm older I realize that, okay, now I gotta start enjoying what I've accomplished. It breeds positivity and keeps you in a nice mindset to know that, okay I have achieved something. And you think of a lot the bad things, or things that you've experienced, [but] you can sort of put them out of the way with all the good things that you've done.

Terry reported that being challenged in her current role keeps her feeling engaged by the work:
I started doing what I do now and what’s really positive about it is, it being challenging and constantly pursuing, to figure out more and to learn more . . . how to do things, how to present things differently, how to see things that other people don’t see. That’s really positive for me, that keeps me going.

Several participants also reported that they pursued education in specialized areas of policing, adding to a sense of competency or mastery, or educated themselves on mental health in order build their capacity to manage workplace stressors. For example, Andrew reported engaging in outside training for crisis and suicide risk intervention to use on the job, as well as education in mindfulness for his own self-development and recovery. Faye described reading about others’ experience with mental health problems as a way of developing new coping strategies, saying, “I read what he went through and what he did in coping with stuff and I was like, ‘Oh, I can do this,’ and from that I was able to build on my own stuff and sort of get through things.”

**Perspective.** Participants frequently discussed employing cognitive methods of maintaining perspective which helped them to relate more comfortably to the difficult experiences they often came into contact with. Specifically, 15 participants maintained perspective via one of the following exercises: *Focusing on the Good* (*n* = 7) or *Hope and Gratitude* (*n* = 10).

**Focusing on the Good.** This coping method involved choosing to direct one’s attention to the positive aspects of a situation or experience. It may also include focusing on the good in humanity, as Bubbles states: “for me it's become important to find ways to remind myself of the goodness of humanity and people.” Terry also endorsed this strategy, stating:

Some of it’s really horrendous . . . how unkind and cruel people can be to one another, and there’s a real sense of hopelessness that you get. It stresses me out when [I] realize how awful people are. So, you look for beauty in the world when you can. I mean, that’s how I get around it.
Bear employed this strategy in recognizing his limits on the job, and described, “I can’t have a large impact on people but, by being a positive role model, maybe I can have a little bit of an impact on one person. I’m not going to be able to change the world, but maybe I can make it a different place for one person.” He later expressed the perspective that focusing on the good was an important method of maintaining resilience on the job, stating, “It’s what you make of it. [That] pretty much says what policing is. If you want to be miserable in anything you’ll be miserable. If you wanna go with an open mind and have fun then we can have fun.”

**Hope and Gratitude.** Nine participants spoke of maintaining hope in the face of challenges or tragedy, and responding to stressors with appreciation or gratitude for what they had compared to with others. Bubbles described an effort to foster a sense of hope despite feeling hopeless at times, saying, “I do think that some people are beyond help and all the rest of it, but that doesn't mean you shouldn’t try, right?” Terry described a similar response to hopelessness or cynicism that she experienced in response to workplace stressors:

I don’t have a high opinion of a lot of people but I still have a lot of hope. [The job has] made me realize that the human character is very selfish, very self-absorbed. I always think on the dark side of things as opposed to the light, [but] I do have hope. Every time I hear something good or I participate in something really positive off the job I have hope again.

Zoe poignantly described how gratitude plays a role in her response to on-the-job stressors:

Sometimes you go to a call and you just want to go home and hug your kid. That's definitely happened. Or you just want to go home and hug your husband and say ‘I'm sorry we've been fighting in the past few days because you're not that bad.’

**Self-Monitoring.** Ten participants reported engaging in some type of self-monitoring of their psychological well-being. This could include attending to changes in mood or behaviour that might signal a need for further intervention, making decisions informed by self-knowledge
in the interest of maintaining well-being, or explicitly monitoring oneself for – or acknowledging and normalizing the experience of – symptoms of posttraumatic stress following a critical incident. Donald described that he monitors himself to ensure that he experiences normal recovery following a traumatic or distressing incident:

There's natural things that happen as a result as a result of dealing with a death of a child. So you learn to monitor yourself and say is this acceptable, am I getting over this in a reasonable way, and a reasonable point of time . . . if I'm having difficulty, then I would have no problem going to a counsellor or whoever I need to go to. I'm careful and I watch myself. So far so good.

Giselle also described the importance of self-knowledge and self-monitoring in order to maintain well-being:

Sometimes you don't know how you're going to react. Right? And it's also knowing yourself well enough that if you've had a lot of these calls in a row, bad stuff . . . [that you] can recognize the fact that, ‘I'm not really feeling so good right now. I've kind of had enough of this. I'm thinking about it over and over again. I can't let it go.’

Jeep reported that treatment assisted him in recognizing symptoms before he reaches a crisis point, saying, “now I will know the signs before I end up in a crumpled heap on the kitchen floor. And then go get help before.” He also reported that self-monitoring helps him to utilize other coping skills: “taking better stock of yourself, and having couple of little tricks [to try], when I start feel like [I’m] getting little bit too elevated . . . to bring it down and to deal with it.”

**Individual Therapy.** Fourteen participants reported that individual therapy was a component of their stress management or coping process. Therapy was typically considered after other efforts to cope were understood to be insufficient. Specifics about the psychotherapeutic help-seeking process are explicated in depth in results Chapter 9 Individual Help-Seeking Experiences and Influencing Factors (pp. 245 – 275).
Self-Regulation

In addition to Self-Maintenance activities, participants described a number of stress management responses which involved regulating their emotions, their environment, or their level of engagement with symptoms or stressors. These strategies were subsumed under the organizing theme Self-Regulation, and included: Preparation and Certainty \((n = 8)\), Relying on the Role \((n = 9)\), Processing and Expression \((n = 10)\), Control and Avoidance \((n = 17)\), and Drinking to Cope \((n = 9)\).

Preparation and Certainty. Eight participants described the importance of preparation and efforts to minimize uncertainty in limiting the impact of various workplace stressors. Both Jeep and Giselle reported enjoying roles in which there was a greater level of certainty about what they would encounter on a day to day basis. Jeep stated, “I think a big thing is where I am now . . . it’s manageable, it’s controllable, it’s knowable . . . predictable. And I can influence things.” Other officers described that maintaining some level of vigilance or awareness of their environment helped them to feel prepared or ready to encounter potentially stressful experiences. Donald reported:

You do certain things automatically that [are] . . . not a big deal in your mind, but it is a deal. Like, when I walk my dog at night . . . I know where the blind corner is and I’m watching the shadows, ‘cause there’s a light around there, and if it’s not on, then I take the corner real wide to see what’s around it. It’s your defense mechanism.

In speaking of the value of preparation, some participants highlighted the impact of a lack of preparation. This was especially true when discussing preparation for exposure to traumatic material on the job. Jake noted that as a member of a family with several other first responders, he was aware of the types of traumatic stressors he might encounter and how they might impact him, which helped him process early on-the-job exposures:
You can’t picture it in your head the same way you see it . . . in reality. But, if you’re kind of prepared, and know that this is part of life, it’s part of what we deal with, it’s reality . . . and it’s going to suck, it’s going to hurt, you’re going to feel bad – but, this is what you have to do in order to do this job and to help people, it’s a lot easier to process.

Bubbles drew a distinction between the impact of expected versus unexpected stressors. He noted that he felt more capable of managing aspects of the job he was prepared to experience, while encountering a bullying was something he did not expect, and was therefore more difficult to manage:

When [you] sign up to be a cop, you accept that you will be placed in life-threatening situations. You accept that people aren’t going to like you to a certain degree. You accept that you’re going to be getting in fights with people, and just dealing with the criminal element. What you don’t expect is that your co-workers will bully you and reject you . . . that’s what made it more stressful, was almost the unexpectedness of it.

**Relying on the Role.** Nine participants referenced the value that playing the role of “police officer” can have in managing acute stress on the job. Participants endorsing this method of coping noted that doing the job they are trained to do or projecting a persona that others might expect from them allows them to keep their emotions contained or to assists them in feeling less vulnerable in high stress scenarios. Jon eloquently described the way that wearing his uniform or projecting professionalism assist him in managing stress:

. . . hiding behind your uniform or your gun or your police car. You're protected by it. You’re supposed to show -- that's your professionalism, right? . . . It’s always there if I need it. To hide behind, if things get too stressful . . . I can always come back to thinking, like ‘I’m here to do a job.’

Bubbles reported a similar relationship between emotion management and relying his role as a police officer:
I came to understand that as a law enforcement person, when you are enforcing the law . . . you kind of have to remove a bit of the emotion out of it and . . . you just kind of put a hold on your emotions I guess, and you just play the role.

He went on to challenge the idea that police need to shut off their emotion in order to be effective at the job, but he acknowledged that in certain scenarios this is necessary. James reported relying on his role in a slightly different way; he noted that by focusing on police policies and procedures, he knows he will be protected, and that this reduces his need to “cope” with interpersonal stress he experienced in his management position, stating, “You don't have to cope as long as you follow [the policies and procedures] . . . you know that the leadership of the organization is behind you. So you have confidence ‘cause . . . you’re playing by the rules.”

**Processing and Expression.** A total of 10 participants in the current study reported engaging in cognitive or emotional processing as one method of relating to and coping with difficult workplace experiences. Processing and expression fell into two emergent categories, captured in the subthemes *Emotional Expression* ($n = 5$) and *Cognitive Processing* ($n = 7$).

**Emotional Expression.** For some the five participants reporting emotional expression as one of their responses to workplace stress, this expression was unwanted or unintentional. Margaret, for example, spoke of having difficulty containing her emotions on the job during a particularly challenging period in her career. She later came to see this as a healthy expression:

I'd break down; and . . . you can't do that. They say that it's probably healthy that you do. If people see you cry, it's not a big deal, and I think it's become not as big of a deal [in the culture] as it was years ago; [back then] you would never cry in front of your colleagues. You would never show emotion.

Giselle described that during police college training, she and her fellow female recruits supported each other through “meltdowns,” saying, “you'd help one another, you know if somebody was
having a meltdown.” Other participants spoke of allowing themselves to experience and express emotions as one way of processing workplace stress. Scoop, for example, described himself as having always worn his emotions “on the sleeve.” He stated, of emotional expression within the policing environment:

People just don’t want to let their emotions come through the cracks ‘cause, again – [it’s] a thing of weakness. Now I'm an advocate of saying, if it’s in a controlled environment, if we’re doing a debrief or whatever, or you're with me one-on-one, let ‘er go. I’m not gonna tell on anybody, and to me, I don't think it's a sign of weakness. It's a sign of relief. If you keep all that inside, you're gonna snap.

Similarly, Zoe reported that emotional expression is a method of processing for her, saying, “If sometimes I do let things build up and I talk to somebody, I can just get it out and then feel better than I've gotten it out. Or have a good cry and get it out.”

**Cognitive Processing.** Seven participants described purposefully engaging in mental processing of workplace events in order to move through difficult or stressful experiences, or to limit the accumulation of stress over time. Both Bear and Faye described that late in their career they recognized the importance of taking time to process or “decompress” from each day’s work before reconnecting with their families. Bear reported that his commute between ending his day at work and arriving home allowed him to process the day’s work, describing, “that hour [drive] is my [opportunity] to file stuff . . . this is my time to decompress or whatever word you want to use. This is my time to get ready to transition into civilian life.” Similarly, Faye described:

What I found is I needed to sort of decompress before I went home . . . I go get myself a coffee . . . and I'd sit somewhere again by myself in my car, and I would just think about the day, what I needed to do for the next day, how I needed to prepare for the next day, could I change anything I did today, and sort of take that half an hour, forty minutes, whatever it took, to decompress, and then go home.
Others reported processing after the fact, and in less explicit ways. For example, Bubbles indicated that in the time that has passed since his difficulties, he has had a chance to process and understand what he was experiencing, stating, “I’ve had time to kind of process things a little bit more and think about it from a little bit more of an objective perspective.”

**Control and Avoidance.** All but one of the 18 participants in the current student reported making efforts to control their external environment or their internal emotional or cognitive process, or to avoid certain situations or aspects of experiencing at some point in their career trajectory. Three subthemes falling under the major theme of Control and Avoidance emerged from research interviews: *Avoidance* ($n=10$), *External Control* ($n=6$), and *Internal Control* ($n=16$).

**Avoidance.** Ten participants reported engaging in some type of avoidance as a way of coping with job-related distress. Several described keeping busy or using methods of distraction to avoid feelings or memories. Andrew reported using avoidance and distraction to cope for a period of time before getting help:

> I was filing [the memories] and…then, [sleeping, using] alcohol, just trying to focus, trying to do -- be occupied with other things. I was working out at the gym, doing exercise and stuff and involved in sports. So, I had other distractors.

Frank considered avoidance to be the absence of coping. He described attempting to “numb out:”

> There was no coping. The video games were my coping. I would sit on [the computer] until late in the morning. . . . It’s just mind numbing, so even some of the video games, the shooting games, like you couldn’t numb out.

Others avoided external reminders causing distress related to workplace experiences, or avoided situations at work in which they might be exposed to additional stress. Jeep and other participants reported avoiding the news, saying, “I try to avoid the news and all that shit because
they’re just vultures.” Terry described that she began to avoid the news, gruesome details of police reports, and observing accident scenes:

I find now I don’t like looking at things -- a lot of police officers . . . kind of like seeing -- especially traffic officers, they like seeing these horrendous accident scenes and I don’t anymore, I don’t want to look at them. I avoid looking at anything like that if I can.

Bubbles recalled that in the midst of his mental health episode, he began to avoid more high-pressure calls for service out of fear of making a mistake:

I was just going through the motions, and I probably was making reasonable decisions. . . . I may have been trying to avoid going to calls that I knew might be more . . . where more challenging decisions may have to be made, whereas that normally wouldn't deter me. I can't remember for sure.

**External Control.** Six participants discussed their efforts to exert control over their environment, other people, or their own behaviour as a way of maintaining composure or managing stressful experiences. Jon, for example, described that he often responds to stress via efforts to control: “I got a little bit depressed . . . and then I started to get into stuff with my wife, just wanting to control things. That’s what I do when I get stressed out, I try to control things more. Whether it's organizing the house or cleaning, or doing weird things like that.” Jack described that he coped with stress by attempting to control his physical appearance:

My two main ways of coping was the gym -- I was in the gym six or seven days a week. . . . I know now it was basically, I was trying to control something. I was trying to control my appearance . . . trying to have control somewhere . . . and then there was my dog. Those were my main two.

**Internal Control.** Attempts to control or distance oneself from internalized aspects of experience was a strongly supported emergent theme with complex functionality. A total of 16 participants in the current study reported engaging in internal control in regard to stressful
aspects of their workplace experience. Internal control could refer to efforts to manage the experience or expression of either mental or emotional processes, and could be either acutely or chronically employed as a method of coping. Mental control typically involved suppression of thoughts or memories, or cognitive efforts to “compartmentalize” one’s interpretation of a particular experience from beliefs that might prompt a more distressing reaction. Seven participants reported exerting mental control to cope with workplace stressors. Donald described coping with exposure to gruesome materials via this method:

> For me, it's about compartmentalizing. I remember my first autopsy... here was a man cutting a man's brain and feeling the texture and, but he was telling me why he was doing it, right, and that little voice in my head was saying ‘interesting,’ because I had gone to an academic part of my brain.

In addition to engaging in cognitive processing of workplace experiences, Faye also described a process of mental control or compartmentalization, saying, “you put it in a box and you have that box and it sits in there and [what happens with it] depends on how tight your lid is, it depends on the lock you have on it, and it depends on how often you purge it.” Zoe reported that she has found mental control a helpful tool for coping with workplace stress. She described:

> I don't find I carry stuff around, or I try not to carry stuff around with me. When you sit and think about it, [I] can think of a million things that would make me feel bad, but I don't like to think about it... if something bothers me like I can push thing out of my mind if need be... I don't know if it something I do consciously.

Participants also acknowledged the need to maintain emotional control on the job, especially when responding to critical incidents. Ten participants reported engaging in acute emotional control during calls for service. Faye summarized the sentiments that several other participants shared, stating, “you kinda have to be in control of your emotions to be effective at what you are doing, because if you’re not, you won’t be effective.” Similarly, Dryfuss stated:
You have put on a persona of calm, you have to control your emotions, you have to try and leave your personal baggage at the door, ‘cause if you're distracted, that's when that critical incident at work is going to happen where you're not going to be switched on and you're going to get killed or you're going to get somebody else killed.

Donald emphasized the importance of controlling one’s emotions when dealing with victims of crime or grieving families:

When you deal with anything that is bad that has happened to people, you feel a part of their grief -- we're not unfeeling people. We do feel it. But you can't show it then, at least to the people that are feeling. You gotta show it just enough to let the family know that it matters, but . . . I have a job to do.

Twelve participants reported engaging in more chronic forms of emotional control, extending outside of high pressure workplace scenarios, and sometimes into one’s personal life. Dryfuss, for example, described developing emotional “armour” that he employed on the job and which eventually impacted his marriage:

At the beginning, it was just, I have this shell. I would put the armor on and be detached . . . and that's part of why my marriage failed, is because I became detached from my ex. I really withdrew and became subdued and colder.

Several of these participants described that they either intentionally or unconsciously suppressed difficult feelings related to workplace experiences. Jack stated: “you simply don't acknowledge [feelings]. You just shove them down. You're not allowed to feel that way, it's as simple as that.” Jeep also reported that for many years he ignored or suppressed feelings, describing, “it wasn’t even a conscious [thing] -- it wasn’t like: oh, I gotta push that deep down. I just ignored it.” Finally, Frank reported that he engaged in emotional suppression for five years prior to going off work, stating, “From then until I finally went off sick . . . that was five years just burying everything. . . . it just rotted away at me.”
Drinking to Cope. Drinking alcohol was endorsed by 9 participants as a method of relaxation, self-regulation, or overt coping that they utilized. Participants reported both casual (Casual Drinking; n = 9) and problematic patterns of drinking (Problem Drinking; n = 5) as part of their relationship to workplace stress.

Casual Drinking. Nine participants reported engaging in occasional casual or social drinking as a way to relax or unwind, enjoy themselves or connect with friends or colleagues. Jeep reported, “one night a week I go out to a pub with [some civilian friends] over at the pub over there just kind have a beer kind of thing.” Participants often acknowledged that drinking could become a problem, but denied using it excessively or problematically. Vera stated, for example, “I guess a negative coping is probably -- I like to drink. Not excessively . . . I mean, you still like to party here and there but it’s not like I go and have drinks all the time or anything like that.” Scoop indicated that he sometimes used alcohol explicitly to calm down after an especially stressful day:

There’s sometimes I come home from a really tough day, and I'll have a martini. Most times I'll stop at one, because now they put me to sleep sometimes. But sometimes I won't. But yeah, I can say sometimes I’ll have a drink to calm my nerves. It's not the best way of doing things, but…

Jon, in contrast denied that drinking was a method of explicit coping, but rather a way to relax and enjoy himself. He reported:

I haven't ever, I don't think, gone and said, ‘oh man I'm gonna get trashed right now.’ I've never done that. Like I do drink, but I've never gone home with the purpose of thinking, ‘that was fucking bad, I'm gonna get smashed.’ I would never do that.

Problem Drinking. For some participants in the current study, casual or social drinking may have acted as a precursor to more problematic patterns of use. A total of 4 participants
reported a history of problem drinking which they linked directly to stressors they were experiencing in relation to their work. Faye described:

I was holding it inside. The easiest way to deal with it is alcohol. When I went through my major depression I totally abused alcohol, I would sit home and I would just drink. I wouldn’t even eat. I would prefer just to drink because it would, it would help with the [emotional] pain.

Andrew also reported that he began to drink as a way of coping with increasing distress. He noted, “I wouldn't drink at work, but at home I was drinking plenty. . . . When I start seeing my doctor, I stopped drinking, for a while . . . but then I would start picking up the drinking again.”

Dryfuss indicated that he struggled with periods of heavy drinking after developing PTSD, and then struggled to maintain sobriety as a result of ongoing workplace stressors after going off work:

I was trying to recover from addiction, having relapses, usually tied to things at work. I get a visit from professional standards or something like that or I get a nasty memo [which made me think,] ‘I'm here on my own,’ so I’m like well I’m gonna drink. Why shouldn't I?

**Relationship Orientation**

Relationship Orientation refers to the degree to which participants chose to either seek out connections with or confide in others (either fellow police officers or individuals in their external support networks), or alternatively, to hide their experiences from those within and/or outside of their workplace context or to isolate from existing relationships. Relationship orientation was not a static trait, but rather a dynamic and situationally-defined state of being. Most participants endorsed engaging in both *Connection* (*n* = 18) and *Hiding and Isolation* (*n* = 16) either simultaneously (for example, hiding from some, while confiding in others), or at
different points in their careers. Specific narratives surrounding an orientation toward connection or hiding and isolation are elucidated below.

**Connection.** All 18 participants reported that allowing, facilitating, or engaging in some type of interpersonal connection served as a method of coping or a buffer to ongoing workplace stressors. Connection could involve receiving support, feeling understood, sharing experiences, or confiding in a trusted other. Five subthemes emerged from participants’ Connection narratives: *Being Seen* (n = 18), *Confiding* (n = 15), *Inside Relationships*, (n = 18), *Outside Relationships*, (n = 15), *Insider-Outsider Relationships* (n = 9).

**Being Seen.** Participants in the current study universally expressed a desire to be understood by others in their policing community, people in their personal networks, and by the public as a whole. They furthermore indicated the value that feeling truly understood had in buffering the impact of various workplace stressors. This subtheme was termed *Being Seen* to reflect the desire to be understood as a complete and complex human being, and to have diverse aspects of oneself acknowledged and validated. Seven participants described efforts to facilitate a more complete understanding of themselves, or of police officers more broadly, in others. Bubbles described sharing his experiences as a police officer in a faith group, stating:

> It’s letting people see the human side of police officers I think . . . too often the media portrays the police as one big organization, which it is . . . [but] they're all individuals with individual interests outside of policing, individual cares and concerns and backgrounds, and old traumas, suffering, pain, and all the rest of it.

Similarly, Jake stated:

> It’s also nice to talk to somebody who [hasn’t been there], to try to explain . . . about other officers who have been through [difficult experiences], and [now they] know that I'm a human being, they know that they're human beings.
Others noted that feeling understood by close others, or by fellow officers who shared their experiences was an important buffer to stress; for many, being understood on this level was a pre-requisite for confiding in or benefitting from the support of another person. Twelve participants reported that they valued the times in their careers when their experiences have been validated or their efforts recognized. For example, Jake described that having a senior officer validate his feelings following a bad call early in his career shifted that experience immediately:

He just looked at me and just said, ‘it's really fucked up, isn't it?’ And that was the first time I felt OK. Because, you know, somebody had said, oh, that's normal... it just made you feel like all those feelings that you're feeling are OK.

Terry reported feeling validate and reinforced by recognition or positive feedback from her superiors or the community:

Appreciation or acknowledgement of your job -- letters that I’ve received in my file from people saying they were really happy about the job I did... It’s important because it’s positive reinforcement for me. It tells me that I did the right thing and that’s the way it should be.

**Confiding.** A number of participants indicated that they confided in close inside (i.e., police) or outside (i.e., friends or family members) relationships. In total, 15 participants reported that they had discussed their experiences with others or disclosed difficulties they were having. Twelve indicated that they had confided to some degree with colleagues or superiors. Typically, this was a trusted colleague, and the level of disclosure was relatively limited. For example, Vera reported that she would discuss stresses that she experienced with a partner she had worked closely with. She stated, “there's just one [officer] in particular that I'm really close to, that knows the different things that I've had. Like the stresses and stuff, we talk sometimes about that, but I generally don't [talk about it].” Frank reported that he confided in a fellow officer who he knew had also struggled with mental health problems, noting, “I knew something was wrong. I
talked to my friend, [redacted]. He said maybe it could be something post traumatic or might be a depression, ‘cause he was going through issues [too].” Scoop indicated that over the course of his career he became more willing to confide in colleagues as a way of managing various stressors:

It wasn't ‘til probably into my 30s . . . when I'd seen the value of taking care of [my] mental health -- I disclosed stuff to a peer that I trusted, saying ‘you know I'm having a problem at home with the wife’ or whatever it may be. And just . . . getting stuff off my chest

Ten participants reported confiding in others outside of the police community. Bubbles reported connecting with his family:

I told my wife, I mean my wife I would tell everything to. And my parents. I think now my parents even wish they would've known more sooner. I remember telling them in more detail about how I was feeling after I had kind of come out of the worst.

Vera described reaching out to one of her close friends, stating, “I remember calling one friend . . . because I felt really sad. It was all around that same last couple years, you know, I was just kind of going through it. I don't even know what it was but I just talked to her for a bit.”

**Inside Relationships.** Throughout discussions of coping and buffers to stress, all 18 participants made reference to sources of support and resilience existing specifically within the policing community. These included explicit supports offered by peers (n = 11), supervisors (n = 3), or their organizational leadership (n = 1), or the sense of support experiences by way of broad expressions of camaraderie (n = 13). Faye reported that officers on his shift are generally supportive of one another, stating, “Guys will check in on you in the locker room after a bad call, if they notice a change in you.” Jon noted that a colleague assisted him in accessing counselling services when he was experiencing problems in his relationship:
I went to my friend [redacted]’s house -- he was the one that said ‘listen I'm gonna set you up, you need to talk to somebody buddy, you're a mess and, and in the end, you and [wife], this is your relationship.’ So, it was very helpful, he was very supportive.

Frank reported that some of his colleagues donated sick time to him when he had not yet been approved for WSIB coverage; he noted that a fellow officer encouraged him allow this:

I wasn't approved yet so it was coming off of my sick bank, and I got down to zero so they had to ask for hours from people, which I didn't want to do but had to, I guess. [Redacted] made me do it. He made them put out the request for me, so I got hours from people. Which was nice.

He went on to say that it was fellow officers who had also experienced mental health problems who were most supportive: “And every person that you thought was your friend that would donate, didn't, and it was all the other obscure people and now I look at the list and they are all the people like me.” Jeep also identified a caveat in the support received from peers, stating, “the only support you’re going to find is from the guys and girls on your level that work with you and have to do the same shit.”

Fewer participants reported receiving explicit support from supervisors or their organization. Faye reported that a supervisor provided him time off the road without his needing to request formal accommodations: “I came back to work, and I had a sergeant who was like, why don't you just stay inside and just do this, so you're not on the road. He kind of understood enough to give me a bit of a break from everything.” Bear reported that a supervisor who was aware of a significant personal loss he had experienced took him off of a call that he knew may be triggering:

My sergeant walked in and said, ‘You, get in your car, go back to the station, I’ll see you.” [Redacted], I’ll never forget his name because he- huge. He heard that I
was on this call and he knew what I had gone through, the dispatcher had no idea. My sergeant did, so he came and cut me off the call.

With regard to camaraderie, participants described a sense of family, of being able to rely on one another, and a sense of belonging and pride associated with being a part of the police community. For example, Jeep stated, “there’s some really, really good people and a lot of really good laughs; and the . . . brotherhood of the officers on the ground. The camaraderie – working together.” Donald expressed deep pride in the sense of closeness he felt his division shared and noted that stresses as a result become shared rather than isolating: “We hug people . . . I hear that all the time from people, ‘you're all very close.’ Yeah, we're like a family . . . So, if anything, the stresses that come along, they're shared stresses for us, and we understand it.” Faye also reported developing a sense of family with his peers, describing that “they really become your second family because you probably spend more time with the people you work with, day in and day out, than your own spouse or kids . . . All this loyalty, and all this ‘I'd do anything for you!’ and all that crap.” Jack reported a strong sense of camaraderie that he developed with his partner, which helped sustain him through especially difficult times:

[My partner] and I worked together for maybe about a year and a half, and it's good working with somebody, the same person all the time. There is comfort, there is a familiarity, there is a reliability. I was at that point, I didn't know it, but at that point I was going through my first really major bout of depression. . . . There were times when the only reason I went to work because I knew I was going to work with her.

Outside Relationships. Relationships existing outside of the workplace context emerged as equally important to those inside it. A total of 15 participants described that outside relationships played a role in their ability to cope with workplace stressors. Outside relationships
included family, friends, other communities, as well as pets. Vera, for example, described the value of her faith community during an especially difficult time:

We walked into that church, and it was like I felt the love instantly . . . and I don’t know, my whole -- everything just changed over a period of time after that, and I felt like I needed to have that community and . . . I felt there was more to life than this shit, basically.

Six participants specifically noted that their connection with their pets was an important aspect of their stress management. Jon, for example, described:

My dog is awesome . . . to see her at the front door when you come home and she's wagging her tail and it's like three o'clock in the morning, that's pretty nice -- like ‘hey, you're home!’ And that makes you come back to reality a bit too.

**Insider-Outsider Relationships.** As is reflected by the narratives above, participants often drew distinctions between the supports they received from relationships existing within the context of their police community (i.e., *Inside Relationships*), versus support from relationships outside of that context (i.e., *Outside Relationships*). In addition to these, however, another valuable type of relationship emerged, termed *Insider-Outsider Relationships*. Insider-outsider relationships are connections participants had with individuals existing outside of that participant’s defined police culture or community, but who embodied some level of connection to or proven understanding of the experiences or perspectives of police officers. Insider-Outsiders might be family members or friends who belong to other first responder communities or have similar exposure to traumatic or high-stress workplace experiences, or they might be officers from other organizations or units that a participant comes into contact within a non-policing environment. Insider-outsiders provided a unique measure of support because, by way of their connection to policing without being explicitly embedded within the participants’ occupational context, they were able to bridge the gap between insiders and outsiders. They
provided understanding and an experience of “being seen” while also providing enough safety for more open and mutual discussion of issues.

Ten participants in the current study reported benefiting from the support provided by an Insider-Outsider Relationship. For example, Dryfuss reported that he connected with other police officers and military veterans in group treatment for PTSD:

At [health centre] it was necessary . . . to be around police officers, and emergency or military -- they separate us because . . . with somebody else who has a trauma about being in a car accident we're like, suck it up buttercup. We're just like we are at work. We don't do well when we're mixed in with people who don't have the same frame of reference. . . . you're all there to get better. You've got to the point where you need to go, so you all recognize that you need to do this.

Jake relied on the support of family members who were also first responders to cope with his reaction following a bad call:

I was right on the phone afterwards to my parents and saying, 'uh, holy . . . what do I do, like holy crap, this was...' and they just listened, and they said what I needed to hear. 'Yep. It sucks. It's normal. This happens. That’s horrible. What do you need, are you OK, do you need anything?'

Terry reported confiding in her husband, who had also been exposed to traumatic situations on the job, stating, “I’ll talk about it with my husband . . . ‘cause he has stuff that goes on where he works too. . . . Other than that, I don’t. I occasionally will make reference to it with really, really good, close friends but for the most part, no.” Faye reported that the first person he discussed his difficulties with was his family doctor, who had a military background:

He was in the army. That's where he got his medical degree, so he kind of gets the policing thing and all that stuff, and as a matter of fact, I think he did a lot of PTS stuff when he was in the military, so he had a really good idea. He actually recommended a book.
Hiding and Isolation. In contrast with efforts to connect with or confide in others during times of high stress, 15 participants described engaging in efforts to hide distress, avoid discussing difficulties, isolate, or keep others at a distance. Three subthemes related to hiding and isolation emerged from research interviews: Interpersonal Guardedness ($n = 6$); Hiding Distress ($n = 12$); and Isolation ($n = 10$).

Interpersonal Guardedness. Guardedness refers to the strategy that 6 participants in the current study described utilizing, in which they were careful or rigid about the extent to which they connected with those around them, or how much they allowed others to know about them. Terry, for example, described that due to concerns about trusting her colleagues:

I tend to keep some distance from people; and that’s only a defense mechanism . . . I don’t want to get that close to a lot of people at work, [because you worry that] you might be betrayed, that you might tell them something that will come back later and you’ll wish you never told them that.

Jeep reported that when he was experiencing ongoing symptoms of PTSD and on modified duties, he kept to himself: “I didn't have any [friends], really . . . I walked in, I sat there, but I could really care less. I did what I had to do, like, the bare minimum. I went there to leave there. I went there, did my time and got out.” James reported that while experiencing interpersonal stressors in the workplace, he became more cautious or guarded with his subordinates, stating, “you start changing the way in which you deal with them. You become more careful.”

Hiding Distress. Twelve of 18 participants in the current study described actively hiding aspects of their experience of distress from others, either those in the workplace or outside of it, or both. Dryfuss reported that he minimized the extent of his symptoms to everyone around him:

These things would just bubble up though like nightmares, things that you have no control over . . . but then I would just minimize it. I minimized it to everybody
that knew about it. I minimized to my wife, I minimized it . . . [to] friends. It really kind of went out of conversation, it just never -- that picture was hidden.

Bubbles reported that he attempted to project an image of normalcy when he was experiencing symptoms of posttraumatic stress, describing, “I guess it's just a choice to not talk about it, or try not to let it show through any kind of break down or change in behaviour or whatever. I just tried to be myself as much as possible.” Vera hid her difficulties from even close workplace colleagues: “I think you try and hide it at work. Aside from my close group of girls, friends, and not even all of them know. There's just one in particular that I'm really close to that you know, that knows the different things that I've had.”

