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Military Resilience and Transformation: A Narrative Inquiry Highlighting the Challenges Faced by Military Veterans of the Wars in Iraq and Afghanistan During Their Transition from Combat to Civil Society

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Military Resilience and Transformation

A Narrative Inquiry highlighting the challenges faced by military veterans of the wars in Iraq and Afghanistan during their transition from combat to civil society

A Critical Engagement Project

Submitted in Partial Fulfillment

of the Requirements for the Degree

Doctor of Education

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March 2015

CERTIFICATION

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DEDICATIONS

To the heavenly Father,
who watches over me and provides blessings as I live to see another day

To my parents Bertie and Jean,
who made the transition to be with the heavenly Father before I completed this CEP
journey, and always encouraged me to excel in education

To my soul mate, best friend, and beautiful wife Deborah,
my encourager, enforcer, strongest supporter and toughest critic

To my brother Steve and stepmother Millicent, for their encouragement and support

To all of my beautiful, handsome, and amazing children and grandchildren,
Yamilsa, Celina, Mercedes, Jaysaiah, Isaiah, Jayde, Julius, and Miabella,
with whom God has blessed me

Finally, to the men and women of the United States Armed Forces,
who sacrifice their lives for us to enjoy freedom, safety, and security

Remember that
FREEDOM IS NOT FREE
and we are the
HOME OF THE FREE
BECAUSE OF THE BRAVE

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Abstract

This research examines major transitions in military life experienced by veterans of the recent wars in Afghanistan and Iraq. These transitions include reintegration challenges that deployed military members encounter as they blend back into family, community, church and a peacetime setting, from the war-zone to a civilian career and lifestyle. While most military personnel are resilient and have the ability to recover from the difficult circumstances associated with combat, such as experiences and exposure to traumatic situations, many experience problems handling stress over the months or years of transitioning from a war-zone to civil society. The research focused on: the impact that these transitions had on the military members returning from combat, and on their families and communities; the level of involvement these groups face during the transition phase; and the interest in making the transition better for everyone.

The following research questions guided this study: “What are the most significant challenges faced by military service members when they return from combat in Iraq and Afghanistan? What were their transformative experiences? What common factors apply to resilience and transformational learning? What are the most important resources that contribute to the transformational process of the military service member? What external support has been most helpful during the transformational process?”

This study incorporates a theoretical framework introduced and developed by Jack Mezirow over a period of years that has become known as Transformative Learning Theory (1978, 1981, 1990a, 1991, 2000). It is considered the “most researched and discussed theory in the field of adult education” (Taylor, 2007, p. 173). Mezirow’s

theory addresses the issue of how and why personal experiences, specifically crises, change the way people view, understand and participate in their world.

In addition to transformational learning theory, this study also focused on the resiliency theory, which is defined as “the capacity to rebound from adversity, misfortune, trauma, or other transitional crises, strengthened and more resourceful” (Seccombe, 2002, p. 384).

The methodology used in this qualitative study was a narrative ethnographic approach. Narrative inquiry involves entering into lives of each participant. This form of qualitative research focuses on a search for common themes across the participants’ stories and uses the participants’ stories to develop and confirm existing conceptual systems. Several sources of data were used in addition to stories shared by the participants, such as various types of media, observations, my personal experiences, creative expression, and my field notes.

Four major themes emerged from the data analysis process: Theme one - The Fight Response; Theme two - Readapting to the New Culture of Civilian Life; Theme three - Rebuilding a New Support System Outside of the Military; and Theme four - Finding Meaning, Perspective and Purpose in a New Life. The combined analysis of all sources of data supported the fact that in most cases the veterans returning from combat in Iraq and Afghanistan experienced various levels of difficulty during the transition to civil society. In the process of these transitions, the veterans experienced some form of transformational learning, which can be applied for future research, analysis, and study.

CHAPTER ONE

Introduction

About the Author

I started my military career with a four-year tour of Active Duty in the United States Navy, from October 1975 to September 1979. I re-enlisted in the Air Force Reserves with the 512th CE Prime Beef Squadron, at Dover AFB Delaware, in 1984 after a five-year break in service. I left the 512th CES and joined the 203rd Red Horse Civil Engineering Squadron (RH/CES) in Virginia Beach, from April 1985 to July 1996. I left the 203rd RH/CEF in July 1996 to join the 113th District of Columbia Air National Guard, Logistics Readiness Squadron (DCANG/LRS) at Joint Base Andrews, Maryland.

While I was assigned to the District of Columbia Air National Guard (DCANG) I was called back to active duty several times after the September 11, 2001 attacks on our country. I have served on homeland security assignments and three tours of duty in the combat zones since 2001, where I was exposed to some very traumatic situations and stressful conditions. I was in combat zones on active military duty when both of my parents died and I had to return to the United States for their funerals. My Mother passed away on April 23, 2003 and my Father passed away on January 20, 2005.

During this assignment with the 113th District of Columbia Air National Guard (DCANG) Logistics Readiness Squadron (LRS), I served in the Deployment and Distribution (D&D) Flight, as the D&D Flight Superintendent. I completed a three-and-a-half year active duty tour with the Headquarters Air Staff, Logistics Directorate at the Pentagon from March 2010 to September 2013, serving as the program manager for

Material Management/Retrograde. I served in several other positions while on this assignment including: Headquarters Air Force Functional Area Manager (HAF/FAM) for the Vehicle Operations 2T1XX career field; and a program manager for Expeditionary Skills Training, Resiliency, and Strategic Planning for the Global Combat Support Directorate.

My three overseas long tours of duty were between September 11, 2001 and August 2005, supporting Operations Iraqi Freedom and Enduring Freedom. I also served on a special project, with the 11th Transportation Squadron at Bolling Air Force Base, for high level military and civilian officials during Operation Nobel Eagle. I have over thirty-four years of combined Active duty and Reserve service with the United States Navy, the United States Air Force Reserves, the 203rd RH/CES and the District of Columbia Air National Guard. I retired from the United States Air Force on 1 October 2014, at the rank of Senior Master Sergeant (E-8).

I struggled with many of the issues discussed in this research during my transitions from the combat zone to civil society. I experienced psychological problems, problems in my personal, family, and work relationships and other relevant issues addressed in this study. I committed to conducting this research for these reasons, as well as to provide the public with a greater understanding of what it means for combat veterans to serve and protect our country.

My Reflections

I recall my initial experience when my team and I were first being deployed to the combat zone, during the first week of the Iraq war, in March 2003. There was a lot of uncertainty, because our orders always indicated that our assignment was to a classified

location, and we did not always know exactly where we were going or what our assignment would be once we arrived there. Although we had been training and had been very well prepared for several years, the reality set in as we prepared for the unexpected.

For me, this reality involved being fired upon by the insurgents with rocket propelled grenades (RPGs) as we were landing, and being assigned to lead several young airmen who had never been away from home or exposed to any form of life-threatening conditions. Leading the younger airmen became less stressful during the second and third deployments, but dealing with the RPGs continued to be difficult to handle. The most stressful situations came when my fellow airmen died, which I have problems dealing with to this day. I lost twenty-three fellow airmen in a plane crash, one to a roadside improvised explosive device (IED) attack, and one who committed suicide after several deployments to the combat zone.

The suicide of one of my airmen and a personal friend was a most difficult experience, because it was very personal. Jeff, one of my original team, deployed with me during my first three assignments to the combat zone. He was very young and quiet, soft spoken, with blue eyes, blond hair, six foot three or four, polite and well mannered, a slim white male, a country boy from Virginia. He had a slight problem with self-confidence and self-esteem. Several of us in the unit worked with him to help build and strengthen his lack of confidence, and he was able to make a great deal of progress over several years.

Jeff lived at home with his parents until he was forty years of age, and finally bought his own house very close to where his parents lived. He was always a skinny person who loved sports and he had a variety of weapons such as guns and knives. I

noticed after he returned for his last deployment that he had lost a lot of weight and seemed to be very depressed. I encouraged him to accept treatment and physically escorted him to see the Chaplain, the medical staff, the military and family support officials, and the unit psychologist for assistance. His military supervisor and I checked in with him by phone every day for several weeks to make sure he was okay. However one week we both became occupied with our own personal issues and neither of us had the opportunity to check up on him. That was the week he committed suicide and shot himself in the chest.

Although this happened more than three years ago, on the seventh day of August 2011, it is still very difficult for all of us in the unit to deal with, especially for me and his military supervisor. We wonder if we could have done more to prevent his taking his own life, though he seemed to have planned to do so. He wrote a note to his family and one to God asking for forgiveness because he was weak, and he had the bible with the American flag next to his bed when he took his life.

The entire process of conducting the research, listening to the participants' stories, and telling my story throughout this study was extremely difficult for me. Recalling my experiences and sharing them with others is not something that I would normally volunteer to do. I do not talk to my family about my experiences; therefore I found it even more challenging and difficult to share these experiences with total strangers. During the early years of the research process, we were asked to write a paper on our life history. I did not feel comfortable participating in that assignment and felt it would truly be an invasion of my privacy. I was not sure how much information I wanted to share with strangers, because I had kept my experiences to myself for more than a decade and

never talked about them to anyone other than fellow combat veterans who had served with me.

As time passed and I found participants willing to share their stories with me, I realized how important it was to be able to open up and tell about these experiences. Not only was it important for me to re-live these experiences to help me move forward with my life, but also to help my family and the average civilian, who had never experienced combat situations, obtain a better understanding about challenges that face combat veterans returning from war.

I finally began to experience a sense of clarity, and a sense of hope that this study would help other servicemen and servicewomen realize that the dichotomous shifts they experience due to PTSD, symptoms such as nightmares, flashbacks, isolation and feeling on the edge, affect service members on a multiple level scale. The participants in this study share how their lives were affected and how return to their spouses and family members was met with challenges.

Many resources and programs available today to assist military members as they transition from the combat zone back to civil society, were not in existence during the early years of the wars in Iraq and Afghanistan. These include the Yellow Ribbon Program, the Wounded Warriors Project, and Strong Bonds Retreats, to name a few. Several military members deployed during the earlier years of the wars have continued to deploy in the most recent years. Some of these early deployed military members may have taken advantage of these resources and programs; some may not have. If these resources and programs had been in existence during the earlier years of the wars, maybe some of the high rates of suicide could have been avoided.

Statement of the Problem

The resiliency and coping skills of the United States military service members and their families have been tested over the last decade, due to the long and frequent deployments of the U. S. Armed Forces directly associated with Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF). Together with other consequences of combat was the trauma of being severely injured or providing first aid to those who needed immediate treatment in order to save their lives. While most military personnel and their families are resilient, having the ability to recover under these difficult circumstances, many experience problems handling stress over the months and sometimes years of transitioning from the war zone to civil society.

In addition to the extremely high costs of the wars in Iraq and Afghanistan, the human losses are more than 5,000 dead and over 35,000 wounded (MSN Now, 2013). U. S. military service members often return home with traumatic brain injuries, missing limbs, and severe psychological disorders. These factors increase the stress that the family members have had to endure since the initial deployment.

There has also been an extremely high rate of suicide associated with these situations over the last several years. Military suicides began to increase in 2006 and rapidly increased to a record 310 in 2009, before balancing out over the next two years. The numbers began to increase again in 2013, even though U.S. military involvement in Iraq is over and the Obama administration is aggressively taking steps to draw down the war in Afghanistan (MSN Now, 2013). The problem is usually related to severe strains on military personnel who are burdened with more than a decade of combat in Iraq and

Afghanistan, complicated by anxiety over the prospect of being forced out of a shrinking military force.

As we continue the draw down and bring our troops back home, this is the time when they are normally considered to be in the danger zone. These individuals are now in the process of making the transition back to their families and their communities, and trying to find a sense of purpose for themselves.

The total number of suicides in the U.S. military surged to a new record number of 349 in 2012, which far exceeds the total American combat deaths in Afghanistan during that same year. These suicides among active-duty troops in 2012 were up from 301 the year before and exceeded the Pentagon's own internal projection of 325 (Washington Associated Press, 2012). Statistics alone do not explain why troops take their own lives, and the Pentagon's military and civilian leaders have acknowledged that more needs to be done to understand the causes. 2012's total is the highest since the Pentagon began closely tracking suicides in 2001. It exceeds the 295 Americans who died in Afghanistan alone in 2012.

The Army had the highest number of suicides among active-duty troops in 2012 at 182, but the Marine Corps, whose suicide numbers had declined for two years, had the largest percentage increase of a 50 percent jump to 48. The Marines' worst year was 52 suicides in 2009. The Air Force recorded 59 suicides, an increase of 16 percent from the previous year, and the Navy reported 60, an increase of 15 percent from 2012 (Washington AP, 2012).

Recent research sponsored by the Office of the Secretary of Defense (OSD) has identified two main categories of troops who are committing suicide at an increasingly

high pace. They are Iraq and Afghanistan war veterans suffering from depression, post-traumatic stress or substance abuse, and those who have not gone to war but are encountering troubled personal relationships, money problems, or legal problems.

The Pentagon performs an annual in-depth study on the circumstances of each suicide. The most recent year for which the analysis results are available was 2011. The findings revealed that those who took their own lives were usually white men in the junior enlisted ranks, under the age of twenty-five with less than a college education. The analysis of the study's 301 military suicides found that the suicide rate for divorced service members was 55 percent higher than for those who were married. It further determined that 60 percent of the military suicides were committed with the use of firearms, and in most cases the guns were personal weapons not issued by the military (Washington AP, 2012).

That study also found that about 65 percent of the military service members who attempted suicide had a known history of behavior problems; the 45 percent who actually completed the act and killed themselves also had a known history of behavior problems.

Military institutions, which include supporting civilian contract agencies, are struggling with the recent high rates of suicide, post-traumatic stress, mental and behavioral health issues, as well as what some refer to as “an unraveling of military families.” The Departments of Defense and Veterans Affairs are dedicating a significant amount of resources and leadership focus towards programs and protocols that will help mitigate these alarming trends and promote resilience for the military members and their families.

In addition to the increasing number of suicides reported among military service members, more focus and attention has been directed to the mental health conditions and cognitive impairments that affect many service members participating in Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF). Most military personnel do not have these mental health conditions and cognitive impairments, or “invisible wounds” as they are commonly referred to, when they return from their deployments.

The following incidents occurred within the last decade and involved service members with invisible wounds:

Fort Hood Shooting: April 2, 2014 - Iraq Vet Kills 3, Himself; 16 Hurt Violence hit Fort Hood again on Wednesday, April 2, 2014, when an Iraq War veteran opened fire on the base, killing three and injuring 16 others before committing suicide.

Shooting Aboard a Naval Ship: March 2014 - A sailor was killed while trying to stop a gunman attempting to board a ship in Norfolk, Va. Authorities say Petty Officer 2nd Class Mark Mayo, 24, jumped between the civilian shooter and a another sailor, saving her life. The alleged gunman, Jeffrey Savage, was killed by Navy security forces.

Navy Yard Mass Shooting: September 2013 - Twelve people died and four were injured after a government contractor and Naval Reservist opened fire inside the Navy Yard complex in Washington, D.C., committing one of the worst attacks at a U.S. military installation since the November 2009 killing of 13 at Fort Hood. Gunman Aaron Alexis, who had just recently begun an assignment at the site, was shot and killed by officers. Authorities later said that Alexis, who appeared to target his victims at random, "held a delusional belief that he was being controlled or influenced by extremely low frequency, or ELF, electromagnetic waves."

Shooting at Fort Sam Houston: June 2013 - An Army captain at Joint Base San Antonio-Fort Sam Houston, Texas was allegedly shot and wounded by her common-law husband, Alvin Roundtree at the Army Medical Department Center and School, where she was an instructor. Roundtree is a retired soldier.

Murder/Suicide: March 2013 - Marine Sgt. Eusebriio Lopez, a tactics instructor, shot and killed two colleagues at Marine Corps Base Quantico's Officer Candidates School in Quantico, Va. before shooting himself to death. The

victims were Lance Corporal Sara Castromata, a warehouse clerk, and Corporal Jacob Wooley, a field radio operator.

Alcohol Related Shooting: December 2012 - Spc. Marshall D. Drake, a soldier at Joint Base Elmendorf-Richardson in Alaska, shot to death a fellow soldier, Pfc. Grant Wise, after a night of heavy drinking. Wise was found dead in Drake's barracks on Christmas morning. Drake was sentenced for 12 years in a military prison.

Murder/Suicide: June 2012 - Spc. Ricky Elder killed himself a day after allegedly shooting and killing his battalion commander, Lt. Col. Roy L. Tisdale, during a safety briefing near his unit's headquarters at Fort Bragg, N.C. News reports indicated that Elder faced legal troubles, and had said he'd been diagnosed with dementia.

Traffic Accident Shooting: May 2012 - A soldier was shot by a fellow service member after a traffic accident on the grounds of Fort Carson, Colo. The shooting happened after one of the soldiers allegedly lost control of the car he was driving and crashed into the other soldier's home. After a fight, the resident opened fire, hitting the driver twice and himself once.

Murder/Suicide: April 2012 - A soldier at Fort Campbell, Ky., Spc. Rico Rawls Jr., allegedly shot and killed his wife, Jessica Rawls, at their home on the Army post, then led police on a highway chase into Georgia. Before his arrest, he shot himself and eventually died.

Domestic Shooting: May 2011 - Sgt. Jason Seeds, a soldier at Fort Drum, N.Y., allegedly shot his wife during a dispute at their home on the Army post. She lived, and explained later that her husband had suffered from deteriorating mental health since returning home from war.

Drive by Shootings: October and November, 2010 - Marine Corps reservist Yonathan Melaku committed a series of drive-by shootings at various military installations in northern Virginia, none of which resulted in anyone getting hurt. When law enforcement agents arrested him, they found bomb making material with him. Melaku was sentenced to 25 years in prison.

Mass Murder: November 2009 - Maj. Nidal Malik Hasan carried out the largest mass murder at a military installation in American history, opening fire on dozens of unarmed soldiers at a medical deployment center at Fort Hood, Texas. Thirteen were killed and another 32 were wounded. Hasan was sentenced to death.

Good Samaritan Shooting: July 2009 - Army Sgt. Ryan Schlack was shot while trying to break up a fight at Fort Hood, Texas. A fellow soldier, Spc. Armano Baca, is serving 20 years in prison for the murder.

Murder/Suicide: September 2008 - A soldier at Ft. Hood, Texas, shot and killed his lieutenant then committed suicide on the balcony of his apartment.

Resilience and Stress Management

There are a variety of definitions for “resilience.” However, one of the most common definitions of this term is the ability to meet challenges and bounce back or recover during or after difficult experiences (Meredith et al., 2011). The Armed Forces Yellow Ribbon Reintegration Program is one of the main resources available for service members and their families to deal with resilience issues. This program is available in all branches of the service, including the National Guard and Reserves. It is designed to help service members and their families reconnect after deployments; provide information about resources that can help reduce the stressors associated with a long separation; and educate service members and their families about the benefits they have earned as a result of their deployment as well as how to gain access to those benefits. It is also used as an opportunity to welcome the service members back home.

The treatment plan should include addressing the stress incurred by family members, who have been under other kinds of heavy stress and threat due to the deployment, as well as those of the returning veteran. Family stress factors include: waiting at home for a loved one to return from war; learning about the dangers that the loved one has experienced; coping with the challenges when that loved one returns from a deployment; preparing for the next deployment.

Additional stress is placed on returning veterans as they become aware that family members and close friends have been under the heavy stress of constant thought, worry about carrying family burdens without their partner’s help, loneliness, frustration,

financial stress, and the loss of their loved ones during deployments. There is also the stress of having the service member or veteran come back changed, withdrawn, injured or disabled, intense, shut down, difficult to understand, and/or reluctant or unable to communicate about important things. Wanting to do things perfectly, but not knowing what to say or what not to say, also becomes a stressful factor for family members.

The homecoming process itself can be very stressful. The military member at war and the family at home have all changed during the deployment period. The military member might feel isolated, separate, and alienated from his family, friends, neighbors, and co-workers who haven't deployed and, when in need support most, might not be able to accept it. The many expectations of each party built up during the deployment, on both sides, often do not come true after the military member returns (Meredith et al., 2011).

When they return home, many service members and veterans are afraid that the effects of their stress might be signs of weakness, cowardice, or being "crazy." They may feel crazy, and the people around them may even wonder if that is true. Friends and family members may feel as though they are "walking on eggshells," and/or resent the way their loved one is acting, and even feel guilty or crazy for feeling the way they do.

As a military service member returning from the war zone, I also experienced some encounters with anxiety. However when people learn and practice resilience skills, they are able to control their stress systems and maintain more balance. If they also need medical help and/or counseling, these critical skills can help put them into a better position to optimize this process.

The effects of war on service members' and veterans' stress systems can be rated as mild, moderate, or intense. They can start right away or take weeks, months, or years

before causing problems. The range of these effects can be as mild as a bad temper or jumpiness to PTSD, depression, or an overwhelming urge to numb out on alcohol or drugs. However none of these effects are signs that the service member or veteran is weak, cowardly, or crazy. This is usually an indication that the individual's stress and survival system has been doing its job, maybe just a little too well, and all these deployment stress effects are normal reactions to intense stress. The experience of war is so much different from any other experience, but the human stress system is the same no matter what the body may be exposed to.

Several of the returning veterans and transitioning service members find it hard to talk to civilians about their experiences in the war-zone, even some civilians whom they are close to, including their family members. They may say or think to themselves that this person cannot possibly understand what I have experienced in the war-zone, which is definitely a very true statement because the experience of war is like no other experience.

Strong, positive bonds within the unit are normally a powerful source of resilience for the service member while they are in the war zone. That same strong, positive support network back at home can also help the service member become more resilient, especially if that network includes others who have been through similar experiences.

When these individuals return from a deployment, their relationships with fellow service members or veterans are often strong and positive sources of resilience. Family members sometimes wonder why these relationships seem to be stronger than their own relationships with their loved ones. However by connecting with others who have fought in the same wars, these individuals are able to utilize a very powerful resource to get through the challenges associated with the homecoming process. Encouraging these kinds

of relationships can be beneficial for all concerned parties. There are several resources available that focus on connecting veterans and service members such as Vet Centers, veterans' service organizations, web sites and chat rooms.

If the effects of war-zone stress or stress at home are creating challenges for service members, veterans, friends, or family members, it is possible that there may be a need for something beyond the skills and support of resilience. Several of these individuals are not sure what is involved in getting professional help, and a large number of service members have said that they do not want long term help or help that requires them to dig deep into their memories or their feelings.

Purpose Statement

The purpose of this research was to examine the major transitions in military life, experienced by veterans of the most recent wars in Afghanistan and Iraq. These transitions include the reintegration challenges that deployed military members encounter as they blend back into family, community, church, and a peacetime setting, from the war-zone to a civilian career and lifestyle. While most military personnel are resilient and have the ability to recover under the difficult circumstances associated with combat, such as experiences and exposure to traumatic situations, many also experience problems handling stress over the months and sometimes years of transitioning from the war-zone to civil society. This research focused on the impact that these transitions had on the military members and their family and community; the level of involvement each of these groups faced during the transition phase; and making the transition better for everyone.

Important questions which helped guide the research of this topic

What are the most significant challenges faced by military service members when they return from combat in Iraq and Afghanistan? What were their transformative experiences? What common factors apply to resilience and transformational learning? What are the most important resources that contribute to the transformational process of the military service member? What external support has been most helpful during the transformational process? Focusing on these questions throughout the study allowed me to learn more than I knew prior to beginning this journey, as I peeled back the skin and dug deeper into the research.

Note: Appendix 3 provides an explanation of what the acronyms used throughout this study mean.

Summary

In this chapter I introduced the study by explaining the purpose, which is to examine the major transitions in military life, experienced by veterans of the most recent wars in Afghanistan and Iraq. I provided the questions that guided the study followed by reflections about my experiences as a combat veteran transitioning back to civil society. The problem statement outlined some of the major issues of concern directing this study including the myths and realities of PTSD, with examples of incidents that occurred within the past decade involving service members with hidden wounds. I closed this chapter with a brief explanation about my military service and background, to offer a greater understanding of my connection with the individuals studied in this research, as well as to share my commitment of bringing true and real stories forward to the general public.

I discovered one other study from 2007 with some similarities closely related to this study entitled “The Experience of Transitioning from the Armed Forces to the Civilian Workforce as a Result of Service-Connected Disabilities.” However this particular study focused mainly on the employment challenges faced by veterans of the Armed Forces with service-connected disabilities, as they made the transition to civilian careers. My study addresses several more issues associated with transitioning from combat back to civil society. I also discovered one study from 2011 that mainly focused on resiliency of veterans entitled “Resilience among Veterans: An Archival Study.” This study focused on only one aspect of the two theories used in my study. My study is designed to highlight the relationship of transformational learning and military resilience, with the idea of these two theories working together to complement each other for a desired positive outcome.

Chapter two of this CEP is the literature review, which discusses various issues associated with the reintegration and transition process for returning combat veterans. It also covers the theoretical framework of transformational learning and resiliency used in this study. Chapter three is the methodology chapter, with the methodology being narrative inquiry. This chapter provides information about the participants in the study, and the data collection and data analysis process, which resulted in a new and unique process I call “Pentagulation.” In chapter four I share the individual stories of each participant I interviewed for this study. Chapter five introduces the themes and the findings of the research. Chapter six presents the conclusions, the significant contributions of this study to adult education, the recommendations, and the reflections and final thoughts. References and appendices are also provided.

CHAPTER 2

Literature Review

Introduction

In this chapter I discuss the bodies of literature relative to my theoretical framework of Transformative Learning and Resilience. These bodies of literature include the works of Jack Mezirow and several other contributing authors in the field of transformative learning such as Dirkx, Cranton, Boyd and Meyers, Taylor, O’Sullivan, Brookfield, and Palmer. Literature provided by authors of Resilience Theory such as Seccombe, Seligman and Csikszentmihalyi, Kelly and Emery, Youngberg Jenkins, Meredith, Newman, Bogar and Hulse-Killacky, Rawlins, and Masten will also be discussed. In addition to the theoretical framework other issues such as PTSD, psychological factors, aggression, substance dependence and abuse, and interpersonal discord are included in this chapter. The chapter concludes with a summary discussing limits to previous research, and where this study fits.

Theoretical Framework

This study incorporates a theoretical framework introduced and developed by Jack Mezirow over a period of years that has become known as Transformative Learning Theory (1978, 1981, 1990a, 1991, 2000). It is considered the “most researched and discussed theory in the field of adult education” (Taylor 2007, 173). Mezirow’s theory addresses the issue of how and why personal experiences, specifically crises, change the way people view, understand and participate in their world.

Transformative Learning Theory

Adults have acquired a way of seeing the world that is interpreted through their experiences and set of values. As new information and experiences connect with prior learning, the old and new experience and knowledge integrate to create better understanding and actions for the adult. Difficulty arises in our understanding of our lived experiences when the ideas and experiences do not integrate, and in some instances this contradiction or dilemma forces the adult to examine and adjust prior learning in order to make sense of his/her lived experiences.

According to Mezirow's theory, one's journey toward learning transformation is brought about initially as a result of an adult experiencing what would be defined as a "traumatic event" (possibly a death in the family, loss of job, etc.) in life that challenges one's worldview (1991). This leads to the critical examination and reflection upon one's belief systems, and then a shift in how one interacts with one's society and the world. Transformative learning theory explores how the adult acquires knowledge, grows and makes meaning through personal experiences, especially those infrequent experiences that create such personal turmoil that existing worldviews are shattered.

Other authors of transformative learning, such as Dirkx (2000) and Cranton (2000) contribute that transformative learning is a process of individuation in which one ventures on a lifelong journey which leads to coming to understand oneself. These authors explain how the transformative process unfolds and is reflective of an individual's psychic structures such as their persona, ego, and collective unconscious, thereby offering a sense of confidence and increased self-responsibility and empowerment. (Boyd & Meyers, 1988; Cranton, 2000; Dirkx, 2000).

Cranton posits that Mezirow's theory has become a "comprehensive and complex description of how learners construe, validate and reformulate the meaning of their experience" (1994, p 22). Accordingly, Mezirow (1981) states that transformation is:

The emancipatory process of becoming critically aware of how and why the structure of psycho-cultural assumptions has come to constrain the way we see ourselves and our relationships, reconstituting this structure to permit a more inclusive and discriminating integration (p. 6).

Mezirow defines within his framework that a triggering event serves as the catalyst for critical reflection, and is defined as a "disorienting dilemma." A disorienting dilemma is typically characterized as an event that is disturbing in some significant way. An individual will try to make some sense of what has occurred to them through various meaning schemes and through critical reflection.

According to Mezirow, making sense of a situation is a process that involves the making of "meaning schemes" (2000, p.293), which are habitual rules for interpreting, and "meaning perspectives" (p. 16). This includes one's beliefs and theories founded upon one's experiences. One's experiences can then be deconstructed and acted upon in a rational way (Taylor 1998, p. 8). Cranton (2006) explains that critical reflection can be stimulated through a "disorienting event (p.61)." The "disorienting event" or "disorienting dilemma" could be the means that caused the participants in this study to critically reflect upon the various phases of transformative learning, which provided strong data for this study. In further review by researchers that included Boyd (1991); Boyd & Myers (1988); Taylor (1997a); Dirkx (1997, 1998, 2000, 2001) and O'Sullivan (2003), it was found that emotions were expressed by the learner during the

transformative learning phase. The ten-phase process as defined by (Mezirow, 2009, p. 19) for personal transformation is as follows:

1. Experiencing of a disorienting dilemma.
2. Self-examination with feelings of guilt or shame.
3. A critical assessment of assumption.
4. Recognition that one's discontent and process of transformation are shared and that others have negotiated a similar change.
5. Exploration of options for new roles, relationships, and actions.
6. Planning of a course of action.
7. Acquisition of knowledge and skills for implementing one's plans.
8. Provisionally trying out of new roles.
9. Building of competence and self-confidence in new roles and relationships.
10. A reintegration of new assumption into one's life on the basis of conditions dictated by one's new perspective.

The first five phases follow a path of disorientation and exploration through critical Reflection. The second five phases, six through ten, focuses on integration, re-orientation and action. Each phase in which an individual constructs meaning becomes individualized and self- reflective as they develop personal meaning, awareness, and responsibility for creating new experiences and transformations. The goal is personal transformation that continues to make a valuable difference in one's life extending beyond the triggered event.

According to Mezirow (1991), a triggering event serves as the catalyst for critical reflection, and is defined as a "disorienting dilemma" typically characterized as disturbing in some significant way. This catalytic response is described by both Brookfield (1996) and Mezirow (1991) as one that is cognitive and presumably independent of the particular event (Brookfield, 1985; Mezirow, 1991).

During the critical reflection of triggering events that leads to perspective transformation, an individual can continue to build relationships. Therefore transformation also allows an individual to acquire acquisition of knowledge and skills

for implementing a new plan, tryout of the plan, development of competence and self-confidence in new roles, and the reintegration into life on the basis of new perspectives (Mezirow, 1991, p. 168). Cranton argues that “if basic assumptions are not challenged, change will not take place” (Cranton, 1994, p.739). Cranton (2006) continues by saying:

Transformative learning has to do with making meaning out of experiences and questioning assumptions based on our prior experience. Our habitual expectations – what we expect to happen based on what has happened in the past - are the product of experiences, and it is those expectations that are called into question during the transformative learning process (p.8).

Cranton (1994) explains the idea that actions and behaviors can change based on individual’s changed perspective.

Cranton adds that transformative learning theory offers a viewpoint of learning as a process of becoming aware of individual assumptions and then revising those assumptions (1994). The seven facets of transformative learning that Cranton (2002) provides are a guide to help set up a learning environment to promote transformation.

The steps are defined by Cranton (2002) as follows:

1. An activating event that typically exposes a discrepancy between what a person has always assumed to be true and what has just been experienced, heard, or read.
2. Articulating assumptions; that is, recognizing underlying assumptions that have been uncritically assimilated and are largely unconscious.
3. Critical self-reflection; that is, questioning and examining assumptions in terms of where they came from, the consequences of holding them, and why they are important.
4. Being open to alternative viewpoints.
5. Engaging in discourse, where evidence is weighed, arguments assessed, alternative perspectives explored, and knowledge constructed by consensus.
6. Revising assumptions and perspectives to make them more open and better justified.
7. Acting on revisions, behaving, talking, and thinking in a way that is congruent with transformed assumptions or perspectives. (pp. 65-66)

Both Cranton (2002) and Meizrow (1991) offer alternatives to assist individuals to critically reflect and challenge themselves to change through empowerment. It is important that educators seek to help individuals in their goals to personal transformation. Educators should facilitate self-awareness in others as well as perspective transformation, rather than imposing their own beliefs (Brookfield, 1995; Palmer, 1993, 1998). In this way individual learners, particularly servicemen and servicewomen, will be able to connect and transform their experience through critical reflection and personal transformation.

Resiliency Theory

In addition to transformational learning theory, this study also focuses on the highlights of resiliency theory, which is defined as “the capacity to rebound from adversity, misfortune, trauma, or other transitional crises strengthened and more resourceful” (Seccombe, 2002, p. 384). Resilience relates to an individual’s ability to respond well to stress or to a specific traumatic disruption in their life. Resilience research focuses on having positive emotions and outcomes, rather than psychopathology and not being able to function properly (Seligman & Csikszentmihalyi, 2000). These results are focused on a perception of having ability to face life’s demand head on (Kelly & Emery, 2003).

As defined by Ong et al. (2006), resilience is having the capability to cope successfully when facing considerable change, misfortune, or danger. To display resilience, an individual must encounter some form of adversity against which to react. Resilience research focuses on traits and positive outcomes or processes that

account for an individual's ability to reestablish psychological stability following adversity (Masten, 2001).

The resiliency theory is also identified as the evolution of a coping mechanism used to overcome some type of hardship (Masten, 2001). Thus resiliency theory cannot only contribute to society's understanding of resilience, but also its role in coping in the face of adversity. In addition, the transformational learning theory can provide complementary insight into the phenomenon of resilience, and the tools human services professionals can employ to maximize resilience in their clients.