**Isolation.** Finally, 10 participants reported isolating themselves from others as a way of coping with stress. For some, this was a more chronic habit, as with Andrew, who described isolating for long periods of time: “I got to the point that I secluded myself . . . I would just hide in the basement, have nothing to do with the kids, just go down and drink until I fell asleep.” Vera also noted that she isolated herself from coworkers and neighbours due to rumours that were circulating about her in both contexts:

> I probably did the wrong thing and I totally built a barrier, a wall around me. And I didn't want to talk to any of them. I had a few people that I enjoyed working with in that office. Everybody else was an asshole and I could care less about talking to them.

Other participants used isolation as a way of recalibrating after a day of work. Faye indicated that prior to developing other skills to “decompress” he would distract himself or isolate upon returning home from work, stating, “I would want to isolate myself right away, I would want to maybe you know get home and watch TV or go on the computer, or just do something that kept me away from my family.” Scoop noted that he sometimes isolates during high stress periods at
work: “I definitely know when I'm going into my cave. As time goes on the missus understands that -- that's because of pressure on the job, stress on the job, she can tell . . . And sometimes I'll say I don't want to talk about something right now.”

**Work-Life Balance and Boundaries**

Participants reported three primary strategies for facilitating or maintaining equanimity between their work and their personal lives: *Job Satisfaction* (*n* = 13), *Balance* (*n* = 18), *Boundaries* (*n* = 11), and *Identity Orientation* (*n* = 15). Work-life balance and boundaries emerged as essential to fostering resiliency in the workplace and maintaining the capability to tolerate workplace stress over the course of one’s career.

**Job Satisfaction.** The extent to which a participant enjoyed or felt satisfied by their work emerged as an important factor in buffering workplace stress for 13 participants. Job satisfaction thus served to counterbalance difficult or stressful aspects of the job. Eight participants, for example, described valuing and enjoying aspects of the job that might be considered sources of stress. Margaret, for example described that job satisfaction allowed her to maintain a heavy work schedule:

> I used to work a lot of overtime, and that impacted your family life, too. However, I would -- I remember leaving the station at night thinking, ‘God, thank god I love what I do.’ ‘Cause it makes the extra hours and the overtime and the sacrifices that you make so much more [manageable].

Scoop reported that the adrenaline involved in the job, especially early in his career, helped outweigh sources of stress: “I think the weight of the stress was overridden by the adrenaline rush of doing the new job, and being a cop . . . I think it was overweighed by excitement; going to arrest the bad guy . . . the anticipation of doing good, helping people, clouded any stress.”
Though uncertainty was a quality of the job that others found difficult, Zoe reported enjoying this aspect, stating, “I just like the everyday not knowing.”

Five participants described that at some point in their careers, they left positions or units in which they felt less satisfied for alternative positions or units in an effort to improve their job satisfaction and minimize the impact of workplace stressors. Faye reported that during a particularly stressful time, he decided to leave an investigative role to return to front-line policing:

I decided to go back to the uniform. Get out of the investigative thing, stop being responsible for everyone else's problems. In uniform there's more structure because there's the schedule and that's the way it is. At the end of the day you put it in your memo book, you hand it into your sergeant and you go home.

Donald also reported making a decision to return to front-line work, which he described as his passion:

Some people become a detective and they do their whole career there and they are the happiest people in the world. That wasn't me. I don't know why it wasn't me and it was them. Different strokes for different folks I, guess. I'm a uniform guy. That's what I do.

Zoe reported that requests a transfer when she feels she needs a change: “when I get fed up with things, I just leave.”

**Balance.** Balance, within a coping context, refers to investment in activities inside and outside of the workplace that provide a sense of levity, fun, or satisfaction, in contrast with aspects of the job that may be stressful or degrade resiliency over time. All 18 participants in the current study reported participating in enjoyable or meaningful activities within their work and lives which contributed to a sense of balance. For example, 16 participants indicated that they made efforts to engage in a healthy lifestyle – regular exercise, a healthful diet, getting enough
sleep, or becoming sober – in order to cope with workplace stressors. James reported that day-to-day stressors fuel his workouts, and in return, his workouts help him manage stress.

The way in which I deal with [stress], which is exercise -- running -- I find that if I've had a day where I've had to deal with a lot and I go running, I have a better run, I do it in a quicker time . . . It just improves my tolerance and it gives me something to think about while I'm working out.

Eight participants reported the important role that humour, often black humour, plays in coping with workplace stressors. Humour offered a way to bring a sense of levity to difficult experiences, or to connect in a non-serious way with coworkers or others. Dryfuss stated, “my sense of humour's my defense mechanism. If I stop telling jokes, then something's wrong.” Scoop reported that he and his colleagues use humour as a way of dealing with uncertainty or stress on the job. He noted that on one occasion, for example: “it made me feel at that time that we didn't do this right. . . . But then afterwards, your sick sense of humour starts kicking in, you start making jokes and things. Of course, we had a laugh about it later on.” Donald reported that humour also plays a role in his home life and how he engages with his family after work, stating, “My kids are all hilarious to me and they get along that way . . . the only stuff I've brought home to my wife in particular would be the really funny stuff.” Maintaining balance also involved prioritizing aspects of one’s life outside of work, a strategy referenced by 12 participants. Oftentimes, this meant investing in one’s family life. Donald, for example, reported making efforts to spend time with his family whenever possible. He described going home between time at court and starting his regular shift:

Most people would just stay downtown, start work early on the evening shift . . . I would . . . take the [train] home, have a hot dog with the kids . . . hop in the car, come back into work. So, I get an hour with my kids there that other people will choose not to do.
Eleven participants reported pursuing interests or activities outside of the workplace as a method of relieving stress and obtaining balance between their work and personal lives. Margaret described that playing sports was an outlet and stress relief during challenging times, stating, “I had other outside interests that kind of got me through shit like that . . . I was a bit of a sports nut, played organized fast ball; I grew up skiing; I'm a golf nut. I think outside interests really helped me deal with things.” Faye reported that riding his motorcycle allows him to transition back into his personal life after a day of work: “I love riding my bike. My wife says sometimes, ‘you’re grumpy, go ride your bike.’ I go ride my bike, I come back I’m in a great mood.”

**Boundaries.** Faye’s comment above is also indicative of another major theme comprised within this category: the creation and reinforcement of boundaries between work and home life. Eleven participants specifically addressed the separation of their work from their personal lives. Some indicated that they made specific efforts to avoiding bringing their work home with them. Zoe, for example, stated, “I think I am very good at leaving the tough stuff at work.” Similarly, Donald indicated, “I don't bring things home. My home is my home base. You go home to smiling kids, you don't bring the baggage there.” One way that participants maintained work-life boundaries was by spending time with outsiders, rather than fellow officers. As Terry described, maintaining a social life that is separate from one’s work life helps to facilitate healthy boundaries:

I don’t have a lot of police officer friends; I have some, but predominantly my friends are not police officers and I want it that way. Because what I see going on a lot, is especially with these young guys, their whole life is policing – they eat, sleep, breathe, walk, talk, everything’s policing. All their friends are police officers. I get away from work.
Jeep also reported that he avoids spending too much social time with other officers, stating, “Yeah, leave work at work. I do my job and I occasionally [go out with coworkers], if we’re having a party, or this event – but, some of these guys who go out with their platoon mates all the time -- that’s great if it works for you, fill your boots. But, not for me.” Scoop noted that maintaining work-life boundaries in his social relationships is a habit he developed early in his career:

My coach officer told me within the first week, ‘don't make your work friends your best friends,’ and I really took that to heart . . . The closest friends I have on the job aren't on [police service]. There's a couple of guys . . . we see each other three, four times a year. I consider them my best friends . . . and then my network of friends now are outside the job.

**Identity Orientation.** Participants in the current study reported a range in the degree to which their identity was defined or reflected by their job; along all points in this spectrum of identity orientation, some aspect of workplace stress was buffered. Some described that adaptations to stress involved an identity orientation *toward* the job of policing as a source of meaning or an organizing principle for managing stress; others spoke of *balancing* their identity as a police officer with other aspects of themselves in order to maintain equanimity in their lives; and finally, others described being oriented *away from* the job of policing as a fundamental component of their identity, allowing them to enforce more rigid work-life boundaries. Narratives from a total of 15 participants fell within this coping category.

Participants on the former extreme of the identity spectrum (*n* = 5) described being a police officer as more than simply a job, but rather, a reflection of their identity. For these participants, there was a strong sense of internal consistency between their personal values and their work, similar to the concept of identity consistency described above as a component of
Meaning and Purpose. Typically, these participants described that they saw themselves as a helper separate from the job, but strongly identified with the roles involved in policing as a fundamental component of their selves. Jake described that when people suggest that policing is an identity, rather than a job, they “miss the mark.” He stated:

It has nothing to do with the job. The reason it's my identity is not because of the badge or the car, or the equipment, or anything like that. It's because -- take all of that away, you can end policing tomorrow . . . I'm not going to change being that person who goes out and [tries to help people].

Similarly, Margaret reported that the level of investment she displays in her career is a reflection of both who she is as a person, as well as the ways that the job has shaped her identity:

It’s because of who I am, and what the job has made me, and what I know, and the competence that I possess that -- the feelings I have for people in general, that make me to do that. There’s lots of times I don't take my personal safety or -- I don't put myself first, and I think it's the job is makes you that way sometimes . . .

Some participants in the current study (n = 8) reported engaging in a process of balancing their workplace and personal identities. Jon’s narrative suggested a more nuanced role for the degree to which policing reflected his identity. He stated that he both sees being police officer as his identity, as well as recognizing the need to balance this with other aspects of self.

I still relate myself to being a police officer all the time though, that's my identity, I would say. That's why I say I probably would never do anything else. I love it . . . but you have to find other things to do, like, I know I could do something else when I left this . . .

He also noted that his level of commitment to the work extends beyond defined on-duty periods:

If there is an accident right at the corner . . . some people just look out the window and go, ‘oh, jeez,’ but I'd be running, like no matter what time day or night I would be over there in a second. You're training to do that, you want to do that,
you want to help people. And there’s probably police officers out there who do the same thing: off-duty, they see a bad accident and they just drive right by…

Faye discussed establishing balance in terms of the degree to which his identity is embedded within his job, stating, “identity is what you are at work but you need to leave that at work and hang it up with your uniform and be who you are as a person when you leave and find things that you love doing and do them.”

Other participants ($n = 9$), existing on the other end of the spectrum, expressed more definitive boundaries with regard to identity. They described perceptions of the risks associated with over-identifying with one’s work, and explicit distinctions between their identity and their job. Dryfuss reported that although he takes pride in his police and military service, he does not allow himself to be defined by it:

Like I work with people that define themselves as people through their -- they are police officers at work, at home, on a date, at the trailer, wherever, 24/7. And all their friends are usually in that line of work. I'm not that way.

Jeep was even more explicit in disassociating his self-definition from his work, stating:

I’m not a cop. I don’t want to be a cop. I don’t want to have cop friends and talk about cop stories. No. . . . I don’t think it’s healthy and I don’t think it’s helpful. You deal enough with this shit when you’re doing your shift . . . I certainly don’t need to be doing the same thing with my time off as well. . . . this job doesn’t define me . . . I refuse to allow that, I refuse. I’m not a fucking cop. I’m a police officer, I do that job, that’s not who I am.

Importantly, emerging themes in the present study indicated that many aspects of coping, specifically those relating to identity orientation, boundaries, and prioritization, shift over time and following particular job-related experiences. As such, several participants occupied more than one position on the identity spectrum over the courses of their career. Shifts in identity and
other adaptations to workplace stress are explicated in detail in results Chapter 10 Evolutions in Cultural Adherence and Identity (pp. 273 – 280).

**Passive Coping**

In addition to the active or purposeful responses to stress and efforts to manage stress, several participants \((n = 14)\) reported employing more passive methods of coping. Passive coping refers to strategies that did not involve active efforts to change, adapt to, control, or process sources of stress encountered within the context of the job. As suggested by the breadth of active coping strategies described above, individuals whose narratives at times reflected passive coping also engaged in other, more active or purposeful coping efforts; their responses are captured here as they elucidate a distinct, though not exclusive style of relating to job-specific stressors.

Four participants in the current study indicated that they allowed symptoms of distress related to their work to naturally pass with time, or noted that with repeated exposures to certain types of stress, they expected their responses became less extreme. Both Jake and Scoop reported that they “got used to” sources of stress they regularly experienced within the context of their work. Of the pressure involved in high-stakes decision-making, Jake stated, “as the years go on, just like everything else in the world, when you get more used to it, more comfortable with it, then things get easier.” Of attending autopsies, Scoop stated, “I've been to 5, one on a young boy, which wasn't very pleasant, and then the rest men, and one woman. And they’re not pleasant to start with, and then I find it interesting.” Both Vera and Zoe discussed a process of natural forgetting that occurs following high-stress events. Vera stated, “Eventually, you kind of forget about it. Eventually. I mean, it was 25 years ago so . . .”, while Zoe reported:
I don't know how you let it go but at some point you have to just stop thinking about it. And at some point in time it just becomes blurry. I don't have anything that is ingrained in my memory. I mean, I have things, but like only if I think about them.

Eleven participants expressed a sentiment acknowledging that stress was a “part of the job” and therefore one must be prepared to simply “deal with it.” This perspective is adjacent to the concept of acceptance, as defined and explicated above, however, rather than involving active effort to adjust one’s perception of a stressor toward acceptance, it suggests a more dismissive response to the experience of stress or distress. Narratives reflecting this sentiment took a number of forms, and a number of different phrases were used to express it. For some, like Donald, it was simply, “do what you have to do.” He stated, “the stress is there, but you just handle it. You just, you have to do what you to do.” Giselle expressed a similar perspective when discussing a particularly difficult period in her career, stating, “there were parts of that that helped, but the bottom line is that, I had to do it. I had to pull up my big girl socks and go out there and do it . . . I had to earn a living.”

Others stated, “deal with it.” Margaret, for example, stated, “my first fatality . . . did that cause me sleepless nights? No. It didn't because . . . I don't know. I just . . . you just dealt with it.” Jeep reported that prior to seeking help himself, he would have endorsed this perspective, expanding that there is a sense that stressors should be expected as they “signed up for it.” He reported, “there is still the idea of well you expected it, or you knew it might happen so how can you . . . complain now that it's affected you. It's stupid, like -- you signed up for it, this is the job you wanted, deal with it.” As Jake reported, danger, including the risk of an officer being shot is “part of the job.” He stated, “you almost expect at some point that that could happen so it's not like ‘oh my gosh, I can't believe an officer's been shot,’ it happens all the time, it's . . . part of the
job so none of that was the bother.” With regard to coping with homicide scenes, James stated, “those things happen and you move on.” Finally, Andrew used the phrase “suck it up,” to describe how he coped during the early stages of his mental health crisis, stating, “you’re going to have your rough days, I mean, you’re going to have to suck it up and carry on. People depend on you.” As Jake later indicated, the “deal with it” sentiment as a coping strategy would generally have utility primarily in scenarios involving acute stress, such during a call for service: “Things happen so fast, you're just not thinking, it looks like a movie, like everybody says, but it's true, it doesn't look like reality at the time. You just deal with it. It's after the fact that things get a little bit more difficult to deal with.”
CHAPTER 8

RESULTS

MENTAL HEALTH AND HELP-SEEking IN THE CULTURE

Throughout research interviews, participants referenced personal beliefs or impressions of how mental health and psychotherapeutic help-seeking is handled within their organization and workplace culture, or described their perception of general views of mental health and help-seeking within their policing community. These narratives constructed a complex picture of the cultural and institutional context in which stressors and mental health problems exist and help-seeking behaviours occur (or alternatively, are delayed or avoided). In each passage composing the themes described below, the police culture was either directly referenced, or indirectly implicated by way of the breadth of narrative; that is, the implicit inclusion of fellow officers by the language used to describe an experience. These descriptions are more abstracted (i.e., less specific or direct) than those relating to participants’ personal experiences with help-seeking or the factors facilitating or interfering with their help-seeking behaviours, which are delineated in results Chapter 9 Individual Help-Seeking Experiences and Influencing Factors (pp. 245 – 275). See Table 5 for an overview of the themes discussed in this chapter.

Table 5

*Mental Health and Help-Seeking in the Culture*

<table>
<thead>
<tr>
<th>Organizing Themes</th>
<th>Major Themes</th>
<th>Subthemes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Culture Now and Then</td>
<td>“Things are Changing” ( n = 16 )</td>
<td>Problems and Barriers to Change ( n = 12 ) *</td>
</tr>
<tr>
<td>Narratives in the Culture</td>
<td>Labels and Judgement ( n = 13 )</td>
<td>Safety and Suitability ( n = 16 )</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Us versus Other ( n = 15 )</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Weakness and Strength ( n = 16 )</td>
</tr>
<tr>
<td>Organizing Themes</td>
<td>Major Themes</td>
<td>Subthemes</td>
</tr>
<tr>
<td>------------------</td>
<td>--------------</td>
<td>-----------</td>
</tr>
<tr>
<td>Straddling Cultural Positions (n = 7)</td>
<td>Acceptable Impact Scenarios (n = 10)</td>
<td>“Suck it Up” (n = 13)</td>
</tr>
<tr>
<td>Cultural Constraints</td>
<td>Acceptable Coping (n = 15)</td>
<td>Alcohol Use (n = 14)</td>
</tr>
<tr>
<td>Acceptable Expression (n = 18)</td>
<td>Culture of Silence (n = 18)</td>
<td></td>
</tr>
<tr>
<td>Disclosure and Discussion (n = 14)</td>
<td>Mental Health Expressions (n = 10)</td>
<td></td>
</tr>
<tr>
<td>Acceptable Help-Seeking (n = 7)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Culture Now and Then**

Almost without exception, participants in the current study described a police culture in flux, mirroring perceived broad societal shifts in mental health awareness and the stigma long-associated with mental health help-seeking. Participants with a wide range in years of active police service described witnessing changes in attitudes and perceptions about mental health and help-seeking, as well as improved service offerings in their organizations over the course of their careers. What also emerged, however, were discrepancies and inconsistencies in these narratives, as well as an acknowledgement by most participants that challenges continue to exist for officers experiencing mental health problems. Narratives informing the organizing theme of Culture Now and Then are explored in this section. Major themes included: “Things are Changing” (n = 16) and Problems and Barriers to Change (n = 12).

“They things are changing.” Sixteen of the 18 participants interviewed for the current study expressed some version of the sentiment captured in this subtheme, that “things are changing” within the police culture as it relates to mental health, expected coping strategies and responses to stress, and the acceptability of needing professional help for a psychological issue.
Participants reported that things were changing in a number of ways and for a number of reasons. Many described improvements in awareness and education which they credited for shifts in cultural responses to experiences of stress and engagement in help-seeking. Furthermore, many noted that contemporary education requirements for new hires have improved awareness and general openness to new information in police organizations. The leadership and advocacy of officers within police services was also touted as an important factor in shifting cultural perspectives. Andrew reported all three of these as being relevant to cultural changes:

They're starting to change because other people are [being hired] that do have the education, that do have the training; and people that take the time to listen, understand; and people that are admitting there’s problems, that the system is not perfect and they are trying to change things.

Bear described the police culture as a “wall” that is broken down by education and open acknowledgement or communication about mental health issues, stating, “I think it goes to education, I think it goes to communication . . . the breaking down of that wall . . . I don’t think there’s that resentment or that fear like there was. It might still be there but I don’t think it’s as prevalent as it was.” Jon also endorsed the idea that education and awareness have improved help-seeking:

In police college they talk a lot more about stress and how to relieve stress . . . I went to police college fourteen years ago, and they did have stuff back then . . . I think things are progressing really well. As far as I'm concerned, if you're interested in getting help, it's probably a heck of a lot easier than it used to be. A lot of people didn't even know about PTSD [back then].

Some participants described that cultural perceptions have shifted primarily from the bottom up. Dryfuss stated, for example: “I think it is changing. At the frontline level, there's much more acceptance; that this is real and that people get it. There's acceptance that, yeah, this person's been through a lot.” Participants also pointed to improved diversity of police services (e.g.,
greater hiring of women and people of colour), generational shifts (i.e., more conservative or “traditional” officers aging out of policing and being replaced by younger officers with greater levels of openness), and institutional acknowledgement of the potential for mental stress related to the job of policing as helping to construct more progressive perspectives among police service members.

Four participants expressed particularly definitive perspectives on the extent to which institutional and cultural norms with regard to mental health and help-seeking have shifted. Rather than viewing cultural change as process in progress, at some points their narratives revealed a perception that needed changes have already happened, and can be summarized by the phrase, “things have changed.” Donald, in his role as an inspector, noted that he often speaks with officers who are struggling and that rarely does he encounter someone who has not tried or is not willing to try therapy. He stated:

Back in the day . . . you would be looked at like a weirdo if you are going to counselling, so you wouldn’t go. That's completely flipped on its head. It's totally the other way around now. Now, people would not be pleased with you if you didn't go get counselling and you were clearly suffering.

He also challenged the idea that stigma with regard to mental health problems or help-seeking would interfere with help-seeking behaviours, reporting, “I used to hear third hand . . . or not even third hand, more academically, talking about it and saying well people won't go because of this stigma and blah blah, but when I talk to people who are actually in crisis, they don't talk that way.” Margaret endorsed a similar perception of the attitudes in her organization:

It's expected that you're going to experience some sort of an emotional setback in a traumatic situation. . . . and because of that it’s accepted that you will get the help and the help will be made available to you . . . and it's actually, it's getting to the point where it's frowned upon if you don't take advantage of it.
Ten participants in the current study described the impression that their organization is generally supportive of mental health service utilization. Zoe expressed this view, stating, “I know I can speak individually for [my service] in the fact that they hammer into us that we can get help.”

**Problems and Barriers to Change.** Most of the participants who acknowledged changes in cultural attitudes (12 of 16) also followed up their “things are changing” statement with one or more caveat, acknowledging that while attitudes are improving, stigma and other barriers to wellbeing and help-seeking continue to exist. A total of 12 participants identified institutional or cultural issues that persist; challenges were identified across all levels the policing hierarchy, from the bottom to the top. Jeep reported that among the rank and file, “it’s still pretty taboo to let the emotional or mental effects of the calls you go to interfere with the job or to talk candidly about them.” He explained that although it may be unlikely that seeking help for a mental health problem would result in significant career consequences, a fear of negative outcomes continues to exist. Terry similarly described negative beliefs around mental health within the culture, stating, “It’s better than it used to be. But there is still a perception amongst officers that you just, you don’t let stuff get to you. There’s something wrong with you if you let stuff get to you. That’s the way people act, anyway.” Other participants among these 12 expressed the perception that stigma continues to exist among some senior officers, leading to variable experiences for subordinates suffering from a mental health problem and creating a sense of fear and uncertainty with regard to organizational responses to OSIs. Scoop described these types as “dinosaurs,” stating, “the dinosaurs that think the guys going through mental stress, think he's no good . . . they're still out there.” Giselle also endorsed this perspective with regard to superiors supporting use of EAP and other mental health services. She stated, “You've got good supervisors that way
and then you've got bad supervisors that way. Some are a little more into that sort of thing and believe in [the value of therapy] and some probably don't, or they're suspicious of it.”

Finally, some participants pointed to problems with consistency or implementation at the institutional level, leading to challenges in cultural change among members. A lack of trust of their organization also lead to the perception among some that changes to approaches addressing mental health have not been adequate or constitute only “window dressing” (i.e., changes being made superficially or for optics only, and a reflection of organizational self-interest rather than a genuine care for the wellbeing of members). This language emerged from the narratives of 10 participants. Vera reported, “I'm still in doubt as to whether the police service has started Project Safeguard because they want to ensure our mental health or if it is just to cover their own butts.” Due to her skepticism, she reported that she was careful about the information she shared with a Project Safeguard psychologist. Terry expressed the perception that despite ostensible efforts by her organization to provide support for mental health, this has not been reinforced by other actions:

Sure, they’re giving it lip service and they’re putting all the models in place to deal with it, but they don’t really care. I mean, the people that do have issues, they just want to get rid of them because that’s a body they can’t use, and I’ve seen that happen where I work to more than one person. They just get shipped out as soon [possible] because they’re not effective, they’re not good. I get part of that’s management, but the other part of it is very unfeeling and uncaring.

Jeep also used this language, and expressed the impression that limited actual change was happening at the institutional level, saying, “there’s not much actual- . . . I think a lot of [it is] just lip service and window dressing, and ‘hey, look what we're doing, we're covering ourselves’. . . I don't think there's actual stuff being done.” Dryfuss reflected on his own experience of
feeling abandoned by his organization when suffering from an OSI to highlight that the mistrust bred by such experiences creates a major barrier to cultural change:

You can't say you care about people and you can be open and just come forward if you have a problem if you systemically turn around and fuck the people who come forward. . . . until there's a real buy-in at the management level that PTSD is a real fact of life, it's not just a get the summer off- it's not Dr. Summeroff -- it's a real thing that really does impact your life . . . nothing is going to change.

**Narratives in the Culture**

This section summarizes a number of specific narratives related to mental health and help-seeking which emerged from participants’ discussions of the issues. Emergent themes were considered to be culturally-bound because of the universality they often implied, and because they were referenced by a substantial majority of participants. Many participants directly implied that emergent narratives were sanctioned by cultural norms. Furthermore, narratives captured in this section were typically coded multiple times in each interview from which they emerged, resulting in rich and well-articulated major themes. These include: *Labels and Judgement* \( (n = 13) \), *Safety and Suitability* \( (n = 16) \), *Us versus Other*, \( (n = 15) \), and *Weakness and Strength* \( (n = 16) \). Finally, while several participants positioned their own personal views as being in opposition to the cultural narratives they explicated, they also frequently acknowledged the validity of the narrative in the context of the job of policing, or ways in which they also identified with some aspects of the narrative. When participants engaged in this exercise, it was coded as *Straddling Cultural Positions* \( (n = 7) \). Each narrative, though uniquely contributing to the current exploration of cultural attitudes toward mental health and help-seeking, were also closely tied together. For example, the theme *Labels and Judgements* subsumed many expressions of concerns for *Safety and Suitability* as well as definitions of *Weakness and Strength*; however a number of more general labels and judgements related to mental health and
help-seeking were identified and articulated, and safety/suitability and weakness/strength narratives emerged richly as their own particular phenomena to elucidate beliefs and concerns perhaps underlying these stigmatizing perceptions.

**Labels and Judgement.** A general issue that 13 participants identified as being present within their occupational context was the belief that emotional impact or expression, mental health problems, or the need for help will be met with stigmatizing labels or judgements from peers. Some also expressed beliefs which self-stigmatized mental health problems or help-seeking. Andrew described that stigmatizing responses to community members and other officers with mental health problems with whom police interact communicates an implicit message about mental health issues:

> Seeing the way people are name-calling each other in the work place, and when you are on the road, the way they talk about mentally ill people, right? . . . And when you get managers, supervisors and that, carrying in on the jokes and stuff, now, as a police constable, who am I gonna go to? [Do] I go to my supervisor when they’re making jokes? Am I gonna be the brunt of the jokes now?

Jack reported that stigma with regard to mental health is prevalent in the policing community, stating, “I'm fairly open with my depression, but I'll also be careful about who I say it to because there's a huge stigma about mental health in policing.” Dryfuss also endorsed the belief that his organization harboured stigma with regard to mental health problems, based on his own experience related to a diagnosis of PTSD. He states, “I think there is a stigma. I've heard it right from the mouth of my employer -- you've got to fire him because he's got PTSD, ‘cause he’s unpredictable, all the stereotypes, with no basis in medical [evidence] at all.” Jeep summarized self-judgements and beliefs he had about how his colleagues would view his pursuit of therapy:

> It's just always comes back to the whole . . . you can't hack it. You fucking crazy? . . . you can't handle it. You're not up to it. You’re mental. There’s something
wrong with you. Like, nothing positive, right? That's the bottom line. It would all be negative associations. You are not going to get help. You are going ‘cause you are fucked up.

Although he pointed to media portrayals of therapy as influencing concerns about being labelling or judgement, elsewhere Jeep acknowledged that actively suffering from a mental health problem in a way that impacted one’s work (e.g., needing to take time off) was known to risk judgement or alienation from peers, reporting, “so you get labelled as the ‘mental case’ or what not. That's what it is. And you eat lunch by yourself, in the corner. There's the cool kids, there's the- -- it's high school.”

Alienation from peers within the policing community was noted by 6 participants as something they had personally witnessed, experienced themselves, or would expect to happen to anyone visibly struggling with mental health problems. Six participants also either personally endorsed or referenced the perception within the community that some individuals reporting OSIs were “exploiting the system,” rather than genuinely suffering. For example, in arguing that the perception of mental health help-seeking is no longer viewed as a “weakness” in the culture, Margaret’s narrative belied a belief in the potential for exaggeration or excuse-making in officers claiming mental health issues, which she acknowledged would make things more difficult for those genuinely suffering:

I don't think it is perceived anymore as a weakness -- maybe a little bit for certain people. I know of people that maybe -- embellished their disability or the impact of something, or used it as an excuse for . . . poor judgment . . . And that's another thing that we have to deal with, the perception of ‘is this really . . . an excuse?’

Safety and Suitability. Another theme emerging from these discussions was the concept of Safety and Suitability. Distinct but related themes, safety narratives revolved around the question of whether an officer suffering from a mental health problem would be able to provide
potentially life-saving backup in high-pressure situations, while suitability narratives questioned whether individuals who are impacted significantly by workplace stressors are capable of handling the demands of the job. Safety and Suitability narratives related to mental health appeared to extend from a more general perception that the inability to control emotions or the expression of emotions themselves suggests that an officer is unreliable or untrustworthy. A total of 16 participants either expressed personal opinions in line with Safety and Suitability narratives or reported that such concerns were prevalent within their occupational environment. Fifteen participants endorsed a personal or broad cultural suitability narrative, and 9 indicated personal or broad cultural safety-related concerns. Bubbles reported that officers might be hesitant to participate openly in CISDs out of a fear that others would view them as unsuitable for the job, and he furthermore agreed with the notion that there are certain standards of suitability relevant to the experience and expression of distress:

I think for someone to be open about vulnerable feelings would communicate to their co-workers that their threshold for stress is low and that maybe they aren’t cut out for the job. The tough thing is that, to a degree, I agree with this line of thinking. Police officers do need to be able to cope with stressful situations while remaining mentally stable.

Giselle endorsed a similar perspective. Although she described being changed herself as a result of the experiences she had had on the job, she stated, “the other side of that is . . . if you can't handle these calls, and being exposed to this stuff, then policing is not the career that you should be going into.” In his position as a senior officer, James lamented having to supervise officers who he felt weren’t up to par with what he should be able to expect from his subordinates:

So now I had to manage officers who could never cut it in the detective office. They would completely fold, pressure wise. You can't put too much on them . . . they were not able to take it, unfortunately . . . they’re more interested in using their sick time.
Jeep’s description of what he perceived would be the reaction among fellow shift members if an officer took sick time to recoup after a bad call illustrates the relationship between suitability and safety concerns. He opined that the response might sound like the following:

You are not cut out for this. You can't hack it. You can't handle it. I think . . . [it would] probably bring up questions of like, gut check and . . . do I want this person as a partner or . . . are they frickin’ unhinged? Are they marshmallows? Are they gonna do what they need to do when they need to do it?

Jake noted that showing any evidence that one has been impacted psychologically by a high-pressure operational situation can also call an officer’s suitability into question, saying, “it's not the time to lose your cool when you're going into something like that ‘cause someone could get hurt . . . but that [expectation] somehow carries over after, and that's the part that doesn't make sense.” Vera described the response among fellow officers to a colleague who suffered from mental health issues, stating that “a lot of people would make fun of her, you know, criticize and stuff. And I probably did too, years ago.” She further described the nature of criticisms, which related back to concerns about personal safety:

‘She's a loose cannon, she's a cracker-jack, she's not cut out for this job . . . they're going to let her carry a gun?’ You know, ‘how can they give her gun back to her? What if she shoots me by accident?’ You know, like because she's a ‘loose cannon.’ Things like that. Like there's concerns over your own safety in a lot of different ways if you're working with the person. Right or wrong. Perhaps our concerns are unwarranted.

The narratives above imply that a person experiencing a mental health issues cannot be trusted to do their job, to remain calm, or to be a competent partner.

**Us versus Other.** Narratives expressing a perceived distinction between ingroup and outgroup members of either structurally- or culturally-identified frames relating to mental health and help-seeking were coded under the major theme, *Us versus Other*. Fifteen of 18 participants
utilized language in their discussions of mental health in policing or help-seeking as a police officer which explicitly or implicitly drew lines between those who were viewed as similar to and those who were viewed as ‘other’ than the speaker. On occasion, participants also directly addressed an insider-outsider or us-other dynamic within the police culture. Us versus Other narratives took two primary forms: those differentiating personal workplace experiences from others who have not had such experiences (employed by a total of 13 participants), and those differentiating officers in need of ‘help’ from officers not in need of ‘help’ (employed by a total of 8 participants). In all eight cases of the latter narrative, the positioned ‘others’ were individuals needing help.