The goal of this study is to direct the reader toward a better understanding of transformative learning, as well as to demonstrate and include the importance of resiliency and its relationship to the ultimate outcome of this learning practice. The rationale for including the theme of resilience is to examine its relationship in promoting transformative learning, and in preventing physiological disorder and stress among military personnel returning from the war-zone.

A number of studies address different kinds of adjustments individuals exposed to war experience. These studies have provided several additions to the literature. This research is designed to identify several of the transformational and social adjustments that military members and their families have experienced. These transformations have occurred over the past decade, as military members have been reintegrated into the civilian world following deployment to the war-zone. The physical, emotional and psychological health issues affecting service members and their families will become very important factors in the development of strategies for promoting family resilience.

These strategies include interventions to help reduce dysfunctional behavior, and assist in guiding families through the recovery process.

Trauma

It is estimated that around 35% of Iraq veterans developed trauma-related symptoms as a result of their military services (Mastnak, 2008).

Past studies reported high rates of co-morbidity between PTSD and other adjustments difficulties and mental disorders, such as depression, anxiety and/or phobias, hostility, dissociation, isolation, aggression, violence, unemployment, substance dependence and abuse, legal difficulties, nicotine addiction, self-destructive behaviors, homelessness, health problems and illnesses, disabilities, and interpersonal, marital, and family discord (Huang, 2010, p. 3).

Three main categories of factors are thought to contribute to Post Traumatic Stress Disorder (PTSD): pre-trauma, trauma, and post-trauma. Pre-trauma vulnerability includes: age, gender, race, relational status, education, existence of previous trauma, family history of psychiatric illnesses, childhood abuse or traumatization, early family relations, genetic factors, and personality traits. Trauma factors include: stressor magnitude, exposure intensity, pre-exposure/deployment preparation, and coping responses. Post-trauma factors include: lack of social and family support, negative responses of the community, and additional life stresses or negative events in the postwar period. Negative homecoming experiences have been found to relate to severity of PTSD (Huang, 2010, p. 6).

In their meta-analysis of PTSD among traumatized adults, Brewin et al. (2000) found trauma factors to be stronger predictors than pre-trauma factors. Depending on the studies, the strength of predictability among pre-trauma factors such as family psychiatric history and personal psychiatric history varied, with childhood abuse reportedly having uniform predictive effects. The analysis was not exclusively conducted on military

members but in general among traumatized adults experiencing PTSD. Gender, age at trauma, race, and education predicted PTSD to a varying extent depending on the populations (e.g., civilians or military) and the methods used. In some studies a person's race, especially minority race, was suggested to be a factor with military samples because minority veterans might have had higher levels of pre- or post-trauma risk factors or have been assigned to high combat roles (Koenen et al., 2003).

Gender was a risk factor for veterans because women often suffered additional traumas such as rape, assault, or sexual harassment while in service which intensified their feeling of being unsafe (Goldzweig, Balekian, Rolon, Yano, & Shekelle, 2006; Kessler et al., 1995; Katz, Bloor, Cojucar, & Draper, 2007). In a study of eighteen female Iraq/Afghanistan War veterans, ten (56%) reported military sexual trauma during deployment; of these three reported completed assault or rape, and six (33% of the sample) reported unwanted physical advances (Katz et al.). In studies with military samples, it was found that being younger, single, and less educated put one at a higher risk for PTSD (Dirkzwager et al, 2005). Ikin et al. (2007) also found low rank strongly associated with PTSD (Huang, 2010, p.7).

The studies of PTSD risk factors among veterans have further clarified, specified, and expanded the trauma (or deployment) factor category beyond just combat exposure. Beckham, Feldman, and Kirby (1998) found veterans' involvement in atrocities correlated with severity of PTSD. King et al. (2003) greatly expanded the trauma factor (also called deployment or war zone factor) to include additional deployment stressors, such as difficult living conditions, general or sexual harassment, perceived threat of danger, and aftermath exposure (Huang, 2010, p. 8). Other studies

found combat-related injuries to be a risk factor for PTSD (Hoge et al., 2004; Koren, Norman, Cohen, Berman, & Klein, 2005; Macgregor, 2007).

In addition to risk factors, increasing attention has been devoted to exploring resilience or resource factors (Huang, 2010, p. 8). For example, while a difficult childhood family environment could be a risk factor, a positive one could mean more availability of post-deployment social and family support, which in turn could moderate the severity of PTSD symptoms (King et al., 1999; Vogt & Tanner, 2007). In other words, both childhood environment and social support serve as resilience/resource factors that mediate as well as moderate between current trauma factors and posttraumatic symptomatology (King et al., 1999; Vogt & Tanner, 2007).

Challenges Adapting to Transition

As one learns more about this new civilian culture, much different from the customary military culture, and the challenges of reintegration into a civilian society, it is important to be aware of the psychological health issues affecting service members and their families. Moreover the strategies for promoting family resilience, interventions to help reduce dysfunctional behavior, and assisting in guiding families through the recovery process, are new and important elements to consider in the field of adult education.

The transformational process related to this study involves several elements, which will include a combination of individual, family, organizational and community support; hence leading to social change. The reintegration of these individuals into the civilian workforce will also create economic and political changes, as the need for steady employment and government support for veteran programs increase. Additionally, some

important factors to consider in the psychological resilience (Meredith et al., 2011), related to the transformational process and social change are as follows: managing taxing circumstances; expending efforts to solve personal and interpersonal problems; seeking to reduce or tolerate stress or conflict, including active/pragmatic, problem-focused, and spiritual approaches towards coping; feeling enthusiastic, active, and alert; having positive emotions, optimism, a sense of humor, hope, and flexibility about change; self-esteem/self-worth; confidence; self-efficacy; self-control, and acceptance of what is beyond control or cannot be changed; and the physical ability of the body to function efficiently and effectively in the domains of life.

The family factors involve bonding among family members such as: shared recreation and leisure time; the exchange of thoughts, opinions, or information; problem-solving and relationship management; emotional, tangible, instrumental, informational, and spiritual support; love, intimacy, attachment; parenting skills; and the ease of adapting to changes associated with military life, including flexible roles within the family.

The military unit (better known as the military organization) and community factors can work together: fostering interaction within the military unit or community; building pride and support for the military unit and the community; developing positive role modeling; teamwork and cohesion; connection; action; involvement; integration and friendship, including participation in spiritual/faith-based organizations, protocols, ceremonies, social services and schools; and implementing institutional policies that bring people together within the community.

Adams (2012) noted that not only do community factors seem to promote resilience, but there is also evidence to suggest community functioning also decreases the risk for psychopathology. In particular, there is an inverse relationship between social support and PTSD. In a meta-analysis, Ozer, Best, Lipsy, & Weiss (2007) reported that the association between social support and PTSD is stronger for military-related combat trauma as opposed to other sources of trauma.

Specifically, perceptions of higher levels of social support following exposure to trauma were associated with fewer PTSD symptoms. Social support, from this meta-analysis, included emotional support and psychological processing of the trauma such as making meaning out of the trauma, coping with nightmares, and dealing with memories, and was provided by all types of supports ranging from informal networks (such as family and friends), to formal supports (like leaders and various helping professionals). This support was most needed after some time had passed since the event rather than shortly after the experience. (Adams, 2012, p. 8).

Community functioning specific to military life has also been examined. A study of 272 war veterans from Operations Iraqi Freedom and Enduring Freedom, found both unit support and post-deployment support to be inversely associated with incidents of depression and PTSD (Pietrzak, Johnson, Goldstein, et al, 2010). Service members who reported good relationships among their units as well as high levels of emotional and instrumental support from employers, family, and friends upon returning from deployment reported lower levels of PTSD symptoms.

Additionally, they found that resilience mediated the relationship between these two types of support and psychopathological symptoms of trauma exposure. They found

that unit support was associated with higher levels of resilience which in turn was associated with lower levels of PTSD and depressive symptomatology. Resilience is said to serve as a protective function against psychopathology specifically following traumatic events in military samples and non-military samples (Bensimon, 2012; Green, 2010; Pietrzak et al, 2010). Green (2010) found higher levels of resilience were associated with lower levels of PTSD following combat exposure in a sample of reserve soldiers. It is likely that strong community networks promote psychological resilience, which in turn reduces the risk of experiencing symptoms of psychopathology. In sum, community functions are said to promote resilience in individuals and in turn this resilience is associated with lower levels of psychopathology (Adams, 2012, pp. 8-9).

Erbes and colleagues (2011) found that PTSD factors predicted poor relationship adjustment in National Guard service members who had recently returned from the Iraq war. Similar findings have been found for active duty members of the US army. Allen, Rhoades, Stanley, and Markman (2010) found that PTSD symptoms were negatively related to relationship quality including satisfaction with their partner and the relationship as well as the level of commitment and dedication to the relationship (Adams, 2012, pp. 10-11).

In a sample of Army veterans from the Gulf War, lower rank was associated with multiple psychiatric disorders such as depression, anxiety, and substance use (Fiedler, Ozakinci, Hallman, Wartenberg, Brewer et al 2006). A later study confirmed this finding, in that higher rank was correlated with lower reported rates of depression (Riddle, Sanders, Jones, & Webb, 2008). One explanation offered in the literature for this finding is that rank is seen as a measure of socio-economic status which in civilian

populations is also associated with risk for mental and physical health difficulties. Contrary to this finding, Bowen et al. (2003) tested their model of community capacity and family outcomes and found no differences across five groups of different pay grades. In addition, since we know rank is a moderator of job satisfaction in the military (Sanchez, Bray, Vincus, & Bann, 2004) it is plausible that differences in perceptions of community networks might also exist among members in different ranks (Adams, 2012, pp. 11-12).

In a review of recent literature on military related PTSD and intimate relationships, Monson, Taft, and Fredman (2009) noted that most research was with male samples. As the number of women service members grows, it is important to examine potential differences for outcomes based on gender (Adams, 2012, p. 12).

A gender difference was found between combat exposure and family adjustment when PTSD symptoms were included but not when PTSD was excluded (Taft et al, 2008). In a civilian sample, satisfaction with social support as well as experience with negative reactions from family and support networks effected women's PTSD symptoms greater than men's (Andrews, Brewin, & Rose, 2003).

Dealing with Psychological Stress

Military institutions, which also include supporting civilian contract agencies, are struggling with the recent high rates of suicide, post-traumatic stress, mental and behavioral health issues, as well as what some refer to as “an unraveling of military families.” The Departments of Defense and Veterans Affairs are dedicating significant resources and leadership focus towards programs and protocols that will help mitigate these alarming trends and promote resilience for the military members and their families.

In addition to the increasing number of suicides reported among military service members, more focus and attention is directed to the mental health conditions and cognitive impairments that affect many service members participating in Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF). Most military personnel do not have these mental health conditions and cognitive impairments, or “invisible wounds” as they are commonly referred to, when they return from their deployments. However only about half of those who do return with symptoms, which are consistent with a diagnosis of posttraumatic stress disorder (PTSD) or depression, will seek the services of a health care professional for help.

Suicides in the U.S. military surged to a record 349 in 2013, which far exceeds the American combat deaths in Afghanistan. These suicides among active-duty troops were up from 301 the preceding year and exceeded the Pentagon's own internal projection of 325 (Washington Associated Press [AP], 2012). Statistics alone do not explain why troops take their own lives, and the Pentagon's military and civilian leaders have acknowledged that more needs to be done to understand the causes. 2013's total is the highest since the Pentagon began closely tracking suicides in 2001. It exceeds the 295 Americans who died in Afghanistan alone that year.

Recent research sponsored by the Office of the Secretary of Defense (OSD) has identified two main categories of troops who are committing suicide at an increasingly high pace. They are the Iraq and Afghanistan war veterans who are suffering from depression, post-traumatic stress or substance abuse, and those who have not gone to war but are encountering troubled personal relationships, money problems or legal problems.

The Pentagon performs an annual in-depth study on the circumstances of each suicide. The most recent year, in which the results of that analysis are available-was for 2011. Findings revealed that those who took their own lives were usually white men in the junior-enlisted ranks, under the age of 25, with less than a college education. The analysis of the study's 301 military suicides also found that the suicide rate for divorced service members was 55 percent higher than for those who were married. It determined that 60 percent of the military suicides were committed with the use of firearms, and in most cases the guns were personal weapons not issued by the military (Washington AP, 2012).

That study also found that about 65 percent of the military service members who attempted suicide had a known history of behavior problems; in comparison, the 45 percent of those who actually completed the act and killed themselves had a known history of behavior problems (Washington AP, 2012).

Since invading Afghanistan on October 7, 2001, and Iraq on March 20, 2003, over 1.6 million men and women have served in Afghanistan (Operation Enduring Freedom; OEF) and Iraq (Operation Iraqi Freedom; OIF) as a part of the Global War on Terror (Kudler & Straits-Tröster, 2009; Marmar, 2009). Service men and women participating in these operations have had to endure some of the harshest conditions of combat, including daily attacks by insurgent forces, seeing, handling, or uncovering human remains, knowing someone who was seriously injured or killed, roadside and suicide bombings, attacks by enemy forces in the guise of allied units, kidnappings, and threats of chemical and biological warfare (Ritchie, 2007; Hoge et al., 2004; Thompson, 2005). Research has shown that

combat conditions and battle stressors, such as those experienced in OEF and OIF, can greatly affect the mental health of military personnel while on deployment (e.g., Dekel, Solomon, Ginzburg, & Neria, 2003; Litz, 2007). Consequently, many soldiers and Marines look forward to returning home, being reunited with loved ones, and reintegrating into civilian routines, hoping to leave behind the stressors faced overseas (Phillips, 2013, pp. 1-2).

However, every phase of military service (pre-deployment, deployment, sustainment, redeployment, and post-deployment) has its unique set of stressors and requires significant readjustment on the part of the military personnel and his/her family and extended social network (Kudler & Straits-Tröster, 2009). OEF and OIF veterans face a number of challenges upon returning home, such as navigating the Veteran's Administration (VA) system and accessing benefits, finding or maintaining employment, returning to civilian life, restoring family roles, reconnecting with loved ones, and combating posttraumatic stress symptoms (Armstrong, Best, & Domenici, 2006; Ginzburg & Holm, 2009; Thompson, 2005).

Fortunately, many veterans are able to adequately readjust to their lives and the roles prior to deployment, without serious psychopathology (Dekel et al., 2003). However, a growing body of research suggests that OEF and OIF veterans often struggle post-deployment and, as a result, develop serious mental health problems. For example, Hoge et al. (2004) found that three or four months after returning from combat duty in Iraq, 19.5 percent of service personnel met criteria for a moderate to severe mental health problem (Phillips, 2013, p. 3). Although not as high as those returning from Iraq, 17.1% of soldiers returning from Afghanistan were found to meet

criteria for a moderate to severe mental health problem. A longitudinal study conducted by Milliken, Auchterlonie, and Hoge (2007) found that three to six months after returning home from Iraq, 27.1 percent of active-duty and 35.5 percent of reservists met criteria for a mental health risk, with 26.0 percent of soldiers referred for a mental health concern, employee assistance program (EAP), or already under mental health care. Milliken and her colleagues also warned fellow researchers that studies (e.g., Hoge, Auchterlonie, & Milliken, 2006) conducted immediately on return from deployment substantially underestimate the mental health issues of OEF and OIF veterans, and that the risk for mental health issues, such as depression, alcohol abuse, and marital conflict, among this population is great.

Additionally, the quality of social support one perceives (Cohen & Wills, 1985) and the level of resilience one displays (Bonanno, 2004) influence one's level of stress, which can indirectly affect mental health and overall well-being. Numerous studies (e.g., Crosby-Ouimette, Finney, & Moos, 1999; Pietrzak, Johnson, Goldstein, Malley, & Southwick, 2009) have investigated coping responses, social support, and resiliency in regard to their influence on the presence and severity of mental health concerns, including levels of depression and substance abuse among veterans. A number of these studies are described in detail below, as well as a review of literature concerning the rates and severity of commonly occurring mental health problems seen in OEF and OIF soldiers and Marines post-deployment (Phillips, 2013, p. 4).

Post-Deployment Mental Health

Many studies (e.g., Friedman, 2006) investigating post-deployment mental health status of returning OEF and OIF veterans focus on posttraumatic stress disorder (PTSD) and its symptoms. A study conducted by Dedert et al. (2009) found that in a sample of 356 U.S. military veterans who served after 9/11/01, 30.0 percent met diagnostic criteria for PTSD. An extensive review paper on the impact of military trauma noted that PTSD seen in veterans is often a result of the frequency and intensity of exposure to combat experiences (Litz, 2007) and can often complicate reintegration and readjustment efforts post-deployment. In addition to PTSD resulting from deployment experiences, depression, alcohol abuse, and relationship problems are commonly seen in OEF and OIF veterans, and may be a result of both deployment and post-deployment experiences (Armstrong, Best, & Domenici, 2006). These mental health problems are the focus of this study, as research examining these variables is limited when compared to the literature on PTSD (Phillips, 2013, p. 5).