Many participants spoke of doubting the ability of individuals who have not had the experiences that they have had on the job (especially with regard to trauma exposures) to truly understand them. This narrative appears to be connected to the idea that being a police officer changes an individual. Several endorsed a belief that outsiders will not be able to understand their experience because they have an inaccurate or incomplete understanding of what the world really is, almost as if insiders and outsiders are living in completely different worlds. One way this impacted participants in relation to mental health and help-seeking was in the degree to which it enforced a sense of isolation or disconnection from others, for example by limiting the ability of loved ones to support and understand officers when they were job-related stressors. Andrew spoke of how this barrier impacted his chosen methods of coping. He stated, “[It’s not like] a regular job . . . when you see the worst of society, and you see death, and suicides. . . It’s not something you can sit around the dinner table and [talk about] . . . so you end up bottling it up.” Although Giselle indicated that she might speak with family members to as one way of
coping with difficult aspects of her job, she also expressed similar reservations about relying on her family members for support around workplace stress:

I would discuss it with my family. Family . . . for people who aren't in it, they might not under- . . . they don't really know how to help you, maybe. Because they don't know what it's like. . . . How does somebody who hasn't been exposed to that or understand that help you?

Importantly, this sense that a lack of direct experience with front-line police work limits one’s ability to understand and therefore provide help was also employed in participants’ discussions of reservations around psychotherapeutic help-seeking. Jeep, for example, indicated that he had this belief before initiating therapy:

How you gonna come talk to me about . . . this stuff when you've never pulled a baby from- . . . It’s a bit of a leap for me to believe that you are gonna actually be able to a), help me, or b) understand. . . . Someone who's like, ‘well I read in a book somewhere’ . . . [or] ‘it's understandable that you feel stressed about this situation.’ Yeah, is it? Have a lot of people at gunpoint, have you? Have you a lot?

It is also made clear within these narratives that while outgroup membership creates a barrier to accessing help from that particular individual, belonging to the ingroup can help facilitate seeking or accepting help of different kinds. Although distinctions were made between police officers and civilians, participants also referred to distinct in- and outgroup members with respect to mental health within policing, for example, those who have experienced an OSI versus those who have not. Jake reported that he believed that if any of his colleagues needed help, they would feel much more willing to initially reach out to a fellow officer who had experienced mental health difficulties him or herself.

There was a copper that went through several really bad things, quite some time ago, had a really hard time with it . . . he got talking about some of his
experiences . . . and he said at the end of it, ‘I know it's hard to get help, if anybody has a problem or you're suffering through something like this, give me a call, come out and have a coffee.’ And I thought, you know, I didn't need that, but anybody in this room would do that in a second . . . if they needed help, you would trust this person 100 percent. [Emphasis added]

In Jake’s comment above, he makes clear that he is not a person that would need to make use of this offer, at least not at that time. This is an example of the second Us versus Other phenomenon, in which participants drew explicit distinctions or used language which distanced them from those needing help. Dryfuss labelled this issue directly and connected it back to the police culture, stating, “I find [the police culture is] a very closed ‘us and them.’ . . . And if you need help you're one of the ‘thems,’ not one of the ‘us’.” Jeep also directly referenced this cultural narrative. He described that when encountering information about mental health services in his workplace environment, he disregarded it as something he would never need, though others might: “that’s that little thing there that other people need, right? Other people need that, not you. That's there for them.” James used this type of language throughout his interview. For example, in discussing the value of CISD, he noted:

You know, I just tell myself, although I don’t need it, some others out there who are more educated than I am have identified that there is a need for it . . . . I don't want to say it's useless because . . . I'm sure there’s people, there are people out there better educated than me that will determine that. . . . If it's not going to benefit me necessarily, then I want to believe that it benefits others. [emphasis added]

**Weakness and Strength.** James’ remarks also reflect a narrative that emerged from 16 of 18 participants’ interviews, in which concepts of weakness and strength were invoked in discussions of emotional expression, the potential for psychological impact as a result of workplace experiences, mental health problems, and help-seeking. More often than not, the words ‘weak’ or ‘weakness,’ ‘strong’ or ‘strength’ were explicitly used to frame or define these
issues, the people who experienced them, and the circumstances under which they were perceived to occur. Participants used this language in reference to both their own and others’ experiences, as well as in regard to cultural beliefs at large. Strength was typically invoked to describe the ability to control and limit emotional expression, to withstand great levels of stress without outwardly (or occasionally, even inwardly) suffering, and to recover from stressors or mental health problems without help or particular types of help, while weakness was typically invoked to describe observable impacts or emotions in response to a workplace incident, the inability to cope with expected stressors of the job, or the need for help in the face of psychological distress. Weakness and strength were most often presented as being mutually exclusive and in opposition to one another. Vera, for example, on why she hid it from her coworkers when she began to cry at a trial for a “horrendous crime” she had investigated:

You're just afraid that it's a weakness. You don't wanna show other people that something’s upset you that much. They might think it's stupid or ‘what's the matter with you.’ And see, I started policing in the ‘suck it up’ days. And, things have changed so much, but there's still, I think, anyway . . . there's still the stigma that’s attached, that you don't wanna show your weaknesses.

Margaret, on showing emotion on the job now versus in the past:

I've become so much more -- this is who I am and it's not a weakness. Years ago, it wasn't like that. Especially that much more for being a female, because you didn't want the guys to see that you were weak, or emotional.

Faye, on his experience with mental health problems and delaying getting help:

I thought I was strong enough to deal with it all, but I learned I couldn’t and . . . the panic attack was the realization . . . I've never been depressed, I've always said I'm a very strong person, but I actually got depressed

And on hiding his difficulties from workplace peers:
I was feeling... well, definitely weak. Plus, I had a reputation of being a good cop... and for them to now look at me as being this weak person... I didn’t want them to see that, although they probably did, in my mind I convinced myself they didn’t see it.

Vera, on hiding her help-seeking from coworkers:

I don't want anyone at work to know that I'm going to see or went to see a psychologist and stuff because, well, first I figured it was none of their business, but I was just -- I was afraid that they would see me as weak for some reason.

Giselle was the only participant who used the language of strength to describe getting help, rather than the opposite, stating, with regard to advice she would give to a younger generation of officers:

They have to be strong enough, and mature enough to not give a shit about what anybody else might feel... There’s still going to be those people [who say], ‘oh suck it up, it's not that bad.’ You gotta be strong enough to say, no -- for me, it is that bad, and be strong enough and take the risk to go and talk to [someone].

Closely related to the narrative of weakness versus strength was the idea several participants described that the police culture, their own expectations, and often society at large promoted, that they should be (or at least project the image that they are) invincible and indestructible, rather than vulnerable human beings. Nine participants furthermore pointed specifically to traditional masculine norms within the policing culture which promote unrealistic expectations of strength and invulnerability.

**Straddling Cultural Positions.** Seven participants indicated ambivalence about the validity of, or the extent to which they identified with the cultural narratives they described. This can be observed in some of the passages above. For example, underlying Bubbles’ description of
the problematic nature of the *Safety and Suitability* narrative was an acknowledgement that he to some degree also personally endorses it:

I think for someone to be open about vulnerable feelings would communicate to their co-workers that their threshold for stress is low and that maybe they aren’t cut out for the job. The tough thing is that to a degree, I agree with this line of thinking. Police officers do need to be able to cope with stressful situations while remaining mentally stable.

Although sympathetic to the reality of mental health impacts of critical incidents for fellow officers, Frank reported that he doubted this in some situations:

I was pretty sympathetic towards some officers, but I remember some officers got shot at -- like [the bullet] went near them and they were off for like two months and I was like why are they off? Like it didn't even go near the m. Like they were behind a car.

In Frank’s case, his position with regard to the cultural narratives described above changed over time and with personal experience (as in the major theme *Challenging Narratives and Constraints* outlined in results Chapter 10 Evolutions in Cultural Adherence and Identity; see pp. 279 – 283); he follows up the above statement by saying, “and then years later I go, ‘ah, I'm an idiot.’” Other officers noted that cultural position might vary depending on to whom it is in regards. An advocate himself, Jeep described the complex nature of challenging his own bias with regard to mental health as a result of the demands of the job:

You have people that will exploit the system . . . I guess this is my own bias . . . like I just have said myself, what's nothing to me might be a world to you. But you hear [of] these people that kinda massage the system for their own ends . . . It angers me because then I look [at] people that legitimately need to [take time off work, etc.] . . . they all get painted with the same brush . . . so that's hard. I mean, shit, I’m paid to judge people, right? That's my job.
Jack reported that although he personally challenges stigma that exists within the culture, he continues to judge himself for suffering from mental health problems: “even me . . . I to this day still don't give myself as much of a break as I should, and I'm probably one of the more understanding guys on the job.”

**Cultural Constraints**

In addition to narratives conceptualizing and constructing images of mental health and help-seeking participants spoke of ways of managing or coping with workplace stress, types of emotions and mental health expressions, and modes of help-seeking that they perceived to be preferentially supported by the culture or policing community. These are captured in the emerging major themes: *Acceptable Impact Scenarios* \((n = 10)\), *Acceptable Coping* \((n = 15)\), *Acceptable Expression* \((n = 17)\), and *Acceptable Help-Seeking* \((n = 10)\). Often, “acceptable” responses/scenarios implied unacceptable or less acceptable options, suggesting that outward expressions and acknowledgements of coping, impact, and help-seeking may be constrained in order to fit within culturally-defined standards.

**Acceptable Impact Scenarios.** Ten participants suggested that there were particular types of workplace incidents, specific contextual scenarios surrounding critical incidents, or a certain level of severity or accumulation of incidents that were more accepted in the culture as impacting one’s psychological functioning. Most consistently expressed was the notion that a fellow officer being shot or killed in the line of duty, and to a lesser extent, officer-involved shootings (i.e., when an officer shoots a civilian in the line of duty) are scenarios in which it is accepted that an officer might experience an emotional or psychological impact. Faye reported that following the death of an officer on his platoon, he and his colleagues banded together and
openly expressed grief and anger in a psychological debriefing. He noted, however, that he and others would likely feel less comfortable doing so if it were in response to a different scenario:

If it was a different type of an incident you may have more resistance to it. If it was a police shooting, or a civilian got killed, or if it just a different incident, other than something that brought us all together, it would have been a little bit more challenging.

Faye described that because everyone on his platoon was affected by this incident, it was more acceptable to acknowledge and express this impact openly, as no individual person stood out. Terry reported an openness around the impact of officer-involved shootings, saying, “Nobody ever thinks that- there’s never a perception that there’s something wrong with you if you’re upset because you were involved in a shooting.” Dryfuss commented that although there may be growing awareness and acceptance of the reality of PTSD, he believed that the events surrounding an OSI are likely to influence the degree to which it is taken seriously by his organization. For example, with respect to his own experience, he described:

If I have PTSD from shooting a bad guy, in a clean shooting at work -- we have a guy who did that, and saved a couple of lives, and he is held up as: ‘he's had some hard times, but we’re going to stand by him.’ Because he didn't cause any embarrassment . . . [didn’t] cause us any legal problems or give us bad press.

In contrast, he noted that because his own experience of PTSD was complex, and involved an incident for which he was disciplined, he did not receive support from his organization, nor from many of his colleagues. Rather, he described being alienated due to a fear of being “guilty by association:”

I think it's kind of like, they're afraid by even associating with you . . . it will affect their prospects and promotions and advancement and they're afraid they will come to the attention of professional standard. Because if you get to be known as a friend of mine, if I get in trouble, that you're guilty just by association.
Another experience that participants identified as being a generally-accepted cause for emotional or psychological impact were calls involving children; this was particularly true for female officers. Margaret stated, for example:

I did encounter a number of crib deaths. My first one I recall as clearly as it was yesterday. . . . I think I did break down, but that was okay. . . . I think it was okay because I was dealing with a baby . . . [It] was acceptable to show your emotion, and especially from a maternal perspective. . . . The guys were great with me; hugged me like I was their . . . little sister.

Other officers noted that typically only very “serious” critical incidents, rather than those viewed as less serious or workplace stress accumulated over time, would be accepted as reasonable cause for a significant psychological reaction. Some also indicated a greater willingness to accept the validity of psychological difficulties related to workplace events if they occurred alongside significant personal stressors, such as the death of a family member or the end of a marriage.

Acceptable Coping. As is illustrated in Chapter 7: Coping, Responses, and Buffers to Stress, participants described a wide variety of coping methods employed throughout their careers. Some of these responses to stress were directly linked via participant narratives, however, to cultural forces perceived to support their use. There were two coping methods/stress responses that emerged as being directly or indirectly influenced by workplace cultural factors (endorsed by a total of $n = 15$ participants): “Suck It Up” ($n = 13$) and Alcohol Use ($n = 14$).

“Suck It Up.” This subtheme, captured using the words of several participants who invoked it, was referenced by 13 officers in the current study. This phrase was specifically used by participants, or described as being embodied by colleagues or superiors, to communicate the implicit expectation that a police officer must, without complaint or visible impact, accept and cope with the naturally-occurring stressors involved in the job. These may include extreme
scenes of violence, uncertain danger, high pressure decision-making, and high levels of oversight and individual accountability, often without explicit show of support from peers or superiors. Officers primarily described this pressure as something they or others experienced in the past, and stated that the “suck it up” culture had changed substantially over time. Several officers, however, while noting that this cultural response to stress has shifted over the past decade, indicated that remnants of this expectation, though perhaps less extreme or less explicit, remain. Some officers spoke, for example, of the perceived dismissal of traumatic stress due to the perspective that it is simply a part of the job they chose. Jeep stated, for example, “there is still the idea of, well you expected it, or you knew it might happen so how can you . . . complain now that it's affected you . . . Like, you signed up for it, this is the job you wanted, deal with it.” Dryfuss reported that when he went to a superior to disclose difficulties with a traumatic call, she gave few options for what actions he could take, given that he had already used his yearly EAP benefits: “it was just kind of like ‘look, this is just part of the job, you know, you'll get used to it. It's not nice, but you just do the best you can.’” Frank reported the perception that this mentality contributes to an unwillingness of officers to process bad calls with colleagues as they happen, stating: “people don't want to talk about it, so they get defensive or they just go, ‘What's wrong with you? Like, toughen up.’” Jeep reported that his own belief in this type of response to stress delayed his decision to seek mental health support:

I was just not quite to that degree but -- that's the job. Suck it up buttercup. Just deal with it. That's what it is and if you don't sleep well . . . that's the way it works. And if you don't complain and you don't talk about, you don't deal with it. You just come in, do your job and that's it.

Terry also supported the idea that his mentality continues to exist to some extent within the police culture, saying, “they’re still that way . . . you’re expected to be tough, like suck it up.”
**Alcohol Use.** Although only 9 participants reported that social or problem drinking was a method of coping they had engaged in, 14 participants linked alcohol use to the police culture as a common or culturally-accepted method of coping. In some narratives, the presence of alcohol use as a method of coping or stress relief in the culture was illustrated by unprompted references to the fact that this was not a coping method the speaker had employed. For example, James stated: “I don't have to rely on external sources to kind of suppress [stress] such as booze . . . you'll see that too.” Similarly, Margaret reported in reference to a period of depression she experienced, “I didn't turn to a bottle; I wasn't a drinker.” Others referenced the culture when speaking of their own drinking problems. Dryfuss, for example, reported that he began to drink as a way of coping with increasing symptoms of posttraumatic stress, stating, “I kind of . . . chose the traditional, time-approved police culture-approved way, of drinking.” Faye described:

Culture in the police department, too, is -- the guys tend to drink a lot, especially after work. Everybody goes, ‘let’s go for beers after work,’ so it’s kind of like a social thing, too. . . . but when I went through my dark phase, when I moved into my apartment, it was perfect because I was alone, no one could see me drink.

Finally, others more broadly spoke of the commonality of drinking and drinking problems among police, and of reasons why this might be the case. Frank, for example, stated:

The drinking is huge, and you can see that in all the professional standards [reports] every month; there's so many drinking and driving charges laid against officers, even drug use too. But oh yeah, the drinking is huge.

And Jeep expanded, “Ignoring the feelings is normal . . . for most cops it is. I think that’s one reason alcohol, drugs, etc., play a part in policing. Self-medication can seem an easier route than dealing with the emotional mess . . . of course that only ends up bad.”
**Acceptable Expression.** In line with cultural expectations around coping, several constraining narratives related to acceptable expressions or the acknowledgement of distress, mental health problems, or help-seeking experiences emerged. The overarching theme that emerged from discussions of this nature was defined by the researcher as reflecting a *Culture of Silence* \((n = 18)\). Alongside the culture of silence narrative, which identified cultural constraints around the open expression of distress or mental health issues, there emerged a number of specific culturally-accepted types of expression. Any *Disclosure and Discussion* \((n = 14)\) of mental health issues or psychological impacts, or *Mental Health Expression* \((n = 10)\) that did occur in the workplace environment were thus often constrained by widely understood cultural expectations.

**Culture of Silence.** All 18 participants in the present study made reference to an implicit understanding that there are certain aspects of one’s internal experience that are not widely acceptable to openly acknowledge or discuss with colleagues. Sections of text constituting examples of this major theme illustrate a cultural norm in which police officers do not discuss their emotions, their psychological reactions, their need for help, nor their use of mental health services. Narratives illustrating this implicit understanding often took a form exemplifying the definition of culture provided above: “culture is the way do things around here” (Bower, 1966). That is, participants often indicated that speaking about experiences of distress or struggles with mental health issues simply was not how things were done within the police community. In Jack’s explanation of why he hid his difficulties from coworkers, as well as himself, he invokes this language:

> It wasn't a conscious thing, it was kind of along the lines of, you know, the same way that I learned on the job that you don't talk about these things. If something bothered me I just didn't acknowledge it, I just shoved it down.
Jeep’s explanation of why he and others would not discuss their reactions following a bad call did as well:

You're a cop! You don't just sit there and go ‘hey, you know that thing I saw last night? Yeah, that really fucked me up.’ . . . I think it’s just the policing culture. You don’t really talk about the things you see and do, at least not in a straightforward way, about how it affects you.

A paradoxical component of this *Culture of Silence* is that it does not necessarily assume that psychological distress is not a reality that most officers will experience, nor that officers will not utilize mental health services at some point in their careers, or even that either of these facts is problematic in some way. Rather, the *Culture of Silence* operates on an implicit agreement between officers embedded in or identifying with the culture that these facts will not be openly voiced or acknowledged. If they are, it may only be through constrained methods of discussion or expression as further outlined below in *Disclosure and Discussion* and *Mental Health Expression*. There may be a silent assumption between colleagues that they are experiencing similar feelings, for example, but these feelings or shared experiences will not be named. For example, despite both attending a bad call which was ultimately a trigger in Dryfuss’ development of PTSD, when he and another officer discussed this call over the years, their conversations focused on the facts of the call, rather than either of their reactions. He stated, “I would never go, ‘Well, I'm feeling guilty. I have problems of self-worth, and self-esteem.’ You don't tell that to another police officer.” Vera described that the most personal information she shared was with a fellow officer whom she trusted. She indicated that discussing workplace incidents helped her feel as if she were not alone in her feelings about them, though neither of them stated explicitly what these were:
I think if he sees it the same way that I see it, then in some ways it's kind of like a 
. . . support, I guess, because . . . if I feel like it's affecting me, and he has the 
same perception of things it's almost like - not that we actually talk about it - but 
maybe it's affecting him the same way or maybe you're not alone . . .

Jake similarly described his perception that it is implicitly understood that an officer should not 
discuss feelings of fear during or following a call, even though it may be assumed that everyone 
involved did experience fear:

We all feel it, we all know -- I mean, especially these people that I work with 
every day, I know certain co-workers and I know what they’re like . . . and I know 
you were quaking in your boots throughout the whole thing but I'm not gonna say 
it and you're not gonna say it, because that culture, I guess, has just become so 
entrenched . . . it's just not something that you bring up or talk about.

A similar narrative emerged with respect to help-seeking. Participants reported that although 
many officers have used psychological services at some point in their careers, few would be 
willing to openly admit or discuss this. Dryfuss opined:

There are people that I work with who think if you go see a psychologist there is 
something wrong with you . . . that would be a sign of weakness, it would be 
unacceptable, it would be an admission that you need . . . they might be going 
every day but they would deny it to the bitter end in a public forum.

Giselle also endorsed this perspective, stating: “I can't see anybody getting through a 30-year 
career without having to go, at least once. They just don't talk about it.” A corollary to the culture 
of silence narrative was a narrative in which “silent sufferers” were held up as an exhibiting a 
strength of character to be admired. Silent sufferers were officers who struggled with mental 
health problems, but projected an image of strength or shared their difficulties with few people. 
Six participants spoke positively about fellow officers who they viewed as having maintained 
outward composure in the face of suffering or described themselves as having enduring
difficulties without complaint. Bubbles gave a description which revealed the power of the silent sufferer in both reinforcing and challenging this aspect of the culture:

Some people I find share struggles just for attention. They're chronically in that state. But I think when . . . the average person that you think has everything together, but then they struggle with something, and you'd never know it, and they share it with you, it's almost an encouragement to other people.

**Disclosure and Discussion.** Fourteen participants spoke of ways in which they did engage in processing of traumatic workplace events, or in which the support of peers or superiors was communicated. Each of the types of discussion or disclosure captured here were limited or significantly constrained. A total of 7 participants referenced the use of black humour or “war stories” (i.e., the telling of humourous, gruesome, or shocking stories among peers for entertainment or commiserating purposes) as culturally accepted methods of discussing difficult or distressing experiences with peers. Dryfuss, for example, spoke of hiding distress related to workplace events by using humour, “. . . covering them up with some black humor, which has its place. A little bit of black humor to show that you're okay. It helps. It does help, but you do that and you just act like it never happened, even if it bothered you.” Jeep also referenced these mechanisms of discussion as being employed and accepted within the culture, stating, “You don’t really talk about the things you see and do, at least not in a straight forward way about how it affects you. The only time people talk about calls is to tell war stories or with gallows humour.” Jack described constraints around the ways that emotional reactions to a call can be discussed with fellow officers:

You just learn from watching and from listening, and it's quite clear that you know, these things are not supposed to affect you. Now when you do go out after shift for drinks or whatever, yeah then some of it will come across-- ‘this was really disgusting and this was really gross,’ but that's about as far as you get into
emotions . . . you might get like a ‘poor bastard,’ but that's about it. It's more like, ‘wow this was such a gross scene, I've got to tell you because it's so interesting.’

Some participants indicated that fear was an emotion that would be particularly problematic to express to colleagues, as it suggested to others that you may not be reliable in the field. Jake reported that sadness, in contrast, may be viewed as less of a threat to the safety of fellow officers, and therefore more acceptable to express:

Because the ramifications of it are, next time you deal with something that is really bad you might feel sad about it . . . and move on. Sadness can't really, unless it comes to a paralyzing state, it can't really affect anyone on the next call. But fear is something that -- if we face down something not good and you turn and you run, even two steps backwards, before you get your wits about you, that could mean a problem for my personal safety.

Some participants also spoke about “commiserating” about workplace politics or less specific aspects of workplace stress as acceptable means of processing. More generally, participants spoke of engaging in only very limited disclosure about their personal feelings or experiences with peers or supervisors. For example, Jeep stated of his supervisor, when he disclosed the need for time off the road: “he didn't try and really delve.” Vera stated, of discussions with a partner she was close with: “not anything in-depth, but maybe just a little.” And Bubbles, of the degree to which he shared his difficulties with his colleagues: “if I did have a conversation about anything about how I was feeling it was generally with somebody that I trusted. And I probably didn't delve too deep.”

**Mental Health Expressions.** The narratives of the 10 participants included in this major theme reflected the implicit knowledge that one will experience greater support from within their culture or organization in response to specific types or expressions of mental health problems. Several participants reported hiding specific aspects of their mental health problem from peers
and superiors, while they were comfortable sharing other aspects. For example, Jack noted that he used migraines as a cover for symptoms of depression, as this was an acceptable difficulty to reference, while depression would not have been. Faye reported that his supervisor was likely aware that he had a drinking problem, but he hid from colleagues that he was depressed. He noted that his supervisor allowed him to take time off rather than disciplining him:

You don’t want them to know [that you’re depressed] . . . My boss knew I was drinking, because he’s not stupid . . . that was one of the reasons why I called in sick, because I knew if I came into work and I wasn’t functioning properly he would say, ‘listen, you’re drinking and I can’t let you work, I’m going to discipline you.’ He walked a fine line too.

Generally speaking, participants acknowledged that so long as a mental health problem did not impact job performance or reflect poorly on the organization, the sufferer may be protected from negative stigma or judgement. In Dryfuss’ estimation, for example, it may be acceptable to struggle with PTSD if it is circumscribed in such a way. He stated:

Get this kind [of PTSD]; the kind that is in line of duty, doesn't cause us any legal problems or give us bad press . . . You support the guy who does the clean shoot and then gets a little troubled over that, ‘cause that's acceptable. It's acceptable to get PTSD if it's not causing any problems [for the organization]. You know, he just needed some time off, that's good. But if he was drinking . . . any kind of substance abuse it's, you know, hide it. You're not trustworthy.

Jake also endorsed this perspective. When discussing likely responses if a coworker were to disclose attending psychotherapeutic treatment, he identified the following caveat:

I don't have a problem with working with someone who was talking about going to get help . . . if it's not affecting their everyday performance I don't think that would that would bother me. . . . I wouldn't lose sleep -- ‘oh no, what if somebody finds out I'm going.’
This final example also clearly reflects the culture of silence and the “silent sufferer” narrative; that is, it is acceptable for an individual to be suffering from or receiving help for a mental health problem so long as it is not openly demonstrated by way of interfering symptoms. It is noted that this is quite a high standard and one that is likely impossible to meet for an individual suffering from threshold symptoms of PTSD.

**Acceptable Help-Seeking.** As participants spoke about their own and others' help-seeking experiences, a total of 7 of them defined scenarios in which seeking or needing psychotherapeutic services might be viewed as more understandable or acceptable. These narratives mirrored the **Acceptable Impact Scenarios** theme in that very serious critical incidents, such as an officer-involved shooting were noted as reasonable scenarios in which to require professional help. In addition, a total of five participants expressed greater comfort (either personally or within the policing community) with the idea of seeing a therapist for marriage-related or "personal" stresses over workplace ones. Faye, for example, reported that he did not hesitate to seek couple’s therapy when he was having problems in his marriage, but that he long-delayed the decision to seek out an individual therapist when he was experiencing depression:

[With my marriage problems there was] zero hesitation, it was just natural to seek help. When I was depressed that was different . . . I couldn’t figure that out for myself. . . . You’re thinking in such a negative way and you would rather deal with the hurt and the pain and the anger than talk to someone at that point.

At least 2 participants directly stated that officers may view it as more acceptable to readily seek services for marital issues than for other concerns. Donald reported: “I think the marital [therapists] are the most often used, frankly, ‘cause they've got a reason to go. If my wife says we’re going to couple’s counselling or I'm leaving, I would be in the couple’s counselling in a heartbeat.” Similarly, Jack explained that he pursued couple’s therapy with his wife initially as
he felt that his problems with depression were related to his marriage rather than his work. When asked to clarify this decision, he stated, “I guess because I had heard other guys talking about seeing a therapist for their marriage, and that seems to be an acceptable type of therapy . . . Because it's not mental health, it's just, the wife having problems.” A total of 5 participants identified marital issues as the decision point prompting them to seek out psychotherapeutic services, and 2 additional participants reported that they would be readily willing to engage in couple’s therapy if their spouse ever requested it.
CHAPTER 9
RESULTS
INDIVIDUAL HELP-SEEKING EXPERIENCES AND INFLUENCING FACTORS

This chapter presents emerging themes related to participants’ individual experiences with mental health help-seeking, as well as factors that either facilitated the initiation or level of engagement in help-seeking behaviours or interfered with or delayed help-seeking. Table 6 provides an overview of the major themes and subthemes discussed in this chapter.

Table 6
Individual Help-Seeking Experiences and Influencing Factors

<table>
<thead>
<tr>
<th>Organizing Themes</th>
<th>Major Themes</th>
<th>Subthemes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interfering Factors</td>
<td>Accessibility Issues (n = 10)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Awareness and Education Issues</td>
<td>Delayed Recognition of a Mental Health Problem (n = 11)</td>
</tr>
<tr>
<td></td>
<td>(n = 15)</td>
<td>Frame of Reference Issues (n = 5)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Limited Service Awareness (n = 8)</td>
</tr>
<tr>
<td></td>
<td>Identity Issues (n = 13)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Feared Work-Related Consequences</td>
<td>Career Consequences (n = 10)</td>
</tr>
<tr>
<td></td>
<td>(n = 15)</td>
<td>Stigmatization (n = 14)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Confidentiality Issues (n = 9)</td>
</tr>
<tr>
<td></td>
<td>Skepticism and Mistrust (n = 17)</td>
<td>Of Insiders (n = 9)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Of Outsiders (n = 12)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Efficacy Questions (n = 9)</td>
</tr>
<tr>
<td>Facilitating Factors</td>
<td>Accessibility (n = 13)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Awareness and Education (n = 18)</td>
<td>Training and Education (n = 11)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Service Promotion (n = 12)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mental Health Oversight (n = 6)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Demystifying (n = 7)</td>
</tr>
<tr>
<td>Organizing Themes</td>
<td>Major Themes</td>
<td>Subthemes</td>
</tr>
<tr>
<td>------------------</td>
<td>-------------------------------------------------</td>
<td>------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>Establishing Trust ($n = 17$)</td>
<td>Confidence in Confidentiality ($n = 14$)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Assessing Competence and Credibility ($n = 14$)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Therapeutic Alliance-Building ($n = 17$)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Access Points ($n = 10$)</td>
</tr>
<tr>
<td></td>
<td>Leadership ($n = 7$)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Personal Factors ($n = 11$)</td>
<td>Family Influence ($n = 7$)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Readiness and Commitment ($n = 5$)</td>
</tr>
<tr>
<td>Help-Seeking Experiences</td>
<td>Types of Help-Seeking ($n = 15$)</td>
<td>Psychotherapeutic Help-Seeking ($n = 14$)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Institutional Help-Seeking ($n = 10$)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other Help-Seeking ($n = 11$)</td>
</tr>
<tr>
<td></td>
<td>Delayed Help-Seeking ($n = 12$)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Weighing Costs and Benefits ($n = 7$)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Psychotherapeutic Outcomes ($n = 14$)</td>
<td></td>
</tr>
</tbody>
</table>

Throughout the research interviews, participants often discussed others’ experiences with help-seeking, or their impressions of, rather than personal experiences with help-seeking. For the current chapter, results are limited to participant narratives that apply to their personal experiences and factors that directly or indirectly influenced their personal engagement in help-seeking behaviours, past or current. Furthermore, although research interviews focused on experiences and perceptions of specific types of mental health help-seeking (i.e., counselling or psychotherapy with a psychiatrist, psychologist, EAP provider etc.), narratives relating to other help-seeking activities also emerged, including factors interfering with optimal use of CISD debriefings, informing superiors of a need for support, or accepting accommodations when they were offered. Given that these types of help-seeking may act as gateways or precursors to mental health service utilization, they were included in the current analysis.
Interfering Factors

Interfering Factors refer to those factors that participants identified as concerns that they considered before engaging in mental health help-seeking. Not all interfering factors led directly to a decision not to seek help, but they often influenced how long it took for a participant to initiate this process or the manner in which they ultimately engaged in help-seeking. The language of interfering factors rather than barriers to help-seeking was chosen for this reason. All participants in this study identified one or more interfering factor; these included Accessibility Issues \((n = 10)\), Awareness and Education Issues \((n = 15)\), Identity Issues \((n = 13)\), Feared Work-Related Consequences \((n = 15)\), and Skepticism and Mistrust \((n = 17)\).

**Accessibility Issues.** Most participants acknowledged a growth in the number of services offered to support officers’ mental health, as well as relatively ready access to these services. Ten participants, however, referenced limitations in accessibility, primarily as a result of structural problems in the way existing services were implemented. For example, a few officers highlighted that typical definitions of ‘critical incidents’ (i.e., officer-involved shootings, infant deaths) minimize the likelihood that a CISD will be initiated in response to more mundane, but potentially equally distressing calls, such as sudden deaths. Several participants also described interfering factors related to cost, for example, limited benefits. Zoe was complimentary about her organization’s coverage for and overall accessibility to services, but still acknowledged that an annual limit would impact her use of services:

> I know our benefits just increased one-hundred-and-fifty percent. But I know that the treatments are really expensive. Like I would probably go, if I needed it, until probably what is covered. But at like 175 dollars a session . . . if they’re like, ‘you need ten,’ and only six are covered, I probably won't pay for the other four.
Similarly, Andrew reported that his benefits were not sufficient to meet his needs: “I tried to get an extension one time because I needed to go a little bit longer. I got one extension and the next year they wouldn’t let me have it – ‘oh you had it last year, you can’t have it this year.” Other accessibility issues described by participants included disruptions or delays due to bureaucratic involvements with their medical board or with the Workplace Safety and Insurance Board (WSIB), wait times to see a therapist after initial contact, and a lack of centralized information about qualified community clinicians.