Depression

One of the most cited and comprehensive studies assessing mental health issues among soldiers returning from Iraq was conducted by Milliken et al. (2007) and was an expansion from a previous study conducted by Hoge et al. (2006). Both studies concluded that the mental health burden of OIF veterans is underestimated and that one of the major mental health concerns is depression. This population-based, longitudinal descriptive study (Milliken et al., 2007) included 88,235 U.S. soldiers returning from Iraq who completed both a Post-Deployment Health Assessment (PDHA) and a Post-Deployment Health Re-Assessment (PDHRA). Since April 2003, service members have been mandated to complete a brief PDHA upon return from

any deployment. The PDHA is a screening intended to review each service member's current health, including mental health, psychosocial issues, deployment-related exposures, and to discuss deployment-related health concerns. It consists of three pages of self-report questions pertaining to deployment location, general health, physical symptoms, mental health concerns, and exposure concerns and is required to be completed immediately before leaving the country or within one to two weeks of returning home.

After completing the PDHA, soldiers undergo a brief interview with a primary care physician, physician assistant, or nurse practitioner who reviews the answers, asks standardized questions regarding aggression and suicide, discusses options for care, and annotates referrals if necessary (Phillips, 2013, pp. 5-6).

Alcohol Abuse

Since alcohol use may serve as a self-medicating coping mechanism in response to both deployment and home stressors, it is plausible that post-deployment is associated with increased rates of alcohol consumption or problem drinking. The number of stressors experienced before, during, and after returning from deployment may make it more difficult to control the effects of alcohol, resulting in greater alcohol-related problems, with or without a commensurate change in weekly drinking habits (Phillips, 2013, p. 14). Additionally, veterans' overall drinking quantities may remain relatively unchanged while their binge drinking increases (Jacobson et al., 2008). Unfortunately, it appears that soldiers and veterans with problematic alcohol use are often not referred for treatment, infrequently follow up with a treatment referral, or drop out of treatment prematurely (Phillips, 2013, p. 23).

Research indicates that soldiers and veterans diagnosed with PTSD report higher levels of relationship distress and dissatisfaction and are more likely to consider separation or divorce. Literature also suggests that depression and combat exposure negatively affect relationship satisfaction, and that treatment interventions need to incorporate approaches targeting couple and family problems (Phillips, 2013, p. 36).

Protective Factors

Given the amount of stressors OEF/OIF veterans could face before deployment (e.g., saying goodbye to loved ones, preparing finances), during deployment (e.g., combat, loss of comrades, physical injury), and upon returning home (e.g., restoring family roles, reintegration into civilian life, posttraumatic reactions), it is not surprising that depression, alcohol use, and relationship dissatisfaction are often seen among those returning from Iraq, Afghanistan, or related conflicts. As stated earlier, however, many veterans are able to adequately manage such stressors without serious mental health consequences (Dekel et al., 2003). Researchers are now investigating what mechanisms could be protecting these veterans from psychological difficulties and marital discord (Phillips, 2013, pp. 36-37). Among these factors, coping responses, social support, and resiliency have received considerable attention and have been shown to play a major role in whether one displays negative physical and psychological consequences following stressful events (Bonanno, 2004; Cohen & Wills, 1985; Lazarus & Folkman, 1984).

Stressors from the War-Zone and Psychological Adjustment

In addition to the extremely high costs of the wars in Afghanistan and Iraq, the human losses are more than 5,000 dead and over 35,000 wounded (MSN Now, 2013). The U. S. military service members often return home with traumatic brain injuries,

missing limbs, and severe psychological disorders. These factors increase the stress that the family members have had to endure since the initial deployment. Military and civilian scholars across the medical and mental health fields have stated that the risk and resilience in military families focuses on these four key areas of research: marital functioning, parenting and child outcomes, the aftereffect on the family of wounds and injuries, along with separate challenges of single service members who comprise half of currently active troops.

As we continue the drawdown and bring our troops back home, this is when they are normally considered to be in the danger zone. These individuals are now in the process of making the transition back to their families and communities, and trying to find a sense of purpose for themselves.

The Rawlings (2011) study noted that PTSD is recognized as having become a major problem in the military (Forman, 2007). PTSD is a social and medical condition that transcends race and culture; it is grounded in traumatic experiences. Some veterans of the Iraq and Afghanistan wars experienced PTSD; even so, a large number of veterans do not develop PTSD, despite similar combat experiences (Yehuda, 2004). PTSD is reported to have several risk factors, including gender, rank, and combat experience (Rawlings, 2011, p. 19).

Gender

In general, women have higher rates of PTSD than do men (Gates, 2004). In a direct comparison between men and women, women were found to be more at risk for developing PTSD. Gates (2004) posited that this may be because greater numbers of women are more willing to report experiencing the symptoms of PTSD than are their

male counterparts. Differences among individuals, specifically between males and females, may be the reason for why some veterans may not develop PTSD. The theme of gender influence explained how differences in gender may be responsible for different adaptive behaviors in men and women in the military and may explain the differences in resilience to PTSD between men and women (Rawlings, 2011, p. 20).

Military sexual violence impacts both men and women. More than half of all incidents of sexual violence happen to men. While rape, sexual assault, and sexual harassment are strongly associated with a wide range of mental health conditions for both men and women veterans, they are the leading causes of post-traumatic stress disorder (PTSD) among women veterans, while combat trauma is still the leading cause of PTSD among men. Sexual violence is often a risk factor for homelessness among women veterans. Stress, depression, and other mental health issues associated with surviving military sexual violence make it more likely that survivors will experience high rates of substance abuse and will have difficulty finding work after discharge from the military (SWAN, 2015).

Rank

Many studies have been conducted on PTSD, but few have included rank as a factor in PTSD. Barrett et al. (2002) found PTSD symptoms were correlated to rank. Stenger (2007) posited that lower ranking soldiers experience greater distress not because they are lower in rank but perhaps because they are younger. Rank and age may be linked but this is not always the case (Rawlings, 2011, p. 21).

Combat Experience (in Months)

The nature of the military's mission in Iraq and Afghanistan supports the possibility that large numbers of soldiers will have more than one tour of combat. Research has indicated that lengthy deployments are a factor that contributes to PTSD (Mental Health Advisory Team, 2006). Olson (2007) noted that soldiers experiencing psychological trauma relating to combat have exhibited a risk of post-deployment readjusting after many deployments. Few studies could be found involving lengthy deployments (more than 12 months) by veterans of the wars in Iraq and Afghanistan (Forman, 2007). The theme of combat experience (in months) is important because it highlighted combat stress associated with lengthy deployments (Rawlings, 2011, p. 21).

Posttraumatic Stress Disorder and War Veterans

Most people in today's military who have been to war show some signs of the heavy stress, the threat of returning to war, the loss of fellow service members, and inner conflicts they've experienced. These effects run on a continuum, from mild and temporary effects to serious disorders in need of medical treatment—and many points in between. At the mild end of the continuum are things like a case of the “jitters” that goes away over time, or a short-lived tendency to get annoyed over little things or to feel distant and shut down. At the high end are stress illnesses like posttraumatic stress disorder (PTSD), other anxiety disorders, and depression.

Military institutions, which also include supporting civilian contract agencies, are struggling with the recent high rates of suicide, post-traumatic stress, mental and behavioral health issues, as well as what some refer to as “an unraveling of military

families.” The Departments of Defense and Veterans Affairs are dedicating significant resources and leadership focus towards programs and protocols that will mitigate these alarming trends and promote resilience for the military members and their families.

In addition to the increasing number of suicides reported among military service members, more focus and attention is directed to the mental health conditions and cognitive impairments that affect many service members participating in Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF). Most of the military personnel do not have these mental health conditions and cognitive impairments, or “invisible wounds” as they are commonly referred to, when they return from their deployments. However only about half of those who do return with symptoms, and have a diagnosis of posttraumatic stress disorder (PTSD) or depression, will seek the services of a health care professional for help.

(Youngberg Jenkins, 2012, pp. 15-16) noted that high-acuity patient care units in military healthcare settings can lead to military healthcare providers having more issues associated with profound emotional distress, lead to more medical visits and healthcare system utilization including both outpatient visits and greater utilization of mental health assets (Chan, Cheadle, Reiber, Unutzer, & Chaney, 2009; Garvey Wilson, Messer, & Hoge, 2009). At present PTSD rates are estimated to be as high as 19 percent and expected to rise further (Chan et al., 2009). PTSD is characterized by three main symptom categories or clusters (American Psychiatric Association, 1994).

- Avoidance is exhibited as unfeeling, apprehension and depression characteristics.

- Hyperarousal is manifested as irritability, inability to concentrate, hypervigilance, and increased startle to anything that would not have previously been startling.
- Re-experiencing elements of the trauma with occurrences of dissociation, flashbacks, and nightmares.

Individuals with symptoms of PTSD additionally experience greater rates of behavioral well-being issues, including social dysfunction, difficulty with interpersonal connections, and impaired capacity to carry out role expectations (Brunello et al., 2001). While both males and females report symptoms of stress, females are more likely to suffer anxiety, somatic disorders and other co-morbid illnesses (Natvik et al., 2011).

Resiliency

Despite profound personal or family stressors many individuals remain remarkably without symptomatology, and this can likely be attributed to resilience. Further investigation is warranted in this population group to identify characteristics and/or behaviors that lend themselves to a greater degree of resilience and to better understand the elements that strengthen personal resilience (Youngberg Jenkins, 2012, p. 3).

Resilience is defined as the qualities that an individual possesses allowing one to flourish in a time of adversity and can be understood as a measure of coping ability (Connor & Davidson, 2003). Data suggest that both cognitive skills and emotional management skills can be supported and that enhancement in these areas improve resilience (Pickering, Hammermeister, Ohlson, Holliday, & Ulmer, 2010). Resilience is not a constant attribute: it is dynamic and can be managed to develop an individual's

emotional hardiness. Resilience or hardiness has been shown to offer protection from the development of PTSD (Waysman, Schwarzwald, & Solomon, 2001).

Luthar, Cicchetti, and Becker (2000) presented an inclusive definition of resilience stating it is not only a dynamic progression, but also a positive adjustment in the face of considerable hardship. Ungar (2005) suggests that the ability for an individual to become resilient is derived less from one's biological make-up than by social development (Youngberg Jenkins, 2012, pp. 13-14).

Psychological resilience refers to the process of coping with or overcoming exposure to adversity or stress. In reference to mental health interventions, psychological resilience is more than an individual personality trait; it is a process involving interaction between an individual and that individual's life experiences and current life context (Meredith et al., 2011). Resilience can apply to contexts relevant to either prevention (before exposure to stress) or to treatment (while recovering from the harmful effects of such stress).

Important factors to consider in the psychological resilience (Meredith et al., 2011) which relates to the transformational process and social change include individual, family, and community factors.

Individual factors involve: managing taxing circumstances; expending efforts to solve personal and interpersonal problems; seeking to reduce or tolerate stress or conflict, including active/pragmatic, problem-focused, and spiritual approaches towards coping; feeling enthusiastic, active, and alert; having positive emotions, optimism, a sense of humor, hope, and flexibility about change; self-esteem/self-worth; confidence; self-efficacy; self-control, and acceptance of what is beyond control or cannot be changed;

and the physical ability of the body to function efficiently and effectively in the domains of life.

Family factors involve: bonding among family members, including shared recreation and leisure time; the exchange of thoughts, opinions, or information, including problem-solving and relationship management; emotional, tangible, instrumental, informational, and spiritual support; love, intimacy, attachment; parenting skills; and the ease of adapting to changes associated with military life, including flexible roles within the family.

The Unit (better known as the Organization) and community factors can work together and include: fostering interaction within the unit or community; building pride and support for the unit and the community; developing positive role modeling; teamwork and cohesion; connection; action; involvement; integration and friendships, including participation in spiritual/faith-based organizations, protocols, ceremonies, social services and schools; and implementing institutional policies that bring people together within the community.

Several returning veterans and transitioning service members find it hard to talk to civilians about their experiences in the war-zone, even some civilians to whom they are close, including family members. They may say or think that this person cannot possibly understand what I have experienced in the war-zone, definitely a very true statement because the experience of war is like no other experience.

Strong, positive bonds within the unit are normally a powerful source of resilience for the service member while they are in the war zone. That same strong, positive support

network back at home can also help the service member become more resilient, especially if that network includes others who have been through similar experiences.

When these individuals return from a deployment, their relationships with fellow service members or veterans are often strong and positive sources of resilience. Family members sometimes wonder why these relationships seem to be stronger than their own relationships with their loved ones. However, by connecting with others who have fought in the same wars, these individuals are able to utilize a very powerful resource to get through the challenges associated with the homecoming process. Encouraging these kinds of relationships can be beneficial for all concerned parties.

If the effects of war-zone stress or stress at home are creating challenges for service members, veterans, friends, or family members, there may be a need for something beyond the skills and support of resilience. Several of these individuals are not sure what is involved in getting professional help and a large number of service members have said that they do not want long term help, or help that requires them to dig deep into their memories or their feelings.

Rawlings (2011), states that the military is a community within itself, and as a community, the military is educating the members about resilience and factors that support resilience. It is important for human services workers to understand and assess the individual, but the assessment should also include the family and community (Bogar & Hulse-Killacky, 2006).

Behaviors that are connected with resilience are related to optimism and being able to find meaning after experiencing difficulties (Newman, 2005). Bogar and Hulse-Killacky (2006) noted that finding emotional support beyond the family, being able to

think positively about oneself, acquiring religion or spirituality, managing external attributes for blame and cognitive style, developing locus of control, and maintaining a positive outlook on life as aids to ordinary healthy development. The concept of resilience combines both genetic personality traits and environmental characteristics that help keep an individual from harmful psychological effects of trauma by assisting the individual to live a satisfying and productive life (Bogar & Hulse-Killacky, 2006).

Resilience is more than developing and accumulating protective factors, but it is a highly individualized process. A strategy that may work as a protective factor for one person in a certain situation may be a risk factor for someone else in another situation (Rawlings, 2011, pp. 48-49).

Reintegration and Adjustment Issues Following Duty in Afghanistan and Iraq

The effects of war on service members' and veterans' stress systems can be rated as mild, moderate, or intense. They can start right away or take weeks, months, or years before causing problems. The range of these effects can be as mild as a bad temper or jumpiness to PTSD, depression, or an overwhelming urge to numb out on alcohol or drugs. However, none of these effects are signs that the service member or veteran is weak, cowardly, or crazy. This is usually an indication that the individual's stress and survival system has been doing its job, maybe just a little too well and all these deployment stress effects are normal reactions to intense stress. The experience of war is so much different from any other experience, but the human stress system is the same no matter to what the body may be exposed.

The homecoming process itself can be very stressful. The military member at war and the family at home have all changed during the deployment period. Military members

might feel isolated, separate, and alienated from family, friends, neighbors, and co-workers, who haven't deployed. When they need support the most, they might not be able to accept it. The many expectations on both sides built up during the deployment, often do not come true after military members return (Meredith et al., 2011).

When they return home, many service members and veterans are afraid that the effects of their stress might be signs of weakness, cowardice, or being "crazy." They may feel crazy, and the people around them may even wonder if that is true. Friends and family members may feel as though they are "walking on eggshells" and/or resenting the way their loved one is acting and even feel guilty or crazy for feeling the way they do.

Family members, who have been under other kinds of heavy stress and threat, can also have heavy stress reactions. Their stress factors include things such as: waiting at home for a loved one to return from war; learning about the dangers that loved one has experienced; coping with the challenges when that loved one returns from a deployment; preparing for the next deployment.

In addition, family members and close friends have been under the heavy stress of constant thought and worry of carrying the family burdens without a partner's help, loneliness, frustration, financial stress, and the loss of loved ones during their deployments. There is also the stress of having the service member or veteran come back changed, withdrawn, injured or disabled, intense, shut down, difficult to understand, and/or reluctant or unable to communicate about important things. The stress of wanting to do things perfectly but not knowing what to say or what not to say is also a factor. In many cases there's the added stress of waiting and preparing for the next deployment.

Hurley (2011) noted that Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) have produced opportunities for additional research (Karney & Crown, 2007). Public response to the plight of military personnel and family members has added impetus to care for persons who have served in the military as well as their family members. Much of the current research on military personnel continues to focus on individual disorders such as acute stress, depression, and posttraumatic stress disorders. Recognition of the importance of military families' contributions has led to the development of psycho-educational and psychotherapy programs including parenting, marriage enrichment, financial planning, and marital and family therapy through active duty support services and civilian contracted services such as Military OneSource (Hurley, 2011, p.7).

Today, with combat operations in Iraq and Afghanistan, the number of military personnel deployed has increased significantly along with the stress placed upon military families. There are nearly three million Americans serving in the U. S. military. Approximately a quarter million military personnel (including active duty, reservists, and National Guard members) are on alert to deploy or already serving in a deployed status. It is common to speak with soldiers today who have three and four combat deployments within a short military career (Hurley, 2011, p.9).