**Awareness and Education Issues.** A total of 15 participants described a lack of education or awareness related to mental health and to mental health services. Responses reflecting this theme were comprised of three subthemes: *Delayed Recognition of a Mental Health Problem* (*n* = 11), *Frame of Reference Issues* (*n* = 5), and *Limited Service Awareness* (*n* = 8).

**Delayed Recognition of a Mental Health Problem.** Eleven participants described a lack of initial awareness that they were experiencing a mental health issue. Some participants described experiencing a period of ‘denial’ in which they purposefully did not acknowledge the seriousness of their psychological symptoms. Others described that symptoms were unfamiliar to them or accumulated over time, making it difficult to identify the need for mental health support as symptoms worsened. Impaired awareness could occur at any or all points in the trajectory of a developing mental health problem. Bubbles, for example, described that he did not initially identify his dismissal from a valued unit as “traumatic,” saying: “it was just me initially not even realizing it was a traumatic event, and just being like, oh, this sucks, and just being upset about it.” Later, as symptoms lingered and intensified, he realized he needed help, though he noted that this was not readily apparent to him:
It’s different than waking up and you’ve got like this huge bump in your neck, and you're like 'whoa, what's that,' and you go to the hospital and it's like 'you've got cancer, you need to get surgery.' And you're like 'ok.' Let's take immediate action here. It's just kind of a slow thing that happens.

Other participants interpreted their symptoms as being related to physical maladies, and only in retrospect recognized that they had been suffering from a mental health problem. Frank reported, “I didn't know what was happening to me for years. I thought I was sick. I thought I was either hyperglycemic or diabetic and I guess looking back at it now, they were depressions.” In general, participants rarely monitored for or recognized symptoms associated with a critical incident, and only much later might they identify it as a trigger. For example, Jack noted that he was dismissive of any concerns when asked by his senior officer if he was okay following a bad call: “as far as I knew was I was fine. So what, the kid died -- big deal.” Similarly, Jeep described that over the course of his career, events that might be considered by others as stressful or traumatic began to seem mundane, as did symptoms of posttraumatic stress he was experiencing: “Well, if I looked back, I think [the symptoms] were always there . . . I just assumed they were normal.”

**Frame of Reference Issues.** An emerging theme related to awareness was the discomfort and uncertainty 5 participants described in considering pursuing mental health services, given that it existed outside of their typical realm of experience or because they understood help-seeking through the lens of their experience as a police officer. Generally speaking, participants endorsing this theme expressed uncertainty regarding the terms and structure of therapy which contributed to trepidation about mental health help-seeking. Jake pointed out, for example, that due to limited, primarily work-related points of reference, what he imagined as a formal therapy setting would feel vulnerable in a way that was uniquely informed by his experiences on the job:
I don't know the setting, but you're picturing a desk and someone sitting there writing and it's a more formal kind of-. . . which leads to those types of settings [where you] automatically engage your ‘court mode’ and you kind of go into watching what you're doing and what you're saying.

Participants also expressed concerns about the limits of confidentiality with regard to safety, which for some, appeared to be informed by police practices related to the Mental Health Act. Andrew reported that although he was suicidal, he delayed seeking help and then did not disclose his suicidality to his psychologist as he had the impression he would be automatically admitted to hospital. Later, he came to understand that his treatment provider would take a more nuanced approach to suicidality, but felt that this was not adequately addressed when limits of confidentiality were reviewed:

How do you get that message across? ‘We can admit you, but . . .We're going to take care of your needs and support you, but at the same time we understand you might have concerns about your career or your work life, and we're going to try to buffer that.’ Because then I would've felt safe!

**Limited Service Awareness.** Eight participants’ narratives suggested limited awareness of the services their organization had available or options for engaging in these services. Vera accessed services via a CISM team member who she connected with by chance, but had not been aware that CISM members could assist in facilitating service access and accommodation:

I don't think that I would have thought to call myself, because my understanding of the CISM team is -- we've had a critical incident, we call in the team to respond, and help with that, and then if you make those connections . . . My experience and understanding was that it was a response unit, not that I could just pick up the phone and call one of them, and they would help me the way this guy helped me.

At the time of research interviews, Jake appeared to have minimal awareness of the efforts made by his organization to support mental health. He stated, “I don't think it's as big of an elephant in
the room as it was before, but nothing's changed as far as -- there's no more services or accessibility to services than there ever was, and all the same barriers that used to exist still exist.” Faye reported that when he was experiencing a depressive episode, he lacked the guidance or information he needed in order to make use of the services available: “I couldn’t see straight, I couldn’t think straight, I didn’t know what to do. I needed someone to hold my hand, to tell me what to do at that point.”

Identity Issues. Another emerging theme captures interfering factors related to issues of identity, often with an underlying message that help-seeking is somehow incompatible with a fundamental view of the self. Thirteen participants identified identity-related challenges to seeking mental health support, for example, that as a ‘helper’ one should not also need help themselves, as several participants, including Scoop, expressed:

In the current position, [I’m] relied on to be the helper, not being helped. So you're always expected . . . expectations are higher. So it does take away, at least I think it takes away my ability to look after and manage my own stress at times.

A common narrative reflecting this theme was the idea several participants endorsed that they could or should be able to manage mental health problems or very high levels of stress on their own, or that they would naturally pass over time. As described by Jeep: “I think I waited partly because I thought I could get over it like in the past.” Faye stated, similarly:

I was trying to do it on my own. I’ve always done everything in life I’ve done on my own, you know, I’ve always -- you know I saved up to go to school on my own, I’ve done everything on my own, so I thought I could just do this on my own and I realized I couldn’t. I needed the help.

Others explicitly indicated that their identity as a police officer was incompatible with needing help; for example, regarding his delayed decision to seek therapy, Jack reported: “I'm sure the
cop side of me did not like the idea of sitting down and saying, you know, ‘I have problems.’”

Generally, there was a sense within these narratives that being someone in need of help was something to feel shameful about. Many participants used language that implicitly or explicitly distanced themselves or their experiences from those who did need help. Dryfuss described attending an educational seminar early in his career offered by a retired officer who had suffered from PTSD. As a former soldier with combat experience, he dismissed the idea that he would ever be someone in need of help, stating “I totally blew him off. He was trying to tell us all this could happen to you, don't think you're immune and I did, I thought I was immune.” Jeep also endorsed this perspective prior to his personal experience with PTSD: “I don’t want to say, dirty little secret, but it’s that little thing there that other people need, right? Other people need that, not you.”

**Feared Work-Related Consequences.** A total of 15 participants described interfering factors related to fears of the cultural or organizational consequences of help-seeking. Perceived potential consequences factored into decision-making about seeking mental health services, especially when mental health problems were more serious. Feared consequences included concerns about possible career impacts, for example being passed up for promotion or transfer to a specialty or high-risk unit (Career Consequences; n = 10); fears of being judged, labelled, or stigmatized by peers or superiors (Stigmatization; n = 14); and, exacerbating these issues, concerns regarding the potential for confidentiality breaches or related to legal limits of confidentiality (Confidentiality Issues; n = 9). These concerns were largely interrelated. Ensuring confidentiality was, for example, imperative in order to minimize concerns about stigma and potential career consequences.
Career Consequences. Ten participants reported that concerns about the outcomes of engaging in psychotherapeutic help-seeking on their career or career trajectory interfered with their willingness to do so. In Andrew’s case, given legitimate concerns for his safety that were likely to impact his ability to continue working, he was unwilling to seek help even in dire circumstances:

I ended up one night, I took an overdose and [my wife] couldn't wake me up the next day, so I was out of it for quite a while. But the ambulance was never called or anything else, because she knew my concerns, like what was going to happen at work?

Jake was one of few participants who had never actively sought mental health support, and described this as being fundamentally related to concerns about how it might impact his career:

I've never accessed services, and I wouldn't because I'm just like every copper, and I know it's a stupid childish way to think, 'oh, they're going to take my badge and my gun away.' But everybody thinks that, and most people I talk to think that.

Stigmatization. Concerns about stigma were relevant to help-seeking as they related to being accepted and trusted within the culture as well as to the potential that perceptions of coworkers and superiors would impact career advancement and reputation within the organization. Such concerns were expressed by 14 participants. Jack described this factor in reflecting on why he would be hesitant to participate openly in CISDs:

I guess there would be a worry about what other officers would think. That it would just ruin your reputation, because reputation [as a police officer] is very important. And if you're competent and trustworthy, if you're struggling with . . . emotions. I could imagine things like, ‘you're working with [Jack], well you know he got taken to [hospital] once, don't you?’ . . . ‘He's unstable, you don’t know what he's going to do, he's nuts.’
Confidentiality Issues. Considerations of confidentiality thus factored into many participants’ help-seeking experiences (n = 9), and were mentioned alongside concerns of stigma and career consequences. Donald explained that the Police Service Act holds officers to a different standard than civilians, such that confidentiality is not a given, stating, “The Police Service Act is something you don't have to live with. But we do. So nothing is confidential about what we do. We write. We say it. It's all on board. So that changes whole complexion of counseling, right?” Donald went on to note that limits of confidentiality regarding subpoenaed records are a special concern as they have the potential to impact credibility in court and thus earning potential: “that's our bread in butter so you get compromised in court once, you're compromised for life. You put it in open court in one case, every lawyer has it now.”

Skepticism and Mistrust. Seventeen participants described issues related to trust of either insiders (i.e., colleagues, the organization; n = 9) or outsiders (i.e., mental health professionals; n = 12), or both, as shaping their willingness to or methods of seeking mental health support. As a result, some participants preferred to access mental health services internally (e.g., EAP services, CISM team), while others felt more comfortable with external and independent services that they had sought out themselves. It was generally noted that issues of trust must be overcome in order for help-seeking to occur. Furthermore, some participants (n = 9) expressed doubt or skepticism about the efficacy or value of psychotherapy.

Of Insiders. Nine participants expressed skepticism about the trustworthiness of what the researcher has defined as insiders. Due to mistrust of the intentions of her organization (i.e., a concern that information would be used in a way that might impact her career, rather than to help her), Vera reported that she was guarded about what she shared with a psychologist employed by her service through Project Safeguard:
I wasn't about to tell her anything potentially controversial or about prior counselling services I've utilized. There were some questions that related to this topic so I lied. I felt like I was giving her answers that she needed to hear so I would have a ‘pass’ mark at the end of the session.

She also noted that she would prefer to reconnect with an external therapist should she experience difficulties in the future. Dryfuss indicated that although his service has encouraged officers to reach out to HR or EAP services if they are struggling, because other officers are aware of how he and others have been treated around OSIs, mistrust of the organization is a major barrier:

They talk about how they care about us and you know, just come to them if we're having a hard time. And I don't say anything, but people bring me up all the time, and go, ‘Oh look what happened to [Dryfuss]; he got fucked. Why would we come to you?’

*Of Outsiders.* Mistrust of outsiders was also a common interfering factor. Twelve participants described skepticism about the ability of mental health professionals not embedded within their culture to understand and help them, or had preconceived notions of therapists that led them to doubt their ability to help. Bear described that a culturally-bound mistrust of outsiders delayed his decision to engage in therapy:

Police officers don’t trust anybody, especially health care professionals; that’s what was going on in my mind. Based on absolutely no experience but that was -- we had the thin blue line, the blue wall. If you couldn’t talk to your own you didn’t talk to them.

Four participants expressed concerns that therapists might suffer from their own mental health problems. Five participants expressed the general sense that they would have difficulty relating to a therapist; as Giselle put it: “you don't even know if you’re, gonna like them or get along with
them, or are you gonna find them a little odd -- because let’s face it, some of them are a little odd.”

**Efficacy Questions.** More generally speaking, 9 participants expressed doubts about the efficacy of therapy, either due to a lack of information or exposure, or as a result of previous ineffectual experiences. Dryfuss reported being skeptical about the value of one modality of therapy after his initial contact with a therapist, which he described thusly: “it just didn't seem very science, I didn't know the science behind it. It seemed very hokey.” Zoe described being hesitant to agree to attend couple’s therapy with her partner as she was unsure whether it would be beneficial, stating, “It was just like the unknown, is this going to help, is this going to do anything? I was kind of at the end of my rope with the relationship so I'm like, why bother, this isn't going to do anything.”

**Facilitating Factors**

Facilitating factors are experiences and considerations that participants identified have or would have supported their pursuit, initiation, or level of engagement in mental health help-seeking. All 18 participants endorsed one or more facilitating factor relevant to their own experience. Major themes in this category included **Accessibility** (*n* = 13), **Awareness and Education** (*n* = 18), **Leadership** (*n* = 7), **Establishing Trust** (*n* = 17), and **Personal Factors** (*n* = 11).

**Accessibility.** In line with narratives highlighting issues of accessibility as potentially interfering with the help-seeking process, 13 participants indicated that factors supporting accessibility were important to facilitate help-seeking. Specifically, participants pointed to the value of their benefits and availability of services within their institution, ease and timeliness of access to services when they are sought out, and structural supports for mental health service
utilization. The fact that services were free through occupational health benefits was relevant to several participants. Bubbles noted that this helped him decide to seek therapy after other efforts to cope had not improved his symptoms. He described, “I already kind of knew I needed help, but I guess it had gotten to the point where it was lingering long enough and I was open to getting as much help as possible and I thought, well . . . it’s free.” He later stated, “even though police officers make good money, people just don’t want to spend money on things they don't think they need . . . if I had to pay I probably would have delayed it longer if done it at all.”

Participants generally reported that information about how to access their benefits was easy to locate and that the process of connecting with a service provider was simple. Jon emphasized the importance of easy, timely access when he pursued therapy:

It was like within a day and a half, two days, so that's quick, right? You need feedback, you need somebody to talk to, quickly, especially if you're in a crisis. You know you've reached a point where things are really bad and you can't wait for a week and a half, two weeks to speak to somebody.

Furthermore, participants highlighted that structural supports for service access would help facilitate utilization of services. In particular, a number of participants were in support of mandating the use various mental health services, for example, regular check ins or individual debriefs with a mental health provider following bad calls. Bubbles felt that this would help overcome issues of stigma:

I believe as it stands now, individuals seeking help is voluntary after a traumatic event. The problem with this is that officers could still be stigmatized negatively by seeking help. If it was mandatory after a traumatic event, this issue would not exist.
Margaret likewise opined that mandating CISD following critical incidents has improved cultural norms around stress and help-seeking, saying, “that speaks for volumes for how we . . . recognize the stresses of the job and how we deal with it.”

**Awareness and Education.** All 18 participants described factors related to various types of awareness and education, across all levels of the policing hierarchy, as being a foundational component of mental health help-seeking. Specifically, emerging themes relating to the facilitating effect of education and awareness included: *Training and Education (n = 11), Service Promotion (n = 12), Mental Health Oversight (n = 6), and Demystifying (n = 7).*

**Training and Education.** Eleven participants spoke of the value of education and training in promoting use of mental health services. Many of these individuals reported the perception that improved mental health education, or higher education requirements for new hires, has or would have positive impacts on overall willingness and ability to use services. Furthermore, some participants pointed to education or training they received as directly impacting their use of services. For example, Jack reported that learning about CBT helped him pursue individual therapy:

> I had done the CBT course and that opened my eyes. And the course didn't really go into the causes of the depression, but just how to handle the thought process and that. So when I went into therapy . . . I was looking at it more as ways of dealing with what was happening with me. I saw it as another tool to try and get better. So there wasn't any hesitancy.

Scoop reported that having learned about mental health through his involvement in his organization’s peer support services was integral to developing coping skills and being willing to engage in therapy. He expressed regret at not having this education earlier in his career, saying, “I go through stuff now I shouldn't have to go through. [emotional] Sorry. If there was education
back then, who knows? I could still be where I am right now, but the chances are I'd be handling it better.”

**Service Promotion.** Participants also spoke of the importance of being aware of what services exist. Twelve cited their organization’s promotion of existing services, such as EAP providers, as helping to facilitate their use of these services. Faye described information about his organization’s EAP provider as ubiquitous:

> We’re constantly on the computer and even when you go into [our intranet] . . . there’s a little thing in the corner and it always just sits there -- like I know it’s called [EAP provider], I know what it is just from seeing it every day at work . . .

Others iterated that even greater promotion and information about services could be beneficial. For example, Giselle suggested in-person reminders by superiors: “To reach out to your platoon . . . when they are doing parades. Say, ‘I just want to remind you of our employee assistance program, it’s just one phone call away, if any of you are feeling funny’ . . . just talking to them about it.”

**Mental Health Oversight.** Six participants expressed the opinion that oversight would help support help-seeking. For example, they suggested that supervisors should maintain awareness of signs that their platoon members’ wellbeing is compromised, and offer support or referrals when necessary. Andrew described that as a supervisor, his motto was “happy in, happy out.” He suggested that supervisors should have a close enough relationship with their subordinates to monitor changes that might suggest a mental health issue.

> You’re only going to get that from education, training, and having that close cohesion or whatever you call it -- that you know your people. Then they can follow up and see if there're any differences and at a certain point decide ‘Okay, let's reach out to this person and meet them for coffee or something.’
Donald described benefitting from this type of oversight from a staff sergeant who took him aside to suggest that he it was time for him to move on from the detective’s office, work that was wearing on him:

I call it now The Day They Saved my Life. The staff sergeant and his four sergeants were having a meeting and when I went in... he says ‘You've been up there too long and we need you down here. So-and-so's leaving and you'd be a good fit.’ And I laughed and he says, ‘we're not joking and you've been there too long.’

Although Donald has not access psychotherapeutic support himself, he noted that this is a philosophy he brings to his role as an Inspector, and that he regularly engages in mental health checks or provides therapy referrals for members of this platoon.

**Demystifying.** Seven participants noted that having a greater level of understanding about what to expect when pursuing therapy or other mental health services would help minimize Frame of Reference Issues highlighted above and thus support help-seeking. Andrew suggested specifically addressing concerns associated with officers’ perceptions of therapy based on experiences apprehending suicidal individuals under the Mental Health Act:

You can tell people that come in that you're not going to be dealing, with the people that are handcuffed and brought in. You’re going to be going to appointments where you’re set up to go in to appointments and deal with that.

Similarly, Bear advocated that mental health clinicians should provide clearer information about the process of therapy to police and police services. “A real living, breathing, human being,” he stated, “coming in saying this is what we do, this is the procedure, this is what we’re going to help you with.” Some participants also identified that their initial contact with mental health services helped to ease their reservations because of the opportunity for demystifying, and therefore increased their willingness to use those services in the future.
Establishing Trust. Given that several participants raised difficulties with trust as interfering with help-seeking experiences, establishing and building trust with service providers also emerged as essential in promoting service engagement, as endorsed by all but one participant. Participant narratives revealed that Confidence in Confidentiality (n = 14); Assessing Competence and Credibility (n = 14); and Alliance-Building (n = 17) were all fundamental aspects of the help-seeking process in that they assisted with the establishment of trust. In addition to building trust with service providers, participants spoke of Access Points (n = 10), which allowed for a transfer of trust from a known individual to an unknown service provider or help-seeking process, and thus was a facilitating factor in help-seeking.

Confidence in Confidentiality. Just as concerns about confidentiality interfered with help-seeking engagement, feeling confident in the guarantee of confidentiality helped facilitate engagement. A total of 14 participants named confidentiality as an important factor in their decision making around help-seeking, suggested ways of improving confidentiality to support help-seeking, or expressed that they were confident the services they used would maintain confidentiality. Jeep described that efforts his mental health service provider made to ensure privacy helped him to feel more at ease:

I don't know if it was timed or whatever but there was no waiting room . . . When sessions are over, it's kind of like, that was over. You never cross anyone in the hall way. You never saw another person. They never saw you. So that was nice.

Margaret reported that although initially nervous about contacting her EAP provider for fear that she could be identified by the intake worker, she felt confident that even if she was identified, this information would be kept private, saying, “20 years on the job and you're a female and you're kind of an outgoing female at that, people know who you are . . . . But then I was satisfied that it wasn't going to go anywhere.”
Assessing Competence and Credibility. Another facilitating factor related to trust was the extent to which participants felt confident that their clinician was competent and credible. Participants assessed credibility in terms of their confidence in the clinician’s knowledge or authority, as well as their confidence in the efficacy of the services that were being offered to address their concerns. Furthermore, participants assessed their clinician’s cultural competency, that is, their sense that their clinicians understood and could fully appreciate the cultural and operational realities of police work. The comments of the 14 participants comprising this subtheme demonstrate that these factors were necessary in order to fully engage in the therapeutic process. Bear encapsulates these factors in describing the questions officers might have of their therapist:

What can you do for me? I’m hurting or I’m broken, how can you fix me? . . . because now we’re not talking to coppers anymore we’re talking to mental health care professionals, somebody whose maybe never walked the walk or wore my boots . . . there is that credibility thing, is it there? And these people are probably very, very highly educated. They care. But we need to know that.

Cultural competence was of particular importance to 9 participants, especially when they had past experiences of not feeling understood. Scoop described how the sense that his psychologist was well-versed in police culture helped him experience fully the value of therapy:

…But also just being able to talk about things because he's an expert in police psychology, and he's been doing it for such a long time. He had answered before I even asked the question: ‘he probably was going to feel . . .’ like, how do you know? Because he's been doing it long enough, and he gets it.

Therapeutic Alliance-Building. Closely aligned but distinct from the assessment of competence and credibility, once participants made contact with a mental health service provider, they noted that the level of comfort and rapport they developed was an important factor in their continued engagement. Furthermore, some participants spoke of the value of face-to-face
contact and relationship-building with mental health clinicians prior to seeking therapy. The Alliance-Building theme emerged from the narratives of 17 participants. The establishment of trust and a therapeutic rapport with service providers was served by several factors, including cultural competence. When service providers had insider (i.e., policing) credibility, this was also a path to strong rapport. For example, Faye stated, of his psychologist:

I felt so comfortable talking to him -- that he’s dealt with other cops, that he knows his stuff, and he just, he just made me feel comfortable. His demeanor, the way he had the relationship with me that made me feel: he knows what he’s doing, he’s here to protect me and help me, and he ain’t gonna let something stupid mess this up.

Bear described alliance as being important in his early sessions with his psychologist, saying:

I think that was one of the big things was that early on I got the impression that there was no judging me. He wanted to hear what I had to say and he wanted to help. So early on we got along . . . it was just one of those feelings that ‘hey, you know what, this guy’s okay, we click.’

Dryfuss similarly stated, “And I just liked him, he's likeable, approachable; I felt I could be at ease with him. So that's why I stuck.” Frank suggested that having in-house clinicians would allow officers to build relationships with them to facilitate help-seeking when necessary:

Just kind of see what goes on and you get used to them being around and then they talk about different things. You start to hear things around the station, right, as a psychologist you would hear stuff and you'd be able to just speak with guys and they would probably get more comfortable.

**Access Points.** A phenomenon that emerged from participant’s narratives about help-seeking was the facilitating role that ‘Access Points’ could serve. An access point is a trusted individual, typically embedded within the policing community, who is sought out for or spontaneously offers valuable information about the help-seeking process in order to help
minimize barriers (e.g., locating a qualified and trustworthy clinician; demystifying therapy).

Oftentimes, access points speak from experience, which serves to further counteract shame. Ten participants described that access points played a role in facilitating help-seeking. Frank sought out his access point:

There was a guy who was off for posttraumatic stress and I talked to him about stuff at hockey and he kind of helped guide at the beginning when I had no idea . . . He was a nice guy, I knew him, and I just kind of asked him at hockey and he started telling me about why he was off. I started slowly talking . . . he suggested [therapist’s] office out here and . . . I just went right to him.

Faye also described the role that an access point had in his initial help-seeking:

I happened to be in conversation with another fellow who went through something at work and he said ‘well I went and seen this guy, he deals with a lot of coppers, give him a call.’ The person I was speaking to, I had a lot of respect for, did a lot of good work in the police department, and he saw him so I thought, ‘you know what, I could go.’ And I went and saw [the psychologist].

Leadership. Leadership of fellow police officers, both from the top-down and the bottom-up of organizations, emerged as a factor that 7 participants experienced as or believed would serve a powerful facilitating force for help-seeking. Leadership could include policy changes that promote service utilization, or advocacy or personal sharing of officers who had experienced mental health difficulties themselves. Jeep acknowledged that prior to his own mental health problems, he may have dismissed information about the value of mental health treatment coming from someone outside the policing community, while he would be more willing to hear the same information if it were coming from a fellow officer who had suffered an OSI:

Coming from a cop, maybe, even though he is not . . . the professional, if he does come to me and say 'you know what, this was what I was going through. I went to
go talk to this person and . . . it fucking helped.’ I’d be like, okay . . . they know what I am -- what it is we deal with. If they’re saying that, maybe that there is something to this, right?

Bear reported that having a Unit Commander who had experienced mental health problems himself resulted in positive changes to policies in his unit regarding CISDs:

Our unit policy changed, pretty much because we got a progressive Unit Commander . . . As a young copper was involved in some incidents. Now he’s a senior officer, he’s a superintendent, and he sees the need, he understands the need for operational debriefs, he also sees the need to look after his people.

Several participants also described becoming leaders themselves, on small or large scales, often following their own experiences with mental health problems. This is captured in Chapter 10: Evolutions in Cultural Adherence and Identity under the subtheme Challenging Narratives and Constraints (see pp. 179 – 283).

**Personal Factors.** In addition to factors related to the workplace or services themselves, 11 participants described personal factors as facilitating their help-seeking. *Family Influence* (*n* = 7) as well as *Readiness and Commitment* (*n* = 5) emerged from participant narratives as relevant to their decision or potential decision to initiate mental health support.

*Family Influence.* Seven participants indicated that they decided to pursue therapy at the recommendation or request of a loved one, or in response to relationship problems. Other participants who had not engaged in individual therapy noted that having a loved one suggest it would be an important factor in determining their likelihood of doing so. Zoe, for example, reported:

If somebody told me they thought I needed help I would go. Like you know, I talk to my friends, I talk to [husband], but if like [husband] ever suggested it to me
when I'm talking to him – like, ‘I can't help you or talking to someone would help,’ I guess that would kind of be a catalyst.

**Readiness and Commitment.** Five participants indicated that personal readiness and perceived ability to fully commit to therapy played a role in their decision about when to pursue it. Faye described that he felt he needed to “suffer” through his difficulties before he was genuinely ready to address them:

> It’s almost like self-inflicted bullshit pain. You just don’t want to talk to anyone at that point. You need to, to have this pain go through you, you need to have all this happen . . . then finally once you try all these things and they’re not working, then you come to that point, okay maybe I’ll try this. It’s a process.

Recalling his recovery process, Jack similarly described readiness as a factor in his ability to engage in therapy, stating, “if I had tried the therapy earlier I don't know if it would have worked because I don't know if I would have accepted it.”

**Help-Seeking Experiences**

In addition to discussing the factors that facilitated or interfered with various types of help-seeking, participants reported on the specifics of their personal decision-making processes and resulting experiences with psychotherapeutic treatment. The various types of help-seeking that participants reported engaging in throughout their careers are delineated in the major theme, *Types of Help-Seeking (n = 15).* The remaining major themes in this category focus on personal experiences with psychotherapeutic help-seeking specifically, with narratives elucidating more concrete aspects of participants’ initiation of, engagement in, and outcomes of therapy. These aspects are comprised in the emergent themes, *Delayed Help-Seeking (n = 12), Weighing Costs and Benefits (n = 7), and Psychotherapeutic Outcomes (n = 14).*
Types of Help-Seeking. This section focuses on the narratives of the 15 of 18 participants in this study who described actively engaging in some type of mental health help-seeking over the course of their careers. These experiences were distinguished here from participation in CISDs or Project Safeguard, as these interventions are typically mandated by the organization, although information about the number of participants who had received CISD and Project Safeguard interventions was also collected. Active help-seeking was further broken down into three categories, which were not mutually exclusive: psychotherapeutic help-seeking (i.e., individual and couple’s therapy), institutional help-seeking (e.g., pursuing accommodation; disclosure to one’s supervisor; using peer support services), and other help-seeking (e.g., disclosing to family doctor; education; taking psychotropic medications; hospital admission). Although there were several active help-seeking behaviours that participants reported engaging in, for the purposes of the current study, major themes to follow will specifically focus on psychotherapeutic help-seeking. See Figure 3 for an illustration of variability in types of help-seeking and intervention engagement described in this study; activities comprised in the major themes to follow are those highlighted in green.
Of particular relevance to the current study, 14 participants reported seeking out individual psychotherapy at some point over the course of their career. Of these, 10 indicated that they had seen an external psychologist or psychotherapist, 3 reported seeing an external psychiatrist for medication management and/or therapy, and 7 reported seeing a counsellor employed by their organization’s EAP provider (as suggested by these numbers, some participants had seen both). Although 2 participants reported awareness that their service employed a psychologist and where to locate them, neither of them engaged these services. No other participants indicated that they had had any contact with internally-employed psychologists except for 2 participants who completed a mandatory assessment as part of Project Safeguard, due to the especially high-risk nature of their work.

Most participants \((n = 10)\) reported accessing psychotherapeutic services through formal internal referrals (e.g., peer support services, supervisor, EAP referral), but 5 indicated that they pursued a therapist via alternative channels, such as a friend’s recommendation or their own
research. Often alternative channels were used when internal referrals were perceived unsatisfactory. For example, Frank reported: “I was seeing a psychologist, on my own, I went and found him. The EAP program was useless.” Similarly, after Dryfuss pursued a psychologist recommended by his EAP provider that he did not feel was a good fit (“I felt just, it felt too hokey, and her office had a dream catcher in the window, and she was wearing hippy clothes”), he sought out an alternative:

Our association magazine comes out, and I'm like, ‘there's a doctor that advertises in there.’ And it was [psychologist], and . . . he says he specializes in policing-related PTSD. And I called, and went in and I liked him right from the get-go.

Seven participants reported having sought out couple’s therapy, either instead of, prior to, or in addition to individual therapy. For some, couple’s sessions were an initial contact with psychotherapeutic services when experiencing a mental health issue, and provided a gateway to individual therapy. Jack indicated that this was the case for him:

It wasn't until a marriage counsellor pointed out -- because I told my wife, ‘listen, I'm not happy, we need to see somebody,’ and I think within 10 minutes of the first meeting with the counsellor, she said, ‘well the problem is you're depressed.’

Dryfuss had been attempting to pursue individual therapy independently, but this was emphasized by a couple’s counsellor:

I was going with my wife, and she met with us individually first, and a lot of the stuff came up because it was just her and I. And she was like, ‘I think you have PTSD . . . I think you should see someone specifically about your PTSD.’

Three participants in the current study had not actively made contact with any type of mental health services throughout their careers. Two reported willingness to engage in psychotherapeutic services if they ever felt that that they were in need of them, but Jake was ambivalent about this question. At one point, he stated, “I've never accessed services, and I
wouldn't because . . . 'oh, they're going to take my badge and my gun away.'” Later, he reported being open to using services if previously described concerns around the legal limits of confidentiality and potential career consequences related to these were addressed to his satisfaction, stating, “I don't have a problem with . . . talking to someone, I really don't. [But] I do because of that concern and that fear and that's never been addressed and that would have to be addressed to my satisfaction or I wouldn't . . .”

Participants engaged in individual and couple’s therapy for variable lengths of time and with various levels of frequency. On the lower end of the spectrum, Bubbles reported seeing his therapist for “two sessions . . . and they were a few months apart.” Four participants total described attending fewer than 10 sessions. Three participants reported attending therapy for between two months and one year and 5 indicated that they attended therapy for a year or more.

**Delayed Help-Seeking.** Delayed help-seeking emerged as a near-universal theme within the narratives of participants who had actively engaged in psychotherapeutic help-seeking. Twelve of these 14 participants reported delays in their decision to seek psychotherapeutic services. Help-seeking was considered delayed when: a) participants explicitly reported delays in their help-seeking; b) by the time participants pursued therapy, symptoms had reached a crisis level; or c) when they noted that they wished they had reached out for services sooner. In each of these cases, delays were accounted for by one or more of the interfering factors outlined above. Bubbles reported, “I do think that I could have and should've probably gone sooner. If I had gone sooner, it may have helped me get out of that stage sooner.” Bubbles noted that he delayed help-seeking in part due to delayed recognition of symptoms, and because he believed he could manage his symptoms through the use of alternative supports (i.e., family members, faith community). Dryfuss described that the police culture surrounding issues of mental health and
help-seeking influenced the ways he coped and thus delayed his pursuit of mental health services.

Well, [the culture] delayed it. The first couple years . . . I should have gone, like I knew in the immediate aftermath . . . I tried my traditional coping mechanisms of drinking and isolating or trying to act like it didn't happen. [Interviewer: *Traditional in that they* - ] . . . fit with policing culture . . . like it's acceptable, it's expected.

Issues of identity, especially identity as a police officer are embedded in this quote. Jack indicated that despite experiencing active suicidality since as early as the late 1990s and at various points throughout his career, he hadn’t considered individual therapy until it was mentioned by a couple’s therapist in 2012.

And I had no idea what was going on in my head, I thought that this was just normal . . . I didn't think anything was wrong with me when I had a plan and the means to carry it out on how to commit suicide. I didn't think that was wrong.

This quote illustrates how issues of education and awareness can serve to delay help-seeking.

Margaret reported that she delayed seeking psychotherapeutic services because of concerns about confidentiality, stating, “I waited it out a little bit. [Interviewer: *Can you let me in on what was kind of going through your mind around that?*] That somebody would find out that I was going to see a psychiatrist.” Jeep reported delaying treatment due to concerns about stigma:

The symptoms started pretty much straight away and only intensified over the 6 months until I was no longer able to function. I think I waited partly because I thought I could get over it like in the past, but mostly because I didn’t want to be labeled as crazy or weak or whatever.

Each of these passages reflects a complex relationship between the interfering factors that participants identified above and their help-seeking behaviours. Although each of these
participants eventually sought psychotherapeutic services, in many cases they suffered unnecessarily for months or even years before doing so.

**Weighing Costs and Benefits.** An assessment of the potential costs and benefits of accessing psychotherapeutic services was a part of the help-seeking process that emerged from 7 participants’ narratives, including 2 participants who had never engaged in such services. Bear reported being concerned about his ability to transfer into high-risk units if it was discovered that he had been to therapy, but eventually recognized the need to do so despite this, stating:

> The epiphany came in the shower of all places: you know what, it doesn’t matter anymore. I need to do something because I’m thinking about this all the time, I’m not sleeping, I’m driving home crying, I’m squeezing the life out of my daughter. There needs to be something here. I just need to do something.

Jeep described that after delaying the decision for many months, he recognized the potential costs of not seeking therapy:

> Do I deal with this or do I get divorced and never see my kids. I think that's your choice. Either I do this or . . . I end up a statistic. The cop who gets divorced, and drinks, and whatever -- a cliché. That's my choice, either get help or I’m a cliché.
> So I will do that one. I like my kids.

And similarly, Faye stated, “I realized if I don’t get help being weak isn’t going to be my biggest problem, it’s going to be something else. Like whatever I could have done to myself.” These narratives highlight the difficulty of the decision to access psychotherapeutic services for officers in this study, and further elucidate the interaction of various decision-making factors, both those which interfere and facilitate. As symptoms became more impairing, weighing costs and benefits moved participants closer to their ultimate help-seeking decision point.

**Psychotherapeutic Outcomes.** Five of the 14 participants who engaged in psychotherapeutic help-seeking reported having had at least one negative experience or
identifying limitations in the utility of the services they accessed; however, all 14 of these participants ultimately described a positive experience and outcomes upon finding a therapist who was the right fit, in terms of style, tools offered, experience, and competence. Many of the negative experiences reported were in line with trust-interfering factors described above (see Skepticism and Mistrust), such as a lack of apparent cultural competence, or questions about the skills of a therapist or the efficacy of the therapy provided. Dryfuss reported feeling uncomfortable with the approach and demeanor of an initial therapist he visited. He described, “The first one I had an appointment with, she tried the tapping on my head thing . . . and it felt too hokey, and her office had a dream catcher in the window, and she was wearing hippy clothes. And I was like, ‘No, I'm not doing this.’” Jack reported that he felt some of the therapists he initially visited were not appropriately trained:

One guy when I sat in his office, I noticed that his degree was in philosophy, and he sounded extremely interested about my depression, because he didn't know anything about it. I went to see another woman who summed up her therapy as, ‘you can't stop birds from shitting, but you can stop them from shitting in your hair.’

Other participants described that although the EAP services they accessed were helpful in addressing general problems of living, they lacked an awareness of the unique challenges of policing, or the ability to address more clinically significant issues. For example, Vera reported:

EAP is good for helping you with typical stuff. Like if I have problems with my kids, or my spouse like we aren't getting along . . . but I think because [my problem] was such a police-related thing, I don't think she understood . . . I don't think they were very helpful . . . I wouldn't call them back again.

Faye reported a similar perspective. Though he noted that he found these services helpful on a generic level, he indicated that he hid his drinking from an EAP therapist:
The [EAP] was more of a generic -- well, this is what you need to do and this is kind of where you should be going, and this should be your focus. It wasn't anything specific . . . [and] it’s very easy to hide if you don’t drink for a couple of hours and you sober up you can, you can function . . . you’re going through the motions and getting something out of it but you are not being 100% honest with them.

Another 2 participants did not report personal negative experiences, but described that as senior officers they had received similar feedback about EAP services from their staff.

Ultimately, all 14 participants who sought out individual psychotherapeutic services located a therapist that met their needs and reported experiencing positive outcomes in relation to their engagement in therapy. Each reported some improvement in symptoms, or achieving full recovery. Both Faye and Vera reported experiencing an improvement in the quality of their therapy when they connected with a new therapist. Vera stated, “I definitely felt a lot more comfortable with the [other therapist]. Maybe it’s a personality thing, maybe I felt like she was more understanding and more personable.” Faye described, “it was obviously a notch up in terms of who you are talking to . . . it was more of a two-way street. It was more pro-active or active, where EAP was just listening.” Andrew described his experience in and outcomes as a result of therapy as such:

I stopped drinking, moved on with my life, I’m divorced, and I've one of my children living with me. Everything is rebounded and getting better . . . I know [my therapist] well enough now to say, I have to get this off my chest, I had to come and see you, and I know that's a safety net for me.

When asked his experience in therapy meant to him, Dryfuss stated the following:

Well, my recovery. I couldn’t have done it on my own. No way. I don't even want to think about where I'd be. I probably wouldn't even have my son, I'd probably have left my wife earlier . . . I probably wouldn't have my job if it hadn't been for [my psychologist].
Margaret described recovering fully from difficulties with panic, anxiety, and emotional lability with assistance of therapy. She stated:

It helped! She was tremendous. She really put everything into perspective and that what I was experiencing wasn't abnormal. It was normal. It was quite treatable . . . It was like somebody lifted a fifty-pound weight off my chest. I look back it now and think man, more people should take advantage of this.

Bear also reported feeling deeply validated in therapy. He reported that although he continues to struggle with some of his workplace experiences, therapy provided him with tools to cope with them, stating, “I still live with it. It will never go away. But now I have coping strategies that I use . . . I just needed to talk to somebody. He gave me some ways to deal . . . I guess probably the biggest thing would be validating my feelings.”


CHAPTER 10

RESULTS

Evolutions in Cultural Adherence and Identity

This final results chapter captures emerging narratives which illustrated that through the course of participants’ careers, and especially following their own and others’ experiences with mental health difficulties, their attitudes and perspectives toward mental health and help-seeking and strategies for maintaining wellbeing evolved. Changes in these beliefs, orientations, and behaviours reflected shifting levels of cultural or organizational identification or adherence, as well as renewed methods of coping and engaging with their own and others’ mental health experiences on the job. The major themes capturing these shifts were Cultural Reorienting \((n = 15)\) and Challenging Narratives and Constraints \((n = 14)\). See Table 7 for an overview of themes and subthemes in this chapter.

Table 7
Evolutions in Cultural Adherence and Identity

<table>
<thead>
<tr>
<th>Major Themes</th>
<th>Subthemes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cultural Reorienting ((n = 15))</td>
<td>Divestig from the Organization ((n = 9))</td>
</tr>
<tr>
<td></td>
<td>Identity Reorientation ((n = 6))</td>
</tr>
<tr>
<td></td>
<td>Strengthened Work-Life Balance and Boundaries ((n = 12))</td>
</tr>
<tr>
<td>Challenging Narratives and Constraints ((n = 14))</td>
<td>Becoming a Leader, Access Point, or Advocate ((n = 11))</td>
</tr>
<tr>
<td></td>
<td>Increased Comfort and Destigmatization ((n = 12))</td>
</tr>
</tbody>
</table>

Cultural Reorienting. Fifteen participants described their coping skills and strategies as evolving over time, either as a result of a crisis or help-seeking experience, aging out of the culture, or personal growth over the course of one's career. Evolving strategies often involved a
shift in one's identification with or investment in the organization (*Divesting from the Organization*; *n* = 9), a shift in one’s identity orientation (*Identity Reorientation*; *n* = 6) or a rebalancing of priorities or improved work-life boundaries (*Strengthened Work-Life Boundaries*, *n* = 12).

**Divesting from the Organization.** Nine participants reported that over the course of their careers, and especially following the difficulties surrounding a mental health crisis, their level of investment in pleasing superiors and fostering organizational success decreased. One way participants expressed this shift was by indicating that they were no longer interested in pursuing promotion. By devaluing career advancement, they were able to focus less energy on protecting their reputation or concerning themselves with how they were perceived by others within their organizations. They described that this relieved a certain amount of stress or strain. Bubbles described that because he is no longer as concerned about advancement to “prestigious” units, he was able to choose a unit that provided greater balance and less stress, in part due to its more relaxed cultural norms and his ability to be himself. He stated:

If you want to be a certain type of person, you have to be that person and not make apologies and . . . that it’s more important than career advancement, certainly, and positions of perceived prestige . . . the sooner I embraced the fact that [my new unit] wasn't prestigious, the more I enjoyed the lack of pressure that came with that type of position.

Scoop reported that becoming unconcerned about the perceptions of his superiors allowed him to be an advocate for mental health and wellness in his organization, stating, “I don't care what the brass thinks about me. As I've gotten older, I'm not worried about the stigma attached. If you aren't going to promote me ‘cause you think I'm nuts, go fuck yourself. I still get a paycheck every two weeks.” Others described more generally being unconcerned with how they will be
perceived by their organizations. For example, Jeep reported that he delayed seeking help because he was concerned about being labeled by his peers or superiors, but stated, “Now I really don’t care what other officers or the organization thinks about me.” As a result, he noted that this is no longer a barrier for him. Vera reported that as a result of divesting from the organization, she is able to limit stress and make choices that meet her personal needs:

Somehow along the way I just realized that I've got to look after myself and it's why I don't care about the organization as much anymore . . . I've got to do what's best for me too, because I have a life beyond this. So, I think my attitude has changed.

**Identity Reorientation.** Other participants \((n = 6)\) referenced the ways in which their Identity Orientation (see pp. 209 - 212) shifted away from policing, typically following periods of particularly high workplace-related stress. Identities shifted rather organically, often as a response to changing priorities. Faye described a change in his identity orientation over time:

When I was younger, I always had the short hair and my friends always knew me as ‘Faye the cop.’ Now I don’t tell anyone. I grow my hair long. I don’t look like a cop. I don’t act like a cop. I don’t have the mannerisms or try not to . . . My job is my job, it’s not who I am.

Bubbles described:

Now I'm in a place where I feel like my identity should always be rooted in who I am as a Christ follower, and secondary to that, of a husband, of a son, and hopefully one day a father . . . I don't think there's anything wrong with tying up some of your identity in your work, but I think I tied up too much of [mine] in my work at that time.

Andrew described that over the course of his career and his struggles with serious mental health problems, he learned to see himself not as a super hero, but as a human being. He stated “You go in [to this career], like myself, thinking you're a super hero and nothing is going to affect you.
Bottom line is you're human.” Jack reported a similar sentiment, stating, “get away from that superhero, invulnerable image . . . you are human. You don't you don't have to be a cop all the time.”

**Strengthened Work-Life Balance and Boundaries.** Finally, 12 participants reported explicit ways in which they rebalanced or reprioritized their lives or created stronger boundaries between work and home. James reported that following a difficult period in which he experienced significant interpersonal challenges at work, he decided to limit outside commitments and re-invest in his marriage. He stated:

> You’re out there working and serving the community afterwards. . . . How much effort are you giving back to the person that's there through good and bad? . . . Maybe I should just start changing that. And I did, and I just felt a shift. And everything was better.

Margaret indicated that as she advanced in her career, she realized that she needed to create a separation between her off- and on-duty time and acknowledge the other important areas of her life. She reported:

> I don't talk about my job as much as I used to. It's not as much of a focal point . . . as it was as a young officer . . . it's not just about the job; there are outside interests that I have, so I am able to separate myself. It's not all about policing, you know, it's not all about being a cop.

**Challenging Narratives and Constraints.** Thirteen of the 14 participants who engaged in individual therapy at some point in their careers, and 1 participant who had engaged in couple’s therapy ($n = 14$) reported improved openness to and changed perceptions of mental health problems and help-seeking, or a willingness to share their own experiences or advocate for mental health and service usage. These evolving perceptions were captured in the subthemes
Becoming a Leader, Access Point, or Advocate \((n = 11)\) and Increased Comfort and Destigmatization \((n = 12)\).

**Becoming a Leader, Access Point, or Advocate.** Eleven participants reported that they had spoken of their experiences with mental health problems or psychotherapeutic help-seeking with peers, had acted as a peer Access Point (i.e., offered valuable information about the help-seeking process in order to help minimize barriers; see Facilitating Factors in the preceding chapter, pp. 263 – 264), or became a more public advocate for mental health awareness within their organizations or communities. Bear reported, for example, that because he had a positive experience in therapy and the feared consequences did not come to pass, he now feels safe and willing to share his experiences with peers and act as an access point. He stated:

> I certainly feel more comfortable now because of my prior experiences. The trust wasn’t breached. It didn’t affect my career. It helped, immensely . . . It’s not something I tell them unless I feel it necessary to establish some credibility because I feel that maybe they need to talk to somebody. But I have no hesitation. I have nothing to hide, I’m not embarrassed about my past. If I felt worried about somebody and I thought that maybe they needed to talk to somebody, I would certainly disclose my experiences.

Bubbles reported:

> I think I would've encouraged people to go [to therapy] before I had gone through this, too. But certainly having gone through it [myself], I'm that much quicker to say, ‘don't be worried, don't be ashamed, it's free, it's there for you to use it.’ There's no harm in it, that's for sure. Only good can come from it in my mind.

Vera furthermore described that she is considering joining her organization’s CISM (Critical Incident Stress Management) team as a peer support provider, as result of increasing comfort with addressing issues of mental health in the workplace. She stated:
I don't have the same concerns as I used to. I think I see the other side of it because of what I've been through myself, so, I’ve said to a few people in the office, ‘what are you worried about?... I think my attitude has changed. I think that getting help is a good thing. In fact, I'm to the point now where I'm considering trying to become a member of the CISM team.

Both Scoop and Andrew became outspoken advocates in police mental health following their own difficulties and subsequent positive experiences with help-seeking. Andrew reported:

I work with outside organizations to bring more awareness to [operational stress injuries] and posttraumatic stress, and [I’m] doing what I can to help others...I can't have the years back, [but] I'm helping out other people... I've been an advocate, I've been speaking out...

Scoop indicated that he’s aware how powerful his and others’ leadership can be:

I understand what my role is as a leader in this organization. So it's like, practice what you preach. Set an example for others, because I expect the chief and the deputy chief to do the same thing for the uniform guys in their everyday lives... I do firmly believe in this kind of stuff and that's why I'll stand up and say, ‘I go [to therapy].’

**Increased Comfort and Destigmatization.** Finally, 12 participants described that following their own experiences with mental health problems or psychotherapeutic help-seeking, their attitudes and perceptions toward both shifted toward increased comfort, openness, and understanding. They reported being more readily willing to seek support when they were experiencing workplace stress, and recognizing and challenging internalized stigma about mental health and help-seeking. Jeep reported that prior to his own mental health issues and getting help, he judged others for doing so and dismissed discussions of mental health in the workplace. He noted that his own experience changed his perspective. He indicated that not having had this experience, he may have continued to hold stigmatizing or dismissive views of OSIs:
See, I'm one of those, right? Before [I got help myself], I would be like, ‘that dudes fucked up, bro, oh my god,’ . . . and now, I think it's great. I look back and I suffered for like a decade for no reason . . . But what sucks is, if you don't hit your line -- I probably still would have been in that presentation going ‘oh for fuck sakes, mental health, I get it, yeah, yeah, yeah.’

Frank indicated that even as a relatively open-minded person, he judged others who suffered with OSIs prior to suffering with his own:

Well, I even thought the same [things about mental health]. I was pretty sympathetic towards some people, but I remember [once], some officers got shot at -- like [the bullet] went near them, and they were off for like two months, and I was like, why are they off? It didn't even go near them. They were behind a car. And then years later I go -- ah, I'm an idiot.

Zoe also reported that her own experiences in couple’s therapy likely impacted her openness to therapy in general. She stated:

I don't feel judgment about [help-seeking]. I don't have a problem with needing it, asking for it -- I guess maybe because I have already been through it to some degree . . . it kind of relieved a lot of the unknowns, know what I mean? . . . Maybe having a positive experience has made it more likely that I would use something if I needed it.

Faye reported that his experience in therapy challenged his perception that needing help was a weakness, and increased his comfort with seeking it out. He stated, “If it gets to the point where it’s serious, [I will] talk to someone about it . . . I’m open and accepting and I don’t look at that as being weak. I may have when I was younger but now I [don’t].” Finally, Bear reported that by way of his positive experiences with psychotherapeutic services, he is quite comfortable with seeking help. He acknowledged that he may not feel the same way had he not had this experience:

As a result of my positive experiences I do not have a reluctance to seek help, to speak to somebody that possibly can help, because I see value in it. . . . Had I not
experienced this, I might still be an old-school copper in terms of [thinking] you can’t trust [management or therapists] . . . I sure wish I had talked to somebody earlier.
CHAPTER 11
DISCUSSION

The present study adopted a critical social perspective and utilized constructivist grounded theory methodology (Charmaz, 2014) to explore the lived experiences of 18 Ontario police officers with regard to sources and impacts of stress, coping, and psychotherapeutic help-seeking in the context of the police culture. In an effort to address the central research question of the extent and mechanisms of the influence of police culture on psychotherapeutic help seeking, three secondary research questions were explored: (a) How has the contemporary police culture evolved from traditional norms, if at all; (b) What types of experiences with stress and/or OSI have participants had, and to what extent are these experiences shaped by the police culture; and (c) What methods of coping do participants utilize and prefer, and to what extent are these efforts shaped by the police culture. Results revealed experiences of a police culture in flux; however, traditional aspects of the culture continued to influence participants’ perspectives and behaviours around expressions of stress, methods of coping, and, most pertinent to the primary research question of this study, help-seeking. The present study offered a greater depth of insight into the complexity of police cultural norms as they operate with respect to decisions around help-seeking. This chapter will summarize the findings of the current study with respect to secondary research questions, and place them within the context of the extant literature on these topics. In addition, this section will present a summary of the theoretical connections (i.e., meta-themes) between the findings outlined each results chapter, toward an emerging practical and theoretical model of help-seeking in the police culture as constructed through an examination of the lived experiences of participants in the study.
Summary of Key Findings

**Police culture.** Notwithstanding nuances in terms of expression and function, the current results support the stability of several of the components of the traditional police culture that have been outlined previously in the literature. Themes of Camaraderie, Duty, Effectiveness, Power and Control, Toughness, and Fairness and Compassion emerged in this study as broad cultural norms, shaping expectations of behaviour, aspects of role identity, and the terms of acceptance and belonging within the policing community. Norms of Camaraderie, Toughness, and Power and Control mirrored previously identified norms of masculinity or “hypermasculinity,” the valuing of authoritarian control, cultural conformity, steadfast camaraderie, and an “us versus them” exclusionary mentality in which individuals not belonging or conforming to the police culture are not to be trusted (see Loftus, 2010 and Paoline, 2003 for review). The current findings provide further insight into the complex dynamics of each of these norms, and also highlight the importance of norms of Duty and Effectiveness, as well as Fairness and Compassion, which have not generally been included in traditional conceptualizations of the police culture.

As argued by Woody (2005) and others, Camaraderie as a cultural construct facilitates both positive and negative effects on police officers’ wellbeing. In the current study, Camaraderie was found to be a complex process which provided a sense of meaning and support, while also encouraging conformity and creating a sense of us versus other, supporting a dynamic of trust and mistrust both within the policing community as well as between police and civilians. This us versus other mentality is an oft-noted aspect of the police culture (e.g., Kirschman et al., 2014). In the current study, it was found to influence experiences of mental health and help-seeking via standards for belonging and trust, as described further below. The ability to exert
external (authoritarian) as well as internal (emotional) control was also found to be an important component of the culture, reflected by narratives of Power and Control. Traditionally masculine norms of physical and emotional toughness (i.e., Toughness Ethic) also pervaded cultural narratives. Participants both personally endorsed and described cultural pressure to simply accept and tolerate extreme levels of operational stress as “a part of the job” they signed up for. Masculine norms reflecting an ethic of toughness also emerged from descriptions of the lived experience of being a woman in the policing profession. All 5 female police officers who participated in the current study described experiencing additional pressures, especially early in their careers, to prove themselves capable of the job, and 3 of 5 indicated that they experienced pressure to conform to explicit norms of masculinity in order to be accepted as “one of the guys” and function effectively on the job. Although female participants generally acknowledged that attitudes toward women had shifted as the male-to-female ratios of police services have balanced over the past 30 years, they universally noted additional challenges associated with being a woman in policing, consistent with past research (Franklin, 2005; Kurtz, 2008; Kurtz & Upton, 2017a).

The current study also identified aspects of police culture which have received less support or attention in the extant literature. A sense of Duty and a valuing of various qualities contributing to Effectiveness emerged, and although not commonly included in traditional notions of the police culture, Fairness and Compassion were identified as valued qualities. With regard to Duty-related narratives, many participants described being dedicated to their work, even feeling called to it or seeing it as more than simply a job, but an identity or way of life. Some previous research has reflected on the role of identity within workplace culture, specifically as it operates within high stress occupations such as emergency service work.
Donnelly, Siebert, & Siebert (2015) applied role identity theory (McCall & Simmons, 1978) to an exploration of identity among sample of emergency medical service workers. Through deductive methods, including interviews with five paramedics and emergency medical technicians (EMTs), they identified that duty, capacity, thrill-seeking, and caregiving were primary domains of work-related identity within this population. On the basis of these findings, they developed and validated the Emergency Medical Services Role Identity Scale (EMS-RIS; Donnelly, Siebert, & Siebert, 2015) with 207 EMTs across the US; each domain factored strongly onto the resulting scale. Given overlap in the workplace experiences of EMTs and police officers (e.g., high pressure scenarios, exposure to cumulative trauma), it is interesting that domains of identity revealed in Donnelly and colleagues’ study appeared closely aligned with some of those reflecting the police culture in the present findings.

Similar to Donnelly et al.’s (Donnelly, Siebert, & Siebert, 2015) findings highlighting the importance of capacity and caregiving to EMT role identity, participants in the current study reported the importance of being seen as competent, dedicated, and skilled at communication in addition to physically capable of their work, and described a sense of meaning gained from helping and providing compassion to victims and families as well as perpetrators of crime. They reported valuing honesty, integrity, and fairness in their interactions with the public. These findings, while in seeming contrast with other police cultural norms, are further supported by research by Willis and Mastrofski (2017), who identified a “culture of craft,” in which police officers described valuing and finding meaning in various indices of quality and efficacy in their work. Their findings challenged traditional conceptualizations of the police culture which often give greater attention to themes of mistrust, misconduct, and conflict between police and the public. Willis and Mastrofski argued that police are less cynical about their work and the
communities they work in than previous research would suggest, and noted that many police officers took great pride in the quality of their work and their ability to engage with civilians. While traditional norms of authoritativeness and a mistrust or othering of civilians did emerge in the current study, this was balanced with expectations for effective communication and thoughtful, self-reflective, and compassionate interactions with the public, as well as narratives reflecting a sense of pride or identity from one’s work. Also in line with these findings, in a survey of attitudes toward several facets of police culture (i.e., perceptions of civilians, toughness, internal solidarity, views on misconduct, and attitudes toward supervisors and administration) given to 13,000 police officers across 89 police departments in the United States, Cordner (2017) demonstrated that police perspectives were more variable and positive than traditional conceptualizations of the culture would predict, especially with respect to public engagement. It is possible that these recent studies, as well as the current study, capture evolving attitudes within the police culture.

These observations illustrate that culture is not a monolith, and that individual adherence to cultural values and expectations vary, as argued previously by Paoline (2003; 2004). Variation in adherence to the norms identified in this study was also observed. Fifteen participants endorsed the existence of a Cultural Spectrum, indicating that individual officers varied in their adherence to each standard of behaviour described above. For example, participants noted that each unit or platoon has its own distinct “microculture,” influenced to a large degree by the leadership and supervision style of that immediate group. This is consistent with findings from Cordner’s (2017) large-scale study. Cordner found that only 30 to 40% of police in his study reported pessimistic or mistrustful views of the public, while 60 to 70% endorsed more optimistic assessments of public trustworthiness. Further, half endorsed the importance of
physical toughness on the job while the other half did not. In Cordner’s study, adherence to traditional norms did not vary greatly as a function of personal characteristics such as racial or ethnic identity, gender, or age, but rather, differed most substantially across police agencies. He opined that these findings suggest that police culture is “to a significant extent an organizational phenomenon, not simply an occupational one” (p. 11). While the current study did not collect data on each participant’s police service, nor did it seek to clarify cultural adherence as a function of unit or role, participants noted that these were important factors shaping their cultural experience on the job. As will be discussed further below, the leadership style shaping microcultures emerged in the current study as an important factor in facilitating help-seeking behaviours among participants. In sum, speaking to secondary research question (a), participants in the current study described a contemporary police culture that is consistent with traditional conceptualizations, though perhaps less rigid and universal than previous research would suggest. In addition, the current study captures emergent cultural norms (i.e., Compassion and Fairness, Effectiveness) which may represent evolutions in attitudes toward the public and the value of public service within the current sample of police, or rather, point to the failure of past research to elucidate existing complexities within the police culture.

**Workplace stress, outcomes, and coping.** Participants in the current study reported that both organizational and operational factors caused significant stress. Stressors were consistent with past research, and fit closely with the categories defined by Waters and Ussery (2007). Corrosive Stressors, or routine but lower-impact stressors wearing on resilience over time, included challenges associated with lifestyle such as shift work and a lack of work-life balance; internal politics, administrative stains, and a lack of perceived internal support; external scrutiny and a lack of perceived support and understanding from the public; workload and a lack of
recovery time from stressful calls; and personal stress, which added to overall strain in the context of ongoing workplace demands. Past research has suggested that administrative stressors such as a lack of control over workload and lengthy bureaucratic policies were frequently reported as some of the most significant sources of stress in the job of policing (Chan, 2001; Collins & Gibb, 2003; Cordner, 2017). In addition, internal politics and high levels of internal and external scrutiny are commonly identified as sources of significant workplace strain (Adams & Buck, 2010; Chan, 2001; Horowitz et al., 2011; Lindsay & Shelley, 2009; Violanti, 2011; Violanti & Aron, 1994; Woody, 2005). The current findings are in line with such research; internal politics was the only specific source of stress outside of trauma exposure and risk and danger receiving universal endorsement by participants in this study.

Implosive Stressors, which are those creating internal conflict by challenging existing values or perceptions of self, others, or the world, also emerged from research interviews. Participants described experiencing implosive strain related to disproportionate exposure to negative life events and criminality; conflict between roles and expectations in their personal and professional lives; and as a result of experiencing a lack of control or inability to make an impact in their work, either on a macro (e.g., within the court system or society as a whole) or a micro level (e.g., being unable to help someone in need). Consistent with the cultural norms of Duty and Power and Control, which may contribute to unrealistic expectations of individual control over police work outcomes, participants in this study seemed to find experiences in which they were unable to influence outcomes to be especially difficult. Past research has also supported helplessness and a lack of perceived impact of one’s work as a commonly cited source of stress among police officers (Dick, 2000; Horowitz et al., 2011; Koch, 2010). This is made more significant by research showing that feelings of helplessness in the context of exposure to death
and suffering may put individuals at risk for PTSD and other trauma-related difficulties (Brewin, Andrews, & Rose, 2000; Roemer, Orsillo, Borkovec & Litz, 1998). Role ambiguity (i.e., demands beyond traditional law enforcement duties for which officers may be underprepared or ill-equipped) and a lack of adequate training or appropriate equipment did not emerge as significant stressors in the current study, in contrast with past research (Horowitz et al., 2011; Koch, 2010; Reese, 1986). Overlapping roles, or conflict between personal and professional roles, however, emerged as a richly articulated theme described by a number of participants. These findings speak to the difficulty of balancing multiple identities and meeting the expectations of personal and professional communities as a police officer.

As expected, Explosive Stressors, or those having significant acute effects, were identified by all participants as a prominent source of stress on the job. Exposure to death, injury, and suffering, and a greater level of physical or emotional proximity (e.g., a level of personal meaning or investment) to the traumatic event were described as prominent sources of stress. Risk and Danger, including line of duty deaths, high-pressure decision-making, rapid adjustments in levels of stress, and a persistently high level of vigilance to the potential for danger were also identified as significant stressors. In addition to explosive effects, exposure to trauma was also noted by several participants as having an implosive effect, in that it challenged previously held beliefs about the self, others, or the work itself. This is consistent with the theoretical foundations of Cognitive Processing Therapy (CPT; Resick et al., 2007), a treatment for PTSD aimed in part at restructuring beliefs resulting from a traumatic event or events. Based on the integration of social cognitive, information processing (Lang, 1977) and emotional processing (Foà, Steketee, & Rothbaum, 1989) theories of PTSD, the developers of CPT suggest that in order to reconcile information about the traumatic event with pre-existing cognitive
schemas, for example, a “just world” belief, individuals tend to either assimilate, accommodate, or over-accommodate the new information. Each cognitive response is thought to occur rapidly and largely outside of awareness, leading to a strongly held and often significantly divergent view of self, others, or the world than existed prior to the traumatic event. Assimilation is a maladaptive response, and refers to altering incoming trauma-related information to match prior beliefs (e.g., “a bad thing happened to me, therefore I must be being punished for something I did”). Accommodation refers to the adaptive altering of beliefs to incorporate the new information (e.g., “although I did not use good judgment in that situation, most of the time I make good decisions”). Over-accommodation is also a maladaptive response to trauma in which is one’s beliefs about oneself and the world are altered to the extreme in order to facilitate safety and a sense of control (e.g., I cannot ever trust anyone again”). Traumatic or “explosive” stressors which also have an “implosive” effect, may contribute greater risk for the development of maladaptive beliefs such as assimilation or over-accommodation and thus promote poorer trauma-related outcomes.

In addition to Explosive, Implosive, and Corrosive stressors, the current study contributes to the existing literature by identifying Cultural Stressors as a source of workplace strain. Cultural Stressors reflect strain associated with either rigid adherence or a lack of adherence to cultural standards for behaviour or conduct. Close adherence to culturally-prescribed expectations or an overidentification with the police role caused strain for participants insofar as it made maintaining work-life boundaries more challenging and placed pressure on so-called “culture carriers” (Paoline & Gau, 2017) to embody cultural norms of toughness and effectiveness on the job even when experiencing significant distress. In contrast, non-adherence to cultural norms was described as creating tension with coworkers and resulting in subtle or
overt forms of alienation or rejection. The existence of Cultural Stressors in the current study highlight the negative effects that strict cultural norms may exert on police officers, regardless of level of adherence to those norms. This theme also speaks directly to secondary research question (b); Cultural Stressors are one way in which the police culture may contribute to the experience of stress among police. Furthermore, as noted above, norms of Duty as well as Power and Control may encourage officers to perceive a greater level of individual responsibility for the outcomes of their work, potentially leading to implosive stress in the form of Futility and Helplessness. Finally, the complex operation of Camaraderie may contribute strain by determining the level of belonging or acceptance one experiences within their immediate community, also has the potential to shape experiences of stress via perceived absence of peer or supervisory support as captured in narratives of Internal Politics.

Outcomes of workplace stress reported by participants included both acute and chronic mental health difficulties, as well as positive outcomes such as personal growth and resilience, improved relationships, and deepened compassion. As might be expected within this self-selected sample, mental health concerns were overrepresented compared with estimates from population-based survey studies with police organizations. Eight of the participants in this study (44%) reported experiencing significant trauma-related symptoms or being diagnosed with PTSD at some point in their careers. By comparison, Ménard and Arter (2013) reported that 18.5% of 750 American police officers responding to an online survey met criteria for PTSD based on their responses to the PTSD Checklist – Civilian Version (PCL-C; Weathers et al., 1991), and Thornton and Herndon (2016) showed that of 76 full-time front-line police officers, 11.8% were at clinical risk for PTSD, and 14.5% were experiencing symptoms consistent with a diagnosis of
PTSD. Research with clinical samples of police (i.e., those seeking psychotherapeutic treatment) has found rates of PTSD over 60% (van der Meer et al., 2017).