Persons entering military service represent a larger percentage of unmarried persons than their civilian counterparts (Department of the Army, 2009). However, a large percentage of military enlistees tend to marry shortly after entering the military (Military Family Resource Center, 2005). Marriage provides a sense of stability for a number of military personnel in an otherwise unpredictable environment. Spouses

provide emotional support, physical intimacy, and a sense of belonging to a geographical location identified as their home. During times of military separations the spouse remains behind to manage the finances and care for family assets. For some persons separation in itself may not necessarily be perceived as all that stressful. Spouses in special operations units such as Special Forces, Ranger, and Navy Seals often joke among themselves when their soldier/sailor husband has been home for several weeks that it is time for another “road trip” or deployment. Such separation can be seen as a means of regulating levels of marital stress or conflict with the belief that *absence makes the heart grow fonder*. The level of stress on the family during the soldier’s separation is determined in part by the spouse’s perceived capacity to cope with the demands they will face during separation. Segal (1986), prior to today’s wartime culture, identified stressors of military families as being geographic mobility, residence in foreign countries, periodic separations from the family, and the risk of injury or death to the service member. Burrell, Adams, Durand, and Castro (2006), adopting Segal’s framework in studying the impact of military lifestyle on the outcome of families, found that the demand of military separations was the most important of Segal’s four demands in predicting how military spouses are affected by the military lifestyle (Hurley, 2011, pp.11-12).

Karney and Crown’s review (2007) notes that military deployments have not reliably been connected to poorer marital outcomes. In fact, they suggest that marriages may be positively influenced by military service due to the resources and benefits available to military families particularly if the soldier is not exposed to combat. These benefits include extra pay, child care and health care, family support programs,

parenting and marriage programs. If both spouses are willing to forego life together, for the sake of the soldier serving in a combat zone, the spouse and children at home are often more stable with finances, social support, and resources available to the military family. Sheppard, Malatras, and Israel (2010) have noted that both risk and resiliency factors influence family stability during deployments (Hurley, 2011, p.12).

In the Hurley (2011) study, the author notes that the 172nd Infantry Brigade, located in Grafenwohr, Germany, recently began using the Army's new "Comprehensive Soldier Fitness" program as a resilience program with the overarching goal to teach effective communication as a means of strengthening family bonds (Robson, 2010, p. 3). The program is presented with the belief that people who are socially involved, with enhanced communication skills, are more resilient and able to bounce back from traumatic experiences (Robson, 2010, p. 3).

The Comprehensive Soldier Fitness (CSF) program, as described at the Department of the Army level, encourages spouses to participate in a Global Assessment Tool (GAT) which measures the participant's level of strength in four dimensions: social, spiritual, emotional, and family. Once the GAT is complete family members are able to access on-line training modules which are designed to enhance resilience. An 80-hour course is provided as a means of preparing some spouses as Master Resilience trainers who then train other spouses located in their area. The Army's website (<http://www.army.mil/csf/>) touts CSF as currently being developed by academics and military leaders in a collaborative effort to build resilience in soldiers and spouses (U. S. Army, 2010).

Thus far the Comprehensive Soldier Fitness program is presented in the media through publications such as Stars and Stripes (by military spouses in Germany) as

offering training in communication and social involvement. The communications training can help RS spouses to communicate more clearly, and social involvement assists in the development of using resource networks for help, marital stability, and personal growth. Future evaluations are yet to determine the efficacy of this program among military spouses as it continues to be developed by the Department of the Army (Hurley, 2011, pp.91-92).

Many military organizations/units provide marriage enrichment programs for couples both in the pre-deployment phase as well as following deployment. These programs, often referred to as *Strong Bonds*, can assist military units in better preparing couples for dealing with the demands of separation by developing programs which address rejection sensitivity issues as a means of enhancing intrapersonal and interpersonal resiliency. The Strong Bonds Pre- and Re-deployment Program is sponsored by military chaplains and designed to help couples and families cope with the struggle of separation during deployment and the adjustments of post-deployment. The program is offered through an off-site weekend retreat usually at a nearby hotel. In addition to teaching and skills training, Strong Bonds weekends include time for relaxation, recreation, fellowship, and fun. Military couples are invited to spend a relaxing weekend at a hotel away from the normal demands of family life. The cost for the meals and hotel is provided by the government.

Such retreats are typically a positive interruption to a military couple's stressful, demanding lifestyle. The time invested at a retreat serves as a reminder to couples of the importance of healthy communication and problem-solving approaches, as well as how they can develop intimacy-building strategies for their marriages. As a retreat it removes

them from the demanding day-to-day routines they regularly face and places them in a relaxing, structured weekend setting. It serves as an important interruption to the busyness of military life with limited time to contribute to resilience building among participants (Hurley, 2011, pp.94-95).

Programs which provide the development of intrapersonal and interpersonal resources can enhance the strengthening of self-confidence and shared meaning between military spouses during deployments. Self-confidence enhances the spouses' perceived ability to manage difficult situations such as deployments. Couples who share similar meanings and purpose are likely to maintain stronger bonds in the face of adversity (Hurley, 2011, p.95).

The Army's Comprehensive Soldier Fitness program continues to be developed. The general impression from the field (Robson, 2010) is that it is primarily a program which enhances communication skills and social interaction. Both are valued components of a comprehensive resilience program and offer a channel for RS spouses to clarify their reason for being anxious prior to becoming reactive. It is recognized that some spouses are hesitant to participate in a military-sponsored program. This is particularly true of some young spouses who witness their military-spouse going off to do their duty, but they want to avoid becoming a part of the military community as a means of maintaining their autonomy separate from the military.

Strong Bonds, sponsored by military chaplains, offers a respite away from the daily routines of the military family as the retreat meets at a hotel near the military installation. Interaction with other military couples is encouraging and frequently helpful

to couples who participate in this program. Due to the time limitations of the retreat, the presentation provides for an overview of pertinent relationship topics with little opportunity for building lasting resilience during the weekend event. RS participants are likely to be encouraged by the time spent with their spouse as well as social interaction with other couples participating in the Strong Bonds retreat; however, the program's content offers little for persons such as the rejection sensitivity (RS) population who are highly anxious and emotionally reactive with anticipation of a negative outcome in their marriages (Hurley, 2011, pp.95-96).

The resilience model (Walsh, 2002) developed at the Chicago Center for Family Health (CCFH) is a comprehensive program which has the potential for becoming a comprehensive program for military spouses both in the military and civilian communities. Its multi-faceted approach includes the participation of families in sharing their stories of suffering and struggle while affirming their family resources of courage, endurance, faith, kinship, and concern for loved ones during a nine-week group format. Family therapy teams provided weeklong training sessions emphasizing a resilience-based perspective as a means of facing family challenges. This comprehensive program has much to offer in ameliorating the impact of rejection sensitivity.

On an intrapersonal level, the results of this research can assist couples in understanding the propensity of how some spouses become anxious and anticipate negative marital outcomes due to earlier life experiences. Such awareness can be included in pre-deployment couple preparation as well as a topic for discussion among deployed couples as they communicate with each other during deployment separation. In the future, programs for military couples need to build on the awareness of rejection

sensitivity among military couples as a means for building resilient relationships rather than presenting the presence of rejection sensitivity as a pathological deficit in the spouse (Hurley, 2011, pp.96-97).

Previous research (Karney & Crown, 2007) noted that military deployments have not reliably been connected to poorer marital outcomes. Benefits such as extra pay, child care and health care, family support programs, parenting and marriage programs can, in some circumstances, offset the impact of deployment on some marriages. It has been surmised that risk and resiliency factors influence family stability during deployments (Sheppard et al., 2010). Based on the findings of this study, military couples do not appear to cope with separation better after a few deployments; rather, relationships are impacted more significantly with the culmination of total months separated throughout the couple's relationship history. Continued military separation appears to make relationship satisfaction worse for many couples (Hurley, 2011, pp.97-98).

Summary, limitations of knowledge, and where this study fits in

The studies reviewed above focused on risk factors, resilience, PTSD, psychological factors, and several other areas such as; guilt, depression, anxiety and/or phobias, hostility, dissociation, isolation, aggression, violence, unemployment, substance dependence and abuse, legal difficulties, nicotine addiction, self-destructive behaviors, homelessness, health problems and illnesses, disabilities, and interpersonal, marital, and family discord.

Current studies have not addressed sufficiently how identified risk factors are related to these psychological issues in treatment. The studies assessed the symptoms of PTSD, but did not explore the contents of the PTSD symptoms. For example,

PTSD assessment instruments inquire whether participants have had flashbacks or nightmares, but do not ask participants to identify the contents of their flashbacks/nightmares. While such an inquiry enables researchers to assess the quantity/severity of symptoms, it does not provide necessary clinical materials for treatment. In other words, the inquiry indicates that a certain number of veterans may have PTSD and will need treatment, but it does not shed light on what aspects of the war-related traumas are most disturbing to them, nor does it point to those images that involuntarily intrude in their mind through flashbacks and nightmares (Huang, 2010, p. 9).

Last, the current use of combat exposure as a construct often does not distinguish between “passive” exposures and “active” involvement. In warfare, one is not only exposed to combat; oftentimes one is forced to act in order to survive or for the protection of self and others. Regardless of intentions, such actions may often lead to harm or destruction to self or others. Most studies evaluated the construct of combat exposure, but failed to examine or discuss the moral and psychological construct of killing or injuring others. One cannot help but wonder whether being responsible for the death of another placed these veterans at a higher risk of developing PTSD and other difficulties such as a loss of meaning, depression, or suicidal traits (Huang, 2010, p. 10).

It was not uncommon for studies to assess combat experiences without inquiring whether respondents were directly involved in injuring or killing of others. As Tick (2005) observed, it seems there is a tendency among researchers to avoid talking about killing and injuring others because, in a war, killing of enemies is justified

or even glorified. Such avoidance may minimize the moral and psychological implications and significance of a veteran's role in being the direct or indirect cause of harm, often against one's personal values and moral convictions (Huang, 2010, p. 11).

According to Lazarus and Folkman (1984) coping is a result of interactions between persons and the environment. To exclusively focus on stimuli from the environment is insufficient in understanding the complexity of trauma stressors resulting from the interactions between war zone stressors and personal responses (Fontana, Rosenheck, & Brett, 1992). Individuals' successful coping is greatly affected by their appraisals of situational threats as well as adequacy of personal responses. It is precisely the guilt resulting from having injured or killed others that drove veterans to seek treatment years after their deployment (Fontana & Rosenheck, 2004; Mastnak, 2008; Singer, 2004; Silver & Rogers, 2002; Tick, 2005). It is such a soul wound, as Tick named it, that these veterans battle silently, long after memories of the war have faded in the minds of the general population. To better address the complex treatment needs of veterans with PTSD, it is imperative that the moral and psychological dynamics involved in combat duties be examined and understood in more depth (Huang, 2010, p. 11).

CHAPTER 3

Methodology

Qualitative Research Design

A qualitative research design was selected in order to be able to abstract intricate details relative to the adjustment process from military to civilian life, in order to explore the feelings and thought processes of the veteran participants, and to understand the meaning and nature of their experiences (Corbin & Strauss, 2008). Qualitative studies are especially suited for understanding the cognitive, emotional, and behavioral impact, in addition to the overall meaning that the phenomenon has on someone's life (Maxwell, 1996).

Rudestam and Newton (2001) emphasize that the participants are experts on the phenomena being studied. Therefore, it was important to hear from a small but rich sample of veterans. These in-depth descriptions of the veterans' experiences during the adjustment period, post-deployment, were provided through face-to-face interviews. Several potent themes were then extracted that may lead to the development of programs which could have the potential of facilitating adjustment processes for most of these individuals.

Narrative Inquiry

The terms that narrative researchers use to describe the empirical material they study have flexible meanings, beginning with the word "narrative" itself. A narrative may be oral or written and can be elicited or heard during fieldwork, an interview, or a naturally occurring conversation. In any of these situations, a narrative may be (a) a

short topical story about a particular event and specific characters such as an encounter with a friend, boss, or doctor, (b) an extended story about a significant aspect of one's life such as schooling, work, marriage, divorce, childbirth, an illness, a trauma, or participation in a war or social movement, or (c) a narrative of one's entire life from birth to the present (Beverley, 2005).

Life history is the more specific term that researchers use to describe an extensive autobiographical narrative, in either oral or written form, that covers all or most of a life. Historians use oral history to describe interviews in which the focus is not on historical events themselves—historians' traditional interest—but rather on the meanings that events hold for those who lived through them (Beverley, 2005).

The liberation movements of the 1960's and 1970's helped to reinvigorate the life history method. For example, the civil rights movement led to renewed interest in slave narratives. More than 2,000 oral histories of former slaves had been deposited in the Library of Congress, but only a glimpse of them was available to the public (Beverley, 2005).

Narrative inquiry has a long intellectual history both in and out of education; it is widely used in studies of educational experience. The studies of narratives are based upon the ways humans experience the world. This general concept is refined into the view that education and educational research is the construction and reconstruction of personal and social stories, in which learners, teachers, and researchers are storytellers and characters in their own stories and the stories of other people.

Narrative inquiry is firmly based on the thought that, as human beings, we understand and give meaning to our lives through use of stories (Andrews, Squire &

Tambokou, 2008). It is a form of qualitative research which involves gathering narratives—written, oral or visual—focusing on the meanings that people relate to their experiences, while seeking to provide "insight that (befits) the complexity of human lives" (Josselson, 2006, p.4). However narrative inquiry is more than the uncritical gathering of stories. Narrative inquirers strive to attend to the ways in which a story is constructed, for whom and why, as well as the cultural discourses that it draws upon.

The term *narrative* carries many meanings and is used in a variety of ways by different disciplines, often synonymously with *story* (...) the narrative scholar (pays) analytic attention to how the facts got assembled that way. For whom was this story constructed, how was it made and for what purpose? What cultural discourses does it draw on—take for granted? What does it accomplish? (Riessman & Speedy, 2007, pp. 428-429).

In the process of gathering and telling of "stories," we are gathering "knowledge *from* the past and not necessarily knowledge *about* the past" (Bochner, 2007, p.203, original emphases), thus:

Making stories from one's lived history is a process by which ordinarily we revise the past retroactively, and when we do we are engaged in processes of languaging and describing that modify the past. What we see as true today may not have been true at the time the actions we are describing were performed. Thus we need to resist the temptation to attribute intentions and meanings to events that they did not have at the time they were experienced (Bochner, 2007, p.203).

However it is often only in retrospect that we begin to understand and give meaning to events (Polkinghorne, 1995); memory is selective in most cases and can play tricks on us. It hides in the shadows waiting to catch us unexpectedly. "It is far from uniquely autobiographical. It is grounded in what is tellable." (Atkinson & Coffey, 2003, p.118).

Narrative inquiry, which is a relatively new method of qualitative research, is the study of experience understood through narratives. It is a process of thinking about, and studying, experience. Narrative inquiry follows a reflexive process of moving from field (starting points in telling or living of stories) to field texts (data) to interim and final research texts. Commonplaces of temporality, sociality and place create a conceptual framework where different kinds of field texts analyses may be used. Narrative inquiry highlights ethical matters and shapes new theoretical understandings of individual experiences.

Reissman and Speedy (2007) point out that “narrative inquiry in the human sciences is a 20th century development; the field has ‘realist’, ‘postmodern’, and constructionist strands, and scholars and practitioners disagree on origin and precise definition, (p. 429). There is some agreement on the following definition:

People shape their daily lives by stories of who they and others are and as they interpret their past in terms of these stories. Story, in the current idiom, is a portal through which a person enters the world and by which their experience of the world is interpreted and made personally meaningful. Narrative inquiry, the study of experience as story, then, is first and foremost a way of thinking about experience. Narrative inquiry as a methodology entails a view of the phenomenon. To use narrative inquiry methodology is to adopt a particular view of experience as phenomenon under study (Connelly & Clandinin, 2006, p. 375).

Narrative inquiry is a way to understand and inquire into an experience through “collaboration between researcher and participants, over time, in a place or series of places, and in social interaction with milieus” (Clandinin & Connelly, 2000, p. 20). The three commonplaces of narrative inquiry - temporality, sociality, and place - are used to specify the dimensions of an inquiry and serve as a conceptual framework.

Commonplaces are the dimensions which need to be explored simultaneously when

engaging in a narrative inquiry. Experience through inquiry into all three commonplaces is partially a critical element that distinguishes narrative inquiry from some of the other methodologies. Attention to the commonplaces allows narrative inquirers to be able to study complexities of the relational composition of someone's lived experiences, inside and outside of an inquiry, as well as to imagine the future possibilities of these lives.

Most narrative inquiries begin by telling stories, with a researcher interviewing or engaging in conversations with participants who tell stories about their experiences. "A more difficult, time-consuming, intensive, and yet, more profound method is to begin with participants' living because in the end, narrative inquiry is about life and living" (Connelly & Clandinin, 2006, p. 478). Regardless of the starting point, narrative inquirers position themselves in ways they can relate with their participants. Some narrative inquirers view themselves and their participants as co-composing every aspect of the inquiry, as well as their own lives, while they live out the inquiry. Other narrative inquirers view themselves and their participants as more distant, acknowledging less importance to the relational aspects.

One-on-one situations ask the participants to tell their stories in various ways: by responding to structured interview questions; by engaging in conversation or dialogue; by telling stories triggered by a variety of artifacts such as photographs or memory box items. Group situations involve two or more participants who have lived through similar situations who meet with the inquirer to tell stories of their experience. Texts are created from these stories, which are analyzed using different types of analytic frames. Chase (2005) identified five diverse approaches for analyzing these

stories: a psychosocial developmental approach; an identity approach focusing on how people construct themselves within institutional, cultural, and discursive contexts; a sociological approach with a focus on specific aspects of people's lives; a narrative ethnographic approach and an auto ethnographic approach. In this study I used the narrative ethnographic approach.