In addition, 13 of 18 participants in the current study (72%) reported experiencing significant symptoms of depression or having been diagnosed with depression at some point in their careers. Although comparatively less research has focused on the prevalence of depression than PTSD among police officers, one previous study with a police sample indicated 16% met criteria for major depression (Darensburg et al., 2006). The ubiquity of mood difficulties in this sample is a significant finding, especially given that efforts to address risk for OSIs among police have largely focused on the potential for PTSD. Recent legislation has provided presumptive coverage for PTSD arising as a result of police work, but has failed to address depression as another likely outcome (Bill 163, 2016). Furthermore, although high rates of burnout, including emotional exhaustion, cynicism, diminished compassion, and interpersonal withdrawal have been found in both Canadian and American samples of police officers (Golembiewski et al., 1992; Kurtz, 2008; Padyab, et al., 2016; Stearns & Moore, 1993; Turgoose et al., 2017), little research has specifically examined the relationship between operational and organizational stressors in the police role and vulnerability to depression. Research with police has suggested that depression is a predictor of suicidal ideation when controlling for other factors (Bishopp & Boots, 2014). In the current study, 6 of 18 participants (33%) reported experiencing suicidal ideation at some point. This is compared with rates of 13.4% reporting a history of seriously considering suicide in one study of police officers (Bishopp & Boots, 2014) and 8.8% experiencing past-week suicidal ideation in another sample of police (Chopko et al., 2014). Given the findings of the current study, it seems that the potential for depression among police may be an important and understudied phenomenon.
Although relationship impacts were described in the current study, and a few participants reported that workplace stress contributed to the demise of long-term relationships, the current findings did not support previous anecdotal reports that rates of divorce and infidelity are heightened among police (e.g., Kirschman, 2007; Kirschman et al., 2014; Koch, 2010; Woody, 2005), nor that intimate partner violence was a risk associated with workplace stressors (e.g., Kirschman, 2007; Oehme et al., 2012). Work and career outcomes noted by participants demonstrated, in line with past research (Fox et al., 2012; Gutshall, Hampton, Sebetan, Stein, & Broxtermann, 2017), that workplace stressors had implications not only for officers’ personal wellbeing, but also for absenteeism, poor work function, and a lack of job satisfaction or organizational commitment.

While cynicism was a component of some participants’ response to workplace stressors, it was often described as a loss of trust in others, a change in worldview, or in terms of feeling personally “changed” by the work, for example in terms of a loss of innocence or naïveté. In contrast with these findings, and with previous research focusing on cynicism resulting from cumulative stressors among police (Chan, 2001; Dick, 2000; Gilmartin, 2002; Koch, 2010; Miller, 2007), a deepened sense of empathy and compassion was also reported by several participants as a consequence of exposure to suffering and other workplace stressors. This is a valuable finding, as some research shows that higher levels of empathy may protect against burnout among police (e.g., Turgoose et al., 2017). Furthermore, 8 participants described experiencing positive outcomes as a result of stress on the job, such as personal growth and resilience or strengthened relationships. These findings may reflect the experience of posttraumatic growth (PTG) among some participants. PTG refers to positive psychological and psychosocial changes resulting from the struggle associated with highly challenging life events.
or crises, and may include shifting priorities, strengthened interpersonal relationships, an increased sense of personal strength, a greater appreciation for life, or a deeper connection to spiritual, religious, or existential beliefs (Tedeschi & Calhoun, 2004). Research with police has linked traumatic experiences on the job to PTG, especially those involving a direct threat to officer’s physical wellbeing, such as officer-involved shootings (Chopko, 2010; Chopko, Palmieri, & Adams, 2017). Alternatively, these findings might reflect a greater level of pre-existing psychological hardiness among officers experiencing positive outcomes. One recent study with 156 Norwegian police found that psychological hardiness – particularly dimensions of hardiness including a sense of meaning, commitment to personal goals, and connections with others – predicted variance in burnout beyond that of work engagement and social support, though these factors were also important predictors (Fyhn, Fjell, & Johnsen, 2016).

Research has generally suggested that access to social support, engaging in self-disclosure, and cognitive processing of traumatic events all mediate the relationship between trauma exposure and the development of PTG (Davidson & Moss, 2008; Tedeschi & Calhoun, 2004). Methods of coping and supports surrounding workplace stressors are likely to be important factors in determining long-term outcomes among police. According to Waters and Ussery (2007), it is vital that police engage in self-protective behaviors to cope with the corrosive stressors that are common in policing, but this may be stifled by aspects of the police culture that discourage ongoing coping efforts. In the current study, for example, norms of toughness appeared to discourage active efforts at coping with psychological distress. That said, participants in the current study typically engaged in a combination of coping responses to stress, including both active and avoidant or passive coping. Self-Maintenance strategies were typically active, and allowed participants to retain resilient perceptions of self, others, and the world while
also being oriented toward growth or the generation of meaning from difficult experiences. They engaged in efforts toward accepting the realities of their work including its impact on them, monitoring their well-being, and maintaining perspective in the face of tragedy. Participants spoke of the value they gained from the helping role, and also the sense of identity or value consistency that embodying their roles offered them. As discussed by Donnelly, Siebert, and Siebert (2015) with respect to first responders (specifically, EMTs), events that contribute to one’s sense of role-related identity might bolster well-being, while events threatening a sense of identity may predict psychological distress. Gratitude, another important component in past conceptualizations of PTG (Chopko, 2010), was also reported as an important aspect of some participants’ coping efforts. Efforts at making meaning from difficult, especially traumatic incidents, as described by several participants in the current study, may help buffer the negative impacts of traumatic stress on identity and worldview (Courtois, 2017; McAdams & Jones, 2017). As past research on moral injury has demonstrated, however, police often find themselves in morally ambiguous situations in which squaring one’s operational duties with existing personal or cultural beliefs supporting fairness and compassion or the helping role may be difficult or impossible, such as in the case of officer-involved shootings (Broomé, 2014; Padyab et al., 2016).

Self-Regulation strategies employed by participants in the current study included both active and dynamic as well as avoidant or control-oriented coping. A greater proportion of participants reported engaging in avoidance or control as a method of coping compared with those endorsing cognitive or emotional processing or expression. Tendencies to engage in avoidant coping are consistent with cultural norms of Toughness or Power and Control, as well as with past research demonstrating that acute and chronic emotional control is a common
strategy employed by police (e.g., Koch, 2010, Pogrebin & Poole, 1991). Importantly, such strategies have greater potential of leading to negative stress-related outcomes, especially when applied chronically, as compared with active cognitive processing which promotes recovery and resilience to trauma (Resick et al., 2007; Sobel, Resick, & Rabalais, 2009; Tedeschi & Calhoun, 2004). While acute emotional control may be adaptive during the course of an active critical incident, chronic or ongoing emotional suppression can lead to deleterious outcomes such as emotional exhaustion and burnout (van Gelderena et al., 2011). Another way some participants controlled their emotional response to workplace stress in the current study was via Problem Alcohol Use. Rates of lifetime problem alcohol use in this sample (i.e., 4 participants, or 22%) were consistent with past studies, in which rates of problem drinking ranged from 16.7% to 22.5% (Chopko et al., 2013; Ménard & Arter, 2013). The cultural narratives invoked in participants’ descriptions of stress, coping, and mental health, described in more detail in the section to follow, appeared to more strongly support efforts at emotional control or suppression than engagement in active coping efforts.

One other way that participants managed workplace stress was to orient themselves towards or away from relationships within their policing communities or personal lives. Being understood or “seen” by their peers, important others, and the general public was an important buffer to workplace stress. Feeling understood in this way is likely to counterbalance the stress of being scrutinized, misperceived, or misrepresented by external sources. Participants drew distinctions between relationships with “insiders” (i.e., fellow officers or supervisors) and “outsiders” (i.e., those existing outside of the policing environment), and tended to prefer to engage in supports offered by one or another. An ideal described by several participants was to access support by “insider-outsiders” who were able to bridge perceived gaps in understanding
of the police culture and role by way of direct or indirect experience, while also being situated outside of the occupational context and thus a more comfortable option for self-disclosure and support for some participants. Trust and understanding were noted to be fundamental to relationships from which participants actively sought and benefited from social support. Although most participants engaged in disclosure of mental health difficulties and other stressful experiences with either insiders or outsiders over the course of their careers, several also reported being inclined to isolate or hide their distress either at work or home, or both. Davidson and Moss (2008) showed that nondisclosure of traumatic workplace events by police officers to their spouses predicted greater symptoms of psychological distress, although disclosure did not lead to more positive psychological outcomes in their study. Other research has demonstrated that those less willing to self-disclose also show less positive attitudes toward psychological service utilization (Vogel & Wester, 2003; Vogel, Wester, Wei, & Boysen, 2005). Furthermore, a lack of support-seeking or disclosure of distress in close relationships provides less opportunity for receipt of social support, an important predictor of trauma-related outcomes (Brewin, Andrews, & Valentine, 2000). Nondisclosure is likely to lead to isolation and a sense of disconnection within existing relationships, and perhaps more importantly, reflects the perception that suffering from workplace strain or mental health difficulties is not something acceptable to share or seek support around.

Participants described that the extent to which they felt satisfied by their work helped to buffer others sources of stress. The establishment of Work-Life Balance and Boundaries as a coping strategy addresses the pressure created by operational and Duty-related cultural demands to be a “cop” both on and off the job. As discussed in the next section, this was one method of managing workplace stress that several participants described learning over the course of their
careers, often out of necessity following a mental health episode. In addition, participants spoke of the degree to which their profession comprised their identity as informing boundaries between work and home life. Both ends of the identity spectrum (i.e., those both more and less oriented toward policing as an identity) provided valuable assets to one’s ability to cope with workplace stress, consistent with the conceptualization of role identity discussed in Donnelly et al. (Donnelly, Siebert, & Siebert, 2015). That is, events consistent with one’s role identity are likely to improve or maintain a sense of wellbeing, while those challenging identity are likely to contribute to psychological distress. Shifts in Identity Orientation were also reported as a consequence of stress over the course of one’s career, explored in more detail in the next section. In addition to providing meaning and a sense of internal consistency for some, challenges associated with identity and work-life boundaries speak to pressures for conformity and dedication exerted by cultural norms of Camaraderie and Duty.

In sum, with respect to secondary research question (c), participants engaged in a variety of coping strategies, some adaptive and promoting resilience and PTG, and others more maladaptive, potentially contributing to negative outcomes. Furthermore, the present findings suggest that cultural forces, such as norms of Toughness and Power and Control, may promote problematic or maladaptive coping strategies, especially for managing chronic or cumulative workplace stress. Cultural norms of Duty and Camaraderie both provide a sense of meaning and identity, buffering the impact of work-related stressors, and may also promote challenges in work-life balance. Cultural norms around Camaraderie also appeared to shape the degree to which participants engaged interpersonal supports within and outside of the policing community, and as a function of level of trust and perceived ability to be understood, which of these they preferred to engage.
**Culture and help-seeking.** As detailed above, findings from the current study indicate that police culture exerted explicit and implicit influence on participants’ lived experiences of stress and coping within their occupational role. The culture played an important, albeit complex and perhaps evolving role in perceptions of mental health problems and help-seeking as well. The following sections summarize findings with respect to the primary research question: *to what extent and by way of what mechanisms does the contemporary police culture shape participants’ attitudes and behaviours with respect to psychotherapeutic help-seeking?*

During the course of research interviews, almost all participants, generally without prompting, offered the observation that “Things are Changing” in the police culture with respect to stigma around mental health issues. They widely described that both awareness of common psychological impacts of police work as well as availability of or access to various mental health supports, such as CISDs, EAP services, peer support teams, and coverage for psychotherapy had improved significantly since they began their careers, and that, in particular in the past 10 years, attitudes had shifted as well. Popular opinion would suggest that in recent decades, attitudes toward and awareness of mental health issues have improved within the general Canadian population as well; however, despite ongoing public efforts to reduce stigma related to mental illness, and improvements in media and journalistic portrayals of mental illness (Whitley & Wang, 2017a; Whitley & Wang, 2017b), researchers have found that public attitudes towards individuals with mental health problems and psychotherapeutic help-seeking have actually remained relatively stable and even worsened in some respects over the past 30 to 40 years (see Mackenzie, Erickson, Deane, & Wright, 2014 and Schomerus et al., 2012 for a review). This is in spite of a trend toward improved mental health literacy, in particular toward a biological model of mental illness. Researchers have suggested that efforts to address stigma through the
“medicalization” of mental illness may have created the unintended effect of a preference for medication-based treatments, and do not appear to counter problematic beliefs about mental illness itself (Mackenzie et al., 2014).

Consistent with research in the general population, although it was a widely-held belief among participants that “things are changing” within the workplace culture in which they are embedded, the nature of such changes may be less substantive than this statement suggests. Indeed, references to stigma were often implicit and suggest that one way in which stigma has shifted within participants’ workplace cultures is in overtness of expression. It was clear from participant narratives that norms around mental health and help-seeking were generally unspoken and learned by way of observation. These findings mirror a body of literature identifying a shift in wider societal norms from overt to covert forms of racism and sexism, which are nonetheless insidious and harmful (Coates, 2008; Dovidio, Kawakami, Smoak, & Gaertner, 2008; Swim & Cohen, 1997).

The narrative that “Things are Changing” emerges in the context of greater overt acceptance of mental health issues within first responder communities, as legislation seeks improve preventive strategies within emergency service organizations and to minimize practical barriers to help-seeking among their members (Bill 163, 2016). In spite of ostensible efforts by police organizations to prioritize the mental and emotional wellbeing of their members, the “window dressing” narrative espoused by several participants reflects a lack of trust in their organizations to make genuine and meaningful change with respect to supporting psychological wellness and psychotherapeutic help-seeking. This narrative also speaks to inconsistencies in outwardly visible versus substantive responses to mental health problems by the leadership of many police services, which were deeply felt by several participants. Furthermore, two of the
primary mechanisms thought by participants to have improved openness and decreased stigma within the culture – higher education standards for new hires and a generational shift in leadership and membership (i.e., the “old guard” aging out and retiring, and a younger generation entering the police service) – have not been supported by empirical evidence as fundamental factors in culture change (Cordner, 2017; Mackenzie et al., 2014).

The current findings construct an image of a police culture in flux. Despite overt changes in culture and practice with respect to mental health and help-seeking, several participants reported that engaging in mental health services continues to be a challenge as a police officer. Although they described improvements at various points in the trajectory of workplace stress (i.e., exposure, onset, coping response, and help-seeking decisions), subtle barriers to the maintenance of wellbeing and the acceptability of help-seeking were identified and appeared to continue to shape behaviours and outcomes. The following is a discussion of the particular ways in which culture, stigma, and specific interfering and facilitating factors converged to shape help-seeking behaviours within the current sample.

**Narratives and constraints.** Specific narratives with respect to mental health and help-seeking within the police culture were largely consistent with themes identified in the literature. In particular, the Weakness and Strength narrative is consistent with common understandings of police cultural norms. For example, Conti (2011) described that the structure of police training models promotes traditional norms of masculinity and pits strength against weakness, devaluing expressions not consistent with hegemonic masculine standards of behaviour. Other researchers have suggested that within the traditional police culture, the expression of emotions and “emotional problems,” are seen as an indication of flawed character or personal weakness (Dowling et al., 2006; Koch, 2010; Pogrebin & Poole, 1991). Koch (2010) noted that police
officers may be deemed less trustworthy or unreliable if they are perceived as emotionally “weak” by the public or by fellow officers. In the current study, language connoting “strength” was used to describe the ability to control and limit emotional expression, to withstand great stress without demonstrating this outwardly, and to recover from stressors or mental health problems without assistance, while words connoting “weakness” were often used to describe observable impacts or emotions in response to a workplace incident, the inability to cope with expected stressors of the job, or the need for support in the face of psychological distress.

Consistent with previously identified standards of trustworthiness, a Safety and Suitability narrative emerged in the current study. The ability to withstand high acute workplace stress in order to provide adequate backup to fellow officers is a fundamental requirement of the job of policing, and in the current study is a primary index on which the trustworthiness of police peers is judged. Past research has identified concerns around safety and work suitability as factors underlying attitudes toward mental illness (e.g., Gilmartin, 2002; Koch, 2010; Watson & Andrews, 2017), but has not conceptualized these concerns as specifically connected to cultural narratives. The Safety and Suitability narrative is perhaps one of the most compelling, and therefore enduring and potentially harmful narratives in terms of its role in shaping attitudes toward mental health in the police culture. While police must be able to rely on their peers to remain calm and emotionally controlled during periods of acute operational stress (e.g., during an active break and enter), this narrative does not appear to clearly differentiate observable acute stress from characterologically low distress tolerance or from mental health problems in general, nor does it distinguish expressions of emotional distress or psychological impact following or surrounding an acutely stressful event from those occurring during the event. This suggests that within the cultural context described by participants in the current study, an officer who takes a
day off following a critical incident on the job to recover may be viewed in the same way as an officer who openly expresses fear or distress in a dangerous operational context. This mistrust of emotional responses and of individuals with mental health concerns by extension is consistent with previous research by Drodge and Murphy (2002), who noted that police officers are socialized against overt displays of emotion, as emotions are seen as negative, untrustworthy, and interfering with rational thinking. The outcome of this active narrative may be that officers are inclined to limit any expression of distress or compromised wellbeing for fear of being viewed as unreliable or even dangerous. Constraints on expression of distress within the culture are described further below.

An Us versus Other narrative with respect to mental health, as elaborated in the current study, is also consistent with previous conceptualizations of the police culture (Loftus, 2010; Waters & Ussery, 2007; Woody, 2005), though it has not previously been applied specifically to police perspectives on mental health and help-seeking. This finding suggests that political structures and interpersonal dynamics determining belonging within the police culture, as defined by current participants, create distance between those with and those without a history of mental health problems, as well as between those who have and have not experienced workplace trauma such as that experienced by police officers. This is likely to have important implications for access to peer support by individuals experiencing an OSI, as well as for the development of trust with psychotherapists or psychologists not explicitly connected to the policing community. More broadly, participants indicated fears of being labeled and judged by peers and superiors as a result of mental health issues or engagement in psychotherapeutic help-seeking; several described specific ways in which these concerns were reinforced through comments made by
peers or by witnessing the alienation and denigration of colleagues who suffered openly with psychological difficulties.

The current study contributes to the literature on culture and help-seeking by identifying specific ways in which cultural standards and the narratives explored above constrain help-seeking and related behaviours. Cultural Constraints operated in the current study by positioning certain behaviours and expressions as more or less acceptable within the police cultural context. Much like other aspect of the culture, not all officers in this study behaved in line with cultural constraints or experienced them within their unique microculture, but often, explicit and implicit social pressures were described as making non-adherence challenging, leading to questions of trustworthiness or suitability for the job, and potentially resulting in alienation or tension with peers. As is demonstrated by the emergent theme Straddling Cultural Positions, even those who challenged cultural norms often struggled in doing so, sometimes implicitly reinforcing stigmatizing viewpoints despite their explicit rejection of them. The concept of Cultural Constraints is consistent with Dick’s (2000) suggestion that the police culture impacts socially constructed meanings given to stressors, normalizing some emotional responses and pathologizing others. Abiding strictly to the Cultural Constraints identified in this study would be exceptionally limiting for the expression of distress and the allowance of support. Within these constrained standards, only very extreme and/or life-threatening workplace incidents should lead to any discernable psychological impact; the ideal police officer accepts the reality of extreme workplace stress without complaint; stress or emotional reactions due to workplace events should never be openly acknowledged except through “war stories” or gallows humour; experiencing psychological stress is acceptable so long as it is not explicitly named in the moment and does
not in any way impact one’s work performance; and seeking psychological help for marriage problems is acceptable but doing so for work-related stressors much less so.

The findings of the current study support the idea that the police culture experienced by participating officers, with respect to mental health and help-seeking, is a Culture of Silence. That is, there is implicit agreement among individuals operating within the defined police culture that psychological distress should not be openly acknowledged, or acknowledged only in constrained, culturally-sanctioned ways. Within the Culture of Silence, one does not necessarily assume that psychological distress will not be experienced by other officers, nor that other officers will not utilize mental health services at some point in their careers, or even that either of these facts is problematic in some way. Within this sociocultural dynamic, however, non-disclosure of normal experiences of workplace stress may serve to reinforce the perception that such experiences are actually uncommon or unacceptable. Consistent with this view, Pogrebin and Poole (1991) described ways in which officers are socialized to repress their emotions and pointed out that as a result, police are likely to develop a shared misunderstanding of the feelings of their fellow officers, leading them to pathologize the experience of emotion, even when their peers may be struggling with the same experience. Within a Culture of Silence, the intersubjective space between individual officers is where the Cultural Constraints identified in the current study operate and are reinforced. Although internally (i.e., within the intrapersonal space), officers may engage with a range of experiences, such as fear, uncertainty, doubt, depression, suicidal ideation, or symptoms of posttraumatic stress, within the Culture of Silence, it is rare that these experiences will enter the interpersonal space (i.e., be shared with one’s peers), and if they do, they will be expressed in constrained, culturally-accepted ways. As a result, the interpersonal object (i.e., one’s fellow officer or officers) has access to very limited
information about what their peer is experiencing, resulting in inaccurate assumptions about the commonness and acceptability of certain aspects of experience within shared cultural symbolization. Outsiders to the culture may be privy to different information than that shared with insiders, but aspects of one’s intrapersonal experience will likely still be kept private, at least initially. Figure 4 illustrates this concept.

Figure 4. The Culture of Silence with respect to mental health and help-seeking.

The intersubjective interpersonal space in this model is similar to the sociolinguistic concept of the Third Space, originally espoused by Bhabha (1994) to explain the construction of identity and community through language and communication, typically across cultures. The concept of the third space or “thirdness” has also been invoked in the psychoanalytic literature to conceptualize the development of intersubjective meaning between individuals in a dyadic relationship. The third space is theorized to extend beyond each individual’s subjective
experience and to be shaped by invisible or unconscious power structures, cultural positions, and social locations (Ogden, 1994). Gerson (2004) discussed “cultural thirdness,” which he stated “does not arise from the subjectivities of the individuals in the dyad, but rather . . . envelopes, intrudes upon, and shapes the interactions of the dyad, as well as the subjectivities of each member of the dyad . . . a codification . . . of the possible and the prohibited” (p. 77). In the present context, the interpersonal third space created between two officers – the experiences they share, communicate, or co-construct – are influenced by and also reflect, structures of power, social positions, and standards of the microculture in which they are embedded. It is within this space that each officer gathers what behaviors and symbolic representations of experience are and are not acceptable within their dyadic relationship, and more widely within the sociocultural context in which they are each employed. Using narrative analysis, research by Gayadeen and Phillips (2016), Ford (2003), and Kurtz and Upton (2017a; 2017b) has demonstrated that culturally constrained methods of relational expression in policing, such as war stories and gallows humour, serve not only as an important mechanism for coping, but also inform the socialization process, demarcate power and authority, and construct and maintain aspects of the culture including norms of masculinity and gendered expectations, authoritativeness, and the assertion of a limiting and problematic “hero” narrative. Importantly, within this model of the Culture of Silence, the third space is also a place in which cultural norms may be challenged and changed; theoretically speaking, the wider and more truthful the interpersonal space becomes – that is, the more experiences that individual officers openly share with their peers – the less constrained expressions of emotional distress, psychological difficulties, and comfort with help-seeking are likely to become. This assumption is supported by present findings indicating that leadership and peer access points within the culture are a primary mechanism facilitating help-
seeking decisions, as well as findings from Hyland et al. (2012), who demonstrated that subjective norms of help-seeking play a significant role in the decision by police to access psychological services themselves.

**Help-seeking behaviours.** Perhaps the most important and novel finding of the current study concerns when and how participants actually did engage in help-seeking. A total of 14 (78%) participants in the current study had engaged in individual psychotherapeutic services during the course of their careers. Previous studies have suggested low rates (i.e., approximately 10 to 15%) of past year psychological or psychiatric service utilization by police officers (e.g., Berg et al., 2006; Donnelly, Valentine, & Oehme, 2015), including those reaching clinical cutoffs for depression or anxiety. In a Canadian sample, Ménard et al. (2016) found that 77.20% police officers reported that they felt they could, if they needed to, utilize one of the broad mental health services offered by their organizations (i.e., including CISD, peer support, and psychotherapeutic interventions), though they did not report specific rates of utilization for individual therapy. Although the rates of service usage in the current study appear promising and would suggest that the current sample was readily able to access psychotherapeutic services, rates of utilization do not capture the complexity of the ways in which help-seeking decisions were made, nor how long they were delayed. Help-seeking was almost universally delayed by participants in the current study, sometimes until the point of crisis – for example, when beginning to experience suicidal thoughts or believing that one’s career or family life may be at risk if they did not seek help. Decision points for accessing individual therapy often came following significant suffering.

While past quantitative research has suggested relatively neutral attitudes toward help-seeking (Karaffa & Tochnov, 2013; Meyer, 2000), participants in the current study described
careful weighing of the potential risks and benefits of seeking help, and evolving attitudes
toward help-seeking as a function of eventual experience with these services. Once help-seeking
occurred and participants had a satisfactory experience with a therapist, their openness to therapy
generally increased and they described a shift in their viewpoints with regard to the value of such
services, as captured by the Increased Comfort and Destigmatization theme. These findings are
important because earlier engagement in psychotherapeutic treatment is shown to lead to better
outcomes in depression and PTSD recovery (Barton, Armstrong, Freeston, & Twaddle, 2008;
Callander, Lindsay, Scuffham, 2017; Kearns, Ressler, & Zatzick, 2012), while alternative
intervention efforts within police organizations, namely CISD, have not been reliably shown to
prevent PTSD, and may actually be detrimental to recovery according to a wide body of research
(Mayou, Ehlers, & Hobbs, 2000; McNally, Bryant, & Ehlers, 2003; Rose, Bisson, Churchill,
Wessely, 2002; Sijbrandij, Olff, Reitsma, Carlier, & Gersons, 2006). Consistent with the pattern
of delayed help-seeking uncovered in the current study, Burns (2014) found that personal
thresholds for psychological distress varied in her sample, and that many participants waited to
pursue psychological services until they experienced a psychological crisis requiring professional
intervention or recognized that their difficulties exceeded their capacity to cope. She writes:

Severl participants described valiant, often sustained efforts to project an
appearance of competence, fulfilling their roles at work and home, pretending that
everything was fine and in the meantime experiencing a progressively
intensifying emotional build up until they just could not maintain the façade... [or] waiting until there was absolutely no other option. [p. 107]

Burns also found that what differentiated such individuals from participants who engaged in
preventative help-seeking (i.e., seeing a psychologist before their symptoms became
unmanageable) was that those who used psychotherapy as a preventative mechanism had had
previous positive experiences with a psychologist, whom they considered to be an option
available to them on an ongoing basis. These findings, supported by the current study, illustrate that experience itself may be the most powerful facilitating factor for psychotherapeutic help-seeking.

Participants identified both interfering and facilitating factors specifically impacting the timing of when help-seeking occurred. An interesting observation in the current study was that practical barriers to accessing psychological services appeared to be less of a concern than what has been suggested in previous research. Although identifying, for example, that limited awareness of or accessibility to mental health services would be a factor in their decision-making, participants largely indicated that they did not experience such pragmatic challenges once ultimately making the decision to seek mental health services. This is consistent with the findings of Hyland et al. (2012) and also with evidence of improved offerings of mental health services within police organizations in Canada over the past 10 years. One study found, for example, that across five industrialized countries, Canadian officers were most likely to report that their organization offered mental health services, at 94.4% (Ménard et al., 2016). The fact that participants universally delayed their decision to engage psychotherapeutic services while experiencing serious psychological symptoms, despite relative awareness of and ease of access to these services, highlights that implicit barriers remained and likely played a role in delaying such decisions.

The present findings with respect to help-seeking are consistent with a model of health-related service utilization proposed by Andersen (1995), in which utilization is thought to be associated with three primary factors: (a) perceived and objective need; (b) predisposing factors such as demographic characteristics, social environment, and pre-existing health beliefs; and (c) enabling factors such as financial means and available services. According to this model,
individuals are most likely to use services when they have easy access to them, when there are a greater number of predisposing influences based on demographics and other factors to utilize services, and when they perceive or are told that they have a greater need for the services (for example, when their symptoms are more severe). In this model, access to services is just one aspect of what determines whether police will engage in help-seeking, and as symptoms worsen, the likelihood of utilizing services increases. The findings of the current study mirrored this model, and as will be discussed further in the following sections, the police culture impacted participants’ mental health-related beliefs and shaped the social environment in which psychological distress is experienced.

The most prominent interfering factor in the current study, endorsed by all but 1 participant, was Skepticism and Mistrust, which included a lack of trust in the actions and intentions of one’s organization and in others outside of the police cultural context (in particular, mental health professionals, in line with the Us versus Other cultural narrative described above), and doubts about the efficacy of therapy. This finding is consistent with the results of Karaffa and Tochkov’s (2013) mixed methods study, which indicated that officers’ endorsement of a “distrust of outsiders” cultural norm was negatively correlated with attitudes toward help-seeking. Burns (2014) also identified that poor or unsupportive relationships with peers, supervisors, and mental health professionals were factors hindering help-seeking behaviours; this included the perception among officers in the study that there was a systemic disregard for their mental wellbeing within their organization. Interestingly, 50% of participants in Burns’ study reported that their willingness to engage in psychological services was hindered by previous limited or ineffectual assistance by EAP providers. In the current study, a number of participants also reported negative initial experiences with an EAP provider, leading to concerns about the
efficacy of psychotherapy. These findings highlight the importance of relationships both within and outside of the police culture in determining participants’ willingness to engage in help-seeking. This is further emphasized by the finding that establishing trust with mental health professionals via therapeutic alliance-building and the assessment of cultural competence, confidentially, and credibility, as well as establishing trust with peers through the sharing of personal experiences with help-seeking (i.e., in the case of Access Points) were prominent factors facilitating help-seeking in the current study. Burns (2014) similarly found that 90% of the participants in her study reported that their decision to seek psychotherapeutic services was strongly influenced by a trusted and respected third party, in particular, close peers in the workplace who were willing to engage in psychological services themselves. Furthermore, in line with the current findings, Burns (2014) demonstrated that therapist factors, including understanding of the police culture and the quality of the relationship improved engagement in the help-seeking process.

Feared Work-Related Consequences, including concerns about confidentiality, negative impacts for one’s career, or of being judged or stigmatized by one’s peers was another commonly reported factor interfering with or delaying help-seeking in the current study. Stigma, of course, was endorsed within narratives of mental health within the police culture as outlined in the previous section, and it was noted that individuals known to suffer from a mental health problem may be considered dangerous or unsuitable for the job by their peers. Concerns about such consequences have been noted in a number of previous studies as potentially interfering with help-seeking. For example, Waters and Ussery (2007) found that concerns around confidentiality and how one might be perceived by peers or superiors influenced help-seeking among police officers. A report by the Ombudsman of Ontario (2012) on institutional responses
to OSI in policing identified a fear of career repercussions among officers disclosing mental health problems to their superiors, and Burns (2014) reported a similar finding among more than half of participants in her study. Given that these concerns reflect a lack of trust in one’s organization, there may be an important role for the leadership of police organizations in shifting factors limiting or delaying help-seeking behaviours. In fact, positive attitudes toward and role modelling of mental health service utilization from those in leadership roles emerged as a powerful factor facilitating increased comfort with psychotherapeutic help-seeking among participants, in both broad and specific ways. On a broad level, participants described that supervisors set the tone for the psychological health of their platoon by espousing and reinforcing values promoting wellbeing or those promoting poor mental health. On a more specific level, participants described the impact that leaders, especially respected senior officers, have and can have on normalizing psychological distress and help-seeking by publicly sharing their own experiences of the same. These findings support the results of Heffren and Hausdorf’s (2017) study which highlighted the importance of trust in police officers’ choice of from whom to seek support, if they are to seek support at all. Heffren and Hausdorf summarized that both a personal willingness to self-disclose as well as a supportive environment in which to do so were crucial factors in the disclosure of psychological difficulties within workplace relationships. Furthermore, they noted that when an officer did feel comfortable with self-disclosure, they sought out trusted sources of support such as family members and close friends and may only seek out professional help if these sources were found to be ineffective or unavailable. Heffren and Hausdorf concluded that increasing trust in organizational and professional sources of support would be essential in adequately meeting the mental health needs of police service members.
Identity Issues were also a factor interfering with help-seeking in the current study. In particular, participants reported difficulty with the idea that they as helpers could also be in need of or accept help. Identity-related barriers to police utilization of psychotherapeutic services have not been explored in any significant depth in previous research, and may highlight a bridge between individual and cultural mechanisms delaying help-seeking within the current sample. Burns (2014) identified a similar narrative that “helpers do not seek help,” which was linked to the reinforcement of emotional constraint in childhood, and resulted in difficulty among officers in her study with the concept of accessing psychotherapeutic services. Burns (2014) also found that the perceived characteristics of an RCMP officer, such as standards of masculinity, strength, or invincibility interfered with help-seeking, in line with cultural narratives in the current study which may be related to identity, such as a Toughness Ethic. Addis and Mahalik (2003) explored the effects of gender socialization and the social construction of masculinity on help-seeking behaviour and presented a model in which the centrality of the problem to one’s identity was one factor determining men’s comfort with help-seeking. Given the disproportionate ratio of male to female officers comprising police services as well as the current sample, it is possible that norms of masculinity inherent within the police culture as well as within society at large contributed to the current findings.

Personal factors including readiness and the encouragement of family members, which emerged as facilitating factors in psychotherapeutic help-seeking in the current study, are likely to address these identity-related barriers along with normalizing influences such as Access Points and Leadership within the culture. Hyland and colleagues’ (2012) found that both self-efficacy in help-seeking and a subjective norm of help-seeking behaviours among one’s peers influenced police officers’ decision to access psychological services. Taken with findings from past
research, this suggests that when police officers have the self-perception that they can and should access help, and when they perceive that others in their culture are likely to do so as well, they may be more willing to engage in help-seeking themselves. Importantly, as described above, a Culture of Silence is likely to hinder perceptions that psychological distress and help-seeking are common within the police culture, indirectly interfering with help-seeking behaviours.

Finally, issues of Awareness and Education were reported to interfere with the decision to pursue psychotherapeutic services. For some participants, this was due to limited awareness of available services during a time of need, but participants also lacked awareness of their own mental health concerns, often recognizing them only in retrospect or after reaching crisis. Furthermore, they described limited understanding of the nature of therapy and what to expect from this experience, which led to concerns about engaging in psychotherapeutic services. Once again, impaired awareness of mental health concerns was consistent with findings from Burns (2014), who demonstrated that individuals with inadequate knowledge or understanding about the potential psychological impacts of police work had more difficulty recognizing their mental health needs and knowing when to seek psychotherapeutic support. These findings underscore the importance of providing education for police not only of the potential for OSIs, but also how to recognize symptoms and signs that they should seek out psychological support, and what to expect when they do. Consistent with this, in addition to training, education, and service promotion being facilitative factors in the current study, participants indicated that having oversight from within their workplace context to help individuals identify mental health problems and provide support, as well as efforts to demystify the therapeutic process would likely facilitate increased engagement in psychotherapeutic services.
Several participants in the current study reported that over the course of their careers, and in particular following periods of significant psychological distress, experience with a mental health problem, or engagement in psychotherapeutic services, their cultural orientation or level of cultural adherence and their attitudes toward mental health and help-seeking shifted significantly (i.e., Cultural Reorienting; Challenging Narratives and Constraints). As noted above, this is consistent with Burns’ (2014) finding that officers having had previous experience with psychological services were more likely to engage in preventive help-seeking rather than delaying the decision to access services until symptoms were unmanageable. It is also consistent with the importance of self-efficacy in help-seeking behaviours among police, as shown by Hyland and colleagues (2012). Participants described that their priorities shifted over the course of their careers and through cumulative experiences with stress, and that over time they recognized the need to better balance their lives and enforce work-life boundaries in order to maintain wellbeing (i.e., Strengthened Work-Life Balance and Boundaries). This is similar to what Burns (2014) identified as “maturity and wisdom through life experience,” which facilitated help-seeking in her sample. Furthermore, Burns (2014) identified organizational seniority as an important factor in help-seeking; more senior officers in her study were less concerned about securing promotions and about potentially stigmatizing perceptions of their peers or supervisors as a result of their engagement in psychological services. Interestingly, this is precisely what was demonstrated in the current study, as captured by Divesting from the Organization; several participants devalued the importance of their career advancement following a mental health crisis (for example, indicating that they were comfortable with a Constable rank or were not seeking promotion), allowing for greater comfort accessing psychological services due to decreased concerns about the impact of help-seeking on potential
advancement opportunities. This finding emphasizes the fact that help-seeking may be perceived to result not only in important benefits such as improved functioning and quality of life, but also potentially serious consequences for one’s career, especially when it comes to advancement. It furthermore helps to explain why utilization would be delayed despite increased ease of access.

Finally, many participants in the current study who did engage in help-seeking not only experienced shifts in their cultural orientation, but also found renewed meaning and purpose through becoming leaders, mental health advocates, or access points for fellow police officers. They often described being willing, though still cautious, to share their experiences with trusted peers in an effort to help facilitate psychotherapeutic help-seeking for others. A few shared their experiences quite publicly, or in their positions as leaders within their organizations. The Cultural Reorienting and Challenging of Narratives and Constraints that occurred at this point in the trajectory of participants’ stress-related experiences again reflects aspects of PTG. In Becoming a Leader, Advocate, or Access Point, participants in effect directly challenge the Culture of Silence, creating greater openness between themselves and other officers within the third space, and, as the findings of the current study suggest, likely helping to actually facilitate help-seeking among their peers. Leadership, via the feedback loop that develops as a result of positive help-seeking experiences, may thus have the most promising potential for truly changing the culture.

To summarize, the current study finds that aspects of the traditional police culture, both those positive and negative, remain present but possibly more implicit or covert within contemporary police culture as is reflected by participants’ experiences. Experiences of workplace stress in this study were multiple, and resulted in both acute and chronic psychological, interpersonal, and occupational outcomes, including depression, generalized
anxiety, posttraumatic stress, burnout, altered self-concept and worldview, disconnection, and impaired work function, as well as positive outcomes and posttraumatic growth in some cases. Coping strategies were partially shaped by the cultural context in which they occurred, for example, encouraging avoidance and emotional control, alcohol use, and isolation in addition to more adaptive strategies such as gratitude and maintaining perspective, finding purpose in the helping role, seeking support from inside and outside relationships, and maintaining a healthy work-life balance. Pertaining specifically to the central research question of the role and mechanisms of the police culture in shaping help-seeking behaviours, the present study identified that stigmatizing narratives regarding mental health and help-seeking, consistent with broad cultural norms, also remained present in the culture described by the current sample. This was despite the overt sense that “things are changing” as a result of improved access to services and mental health awareness. These narratives resulted in constrained behaviours around mental health and help-seeking, including pathologizing normal experiences of psychological stress on the job, promoting limited awareness of personal psychological symptoms and a lack of understanding of the terms of psychotherapy, which served to reinforce stigmatizing attitudes towards mental health and help-seeking. In addition, especially early in their careers, officers in this study feared career-related consequences of help-seeking, were skeptical of the value of therapy, and mistrustful of the intentions of their organization and of mental health professionals. Results supported the idea that such interfering factors may be overcome through leadership and trust building – within organizations, among peers, and with mental health professionals. The results of the current study suggested that as participants’ symptoms of psychological distress worsened, the potential costs of seeking help were outweighed by the costs of not seeking help, and after some delay, participants often reached out to available services, especially those
recommended by police peers. Outcomes from psychotherapeutic service engagement were generally very positive, and often included a shift away from policing as a fundamental aspect of one’s identity, balancing of priorities, and improved work-life boundaries, as well as a greater level of comfort with help-seeking, challenges to preexisting stigma, and most powerfully, an inclination to share these experiences with one’s peers and challenge the Culture of Silence.

**Theoretical and Conceptual Implications of Findings**

While the results of the current study are numerous and cover a broad range of experiences, the thread of several meta-themes can be observed throughout, and inform an emergent theoretical understanding of the relationship between the police culture and police help-seeking. Meta-themes include: *Dynamics of Belonging, Trust and Mistrust, Duty as an Identity, Power and Control, Compassionate Worldview,* and *Toughness as an Ideal.* It is argued here, in response to the central research question, that the current findings support the operation of the police culture at multiple levels of experience to directly and indirectly shape police officers’ interpretation of stress, understanding of mental health and its relationship to policing, awareness of developing mental health concerns, chosen methods of coping, available supports, and willingness/readiness to seek out and receive mental health services. This section will begin to weave together these common threads in the form of meta-themes at each level of influence (i.e., culture, narratives and constraints, stress, coping, help-seeking, and evolving attitudes and identities) together to support an emerging model of the influence of the police culture on psychotherapeutic help-seeking, illustrated in the next section (see Figure 5).

Emerging meta-themes from the present results are summarized in Table 8. Meta-themes are displayed across the top row, while each level of influence is listed in the left-most column. As can be seen, each cell indicates major or subthemes emerging from the data which reflect the
broad meta-theme under which they are categorized. Given the complexity of themes, some major themes and subthemes reflect more than one meta-theme and are thus listed multiple times. A discussion of how each meta-theme is reflected at each level of influence on help-seeking follows.

**Table 8**  
*Meta-Themes by Level of Influence on Mental Health and Help-Seeking*

<table>
<thead>
<tr>
<th>Level 1: Broad Cultural Influence</th>
<th>Dynamics of Belonging</th>
<th>Trust and Mistrust</th>
<th>Duty as an Identity</th>
<th>Power and Control</th>
<th>Compassionate Worldviews</th>
<th>Toughness as an Ideal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Police Culture</td>
<td>Camaraderie</td>
<td>Camaraderie</td>
<td>Duty; Effectiveness</td>
<td>Power and Control</td>
<td>Fairness and Compassion</td>
<td>Toughness Ethic</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Level 2: Proximal Cultural Influence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Narratives of Mental Health and Help-Seeking</td>
</tr>
<tr>
<td>Cultural Constraints</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Level 3: Influence on the Experience and Interpretation of Stress</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workplace Stressors</td>
</tr>
</tbody>
</table>
Meta-themes emerging across each set of results mirrored the constituent parts of each of the six aspects of police culture identified in the current study, that is, the first level of influence (Level 1: Broad Cultural Influence). This supports the impact of culture on various aspects of experience related to help-seeking. Meta-themes capture additional complexity in the ways that cultural norms operate at each level of influence, including narratives and constraints of mental...
health and help-seeking (Level 2: Proximal Cultural Influence); experiences of stress and methods of coping (Level 3: Influence on the Experience and Interpretation of Stress); the help-seeking process (Level 4: Influence of Interfering and Facilitating Factors in Help-Seeking); and adjustments in cultural orientation and identity over time and experience (Level 5: Influence on Cultural Adherence and Identity Over Time and Experience). The first two meta-themes separate two aspects of the police cultural construct Camaraderie that are observed throughout results at each level of experience: Dynamics of Belonging and Trust and Mistrust. While related, these meta-themes operate differentially to influence experiences at each level defined above, further illustrating the complexity of Camaraderie within the police culture. Duty and Effectiveness were collapsed into a single meta-theme, Duty as an Identity, as they appeared to factor together to constitute this larger theme.

**Dynamics of Belonging.** The *Dynamics of Belonging* meta-theme speaks to the importance and value of obtaining acceptance from one’s peers, how acceptance is determined, and the challenges associated with non-acceptance, including interpersonal alienation. These experiences were reflected within discussions of workplace stressors such as Internal Politics and Cultural Stressors, in which the consequences of cultural adherence and non-adherence in terms of belonging were named by participants. In addition, Dynamics of Belonging contributed to Positive Outcomes such as improved personal and professional relationships. With regard to coping, the dynamics of belonging are also relevant to one’s Relationship Orientation, in that belonging may provide the opportunity to connect and receive support, while nonbelonging may result in feelings of disconnection or an inclination to hide distress. Ideally, belonging provided participants with opportunities for psychosocial support through connection with so-called insiders (an asset for coping captured in Inside Relationships); participants indicated that support
from inside relationships was of great importance as a buffer to workplace stress. They also
described the value of Insider-Outsider Relationships which offered support from individuals
who belonged in that they were both aligned with or adjacent to the police culture, while also
being situated outside of it. Selectively confiding in insider-outsider relationships allowed
participants to stay connected and belong with the ingroup by avoiding judgement as a result of
cultural nonadherence. As was seen within narratives describing Camaraderie, the alliance that
develops between some members of the culture may inherently exclude those who do not belong
to the constructed ingroup, in effect creating disconnection. For example, in descriptions of
External Scrutiny as a source of strain, participants described a sense of being misunderstood or
“unseen” by civilians. Determinations of non-belonging made by superiors, typically as a result
of misconduct, could have more permanent Career Consequences which was an outcome of
stress for some participants. Also functioning within the structures of belonging, an “us versus
them” dynamic was observed throughout various narratives in the current study. This dynamic
was observed and highlighted in Us versus Other narratives with regard to mental health and
help-seeking, suggesting, for example, that mental health professionals and other outsiders who
had not had police officers’ specific experiences would be unable to support them. This narrative
was also apparent in the language participants used to separate themselves from “others” in
apparent need of help. As participant Dryfuss cogently stated, “if you need help you're one of the
'thems,’ not one of the 'us’” (see p. 232). Furthermore, Labels and Judgement were often used to
exclude or alienate officers suffering from an OSI from the ingroup. Reputation was central to
determinations of belonging and could be impacted by the open experience of a mental health
problem or engagement in help-seeking. Thus, constraints around Acceptable Expression,
Coping, Impact Scenarios, and Help-Seeking in the face of culturally non-adherent emotions or
expressions of operational stress develop as a way of maintaining belonging given the threat of judgment and alienation. Feared Work-Related Consequences, including of an impact on one’s career or the experience of peer judgement or stigmatization (i.e., nonbelonging) furthermore acted as an interfering factor in the decision to seek out psychotherapeutic services. In contrast, within the context of a relationship with insiders, participants’ likelihood of using psychotherapeutic services was increased by contact with Access Points – individuals belonging within the culture who provide important information regarding help-seeking and normalize the need for and decision to seek help. In doing so, Access Points provide the opportunity to retain a sense of belonging while engaging in help-seeking as a member of the culture. The value of belonging is furthermore emphasized by the process of Cultural Reorienting which occurs as participants begin to devalue the importance of adhering to the culture and place strengthened barriers between their home and work lives. In addition, by taking on the role of a leader, advocate, or access point themselves, participant simultaneously challenge cultural norms and stigma excluding individuals struggling openly with a mental health issue, and create the opportunity for belonging among others who may experience an OSI.

**Trust and Mistrust.** Trust and Mistrust was another prominent meta-theme across all levels of experience explored in the current study. Like Dynamics of Belonging, this theme was embedded within the cultural norm of Camaraderie, but was complex in its operation at each level. Importantly, one aspect of its complexity was that alongside narratives of connection and trust in the policing community were strong themes of their opposites: disconnection and mistrust. Both valances of this meta-theme played important roles in shaping participants’ experiences. Participants emphasized that the development of a strong connection with their colleagues was based on the need to rely on each other in dangerous and unpredictable situations.
Trust was thus essential to relationships between peers. Likewise, a lack of trust was described as a hazard within the policing role and therefore likely to lead to alienation from peers, as well as possible career consequences. Judgments of Safety and Suitability related to an officers’ experience of an OSI were framed by questions regarding the trustworthiness of such officers, especially as it related to their ability to provide backup in high pressure situations. These concerns resulted in cultural constraints around the Acceptable Expression of emotion or distress. Participants wanted to know that their peers would be mentally capable of providing protection and of managing the stress of the job and wanted to communicate that they were as well. They did so by engaging in only very constrained discussions of operational stressors and their impact. Mistrust and disconnection was also a theme within discussions of Internal Politics and External Scrutiny as sources of stress, for example in terms of a lack of trust of upper management and a sense of being misrepresented by the media or generally misunderstood by civilians. Pertinent outcomes of work-related stress included Disconnection and Relationship Strain, including an overall sense of disconnection or isolation from others and a general sense of mistrust developing as a result of repeated exposure to untrustworthy individuals on the job.

Relationship Orientation as a set of methods to cope with workplace stress also comprised the theme of Trust and Mistrust, in that certain relationships (e.g., either insiders or outsiders, or insider-outsiders) were trusted above others and were a preferred source of support. Isolation or Hiding Distress often occurred as a result of mistrust; while some participants experiencing difficulties as a result of workplace stress confided in trusted peers or family members, others purposefully isolated or hid their difficulties at work or home, leading to further disconnection. When Emotional Expression occurred as a method of coping, it was sometimes shared with a trusted other. A lack of trust in one’s organization was not only a source of stress
(i.e., Internal Politics) but was also described as a barrier to cultural change with regard to stigma. Skepticism and Mistrust (of both insiders and outsiders) interfered with participants’ comfort reaching out for psychotherapeutic services, while efforts supporting the development of trust with a practitioner (i.e., Establishing Trust), or with a colleague via their disclosure of use of services (i.e., Access Points) helped to facilitate this decision. Via Leadership, trust is ideally created between members and their supervisors or organizations, helping to minimize cultural barriers to help-seeking and facilitate psychotherapeutic service usage. Finally, participants who had experienced OSIs themselves often transformed into leaders, advocates, or access points, serving as a trust-bridging person for their fellow officers toward the utilization of mental health services.

**Duty as an Identity.** Police cultural norms of Duty and Effectiveness were merged within the meta-theme *Duty as an Identity*, reflecting the role they together played in shaping experience at each level of influence. Commitment to the job of policing, a sense of duty to do good, and a high level of responsibility for outcomes in one’s community were described throughout research interviews, beginning with discussions of both Duty and Effectiveness as important qualities on the job. The sense of commitment or duty participants often brought to their roles provided them with valuable meaning and purpose and sometimes offered a bolstered, ego syntonic sense of identity. Many described that police work was “not just a job,” but a way of life or identity, while others argued that investing one’s identity in their jobs was problematic and risky. In sum, a sense of duty and aims toward effectiveness in the job provide meaning and identity while also creating high expectations for efficacy, work ethic, and personal impact. This level of responsibility is reflected by reported challenges in maintaining boundaries between work and home and navigating conflicting role demands, as in Lack of Recovery Time and
Overlapping Roles. Participants reported difficulties, particularly early in their career, turning off their sense of duty and responsibility to their role as “cop.” A very high level of investment is necessary for police officers to put themselves in dangerous situations consistently over the course of a 20- to 30-year career, and to bear the impact of repeated trauma exposures as in Explosive Stressors. In addition, participants often felt it was their responsibility to influence the outcome of explosive scenarios; for example, several participants described that when the level of personal meaning or investment was greater (for example, they got to know a victim and his or her family), the impact of traumatic events was greater. Similarly, high levels of perceived duty or responsibility and the degree to which an individual officer’s identity is tied to his or her work may be likely to lead to burnout as a result of overwork or overinvestment, or guilt or shame when unable to change the outcome of a workplace incident. Altered Self refers to a sense of being “changed” by one’s work or becoming fundamentally different from civilians as a result of workplace duties involving exposure to trauma and suffering; this furthermore relates to identity. Coping and buffers to stress falling within this meta-theme include Identity Orientation, Boundaries, Relying on the Role, and Identity and Identity Consistency. Officers may orient themselves either toward or away from policing as a source of identity, both of which can provide important buffers to stress. In a similar vein, establishing boundaries between work and home allowed participants to recover from workplace stressors and relieve themselves from the sense of responsibility they may feel on the job. Identity Consistency describes the ways in participants’ work contributed positively to their sense of identity, or aligned with existing self-identified values and beliefs. Participants who relied on their role as a police officer to cope during periods of acute stress found that they were better able to protect themselves from significant impact.
Themes of *Duty as an Identity* are also observable in factors interfering with and facilitating help-seeking. Identity Issues, such as when self-concept was inconsistent with that of someone who seeks help (i.e., that one has a duty to serve, not to be served) acted as a barrier in readiness. This is in line with Cultural Constraints determining Acceptable Help-Seeking Scenarios, for example, the finding that seeking help in response to very serious incidents or personal issues was seen as more acceptable than for cumulative or specifically workplace stress. Readiness and Commitment, related to identity in that they indicate at least a minimum comfort with the idea of being someone who pursues or engages in psychotherapeutic treatment, was shown to be a facilitating factor for help-seeking. Commitment furthermore denotes a sense of responsibility (to oneself or to one’s family rather than solely to the public or one’s organization, for example). Over the course of time and as a function of experiences with workplace stress, participants engaged in a process of Cultural Reorienting, including Identity Reorientation, in which conceptualizations of one’s identity as a police officer are challenged and shift toward determination by factors outside of a sense of duty or job-related self-definition. Participants also described a process of Divesting from the Organization and Strengthening Work-Life Boundaries, which reflect a lessening of commitment or duty to one’s organization and the community, and a greater commitment to other personally-meaningful activities and people, especially family. In Becoming a Leader, Access Point, or Advocate, participants’ identities and responsibilities shift as a result of their experiences to provide support to their comrades in a new way.

**Power and Control.** *Power and Control* is a meta-theme in direct concurrence with the police cultural norm of the same name. Power and Control dynamics within the paramilitary policing hierarchy and also within the police occupational role idealize strength and
authoritativeness. The Weakness and Strength narrative emerging from discussions of mental health and help-seeking align well with general preferences for perceived strength of character, emotional control, and physicality. Acceptable methods of coping defined by Cultural Constraints, including Alcohol Use and a “Suck it Up” mentality thus prioritize control of one’s emotions and high tolerance for distress, which are both perceived as reflections of strength and dominance. Both External and Internal Control were common coping methods among participants in this study. The paramilitary hierarchy and tensions between officers at various levels of power, a source of stress relating to Internal Politics. Further, participants describe that the promotional process itself, which involves vying for positions holding greater levels of power within the organization as a source of significant stress, and often denigrated “promotion-seeking” peers. Power structures within the policing hierarchy are the venue via which Career Consequences are likely to be enforced; participants who experienced such consequences often expressed anger toward the upper management of their organizations. The importance of power differentials also surfaced within discussions of the efficacy of CISDs (i.e., determining the level of comfort in sharing individual experiences of distress within a psychological debrief) and other interpersonal dynamics on the job. Participants experienced feelings of Futility and Helplessness, or the absence of omnipotent power or control on the job as an especially distressing experience, often described in relation to exposures to suffering, as in the abuse of a child. An inability to effect change and the failure of the justice system to protect victims of crime and hold perpetrators accountable contributed to Disillusionment with the System as a whole. The comfort provided by the ability to exert power and control can be seen in participants’ use of coping strategies such as Preparation and Certainty, Control and Avoidance, and Drinking to Cope. Unfortunately, a consequence of efforts at emotional control may be a lack of awareness of
cumulative stress, resulting in Delayed Recognition of a Mental Health Problem. Finally, those who become leaders or advocates following an experience with mental health problems or help-seeking use their positions of power to facilitate the comfort and openness of their peers with regard to mental health and help-seeking. The impact of self-disclosure of this kind was deemed to be especially prominent when it came from a senior officer who was well-regarded by the community and held structural power by way of rank or position.

**Compassionate Worldview.** The police cultural norm of Fairness and Compassion was expanded upon in the meta-theme *Compassionate Worldviews.* Worth noting, themes reflecting a compassionate worldview did not factor prominently in narratives relating to mental health and help-seeking in the culture. Almost all participants in the present study reported being drawn to policing as a career out of a desire to help others. Also in line with themes of Duty, they described making many sacrifices, in terms of their personal lives and relationships, exposure to trauma, and in terms of being the subject of public anger and criticism in order to do the job. Participants derived a sense of meaning and purpose from investing in the helping role, which helped provide a buffer to significant workplace stressors. With regard to sources and impacts of stress, however, a sense of compassion or empathy or the depth of personal meaning given to workplace events have the potential to contribute to the significance of Worldview Tension (e.g., challenges to just world beliefs), and to the impact of Trauma Exposure. In fact, participants often reported that critical events with a level of personal meaning were particularly difficult to digest. Furthermore, they described that witnessing grief and suffering was a challenge in part because of the compassion they felt for families and individuals. Worldview Tension resulted in part from exposure to experiences that contrasted with a *Compassionate Worldview* in which people were thought to be basically good, or in which one’s role as a police officer was seen as
having the potential to make a lasting impact on one’s community or the lives of individual people. Compassion for survivors of violent crime whose perpetrators “fell through the cracks” was one reason participants reported a growing Disillusionment with the System in which they work. However, participants also reported developing a greater sense of Empathy as a result of their work and benefiting from Positive Outcomes of workplace stress, allowing for them to make meaning out of such difficult experiences. In line with this meta-theme, finding Meaning and Purpose in the work of policing, in particular in the ability to provide comfort or assistance to people in need, was a prominent coping method, endorsed by all participants in the current study. Similarly, maintaining a sense of Perspective (e.g., gratitude) was an important Self-Maintenance method, again necessitating a sense of compassion for others. A Compassionate Worldview did not directly inform interfering or facilitating factors in help-seeking, but it is consistent with the act of Becoming a Leader, Access Point, or Advocate in order to provide comfort and assistance to peers experiencing a mental health problem, as well as with the act of challenging one’s own stigmatizing views of mental health, as in Increased Comfort and Destigmatization.

**Toughness as an Ideal.** Finally, a meta-theme of Toughness as an Ideal emerged, in line with the police cultural norm of a Toughness Ethic. Toughness as a construct includes both physical and mental shows of strength and stoicism, though in the current study, themes valuing mental and emotional toughness emerged most commonly. Toughness is the concept most clearly connected to narratives of Weakness and Strength, in which strength, or the ability to withstand great suffering without complaint or impact, is idealized, and so-called “weakness,” that is, displaying sign of impact or emotion, or needing help, is devalued. In addition, masculine norms implicit in the Toughness Ethic impact women in policing by setting standards for
toughness which they are required to meet in order to demonstrate fit and achieve belonging. Women in this study described this as an effort to be accepted as “one of the guys.” Consistent with the *Toughness as an Ideal* meta-theme, constraints around Acceptable Expression, Acceptable Impact Scenarios, and Acceptable Coping exist within the culture, encouraging the projection of strength or even invincibility in the face of extreme stress. In the coping aphorism “Suck it Up,” a baseline expectation of mental and emotional toughness is implicit. Norms of toughness are likely to impact the ways officers experience and communicate with their peers around Explosive Stressors. That is, even in situations involving extremely high levels of acute stress or danger, members of the culture are expected to remain stoic and never belie fear, grief, or hesitation. As in the Culture of Silence, this is expected even when such emotions may be shared by peers. A tendency to deny the expression or communication of impact also suggests that one will not engage in active coping. As such, Passive Coping and Avoidance may be a primary response, or rather, participants may cope by simply Radically Accepting the current state of affairs. Eleven participants expressed a sentiment acknowledging that stress was a “part of the job” and therefore one must be prepared to simply “deal with it.” This perspective is adjacent to the concept of Acceptance, as defined and explicated in results Chapter 7 Coping, Responses, and Buffers to Stress (see pp. 177 – 178), however, rather than involving active efforts to adjust one’s perception of a stressor toward acceptance, it suggests a more dismissive response to the experience of stress or distress. Furthermore, this orientation toward stress may result in Delayed Recognition of a Mental Health Problem, thus also delaying or interfering with help-seeking. Standards of toughness as described throughout the results of this study are not reflected in facilitating factors toward help-seeking; rather, viewing toughness as an ideal me interfere with the development of an identity consistent with help-seeking. With Increased
Comfort and Destigmatization of help-seeking and mental health problems, an ideal of toughness is challenged toward more active awareness of one’s psychological state and greater comfort with seeking help.

Together, the present findings support the development of theory regarding the relationship between police culture and psychotherapeutic help-seeking, through multiple layers of influence. The next section distills the result of the current research together with meta-themes into an emergent model of help-seeking within the police culture. This model may be considered to bridge both practical and theoretical implications of the current findings to inform an understanding of police help-seeking in the contemporary police culture.

An Emerging Model of Help-Seeking in the Police Culture

Chan (2001) argued that an adequate theory of police culture should acknowledge the agency of police officers rather than treat them as passive recipients of the culture, situate cultural practice in the structural conditions of policing, and provide a theory of cultural change. The emerging model of the influence of the police culture on psychotherapeutic help-seeking, presented in Figure 5, together with the model of Culture of Silence presented in Figure 4, attempted to meet these guidelines.

In Figure 5, a series of concentric circles, separated by a dotted line, illustrate the cultural context in which help-seeking behaviours occur and are shaped. Most broadly, all behaviours, as well as the police culture itself, are embedded within a larger sociocultural context with its own norms around mental health and help-seeking. This speaks to systemic challenges in mental health and help-seeking which continue to exist within society as a whole. It is imperative to acknowledge alongside the development of a model specific to the police culture that stigma and
barriers to service utilization exist among most Canadians, as supported by research
demonstrating the stability of negative attitudes toward individuals with mental illness over time
(Mackenzie et al., 2014). While larger sociocultural factors shaping help-seeking decisions were
not the focus of the present research, they undoubtedly play a role. In addition, police officers
bring with them into their careers a history of personal experiences, predisposing factors, and
pre-existing viewpoints that will also likely shape their experiences of workplaces stressors, their
level of psychological hardiness and capacity for resilience (e.g., Fyhn et al., 2016), access to
social supports and coping mechanisms (e.g., Padyab et al., 2016), and even their level of
adherence to the police culture (e.g., Cordner, 2017). At this level, personal factors which may
lead to differential experiences within the police culture also operate; although it is beyond the
scope of the current study to draw specific conclusions about the impact of, for example, gender,
age, or police rank on mental health outcomes and help-seeking behaviours among police,
previous research has shown that each play a role (Bishopp & Boots, 2014; Ellrich & Baier,
At the next level, the Police Culture operates, and is influenced by each of the previously noted factors. In the current study, complex norms around Camaraderie, Duty, Effectiveness, Fairness and Compassion, Power and Control, and a Toughness Ethic emerged and operate to shape perceptions of stress, preferred methods of coping, and the amount of support provided by one’s immediate sociocultural context or microculture. Depending on where they exist on a spectrum of cultural conservativeness, microcultures may be more or less accepting of the potential for psychological impact related to the work of policing, the acceptability of the expression of this impact, as well as of accessing mental health services for support. Within the police culture, a series of narratives specifically related to mental health and help-seeking are shaped and are directly connected to broad cultural norms, once again on a spectrum (i.e.,

**Figure 5. The influence of police culture on psychotherapeutic help-seeking.**
Narratives of Mental Health and Help-Seeking). These narratives, some explicit, some implicit, exert pressures to constrain one’s behaviours (i.e., Cultural Constraints) around the expression of distress, the experience of mental health problems, and the engagement in help-seeking in order to retain acceptance and belonging within the culture. A primary way in which behaviours are constrained is in the implicit agreement that mental health problems and help-seeking will not be explicitly named or acknowledged (see Figure 4). This impacts officers’ impressions about the commonness and acceptability of both. As can be seen to the left of the model, it is theorized that the meta-themes identified in the current study – Dynamics of Belonging, Trust and Mistrust, Duty as an Identity, Compassionate Worldview, and Toughness as an Ideal – operate at each level of the model, and are the mode through which the culture constructs aspects of experience and behaviour at each. The specific ways in which each meta-theme is observed to play a role at each level of influence have been summarized in the previous section.

Help-seeking occurs within the context of these multiple layers of influence. A series of specific facilitating and interfering factors related to help-seeking exist, several of which are tied directly to one or more aspects of the police culture. For example, fears about the potential for stigma or career consequences arise from cultural narratives which suggest the likelihood of both. Identity issues are influenced by standards which draw binary distinctions between perceived weakness and perceived strength, with little allowance for the experience of both within the same individual. While the police culture may be in flux, mental health services are more readily available, and mental health awareness is a major focus for first responder agencies, the police culture as defined by the current participants clearly introduces a greater number of factors interfering with help-seeking than factors facilitating it; this is depicted on the right side of Figure 5. Because of the perceived potential for negative consequences resulting from help-
seeking, officers engage in a process of weighing of risks and benefits, which, early in the trajectory of a mental health problem is not likely to weigh in favour of accessing services. As symptoms become more intrusive or distressing, or begin to interfere with work functioning or lead to significant challenges in one’s home life, the costs of not seeking help begin to outweigh the costs of doing so, and when the balance shifts, this is when psychotherapeutic help-seeking occurs. Officers generally experience little difficulty accessing services once they make the decision to do so. This is because the primary interfering factors in the contemporary police culture are implicit rather than pragmatic. Following positive experiences with psychotherapeutic services, officers often experience a shift in their level of cultural adherence and identity, resulting in a challenging of the narratives and constraints that may have mislead them to delay initial help-seeking, and to their becoming an advocate, leader, or access point for other officers. As is depicted to the right of the model, and explained in detail in the section above, meta-themes also operate through the assessment of facilitating and interfering factors toward help-seeking, the likelihood of delayed help-seeking, and the process of shifting cultural identities and level of adherence.

**Implications of Findings for Policy and Practice.**

The findings of the current study have a number of important implications for policy and practice surrounding mental health and psychotherapeutic help-seeking among Canadian police officers. Firstly, the results demonstrate that participants engaged in a number of problematic and potentially harmful coping strategies to manage stressors throughout their careers, including avoidance and emotional control or repression. Greater education on the nature of psychological resilience, signs of psychological distress, and adaptive methods coping with various psychological outcomes associated with police work is needed to better equip officers to identify
need, access support, and foster resilience when faced with extreme stress. These efforts must extend not only to the risk of PTSD, but also of depression, suicidality, and more general cognitive, emotional, and interpersonal impacts. Many officers in the current study learned only later in their careers, often via their own experience rather than through education on psychological wellness, that they would need to engage in some type of regular cognitive processing, allow themselves time to “decompress” from workplace events, and develop stronger boundaries and balance between their work and home lives. These are tools that police officers can and should be provided early in their careers and at regular intervals, alongside tools for maintaining physical safety, and perhaps in particular following critical workplace events – even those which might be considered more mundane or routine (such as domestic calls or suicides).