Narrative inquiry involves entering into lives of each participant and inquirer. Narrative inquiry always begins in the middle of ongoing experiences. In this process, inquirers and participants continue to live their stories as they continue to tell stories of their experiences over a period of time. The inquiries conclude while they are still in the middle of living and telling, reliving and retelling, these stories of the experiences that make up the narrative inquirers' and participants' individual and social lives. The process of narrative inquiry is described as a recursive process, which involves being in the field, composing field texts, drafting and sharing interim research texts and composing the research texts.

Some forms of qualitative research focus on a search for common themes across the participants' stories or use the participants' stories to develop and confirm existing conceptual systems. Since narrative inquirers pay close attention to individual lives, as they are developed over a period of time, with relationships to people and situations in a particular place or places, the focus remains on the lives as they are lived and told throughout the inquiry. Hence, the narrative methodology offers the research participants an opportunity to reflect upon their lived experiences as they are telling their stories to the researcher. Other forms of qualitative inquiry normally do not allow the participants to experience this option.

This method uses storytelling, which were the participant's interviews, as an information-gathering source. Stories are narratives used by people to make sense of their experiences and the first-person accounts of these experiences are told in the form of a story when used in research. As the researcher I found that the narrative analysis is best suited for this study, due to its relationship to the theoretical framework of transformational learning, because it allows the participants to share their personal experiences of transformational learning through their stories.

Participants

The number of actual participants used for this study was 5. They were male and female from various cultures, backgrounds, military ranks, career fields and branches of service. The age range of the participants was between 30 and 50.

Participants were recruited from several sources such as: public and private organizations for individuals with disabilities; military and veteran organizations; the Veterans Administration; Veterans of Foreign Wars; the Wounded Warriors Project; Operation Warrior Wellness; and friends, colleagues and family members, who know individuals, or who met the requirements to be a participant in this research. The majority of the participants for this study were selected from the Washington, D.C. metropolitan area of Virginia, Maryland, and Washington, D.C. I carefully screened all of the participants to verify that they met the following criteria for this study.

The participants were veterans who served in the Iraq or Afghanistan conflicts between 2001 and 2014. In order to ensure that they had sufficient time to experience the post-deployment adjustment process, the participants were required to have a minimum of 4 months at their home station since

returning from the war-zone. All of the participants were willing and able to describe their experiences in making the transition from the war-zone back to civil society. I have provided a more detailed description of their experiences in the next chapter (chapter 4).

Participant Demographics

A pseudo name was chosen by Jasmine and all of the other participants requested to be referred to by their first names.

<i>NAME</i>	<i>RACE</i>	<i>SEX</i>	<i>AGE</i>	<i>MARITAL STATUS</i>	<i>BRANCH OF SERVICE</i>	<i>RANK</i>	<i>YEARS OF SERVICE</i>	<i>CONFLICT</i>	<i>YR. OF CONFLICT</i>
JASMINE	AFRICAN AMERICAN/ PUERTO RICAN	F	48	SINGLE	US ARMY, US ARMY RESERVE, US AIR FORCE RESERVE	MSGT/E-7	21	OEF	JUL 2003 - MAY 2004
ROB	CAUCASIAN/ JAPANESE	M	43	MARRIED	US NAVY	CDR/O-5	18+	OEF/OIF	2008 - 2009
JAMES	WHITE	M	35	MARRIED	US MARINE CORPS	SGT/E-5	9 YR./4 MO	OIF 2	2004
TOM	WHITE	M	31	MARRIED	US ARMY	SPC/E-4	3	OIF	2007 - 2008
MARK	AFRICAN AMERICAN	M	47	DIVORCED	AIR NATIONAL GUARD	MSGT/E7	29	OEF/OIF	2010/2011 and 2012

Table 1

Data Collection

Interviews: Participants were asked to take part in an interview which lasted between 1-2 hours. The interviews took place in a location that provided privacy for the participants and was convenient for them, such as in their offices or in a quiet and private conference room where they worked. The interviews were recorded, with the participant's approval, and the participants were provided with a transcribed copy of the interview to

review for accuracy. The participants were given an opportunity to make any corrections that they felt were necessary during the review of their transcript. Participants were asked to talk about their lived experiences and relationships prior to entering the war-zone, during the time they were in the war-zone, and once they returned from the war-zone. The participants were also offered an opportunity to share a collage of pictures, and provide artwork, written music and/or poetry describing their feelings and experiences since making the transition.

I used different methods in order to obtain the true feelings and views of the participants. I started using a semi-structured interview process, with a sequential set of questions. After the first interview, I realized that this approach was not allowing me to gain as much detailed and specific information as I expected from the interview process. Therefore I changed the method of conducting the interviews to a format which became more of a discussion between me, as one combat veteran, and another fellow combat veteran. This method produced much better results in obtaining more detailed and specific information. I continued to use this method for all of the other interviews that followed. I then began the task of transcribing and analyzing the data after each interview was completed. One of the main sources of the data collection was obtained through the uses of the in-depth one-on-one personal interviews with participants who volunteered to be a part of the research.

Several other sources were used in the data collection process related to the topic of the research.

Media: These sources included information from the different forms of media such as, newspaper and magazine articles; books and social media; internet and television; and film documentaries.

Creative Expression: Several forms of creative expression such as arts, music, sports recreation and entertainment, religion, meditation, and yoga. During the interviews with the participants they shared how these various forms of creative expression helped them in making the transition from combat to civil society. This caused me to look further into other media sources such as newspapers, magazines, and film documentaries, which confirmed that these forms of creative expression were instrumental in the successful transformational process of combat veterans.

One participant provided me with a picture of his vehicle, after it was hit by an IED, while he described the details of what happened and how he survived. Another participant showed me a tattoo on his arm and explained the significance of it. He also shared some pictures of individuals who were missing one leg, with a tattoo on the other leg commenting on the missing leg. These were used to discuss the need for him to maintain a sense of humor about his current situation and it became valuable data in contributing to the themes identified.

Observances: Observances by fellow combat veterans who served together; co-workers who work with veterans of the combat zone; spouses of veterans who served in combat; and supervisors, both military and civilian, of combat veterans. This data was readily available to me because of my inside connection as a fellow combat veteran and coworker with these individuals. Their comfort level of sharing this information with me was not threatened in any way due to our long-time relationships.

I spoke with several veterans of the wars from my National Guard unit, as well as the active duty military members I worked with at the Pentagon and coworkers on my civilian job. I asked them to share what they had experienced, observed and discussed with their troops once they returned from the combat zone. I also asked the civilians to share their experiences with their spouses, who had served in combat, once they returned home.

This data was obtained through daily conversations with these individuals which were informal, unplanned, and most of the time strictly voluntary. They shared information from what they could recall, or from what they had documented on their own, of their experiences with the returning combat veterans. These conversations mostly occurred in the workplace, but in some cases they were away from the workplace and discussed during personal one-on-one conversations.

Personal Experiences: I used data from my own personal experiences as a combat zone veteran in this process, by examining how I changed each time I returned, along with some of the difficulties and challenges I faced while making the transition. I also observed others, who served in the combat zone with me, to identify and address potential problems they may experience during their transition. This data was obtained from records I maintained of counseling sessions with members of my military unit, who were under my direct supervision. I also kept a personal journal during my deployments to the combat zone, and after I returned to the mainland, in which I documented my experiences and challenges pre, during, and post deployments.

Follow up Sessions: After listening to the recorded interviews and carefully reviewing the written transcripts, there was a need to conduct second interviews with three of the participants. This was required to gain a more clear understanding of certain statements that were provided during the interviews, and to ask them follow up questions about those statements.

Data Analysis

Stories are narratives used by people to make sense of their experiences and the first-person accounts of experiences are told in story form when used in research, with a beginning, middle, and end. A narrative analysis is used to analyze the stories told by the individual participants (Merriam, S. B., & Kim, S., 2012). A narrative analysis is well suited for this research, particularly due to its relationship to the theoretical framework of transformational learning, because it allows the participants to share their personal experiences of transformational learning through their stories. The following are ways in which I applied narrative analysis.

Analyzing the Interviews

Once each individual interview was complete, I conducted an analysis of that individual story. During this process, I was able to collectively extract several common themes from the stories of each individual participant. The themes were identified by several of the participants during my analysis of their stories after each individual interview. These common themes helped me understand what was most important to the participants, as they made transitions during the resilience process, and continued to move forward with their lives. “Transformation Theory’s focus is on how we learn to negotiate and act on our own purposes, values, feelings, and meanings, rather than those

we have uncritically assimilated from others, to gain greater control over our lives as socially responsible, clear-thinking decision makers” (Mezirow, 2000, p. 8).

I began the task of transcribing and analyzing the data after the first interview was completed. The interview process with other participants continued and comparisons were made across interviews, using a constant comparison method. The material was formulated and reformulated until core categories were identified. This process continued using the coding method described by (Corbin & Strauss 2008) until the concepts became saturated.

Coding

My coding process (Have, 2004) involved two important aspects. I first began to break up the data from the interview transcripts by selecting parts of the data as incidents to be coded. Corbin and Strauss (2008) contend that coding is analogous to “mining” the data; in other words, one must dig “beneath the surface to discover the hidden treasures covered within the data” (p. 66). Incidents from the data are therefore compared for similarities and differences, allowing me to differentiate one category or theme from another and to identify properties specific to that category or theme.

Memos

The second aspect I applied is known as “memoing,” which refers to a process in which the researcher records any new ideas that are generated as a part of the coding process in a separate memo (Corbin & Strauss, 2008).

Writing memos helps the researcher to think more about the data and analyze it

carefully. Memos are key elements in the qualitative research process of data collection.

My memos were kept to help process and analyze the data. Second and third follow up interviews were conducted in person or by telephone with the participants as necessary, to clarify and obtain essential information that was not obtained in the initial interview. Once the categories were developed and validated, recruitment was discontinued.

Identifying Themes

Themes were identified by listening to the recordings and reading the transcripts of the interviews several times. I also used the information retrieved from the other sources in the data collection process, with the help of the software program *MaxQDA*.

The software program required me to provide themes or common phrases to find patterns and or repetitions within the text. Each of these themes and phrases were individually color coded and a number was calculated to identify how many times they were found in the text. However, this process did not provide the results I expected. Therefore I decided to carefully reflect upon those individual impressions and recollections of each interaction between me and the participants. This provided greater results with a stronger sense of identification and understanding to what the most important themes were throughout each of the interviews. That level of identification and connection could not be extracted or found through the use of a software program.

Pentagulation© – Pentagulation is a process that I developed to incorporate five or more sources of data collected, to be used in the analysis process. Since the research is focused on challenges faced by the members of the military as a result of recent combat

operations, I decided to develop a process that was connected to the corporate headquarters and policy making center of the military services, the Pentagon. This process involves taking at least five different sources of data for individual and in-depth analysis that are relevant to the research topic. Hence I created the term “Pentagulation©”.

In figure 1, each of the five sources is represented with its own Pentagon, with arrows showing the flow of information coming out and going into the Pentagons. The information is shared between each of the Pentagons and may produce or duplicate individual and common themes as the flow continues. The flow of the arrows represents the analysis of data that is taking place within each of the five sources represented by the Pentagons. Once the data from all of the sources have been “Pentagulated©”, the sources culminate into one frame, which represents the completion of the data analysis process, as outlined in figure 1.

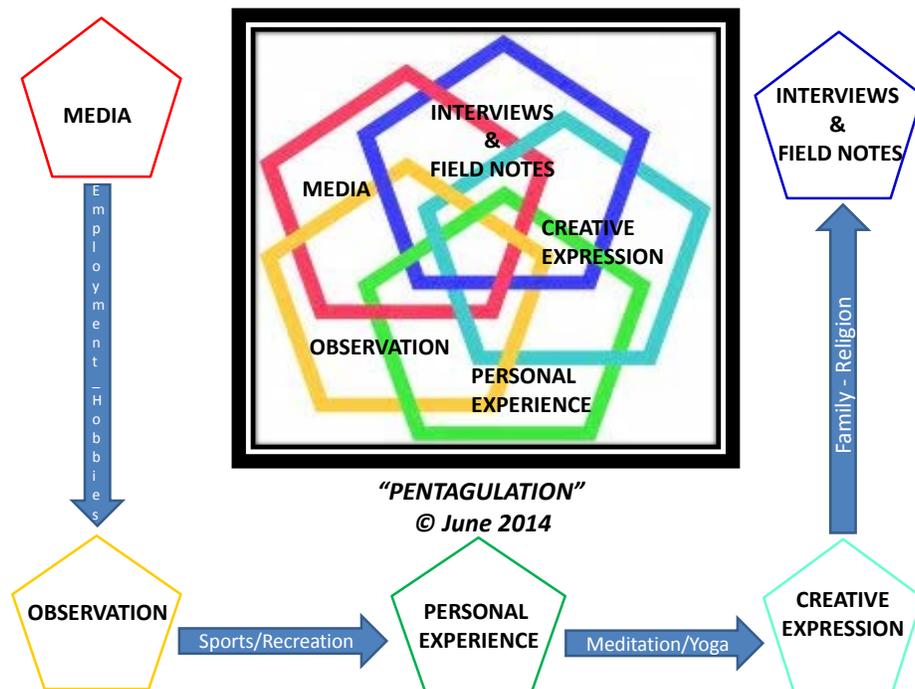


Figure 1

Five Levels of Inquiry and Interpretation - The five sources of data are also referred to as “The Levels of Inquiry and Interpretation.” These five levels of inquiry and interpretation were used to search for information that would help to define and extract the most important themes identified during the data analysis process. The various levels of inquiry and interpretation are identified as follows.

Interview and Field Note Analysis

First Level of Inquiry and Interpretation - The first level of inquiry and interpretation was the foundation of the data analysis process. It included listening several times to the in-depth interviews with the research participants, a thorough review of the recorded transcripts and my field notes that were taken prior to, during, and after the interviews.

I thought that the in-depth personal interviews would be the least difficult part of the process, and that finding participants should not be a difficult task, since I am also a member of the group that the research is centered around. However this seemed to be the most difficult part of the process. I soon discovered that unless there was an inside connection or membership in a veteran club, organization, therapy group, or treatment facility, volunteers were hard to find and reluctant to participate in the study with an unknown source.

Once I finally was able to obtain volunteers for the interviews, the process seemed to move forward flawlessly and with great comfort in the exchange and sharing of information between the participants and me. However, the unexpected problem I encountered was that some stories are too difficult for the participants to re-live and they

may chose not to share them with anyone. I experienced this situation with the very first individual whom I asked to interview. He agreed to let me conduct the interview, but when I arrived at his home to begin the process, he began to have anxiety attacks, that caused him a great deal of stress, and he decided not to proceed with the interview. Even though I have known him for several years and we have a great relationship, the thought of re-living his combat experiences proved too difficult for him to share.

Media and Literature Review

Second Level of Inquiry and Interpretation - The second level of inquiry and interpretation was mainly associated with information extracted from several sources of the media and published literature relevant to the topic of this study. These sources included, but were not limited to: newspaper and magazine articles, books and social media, internet and television, and film documentaries.

These specific media sources, also a part of the data collection process, came from publications such as The Military Officer, The Veterans of Foreign Wars (VFW) monthly issue, the Guidepost Magazine, and the Washington Post. The other media sources included stories covered on local and national news networks such as CNN, ABC, CBS, and NBC. I also looked at a series of short documentaries from the Wounded Warrior Project entitled “Wounded: The Battle Back Home,” which is an exclusive documentary series that brings to life this generation’s injured service member experiences as they battle both the visible and invisible wounds of war.

This level allowed me to obtain and analyze information from several other popular and modern communication sources with a steady flow of current and up-to-date information that was relevant to the topic of the research. It also enabled me to have the

virtual ability and mobility to examine this information without physically having to be on site at that location. The use of these sources helped me to identify the themes that I have extracted from the data analysis and to validate the contributions provided by each of the participants to those themes.

Creative Expression

Third Level of Inquiry and Interpretation - The third level of inquiry and interpretation involved creative expression. This level included some of the many resources that several veterans of the wars in Iraq and Afghanistan used to help them make the transition from the war-zone to civil society. These resources allowed them to find and use different forms of creative expression to help develop, build and rebuild their confidence and self-esteem. These activities included: art (liberal and creative arts, such as reading and writing literature, painting, photography, and sculpture); music (listening to music and learning how to play music); sports and recreation (participating in sports activities such as baseball, skiing, sky diving, basketball and wheelchair basketball, fishing, hunting, and many more); meditation; yoga; and prayer.

These various forms of creative expression stood out clearly, not just in the one-on-one personal interviews with the participants, but also in most of the other data sources I used for this study. This revelation encouraged me to explore these creative expression alternatives further, as methods used by combat veterans to help adjust and to make the transformation process easier for them. These various forms of creative expression are listed in appendix 1.

As the researcher, and also as a member of this group being studied, I have participated in several of these activities and they have been very helpful for me in

making my transition back into the civilian lifestyle. This level seemed to have the most positive results in assisting the veterans with making their transitions from the war-zone into the civilian world. It also helped to make the connection between “Resilience” and “Transformational Learning”.

These individuals were not only strong enough to “Bounce Back” from the “Life Threatening and Traumatic” experiences of the combat zone, but they also had to do a great deal of “Critical Reflection” to make serious personal lifestyle changes and adjustments, due to their physical and mental conditions.

Observations

Fourth Level of Inquiry and Interpretation - This level involved the observation process which was also a part of the data collection process. I used observation in several ways to gather and analyze information. As an experienced and involved member of the group being studied, I observed the actions and reactions of those individuals who were in my direct line of responsibility prior to entering the combat zone, during the time that they were in the combat zone, and once they returned to the homeland from the combat zone. I looked for signs of negative changes or potential triggers that could create or elevate problems, for those individuals who were under my command, as they made the transitions to and from the combat zone. If triggers or problems were detected, I ensured that the member received assistance from the appropriate resources.

I continued these observations among individuals returning from the combat zone who were in my Air National Guard unit, as well as with the individuals who worked with me during my assignment at the Pentagon. These observations also included feedback from the observations of other people, who may have noticed triggers or

changes. These individuals included fellow combat veterans who served together; co-workers who work with veterans of the combat zone; spouses of veterans who served in combat; and supervisors, both military and civilian, of combat veterans.

The individuals discussed in this level were not interviewed participants of this study. However they played a significant role in this study, without even knowing it, because they provided valuable information to me through my casual conversations and daily interactions with them.

Personal Experiences and Observations

Fifth Level of Inquiry and Interpretation - The fifth and final level is based upon my own individual personal experiences and observations. As the researcher, I have also been a participant of this study and I found myself connecting to some of the experiences of the participants, as well as with the information extracted from the other four levels of inquiry and interpretation.

I have served in the military for more than 34 years total, between active duty in the United States Navy and the United States Air Force, and the United States Air Force Reserves and the Air National Guard. I served three tours of duty in the combat zones of Iraq and Afghanistan between 2003 and 2005. The methods used in this research have allowed me to reflect on several of my own personal experiences, identify and realize how I was able to make positive adjustments, and how I can continue to make these changes.

As the researcher, it became difficult at times to remain neutral and remove myself from these experiences, in order to sustain the authenticity of each data source without appearing to be directing the outcome of the study in any way. This was

especially true during the first levels of inquiry and interpretation, while conducting the in-depth personal interviews.

During the first interview, as the participant shared her story, she continued to look at me as though I should have some responses to what she was sharing, because she knew that I had also experienced the same things and she seemed to expect me to acknowledge or add comments about what she was sharing. It became more beneficial when I decided to change the interviewing process to a conversational format between two combat veterans.

Dependability Issues and Ethical Considerations

This research was conducted in order to get a richer and more in-depth understanding of the relationship of transformational learning and resilience among military veterans of the wars in Iraq and Afghanistan, as they were perceived to be coping with life's adversities. I have been a member of the Armed Forces for more than 30 years and have also experienced several deployments to the war-zone. Therefore, biases from my own affiliation and experiences with the military, could have become evident at certain points during the research. The Pentagulation format used in the data analysis process helped to solidify these concerns and confirm the results of the information extracted from this source.

Obtaining Informed Consent - Every participant of this study received an informed consent form prior to being interviewed. The consent form was reviewed by each participant and the participant's signature on the form served as their approval to conduct the interview for the research. All pictures and/or artwork that were provided

did not include facial captions, in order to maintain privacy, confidentiality, and to protect the identity of the participants.

At the end of each interview, I invited the participants to ask questions, comment on the interview, and modify any information provided during the interview. They were informed of the possibility of the need for a follow-up in person recorded interview, or a non-recorded telephone interview for the specific purpose of data clarification. They were also reassured of the confidentiality of the interview and reporting of the data. They were reminded that the data will be kept in a locked file until the study is completed. In an effort to protect privacy, each participant was asked to choose a fictitious name for the study materials (e.g., the interview, the transcript, etc.) and the data obtained from the interviews. I also used the member checking process with the participants by providing them with a copy of the written transcript of their interview to check it for accuracy and validity.

In addition, my personal experiences in the war-zone could have had some influence on the direction of the interviews, specifically with the probing questions. Accordingly, the interpretations of the findings from this study also could have been slightly swayed by my own personal views, as a military member, on transformational learning and resilience.

In order to manage these biases in a qualitative study, the process of reflexivity must occur. Reflexivity has been defined as an awareness of the researcher's contribution to the construction of meanings throughout the research process, and an acknowledgment of the impossibility of remaining outside of one's subject matter while conducting the research (Patton, 2002). It is important that the researcher remain

cognizant of his own social, cultural, and political perspectives and have the ability to keep them separate from the perspectives of the participant's.

I was aware of my personal beliefs and experiences, as they relate to the difficulties and hardships faced while being affiliated with the military. During the initial interview, I found myself tempted to share my own stories about my experiences with the participant. Once I became aware of my own biases, I stuck to the interview schedule without adding any comments or personal reflections to the participants' responses. It was important that throughout this study I continued to remain non-judgmental to any of the responses provided by the participants during the interviews. The ability to remain focused on the purpose of the interview allowed me to gather high-quality data. On the positive side of this situation, I was able to gain the trust of the participants, as a member of their military culture with similar experiences in the combat zone. I truly believe that this was a critical factor that determined how much information the participants decided to share with me, that probably would not be shared with the average civilian who was not a part of this military culture.

Summary

In this chapter I have identified the qualitative research design and presented the foundation of how this research study was conducted using the narrative inquiry method. I discussed the rationale for selecting the qualitative design for this research and outlined the foundation of how this study was conducted. This chapter explained and discussed the criteria for selecting participants in this study and provided demographical information about them, and outlined the data collection and data analysis methods.

The five levels of inquiry and interpretation were discussed, and an explanation given of how these five levels of inquiry and interpretation were incorporated into my newly developed process of “Pentagulation”©, which was used to identify and extract the common themes. I discussed the process of how I obtained informed consent from the participants for this study, and the pros and cons of dependability issues and ethical concerns.

CHAPTER 4

Participants' Stories

Introduction

As a veteran of the wars in Iraq and Afghanistan, I have experienced some of the same or similar situations as those shared by the participants in this chapter. Because of my status as a fellow combat veteran, the participants felt at ease about sharing their combat exposure and experiences with me. This provided me an unusual opportunity to gain information about combat experiences that are seldom shared with anyone who has not served in combat. I felt compelled to have these stories told so that the average civilian could truly understand what it means for a member of the United States Armed Forces, and to leave families, jobs, lifestyles, and loved ones, to serve and protect their country. In order to provide a better understanding of each participant in this study and my relationship to them, I will share some very important facts from their stories in a narrative form.

Jasmine

(The Twilight Zone)

Jasmine is a 48-year-old single African American/Puerto Rican female. She is currently a Master Sergeant (E-7) in the United States Air Force Reserves. Prior to her current assignment, Jasmine also served in the United States Army Reserves and on active duty in the United States Army. She has a total of twenty-one years of service and served one tour of duty for ten months in Afghanistan, between July 2013 and May 2014, in support of Operation Enduring Freedom (OEF).

Jasmine and I met through our participation in the Transcendental Meditation program. Jasmine and I are both using this form of therapy to treat our issues associated with Post Traumatic Stress Disorder (PTSD). We developed a strong bond during our participation in this program, and we had several common experiences to share, because we were both deployed with the U. S. Air Force and had similar issues with PTSD.

This is Jasmine's story:

During her arrival to Bagram Airfield in Afghanistan, Jasmine had an experience not to be forgotten. According to Jasmine, as the aircraft approached Bagram Airfield, she and other members on the plane were told that they needed to put on flak vests. The flak vests were located on the bottom of their seats, and they were told that they would need to sit on them - just in case the aircraft would be shot at as it was coming in for landing. Jasmine stated that she thought, *“Well, what happens if it's shooting down at us? Because, you know, Bagram Air Field is in a valley. But I guess their aim wasn't really the biggest concern, it was just the fact that during inbound and outbound flight movement, there was the potential that we could be shot at.”* Jasmine gave a descriptive view of Bagram Air Field after landing. She shared that the land consisted of the very bare, inhospitable conditions of the country, everything from the heat to that there was nothing colorful. The land itself looked like just dirt and rocks. Military members were cut off from everything that they would normally have in the modern day society such as access to running water, flushing toilets, and electricity. Everything was run off generators, so if there wasn't enough fuel for the generator it stopped, which affected the water, and the heat and cooling they got in their tents.

As I listened to Jasmine speak about the conditions of living without running water, flushing toilets and electricity, I was reminded of my life in the desert and creatures that sometimes crawled in my tent at night such as the scorpions, camel spiders, snakes and rats. I got chills at that very thought of those invasions. I never knew when one of those creatures would crawl inside my tent and get into my boots or my sleeping bag. I kept my knife readily available for those moments. I had to use that knife several times during one rotation, to prevent rats from crawling into my sleeping bag as I slept.

Jasmine's living conditions were like those of the majority of service people living in tents in Afghanistan. She was in tent city at Bagram Air Base, so the initial shock was that she was going to have to endure this lifestyle for as long as she was there. Jasmine found one little spot in her tent to call home. *"Yeah, I would meet other people and scavenge for shelves because they were moving out or find a bed in another tent that was empty and made connections with other people to find out who could fix what. And then basically try to make my little section of the tent as comfortable as it could possibly be. So I really coveted my own privacy."* Jasmine shared the despair of having to get up in the middle of the night to go to the bathroom. *"It was pretty much just, you know, it sucked having to walk 200 yards to go to the bathroom, to a Porta John, but at night the sky was beautiful. At the time it took a while. I mean I couldn't even find the words to describe that whole situation of how, you know, it seemed so ludicrous."*

I reflected on my own accounts of finding the Porta John in the middle of the night as Jasmine shared this part of her story. Sometimes the Porta John's were all occupied, and other creative methods were utilized in the desert terrain for concealment when nature called. I recall other humiliating situations when the opportunity to get to the

Porta John was not possible during attacks from gunfire or explosions. In these cases the alternative means were implemented for those emergencies.

Jasmine took time to reflect on pre-Afghanistan days. The realization was nothing like she had ever experienced before. Prior to that experience, she had already been in the military about 15 years on active duty in the Army. This time she was returning as an Army Reservist to Afghanistan. Prior to going to Afghanistan, she had received her Bachelor's degree from George Washington University and had a Master's degree. *"I had lived a little, but nothing prepared me for this experience and I really couldn't relate anything from my real world to this experience."* Jasmine explained how she felt in Afghanistan. *"For a while I kind of floundered around. It was like a constant state of shock because things were just so different from everything that I'd ever known. But then after a while, you know, it's like you can easily run off a list of things that you really didn't like, things you hated, the stress it put everybody under. It fractured a lot of relationships you had with the folks in your unit. People were short with each other, and people broke down over the smallest things. It was a lot of stress and there were high demands put on us, to not only make sure we were secure but also vigilant. I had to look out for the folks on my team to make sure that whenever we left the gate and drove over to Kabul that we were all safe, and just knowing that responsibility on me was a lot of stress."*

Jasmine soon came to realize that time makes one adjust to difficult conditions. She found the one thing that she did like was the night sky. *"After constantly saying what I don't like -- well, that's not exactly what I said but eventually I just said, well, there's got to be something here that I like. And the nighttime sky was actually quite beautiful,*

because they don't have the high rises that we have. They don't have the pollution we have, all the emissions from the vehicles in the city. That nighttime glow around you was awesome. So it would be pitch black and the sky would be just filled with stars and there wouldn't be an inch that didn't have a star in it. So that was really neat.” Jasmine also explained that there was pretty good fruit and vegetables in the mess hall facilities. This added to her list of likes for living conditions.

The return to the United States prompted Jasmine to go to the VA (Veterans Administration). She was hesitant at first because she was still in the reserves and didn't want it to affect her career, but she went anyway. There were gaps in between the time that she initially sought care, as much as a four-year gap. *“I didn't really invest enough of myself to continue. I went there for a couple of things and then I stopped and then started back up again in 2012. So it was a long time with long gaps. Although my work now stresses me out, I know that it's really nothing compared to that whole experience. So that experience in the war zone was like the most shocking experience, okay, that's when you need to worry about shit right there and it can get worse from there, from that experience, but that was pretty bad. So things that happen now shouldn't -- and maybe this is one of the things I'm still working on -- things outside of that experience shouldn't stress me out as much as they do, but they do. I mean to me it really felt like I was on another planet or in a different world. Right now I just -- I can't think of the connection. I mean they are connected, but it seems like the connections are all bad references for me. It's the connection of being fearful in that environment and taking as many precautions as possible here - it's not the same. It worries me and I think I probably had that focus before, but even more so now.”* Jasmine finally decided to have meditation therapy.

Meditation therapy is designed for military members and their families who have difficulty in making the transitions from combat back into a civilian lifestyle. This treatment is called Transcendental Meditation. Jasmine shared that this program helped her to become more centered on day-to-day issues and her coping has gotten a little better. Information about Transcendental Meditation is found in appendix 2.

Rob

(An Attitude Adjustment)

Rob is a 43-year-old married Caucasian/Japanese American male. He is currently a Commander (O-5) serving in the United States Navy. Rob has more than eighteen years of service and served in Iraq from 2008 to 2009 in support of Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF).

Rob and I work for the same organization in the Department of Defense. We work together coordinating the Wounded Warrior program for our organization and met by coincidence. We bonded by sharing some of our experiences as combat veterans and our service in support of Operations Iraqi Freedom and Enduring Freedom. As I listened to Rob's story, I was able to relate to his reactions on being in environments where there is a lot of noise, or hearing a balloon pop and hitting the ground. Rob and I also shared our experiences of being diagnosed and treated for Post-Traumatic Stress Disorder (PTSD).

This is Rob's story:

Rob stated that when his squadron landed in Baghdad it all seemed so surreal. His plane landed at night, as most flights do. Rob recalled watching videos of the first Gulf War and he had seen a lot of pictures, and stepping off of the plane in Baghdad made him

realize that this was for real. It wasn't videos that he had watched. Out of the green zone, he saw buildings still blown apart. The smell and the stench of burning vehicles, and the sand underneath his feet were overwhelming. Even the sounds of tactical jets, helicopters, drones, gunfire and bombs on the background.

Rob ended up tearing his knee ligament during his time in the war zone. *"I had torn or blown up my knee during my deployment to the war zone, so I was coming back knowing that I was going to need reconstruction surgery on my knee and my stress really was running high. I returned in November of '09."* Rob returned home during the holiday season around Thanksgiving and Christmas. *"It was a culture shock for me. I had spent the previous year in the combat zone."*

Rob found it difficult being back on U. S. soil. *"When I returned nobody ever asked, how are things going? You know, they let me do my appointments and whatever I needed to do. It was kind of like just being on your own, you know, kind of like walking in a dark room feeling around. That's what it felt like. It wasn't until I got plugged into a health organization that I was able to feel like I finally had my feet on the ground."*

"The only post deployment counseling I went through was actually in Kuwait - you know, you do your post deployment health assessment. Back at my command, I was the command Individual Augmentee (IA) coordinator and I reached out to the folks in my organization. That was a small part of my therapy, to let them know what to expect when they returned stateside."

Rob started getting frustrated after his return from the war zone. He found there was an abundance of food stateside, which was limited in the war zone. He stated that he got very mad because the choices he had to make became so complicated for him once he

returned home. There was too much variety of items in the supermarkets to select from, such as cereal, fruits, juices, and several other items, which were simple choices in the war zone, due to the limited availability of these items. *“I started getting mad, frustrated, and driving at night and all these things became problems for me. You know, stuff that you don't usually do you did in theater, but it was different. The things I started realizing was that I was acting weird also, or driving I had adverse actions whenever somebody cuts me off or I was trying to avoid potholes, or weaving in traffic or weaving at night because I'm scanning. I'm not worried about what's in the light. I'm worried about what I can't see, you know. My wife asked me, why in the world are you driving like this? And I'm telling her to be quiet and just look outside.”*

Rob began cognitive therapy with a medical professional to assist with his ongoing problems after his return from the war zone. *“I'm still going through therapy in which they're trying to teach me to avoid my angry behavior. There's the cognitive emotional behavioral cycle and then what they want you to do is interject the cognitive before you do anything and react autonomously, but with what we're trained to do and in a life-threatening situations you react, you don't think, you just react. It's difficult to grasp but I think about things now, to hopefully reduce the edge. It is good to connect one-on-one with somebody outside of the -- you know, of your faith and your beliefs, because he's not a Christian at all, not that that matters. But just being able to connect with people who have had similar experiences removes the sense of isolation. One thing I've learned through the treatment is that once you start reaching the isolation point, that's when you start regressing and all of your emotional needs or requirements are pushed aside and that's when it starts becoming very unhealthy because you start the*

isolation, then potential alcohol or drug abuse, and then it's just a destructive cycle harder to reverse.”