In the current model of many police services, psychological and procedural debriefing is utilized following major critical events, such as an officer-involved shooting, but there is less typically an organizational response to more chronic operational stressors, leading to the perception among some that their organization cares little for their psychological wellbeing. Aside from concerns about the efficacy and potential harm of a CISD model for psychological intervention following traumatic events (Carlier et al., 1998; Carlier, Voerman, & Gersons, 2000; Society of Clinical Psychology, 2016; see Devilly & Cotton, 2003 or Lewis, 2003 for review), this approach does not address the impact of cumulative stress and trauma resulting from front-line policing, nor the significant organizational and operational stressors involved in administrative or investigative roles. In order for ongoing coping to become normalized within the police culture, it must be routine and implemented and encouraged by and at all levels of the paramilitary rank structure. Recent research has shown some promise for programming aimed at ongoing preventative psychological intervention within police services. For example, one study
showed that an eight-week Mindfulness-Based Stress Reduction (MBSR) program implemented within a medium-sized urban police service in the US resulted in significant reductions in organizational stress, operational stress, and anger among participants (Bergman, Christopher, & Bowen, 2016). Chopko and Schwartz (2012) demonstrated similar results for an MBSR program with regard to posttraumatic stress symptoms. Young (2012) experimented with an eight-week “cumulative stress debriefing” program which involved weekly group meetings in which participants discussed and debriefed stressful events from the course of their work week. It was noted that fellow officers often offered support, cognitive reframing, and problem solving and that the content of discussions typically centered around organizational, rather than operational stressors. Although results did not reveal a significant difference between control and treatment groups in scores on depression, event-related distress, or social adjustment, officers who participated reported positive experiences, including reduced stress and improved insight as a result of social support, and several expressed an interest in continuing the group.

Watson and Andrews (2017) investigated the efficacy of Trauma Risk Management (TRiM) for addressing stigma and improving help-seeking engagement across three UK police services. This program is modeled on an early intervention paradigm. Officers participating in the intervention complete a 10-item scale shortly following any traumatic incident to document posttraumatic reactions, and information on stress reactions and coping skills are also provided. Officers identified to be at heightened risk for trauma-related difficulties based on their responses are then monitored, and those continuing to experience significant symptoms one month later are referred to a mental health professional. TRiM reportedly aims to produce longer term cultural change within organizations by targeting self-stigma and the perception of public and organizational stigma (Brayne & Greenburg, 2008). In Watson and Andrews’ study, officers
receiving TRiM interventions reported significantly lower perceived levels of public stigma (i.e., stigma from coworkers or superiors), lower PTSD symptoms, and fewer barriers to help-seeking compared to those in the non-TRiM group; the intervention had no significant impact on self-stigma, however. Particularly relevant to the findings of the current study, results suggest that TRiM may be effective at addressing concerns about how others within the culture might respond to mental health problems, rather than targeting personal views about mental health. Although TRiM does not explicitly target psychological distress, the authors hypothesized that lower PTSD scores among those receiving the intervention may reflect an indirect reduction in distress as a result of early recognition and openness to treatment, while those not receiving the intervention may report higher levels of distress due to the impact of cumulative trauma without recognition, referral, or appropriate treatment. Finally, Andersen and colleagues (Andersen, Papazoglou, Arnetz, & Collins, 2015; Andersen, Papazoglou, Nyman, Koskelainen, & Gustafsson, 2015) have showed that mental preparedness training with police officers, which includes psycho-education about the psychological and physiological aspects of extreme stress and potential trauma, and practice of physiological and breathing techniques for maintaining optimal (i.e., moderate) arousal during periods of extreme stress to be effective within critical incident training and in real world scenarios. Mental preparedness training has also been found to more generally promote psychological resilience, including lowering stress-related physiological outcomes in the field.

Given the complexity of self-regulation, self-maintenance, and balance and boundary-setting skills described by participants in the current study, results may provide police officers and police organizations with suggestions for the development of a wider breadth of coping mechanisms to employ as methods of self-help, including self-monitoring of potential negative
outcomes outlined by participants, encouraging access to appropriate psychological support earlier. In addition to providing tools and information related to effective coping, the current results suggest that psychological service utilization would be aided by the provision of information demystifying the therapeutic process, as well as opportunities to meet and develop trust with mental health practitioners. Empirical evidence supporting the efficacy of certain types of therapy may have value, but information about the practical elements of what one should expect during an initial therapy appointment is likely to be even more powerful. Questions that should be addressed may include, “Will I need to talk about my childhood;” “Will I need to lay on a couch;” “What information will you gather and why;” “How are you going to help me if you have never done this job;” “How long will I need to go;” “Who has access to your files and in what event would my employer be notified of my participation;” and “What will happen if I tell you I’m having thoughts of suicide;” Having face time with a potential psychotherapist or psychologist prior to making the decision to seek help provides an opportunity for police to assess the credibility and cultural competence of such individuals and develop an initial relationship. Since concerns around confidentiality and its limits as they relate to the specific experience of police officers emerged from discussions of interfering factors, it is vital that such processes be made clear and explicit. Relationship-building with mental health professionals is likely to take place slowly over time and with repeated contact, for example, having individual mental health professionals engage with platoons on a semi-regular basis to provide referral information and discuss the types of services offered.

While it may seem ideal for individual platoons or police services to employ a staff psychologist in order to facilitate the development of trust, given mistrust of insiders and police organizations, this should be considered as only one option, as alone, it is an incomplete response
to barriers existing within the contemporary culture. Several participants expressed a preference for services which were completed disconnected from their workplace (e.g., offsite or even out of town, not employed by the organization), while others expressed a preference for services that had been vetted by their organization (e.g., EAP services). This divide may be bridged through the sharing of specific referrals via peer Access Point. In the current study, such referral-sharing often took place informally and in private; no centralized list of appropriate service providers was typically available, and thus, officers were required to ask a peer or supervisor they trusted for a referral if they preferred not to use EAP services. Given that several participants reported negative experiences with their service’s EAP provider, especially when they were suffering from more serious, complex, or work-related difficulties, direct access to more specialized alternatives is likely to minimize the delay caused by an inappropriate referral or a negative experience. Furthermore, gathering anonymous data on the quality and type of services provided by various treatment providers, made easily accessible to members through web-based methods, may streamline the self-referral process and increase comfort among officers considering seeking psychotherapeutic services for the first time. This would act as an online version of an Access Point.

Most importantly, interventions aiming to improve and speed up access to psychotherapeutic services among police must target the police culture. This is, of course, not an easy task, and has been the intention of many existing efforts, such as media promotion aimed at destigmatizing mental health and help-seeking among first responders (for example, the “Heroes are Human” cross-Canada tour by the Tema Conter Memorial Trust; Bailey, 2014), the integration of “wellness” lectures into recruitment training and yearly retraining protocols, and the provision of culturally-specific materials on mental health and wellness to members by some
police services (for example, one service is noted to provide Gilmartin’s 2002 book “Emotional Survival for Law Enforcement” to all new members). While such efforts are meaningful and important, problematic aspects of the police culture with regard to mental health and help-seeking are persistent and resistant to change. As revealed by the results of the current study, this may be in part because the Culture of Silence continues to reinforce constraints preventing the normalization of psychological impacts and help-seeking. Thus, the most effective way to challenge cultural constraints delaying help-seeking may be to challenge the Culture of Silence itself. Help-seeking was facilitated in the current study when this occurred organically, such as when respected leaders or individuals in the membership indicated either privately or openly that they had suffered from a mental health issue and/or engaged in help-seeking. In this vein police organizations should provide opportunities and support for officers, especially those in leadership positions, to share their experiences with psychological distress and treatment with other members. Perhaps this could occur via a monthly column written by a member of the organization who had recovered from an OSI with treatment, or a speaker series in which active or retired police from within or outside of the organizations share their stories in an open venue. Organizations could develop a rewards program (for example, offering extra vacation days or financial bonuses) for officers willing to openly share their experiences. If police organizations are interested in gaining the trust and commitment of their membership and truly prioritizing the wellbeing, both physical and psychological, of their officers, they must demonstrate that those who suffer psychological impacts as a result of their work should be held up and supported as heroes, just as an officer shot in the line of duty would. According to the results of the current study, as more officers engage in psychotherapeutic services, the more likely that individual perceptions with regard to help-seeking will shift for the positive, and the more likely that such
officers will share their own experiences and advocate for service usage with their peers.

Providing easy, swift, trustworthy, and organizationally-sanctioned services for police is thus the best path to improving general attitudes toward mental health and help-seeking, and building a more resilient and effective police community.

Finally, the current research suggests that psychologists and other mental health practitioners have an important role to play in promoting timely service utilization among police. As officers may not readily present to treatment when experiencing a psychological problem, we as mental health ambassadors may need to go to them. Clinicians with the skills to treat posttraumatic stress and other OSIs must take on a role in advocating and promoting psychotherapeutic treatment as a valuable asset to police officers’ sustained mental wellbeing and productive employment. We should make efforts to build relationships with policing organization and within policing communities. In Ontario, many psychologists have taken on this task and become involved in legislative and policy development, consultation with police services, and advocacy on Twitter and other social media outlets. It is hoped that the current research contributes to this ongoing work by providing information to expand cultural competency with police, especially with respect to potential barriers to treatment. As mental health practitioners, our cultural competence is vital, as feeling understood is one mechanism through which trust and buy in develops; without this, treatment – especially effective treatment – is simply not possible.

**Limitations and Future Directions**

While the current study contributes a number of novel findings, results must be considered within the context of some important limitations. First, and especially relevant to the discussion of culture, despite efforts to recruit officers of colour for participation, racialized
groups are not represented within the current findings as the sample is composed entirely of
Caucasian police officers. Although the demographic composition of police services in Canada
and the GTA continues to over-represent Whites (e.g., 17% visible minority or aboriginal
officers in York region compared with 44% in the general population; 19% minority officers in
Peel region compared with 57% in the general population, per Marcoux, Nicholson, Kubinec, &
Moore, 2016), minority officers make up a significant proportion of police services in Canada,
and their experiences within the police culture regarding mental health and help-seeking are
important to any discussion of the police culture. Racialized Canadians are likely to experience
additional stressors in their personal lives as a result of racism and discrimination. In addition,
certain workplace stressors identified within the current study may be especially pronounced for
minority officers. For example, the experience of being misperceived or misjudged by the public
may be more significant for minority officers as they may experience the added strain of being
misperceived or misjudged as a result of their race in addition to other factors. Furthermore,
research has suggested that racism and discrimination continue to operate within the police
service (e.g., Kurtz, 2008), which may impact psychological outcomes among minority officers.
As noted by Papazoglou (2012), because the police culture is dominated by White, male,
heterosexual norms, officers of colour constitute a marginalized group within an already isolated
subculture. Given the important buffering role that belonging and camaraderie provide officers in
the face of significant workplace stressors, a lack of belonging or perceived support from one’s
fellow officers may also lead to reduced resilience to stress among minority officers.

One study found that Black male officers in the US, while experiencing lower perceived
rates of stress, exhibited higher levels of burnout than White male officers (Kurtz, 2008). The
researcher hypothesized that Black male officers were better than White men and women at
mitigating or coping with stress, but that high rates of actual stress accumulate over time, resulting in eventual burnout. Another source of stress that may be particularly relevant to minority officers is the strain caused by overlapping personal and professional roles. Given tensions between certain ethnic and racial groups and the police, officers belonging to these ethnocultural groups may experience additional stress and conflict when policing within such communities. For example, racialized officers may be faced with expectations of alignment and solidarity from both community members and their fellow officers, or perceived as a traitor by their communities as a result of their chosen career. With respect to police cultural adherence, Cordner (2017) found in his study of 13,000 police officers in the US that Black and Hispanic officers were more supportive of their organizations and of community policing, saw less need for physical toughness in police work, viewed misconduct as more serious, and expressed less emphasis on solidarity within the police community compared to their White peers. Thus, it is possible that minority officers would show differing levels of adherence to cultural standards around mental health and help-seeking, as explored in the current study. Future research should examine the experiences and impacts of stress for racialized police officers in Canada, as well as their endorsement of cultural norms related to mental health and help-seeking engagement.

Given the challenge of reaching police officers for psychological research, the current study made use of convenience and snowball sampling, as well as recruiting some participants from active clinical treatment. As such, participants self-selected to participate, and were each part of a small number of specific sampling pools. It is quite likely that officers who were willing to participate in the current study represented a relatively open-minded, psychologically-curious group. As was observed throughout interviews, many participants saw themselves as allies or advocates for mental health in policing, several had experienced mental health challenges over
the course of their careers, and 14 of 18 had engaged in individual psychotherapeutic services at some point. It is unlikely that individuals holding very negative views of mental health and psychological services, or those who would be very disinclined to consider engaging in such services would volunteer themselves to participate in the current study. As a result, the present findings likely reflect the experiences of individuals who may in fact be more willing to pursue psychological supports than the average police officer, and more extreme or stigmatizing viewpoints may not be captured. The fact that significant factors interfering with help-seeking at various levels of influence emerged from the current study despite a willing sample should speak to the ongoing existence of such challenges within the culture. However, given the current self-selected sample, complexity in the operation of cultural norms and factors shaping impressions of psychological help-seeking in those who might be less willing to discuss such experiences cannot be captured. Future research may more readily access this group using mixed methods or traditional survey methods. The findings of the current study may act as a model for the types of questions and concerns to investigate in future survey-based research with a more culturally and ethnically diverse sample.

Further to this point, overall, the current sample was a relatively resilient group, many of whom reported ultimately recovering from OSIs or experiencing growth in the face of workplace stressors. This presents an interesting question about how the police culture may shape not only experiences of workplace stress and psychological disability, but also resilience and the experience of PTG. Few aspects of the police culture appeared to play a role in positive outcomes, growth, or resilience to workplace stress in the current study. However, given the stability of police cultural norms over time, and research supporting both negative and buffering effects of aspects of the enduring culture (e.g., camaraderie), a more focused exploration of
resilience and PTG as constructed by police cultural prescriptions and narratives is warranted. Future qualitative research might furthermore explore the factors differentiating officers who described such positive outcomes following exposure to workplace stressors, or who experience PTG following post-traumatic symptomatology from those who report more negative outcomes.
REFERENCES


Canadian Centre for Occupational health and Safety Management. (2005). Scope of the problem: How workplace stress is shown. [Quebec City]: Martel, J.


“A cop walks into a shrink’s office…”
What happens next?

Many cops who are coping with psychological stress do not utilize professional psychological services for help. Some who do may face significant challenges in doing so.

Why is that?

- Some may be afraid of career repercussions.
- Others believe they shouldn’t or don’t need help.
- Others say stress is just part of the job.
- Some believe they have better ways of coping with stress.
- Some worry what their friends would think if they knew.
- Others feel they can’t find a therapist who understands the job.

And others may not have any problems seeking and utilizing psychological services.

What do you think? We want to know.

A researcher at the University of Toronto is interested in speaking with Police Officers about their experience of stress on the job and their perspectives on psychological help-seeking and service utilization.

Are you an active duty Police Officer employed in Southern Ontario?

Do you have at least eight years of active duty police work experience?

If so, you are eligible to participate in this research. Both Police Officers who have and those who have not used psychological services are invited to participate. By participating, you will be contributing to our understanding of sources of psychological stress in policing and the challenges associated with using psychological services among Canadian Police Officers.

If you are interested in participating in a confidential interview as part of this research study, or have questions about what is involved in participating, please contact Breanne Faulkner at b.faulkner@mail.utoronto.ca or (416)-433-2425. Replies to this ad are strictly confidential.
Hello, my name is Breanne Faulkner. You left a message for me indicating that you might be interested in taking part in a research project I am conducting that focuses on police officers’ perspectives on seeking help via psychological services.

Would it be okay to take a few minutes now to speak with you?

**Introduce Researcher and Purpose of the Study:**

I am a graduate student at the Ontario Institute for the Studies in Education at the University of Toronto. I am currently completing my Doctoral degree in Counselling and Clinical Psychology. I am also the daughter of a career police officer. As part of my degree I am conducting a research project that will explore between 15 and 25 police officers’ psychological experiences on the job, and their viewpoints towards or experiences with psychological services.

**Limits of Confidentiality:**

In talking with me it is important that you understand the limits of confidentiality:

Any conversation that we have is strictly confidential. However, there are four specific exceptions to this:

- if you indicate that you are a danger to yourself or to others
- if you disclose details about apparent, suspected or potential current child abuse, or
- if you disclose details about the inappropriate sexual behaviour of a registered health care worker.

In the unlikely event that you disclose information relevant to any of these scenarios, I will ask you some questions to clarify, or to assess the level of risk. If it is clear that you are in danger of harming yourself or another person, or that indeed these other exceptions apply, I would be required both legally and ethically to contact the appropriate authority, whether that be emergency services, children’s services, or the college of the health care practitioner. Do you have any questions about this?

**Address any questions.**

**Inclusion and Exclusion Criteria:**

Both police officers who have and those who have not engaged in psychological help-seeking or service utilization over the course of their careers are being sought for this study. Also, both police officers who have and those who have not struggled with a mental health issue at some
point in their careers are eligible for inclusion in the study.

There is one criterion that may exclude some officers from participating in this study:

- Active duty, in that eligible participants must not be retired from police work, and must have at least eight years of active duty experience.

For officers who are not eligible to participate in this study but are interested in receiving a written summary of research findings upon its completion, I will collect name and email or home address in order to provide this.

If you are retired or have not been an active duty police officer for at least eight years, unfortunately you will not be eligible to participate in this study at the present time, but I thank you for your interest.

If these criteria do not apply to you, then I would like to tell you more about the study if you are still interested in participating.

**Nature and Procedure of Study:**

Now I would like to tell you about the nature of the study and what would be involved in your participation to help you decide whether you are interested.

If you were to take part in this research it would involve your participation in one 2-3 hour interview, depending on the time you require. During the interview, you would be asked questions about your experiences of stress or psychological distress as a police officer, the ways you’ve coped with stress, and about your experiences with or perspectives on psychological services as a source of support. Interviews would take place either at the Ontario Institute for Studies in Education at the University of Toronto where I study, at your home, or at an alternative location of your choosing. Further, an additional 1 hour after our interview would be required for you to review the transcripts and summaries from the interview to ensure their accuracy. This would be completed on your own time.

The interview sessions would be audio recorded and these recordings will be transcribed either by myself or another member of my research team. It is my ethical obligation to ensure that all information that you would provide during the interviews is kept strictly confidential. All audio and electronic materials will be maintained in encrypted format, and identified only via a pseudonym that you will choose to protect your anonymity throughout the study. All paper materials, including those linking your name to your pseudonym, will be stored separate from any other information you provide in a locked file cabinet at the University of Toronto. Files linking your name to your pseudonym will be shredded once I have received your feedback or corrections on transcripts and summaries, or you have indicated that you have none (i.e., within six weeks of your interview). Research findings will primarily be presented in aggregate form, in
which themes that have emerged throughout the course of interviews with all participants will be summarized and discussed; personally identifiable information will not be included in any presentation of research findings. However, some excerpts from the interview transcripts may be used in the publication and presentation of the research findings; your name and any other identifying information would be changed to ensure your confidentiality.

I am aware that as a police officer, you abide by a code of conduct that requires, among other things, that you maintain the confidence of your respective police force as well as keep secret any non-public information relevant to ongoing or past cases. Furthermore, I am aware that breaching this confidence could result in serious legal or occupational consequences. As a researcher, I respect these ethical obligations, and will not be inquiring about the details of any incidents or concerns to which I am not privy as a member of the civilian public. Rather, I am interested in your personal experiences and the meanings you give to these experiences. In addition, in order to mitigate risk to your personal confidentiality in the unlikely event that there is external pressure on the researcher to reveal information divulged within the confidence of this research study, a number of precautions will be taken to ensure that the information you share is not linkable to you as an individual and that your participation in the study could not be confirmed. There is a brief window of time during which your name will be linked to your pseudonym (i.e., the six weeks after your interview); if there is pressure to confirm your identity during this window, I am committed to resisting this pressure in line with legal precedence viewing the researcher-participant relationship as a privileged one, similar to that of a lawyer and client.

During the course of interviews, you may decline to participate, and/or you may skip any question, request a break, or withdraw from the study at any time. If you choose to withdraw, audio recordings of your interviews will be deleted, and transcripts of your interviews will be destroyed. You are free to withdraw your permission to participate in this study at any time prior to the point when data analysis begins to involve all participants in the study, in approximately September of 2014; at this point, data will be amalgamated and identifying information will have been removed, so it would not be possible to remove your specific data from findings.

**Benefits and Potential Harm:**

You will be asked in the interview to explore your experiences of job-related stress over the course of your career, the impacts that stressful experiences or job factors have had on you, and the ways you have coped with job stress. In addition, you will be asked to share your perspectives as a police officer on psychological help-seeking and service utilization.

Talking about your experiences may be enlightening for you. However, there is the chance that speaking about your experience may elicit some discomfort as a result of painful or upsetting experiences. I would not be available to provide you with psychotherapy services as this is strictly a research project, however, should the need arise I would assist you with connecting to an appropriate mental health professional or service with specific experience or expertise in working with police and I will provide you with a list of resources at the end of the study. In
addition, I am aware that it is possible that your participation in this study, if it were to become known by your colleagues or superiors, has the potential to result in social or occupational challenges for you. In order to mitigate this risk, this study has taken a number of precautions to ensure that your participation remains confidential and anonymous.

**Address Questions:**

Do you have any questions about the study or any information I have presented?

*Address any questions.*

After hearing about the research project do you think you might be interested in taking part?

*If the individual demonstrates interest in participating:*

I would like to send you the informed consent letter so you can more carefully read through the guidelines for the study, and decide whether you would like to commit to taking part. I will then contact you in about a week's time and you can let me know if you would like to participate. Is this okay with you?

*If the individual is not interested in participating:*

Thank you for taking the time to speak with me.
APPENDIX C
CONSENT FORM

Experiences of Stress and Perspectives on Psychological Help-Seeking Among Canadian Police Officers

Dear Participant,

My name is Breanne Faulkner, and I am a Doctoral student at the Ontario Institute for Studies in Education of the University of Toronto (OISE/UT). I am also the daughter of a career police officer. I am requesting your consent to participate in a research project I am conducting for my doctoral dissertation on police officers’ experiences with job-related stressors over the course of their careers, as well as their perspectives on psychological help-seeking or service utilization. This study will be conducted under the supervision of Dr. Abby Goldstein, Assistant Professor in the Clinical and Counselling Psychology program at OISE/UT.

I ask that you please read the following information carefully. Please let me know if you have any questions or concerns prior to signing your consent.

Purpose of the Research

Research to date has suggested that policing is a highly stressful occupation, and that police officers may be at risk for the development of psychological health issues over the duration of their careers. Research has also suggested that many police officers who are struggling with stress or a psychological health issue may be hesitant or unwilling to utilize psychological services (such as individual or couples’ counselling with a psychologist, psychiatrist, psychotherapist, or social worker) for help in coping with these issues. There are likely multiple reasons for this. However, in order to better understand police officers’ experiences of stress and/or psychological difficulties related to their jobs, as well as to understand the barriers that may impact their ability to or interest in utilizing psychological services for support, we must hear from police officers themselves, and allow them to describe their unique and individual perspectives on psychological help-seeking.

Description of the Research

Fifteen to 25 police officers of diverse backgrounds, ranks, and roles will participate in this research study.

If you consent to participate, you will be asked to choose a pseudonym in order to protect your anonymity throughout the study. I will interview you one time for approximately 2-3 hours, depending on how much time you need. In the interview, I will ask you about your experiences of job-related stress, how these impacted you or your psychological health, how you coped, and about your perspectives on or experiences with psychological service help-seeking or service utilization. I will be using a digital mp3 digital recorder to audio tape all the interviews. Within one month of the interview, you will be provided a summary of our interview, as well as a typed copy of the interview itself, both with identifying information removed, so that you may correct
any misinterpretations that may have arisen during the process of transcription. A secure file-sharing service (e.g., hightail.com) will be used to send you these documents; you will be asked to provide an email address to which you feel comfortable receiving a password-protected link to these documents. I will ask that you please review the summary and interview and return them with any feedback or corrections within 2 weeks; you may choose to communicate feedback or corrections via phone or secure file-sharing services. I will be conducting the interviews in a private room in the Ontario Institute for Studies in Education of the University of Toronto or at another place of your choosing.

**Confidentiality**

Confidentiality will be respected and your identity will be protected unless required by law. The three exceptions to this are in the event that you indicate that you might do serious harm to yourself or others, or that someone under the age of 16 is being harmed in any way, or if you report that you were sexually abused by a regulated health care professional. If that were to happen, I would need to ask some additional questions to ensure your safety and in some cases (i.e., child abuse or neglect) am obligated by law to make a report to the relevant officials.

I am aware that as a police officer, you abide by a code of conduct that requires, among other things, that you maintain the confidence of your respective police force as well as keep secret any non-public information relevant to ongoing or past cases. Furthermore, I am aware that breaching this confidence could result in serious legal or occupational consequences. As a researcher, I respect these ethical obligations, and will not be inquiring about the details of any incidents or concerns to which I am not privy as a member of the civilian public. I am rather interested in your personal experiences and the meanings you give to these experiences. In addition, in order to mitigate risk to your personal confidentiality in the unlikely event that there is external pressure on the researcher to reveal information divulged within the confidence of this research study, a number of precautions will be taken to ensure that the information you share is not linkable to you as an individual, and your participation in the study could not be confirmed. There is a brief window of time during which your name will be linked to your pseudonym (i.e., the six weeks after your interview); if there is pressure to confirm your identity during this window, I am committed to resisting this pressure in line with legal precedence viewing the researcher-participant relationship as a privileged one, similar to that of a lawyer and client.

The following measures will be taken to ensure your confidentiality. Mp3 recordings will be immediately transferred to a password protected and encrypted computer file. The mp3 files on the recorder will be deleted immediately upon transferring them to the encrypted file. These recordings will be kept until they are transcribed, within two weeks of your interview, by either myself or a member of my research team; following this, audio files will be deleted. Both audio files and transcribed interviews will be identified by a pseudonym only, and any other identifying information will be immediately removed from transcripts. Paper files linking your name to your pseudonym will be shredded as soon as we received your feedback and/or revisions on your interview transcript and summary, and any record of our email communications will be deleted at this time as well. Remaining study materials will all be kept in a locked filing cabinet until 5 years following the completion of the study, and then will be shredded or destroyed. For any publications related to this research, all identifying information will be removed to protect your identity.
**Potential Benefits**

With respect to potential benefits, you might find it enlightening and rewarding to talk about your experiences, both positive and negative, as a police officer. Further, a greater understanding of police officers’ lived experiences with stress on the job and the factors impacting their utilization of psychological services may help mental health professionals and police institutions to provide more adequate and appropriate support to police officers over the course of their careers.

**Potential Harms or Discomforts**

There are no known harms associated with participation in this study. In order to limit any risk that your participation in this study may lead to social or occupational repercussions, we have taken precautions to ensure that your participation may not become known to others, and that the information you choose to share is not linkable to you personally. The only other potential risk is that you may feel some discomfort when talking about experiences that may be painful or upsetting. If this should arise then you may decline to participate, and/or you may skip any question, request a break, or withdraw from the study at any time. If you choose to withdraw, audio recordings of your interviews will be deleted, and transcripts of your interviews will be destroyed.

Please let me know at any time should you feel any discomfort or other concerns. Following our interview, if you continue to experience discomfort or other concerns, please contact me so that we can discuss ways in which I can support you in addressing your concerns, or connecting with a mental health professional or other sources of support. I will also provide all participants with a list of resources at the end of the study. You are free to withdraw your permission to participate in this study at any time prior to the point when data analysis begins to involve all participants in the study; at this point, data will be amalgamated and identifying information will have been removed, so it would not be possible to remove your specific data from findings. Should you decide to withdraw your permission to participate in this study, please let me know by contacting me at the number below.

If you have any questions about the study, please contact me, Breanne Faulkner, at the email address listed below.

If you would like to receive a copy of the research findings after the study has been completed, please fill out the attached form, which will be kept in a locked file in my office separate from other study materials or data.

If you have any further questions or comments, please contact either myself, Dr. Abby Goldstein, or the Ethics Review Office.

Sincerely,

Breanne Faulkner, M.A.
Ph.D. Candidate
OISE/University of Toronto
Email: b.faulkner@mail.utoronto.ca
Abby Goldstein, Ph.D., C.Psych.
Assistant Professor
OISE/University of Toronto

Ethics Review Office
Tel: (416) 946-5606

**Consent to Participate**

I have read and understand this consent form and what is required of my participation in this research study. I understand that I have the right to withdraw from this study at any time without consequence, and that I may choose to skip any questions I feel uncomfortable answering.

I consent to my participation in this research study, and to being audio taped during the interview.

Participant Initials:__________________________

Witness Signature:__________________________

Date:________________
APPENDIX D
INTERVIEW QUESTION GUIDE

[NOTE: additions to and omissions from the original question guide are highlighted in **bold**.]

Tell me a little about your current job and what it involves.
- What are the parts of your job that you enjoy the most?

What made you want to be a police officer?
- What qualities of the job initially drew you to it?
- What did you imagine a job in policing would be like?
- How have your expectations of the job matched up with the reality of it?

In your opinion, what qualities or characteristics are necessary to be a police officer?
What are the parts of your job that you enjoy the least?
What parts of your job have been unexpected?

I’d like to talk some more about the parts of your job that you have enjoyed the least.
- Of these, or if there are others, which have been the most difficult or stressful?
- How have/did these experiences impact/ed you?
- How have/did they impact/ed your outlook on your job or the world?
- How have/did they impact/ed your relationships at home?
- How have/did they impact/ed your relationships at work?
- How have/did they impact/ed your mood or energy level?
- **How have/did they impact/ed your effectiveness at work?**
- Have any experiences you’ve had on the job stayed with you or become difficult to forget about? Tell me more about what that was like for you.
- What other ways have these experiences impacted you?
- **Did your coworkers or supervisors know when you were struggling with any of these experiences? Why or why not? How did you let them know/hide it from them?**

Tell me a little about how you have coped with these experiences.
- What are your most effective ways of coping with work stress?
- **What factors have helped you cope with the stresses of the job?**
- **What factors have made it more difficult to cope with the stresses of the job?**
- Were your peers or supervisors supportive during these times? How or how not?

Have you ever participated in psychological support groups or critical incident stress debriefing offered through your organization?
- If yes, what was this like for you?
In what ways was it helpful, if any?
In what ways was it unhelpful, if any?
Would you recommend these services to a friend? Tell me more about why or why not.
- If no, what are your impressions of these services?
  o Would you ever consider utilizing such services? Tell me more about why or why not?

Have you ever sought psychological services other than those offered by your organization?
- If yes, tell me more about what made you decide to do so.
  o Take me through your decision-making process. What got in the way of seeking help sooner?
  o What was this experience like for you?
  o In what ways was it a positive experience, if any?
  o In what ways was it a negative experience, if any?
  o Would you recommend psychological services to a friend? Tell me more about why or why not?
  o What challenges, if any, did you experience in accessing or utilizing these services?
- If no, tell me more about why not.
  o Would you ever consider engaging in these services in the future? Tell me more about why or why not?
  o In what situations would you consider engaging in these services? How would you know when you needed help?
- What changes to the types of psychological services that are available, or to the ways in which they offered might increase your openness or ability towards utilizing them?
- What changes might deter you from or reduce your ability to utilize these services?

When you hear the term, ‘police culture,’ what is brought to mind?
How, if at all, do you think the culture influenced your experiences with stress or your decision to seek or not seek help?

If you had to do it all over again would you choose a job in policing?
- Tell me more about why or why not.
  - What would you do differently, if anything?
  - What would you do the same, if anything?

What else would you like the younger generation of police officers to know?

Is there anything else you would like to share about your experiences, or your perspectives on psychological help-seeking?
APPENDIX E

RESOURCES FOR POLICE STRESS MANAGEMENT

Books:


Websites and Helplines:

Tema Conter Memorial Trust Foundation
Provides peer support, information and public awareness on the potential for PTSD and other operational stress injuries among emergency service workers, including police officers.
Website: http://www.tema.ca/
Confidential peer support and family helpline: 1-888-288-8036 (08h00-23h00 daily)

Badge of Life Canada
Provides information and supportive resources regarding operational stress injury for active and retired police officers and their families (as well as civilian police support staff) through connections with volunteer peers, trauma and PTSD survivors and/or front line professionals.
Website: http://badgeoflifecanada.com/

Safe Call Now
American organization providing 24/7 phone support to US and Canadian police officers; speak confidentially with current or former law enforcement officers, public safety professionals and/or mental healthcare providers who are familiar with police work.
Website: http://safecallnow.org/
Confidential helpline (long distance charges apply): 1-206-459-4020

Clinicians with experience and competence working with police:

Dr. Sean O’Brien, Psychologist
Whitby, ON
Phone: 905-666-8118

Dr. Stephen Swallow, Psychologist
Oakville, ON
Phone: 905-338-1786

Dr. Yuki Konomi, Psychologist
Ajax, ON
Phone: 905-683-2678

Dr. Kathy Fitzsimmons, Psychologist
Whitby, ON
Phone: 905-626-911