Rob explained that he still has problems with noises and his relationship with his spouse is strained. *“I still have problems with noise. I was at a birthday party with the kids and balloons pop and I hit the ground and everybody's just looking at me. After I picked myself up and was feeling like an idiot, realizing that it was just a balloon, and then came that moment of trying to explain to your kids what Daddy was thinking. In regards to my relationship, my relationship [with my wife] has been strained a lot because of my temper, because of my anger, because of my desire to pull away. This has had an effect on the kids too. The kids are walking on eggshells because I'm always angry.*

“Counseling definitely allowed me to see the way I was. It's allowed me to reassess my priorities and it's allowed me to conceptualize how I want to be in the future. I say that because, you know, growing up as a young guy and thinking you're invincible and being part of the world's mighty military machine, you think you're the big guy on the block. I saw a lot of things even on the coalition side that made me question our policies, our strategies, the efficiency and effectiveness of our leaders. Now after having counseling sessions for a while, I could say to the folks that I've talked with returning from the war zone, that they should have some type of reassessment when they come back: whether it's their desire to live a more healthy life so they can live a little longer; whether it's to improve their relationships with their spouse and their children; or to reconnect because of a divorce or something else.”

James

(The Blind Side Attack)

James is a 35-year-old married White male. He was a Sergeant (E-5) in the United States Marine Corps for nine years and four months. His tour of duty was to Iraq in 2004 in support of Operation Iraqi Freedom (OIF). James sustained visible physical injuries (loss of one leg, shrapnel wounds, and Traumatic Brain Injury/TBI) and he is the recipient of the “Purple Heart.” James was wounded on May 5, 2004 and he was medically retired on November 28, 2006.

I was introduced to James by Rob after my interview with Rob. James worked for the same organization in the Department of Defense (DOD) as Rob and I. We were trying to find James another position, with higher pay grade, through the Wounded Warriors program within our organization. James was the top candidate for this position but another DOD organization made him a better offer which he accepted.

This is James’ story:

James shared the beginning of his military experience. *“My military experience was a bit of a culture change, a culture shock so-to-speak, going from growing up as a civilian, not in a military family or anything like that and in the middle of Ohio, you know, small town USA as far as it goes. Being a small town country boy and then going to boot camp, the culture shock that happens in boot camp in general as far as it goes and adapting to military lifestyle and then being based down in Southern California doing multiple deployments on ship and, you know, traveling the world as far as it goes. I mean just the transition of being in one place for eighteen years and then bouncing*

around every six months to a year to be on deployment or training, or whatever the case may be for the first six years or so of my enlistment, was the biggest shock per se.”

James found boot camp to be very exciting. He was a big kid at heart. *“I was asked what I wanted to do when I was signing up for the Marine Corps and I said, well, to be honest, I want to go out and get dirty, shoot guns, and blow shit up. That’s when the recruiter said, come with me, I’ve got the perfect job for you. The rest so-to-speak was history. I mean it was doing exactly that. It’s what I wanted to do. It’s what I loved doing. I had to go out in the field and yeah, it was hard at times and dirty, grimy, stress-inducing miserable at times, depending on the weather, but all-in-all I loved it, it was great! I got to do what I dreamt of as a kid, being GI Joe. I got to blow up things, played with guns and you know, learn tactics and everything like that. It was what I wanted to do and I loved every minute of it.”*

James went to Iraq in 2004 and was immediately assigned as the platoon sergeant. The platoon sergeant goes out with the squads on patrol. On his last day as a platoon sergeant, he chose to go out with one of the squads that day on a foot patrol. On that day he was on an Information Observation (IO) mission, giving coloring books and school supplies to kids, and passing out fliers to the parents, when an unfriendly citizen warned of an attack on U.S. forces. The details, according to James, sounded like *“stuff straight out of the movie Black Hawk Down. I mean, shoot the American troops, rockets to helicopters, and this, that, and the other, but it was credible enough with the details he was giving, obviously we needed to check it out.”* James and his patrol went to check the informant’s source of information. This led to a Quick Response Force (QRF) unit checking out the home. Along with the QRF unit, they found two or three AKs and four

or five pistols in the home. This was more than allowed for an individual. James also stated that they found a freshly dug hole *“large enough for a sizable Improvised Explosive Device (IED) if that's what it was going to be used for.”* James was told a dog was buried in the hole, but *“there's no dog in the hole and no evidence of a dog at that house. He [unfriendly citizen] couldn't tell us where the dog was or where the corpse of the dog was.”*

This last mission for James as a Platoon Sergeant turned from a three-hour foot patrol into a six-hour full blown mission, “because it took the QRF a while to get to his location from two different routes, which had been blocked off by the Explosive Ordnance Disposal (EOD) who were investigating other IED threats or possibilities.” James made the call as the platoon sergeant to detain the guy and arrest him. He then made the call to the command post informing them that they were coming in because they had been out there too long. James was in the last vehicle, called the tail vehicle, as they pulled out into the main highway. *“As we rounded a corner, there was a white station wagon packed on the corner. It was apparently packed full of C-4 and ball bearings. At this moment the vehicle blew up. I remember getting in the vehicle. I don't remember the ride. I know everything that happened, but I don't physically remember it. The end result was that the IED went off next to our vehicle. The Humvee I was in was blown up and there was a lot of shrapnel from the blast.”* James was the last person on the driver-hand side facing to the rear and he was blown out of the vehicle. On that day, which was his last day as platoon sergeant, he lost four Marines. *“I obviously took traumatic injury to the leg and also had a TBI, a subdural hematoma, but the pressure from where the blood was building up between the brain and the skull put pressure on the part that controls*

eyesight. My lower right vision in both eyes is off. I'm ninety percent deaf in my left ear with permanent tinnitus or ringing of the ears. I ended up losing the leg, not actually due to the blast injury itself but due to the infections that followed. I was medevac'd out of the war zone to Bethesda Maryland.”

James was taken by military airlift to Bethesda Walter Reed Hospital in Bethesda, Maryland. *“When I got to Bethesda, which is now Walter Reed, at that point in time in '04, I was the worst case of infection that the hospital had ever seen. They tried to save my leg for ten days. The infection was so bad that I was given a choice, and that was to lose my leg or lose my life. Of course, they took the leg. I was told that I was placed into a drug- induced coma. I spent most of the rest of my time there before retiring. I never stopped asking about my men, my fellow Marines. If I could have returned to the war zone, I would have been there in a second. I was hit by an IED on May 29th, 2004 and I was medically retired on November 28th of 2006.”*

James shared this tattoo on his right arm that stands as a reminder to him of his life-changing experience:

It reads “NEVER FORGET 05-29-04”



After his retirement, his wife told him about dreams that he encountered each night. He was counseled for Post-traumatic Stress Disorder (PTSD), but he denies having

PTSD. James stated that he has changed a lot since his traumatic blast injury. He does Marathons and gets involved with snow ski activities. *“I've been skiing with the DAV Sports Clinic out in Aspen. I skied down slopes on one leg, not because I think I'm great and all that, but the opportunity was provided to me because of being injured. But I never had an inkling to do a marathon until I was injured. First it was my goal to run a marathon within ten years of all my prosthetic work. But then there were many complications and many surgeries, I lost more and more of my bone, and became less interested, because I didn't want to go under the knife any more. So I gave that up, but I still do the micro-marathon and the New York marathon, which were seven days apart. I do them back-to-back every year. I did it since '05, simply because it's my way of showing myself that I'm not going to let this stop me from being able to do things and complete things. I may have to do it in a different manner, but it's not going to hold me back.”*

James concluded by stating that he does not stress on a lot of the small things and on the big things when they come through. He tries to work through it and address the situation for a better outcome, so that he can carry on and enjoy life. James is married and has a two-year-old and a seven-year-old.

By the end of the interview, both James and I were visibly shaken. James' interview was a very emotional one for me, as he had such determination. I could relate to his desire of wanting to return to the war zone after his traumatic injury. Leaving fellow comrades behind for any reason is very difficult, especially in a war-zone. I had the misfortune of having to suddenly leave the war-zones, due to the deaths of both of my parents. I thank God that all of my airmen/women returned home safely less than two months after my return stateside. Nevertheless, my gut instinct was always to return to the

war-zone to ensure that those under my supervision and leadership were safe. It is just a natural instinct that every military member has - to protect and defend our fellow comrades and bring everyone home safely.

Tom

(Hidden Danger)

Tom is a 31-year-old married White male. He was a Specialist (SPC/E-4) in the United States Army for three (3) years. His tour of duty was to Iraq in from 2007 to 2008 in support of Operation Iraqi Freedom (OIF). Tom also sustained visible physical injuries such as shrapnel wounds, head and face injuries, and Traumatic Brain Injury (TBI). Tom is also a recipient of the “Purple Heart.”

Tom was introduced to me by James after I concluded my interview with him. James and Tom worked for different organizations but were in the same civilian career field and had occasionally worked together on some projects

Tom was hesitant to allow me to interview him because he didn't feel as though his story would be helpful to my study. I had to explain the purpose of my research to him several times, and how valuable information he provided could help medical and social professionals, as well as his fellow veterans, in developing treatment plans and recovery efforts. I also explained to him that because he is the recipient of the Purple Heart, whatever story or information he chose to share with me would be most appreciated and valuable to my study. We communicated by e-mail several times before he finally agreed to the interview.

This is Tom's story:

“When I first got in country and on our third mission we got into an hour-long fire fight and my platoon ended up killing four guys that day. I guess it was at the point when I realized, well, we all realized that it's going to be a long deployment, because we were stationed right outside of Saddam Hussein's home town. So, you know, it was difficult for us because they still didn't like us very much over there and we had to deal with a lot of issues coming from that part of Iraq.”

Tom stated that some parts of Iraq were definitely a lot friendlier than other parts. However, by the third mission, he was involved in his first firefight. The firefight was the wakeup call to start the beginning of the deployment. Tom explained that going to the war- zone was not too concerning for him. *“I didn't really have any issues going over there. I mean I knew what I was getting myself into. I volunteered for it so it really wasn't too much of an issue for me.”*

Tom was involved in a firefight that changed his life. *“We were escorting a convey heading southbound on one of our routine missions that day. We were on our way back and I was the scout truck. I was the front man or the scout vehicle. I was maybe 800 meters out in front of our second gun truck and we had some friendly forces coming in from 12 o'clock. I had just radioed in our status, clipped on my radio and radioed back to our other gun trucks to turn our main gun, so we wouldn't flag friendly forces with our weapons mounted on our vehicles.”*

As soon as he had clicked off the radio Tom could see something. He was able to see a couple pieces of asphalt on the right side of the road. By entering that road it became too late to make any maneuvers. He approached a brown burlap sack by then with his vehicle. As he approached, the last thing that he remembers is that the burlap

sack went off. *“I said, oh, shit! And that was the last thing I remember. It went off. I do remember kind of coming to and having trouble breathing because of all the smoke and it was hot.”*

Tom gave an account of the injuries that occurred within his unit. *“I got hit on a Sunday afternoon about 3:30, and a buddy of mine got hit right in front of me Friday morning, two days, about 48 hours, prior to me getting hit, a little bit more than 48 hours. My buddy got hit right in front of me about three clicks from where I got hit. We think it was the same trigger man that was doing this because he got a couple more trucks, and we think that it was the same guy.”*

Amazingly, the armor held up on another truck in the convoy and nothing penetrated inside the cab. The truck that Tom was in had major damage. *“The IED was buried under the ground so it kind of made a cone effect and their truck was actually underneath that cone.”* Damage to the other truck consisted of some communication lines on the truck being cut. Those trucks were repairable and went out on other missions. *“But my truck, at that moment, and at that time of the impact, my truck was completely destroyed, and there was nothing that they could salvage from my truck.”*

Tom shared this picture of his truck after the explosion.



Tom explained how his injury occurred. *“The IED ended up being 2155 rounds, 2155 shells with diesel fume fertilizer as the accelerant. It was command- detonated, which means there was somebody watching to actually hit it. They're really simple to use. But anyway, it was command-detonated, went off right in my face. I remember how hot it was and I had trouble breathing. I remember looking out and my door was actually blown off the vehicle like it was hanging open. I reached out and I grabbed the door and I pulled it back in, because a lot of times they would daisy chain IED's where one would go off followed by another one and another one. Because the truck keeps rolling and when it gets hit it keeps rolling down the road and it will set off another one. Every time they hit that armor it weakens the integrity of that armor.”*

There were many injuries that day to his comrades. As he went to help a comrade he came to the realization that he too was hurt. *“Right at that point is when I started tasting blood in my mouth and I felt my neck starting to get wet inside my body armor. I lifted my hand up and blood was trickling off my middle finger, my ring finger, and my pinky finger on my right hand. Then I kind of turned my arm over and noticed that my earphone was all soaked in blood. I was still able to move my hand. It was still there. But since we were so far away from the second gun truck, and my gunner was completely out cold, he wouldn't have been able to use the gun that we had mounted on the truck in case, you know, we had civilians come up to the truck. Realizing I was hurt and everyone else was wounded, I grabbed my rifle, threw what was left of the door open and jumped out of the truck, and as I came around the front of the truck, there were about five or six civilian men approaching. Some of them had rifles and they were walking towards the truck. To this day I don't know whether or not they were friendly or foe. I couldn't tell you. At that*

particular moment, I treated them like foe and I raised my rifle pointing my rifle right at them and just held them off the truck until help arrived.”

Tom does not recall what happened after help arrived. He and his three comrades were taken back in a Humvee and rushed all the way to the hospital. All of his comrades were treated, and none of them were missing any limbs. They all had shrapnel wounds to their legs, arms and face. *“I caught shrapnel in my right arm in the area of my triceps. I did sustain a big cut across my face, concussion, and hearing loss. It's healed up very well, and I'm not sure what happened, but the skin on the bridge of my nose it kind of peeled down, exposing my cartilage in that area.”* Three weeks after the IED explosion, Tom put his body armor back on and climbed back in a truck for more missions.

Tom stated that he was lucky, but he wanted to continue his missions and deployment. *“I have constant ringing in my ears, but some days I don't even notice it. Other days, yeah, other days, you know, if something triggers it, it'll ring really loud, like walking by a mechanics garage and an air compressor fires up or a drill goes off or something, it'll ring, that'll trigger it. I don't have any problem sleeping but I had a couple nightmares during the first year that I was back. Those nightmares have now faded away. There is not a day that goes by that I don't think about the IED going off. I personally don't like crowds. I don't like being in large crowds, so I try to avoid that kind of thing as much as possible. I don't know if it has anything to do with my deployment; it might but I don't know. I just know that, ever since seeing mass casualties in Iraq like IEDs going off at checkpoints and stuff like that, you know, I try and avoid large crowds. If I get forced into a crowd, I don't like it. I deal with it, but -- if I can avoid it, I will.*

“I did my time and obviously, didn't do it for any recognition. I just felt like the right thing to do was to enlist, you know. The IED going off is just something that happened to me in my life and, you know, I learned to live with it.”

As I reflected on Tom's story, I recall how I am sometimes bothered by nightmares. To this day, I am still awakened by nightmares of memories from the war zone. I relate to the jumpiness, as even the sound of a balloon popping at events is startling and makes me almost jump out of my skin. Very much like Tom, I try to stay away from crowds. My family knows that since my return from the war zone I am different. To paraphrase Tom, I have learned to live with it, but some days it takes a greater effort than others to be able to do so. The only people who can truly understand are the veterans who have been there.

Mark

(A Two Sided War)

Mark is a 47-year-old divorced Black male. He is currently a Master Sergeant (E-7) serving as a Technician in the Air National Guard. He has a total of twenty-nine years of service and has served several tours of duty in Iraq and Afghanistan, lasting from six to twelve months, in 2010, 2011, and 2012, in support of Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF). Mark and I were in the same Air National Guard unit and have known each other for more than seventeen years.

This is Mark's story:

Mark's most shocking experience was upon his first day of arrival in the war zone. He found out immediately about taking cover when explosions and attacks were ongoing and about the bad living conditions. Mark worked with the Air National Guard

and would see fellow service men and women go out on the flight line daily. *“I would see the helicopters; there would be one or two at a time coming in bringing someone back here. They could have been wounded or dead.”*

Mark’s experience put things in perspective for him. He shared how growing up in the Washington D.C region and recalling the deaths of African Americans being killed every day, prepared him for Afghanistan and the bodies he would see which may have been two to three a week. Mark knew that Washington, D.C. was a small city, but this prepared him for the war zone. *“I started to immediately recall life in Washington D.C. Growing up in D.C., I literally saw bodies of men dying every day. Afghanistan made me think of dying people. Then I started thinking and putting that in perspective, that DC is just one city in our country and we have several cities throughout this country. I started thinking about Chicago and Los Angeles and the death tolls there compared to Afghanistan. Again, I started to recall, how in the 80’s there were the scenes of men dying every day. Those were bad times, but it was also hard over in the war zone. Being around death made me think of my own mortality. Obviously it could have been my number at any time and any place, particularly in the war zone, but it could have also been my number living right there in the DC area.”*

Mark stated that the experience of deaths in Afghanistan did not really change him. *“I was just fortunate enough to return home alive and I'm glad that it wasn't me who died when I was over there. I went through a lot while in the war zone. My family life dissolved. I had to hire an attorney while overseas. My attorney would say one of the political statements that normally our congressmen and our military leaders use which is ‘Freedom isn't free.’ He would say that and it stuck with me. ‘Freedom isn't free.’ You've*

got to fight for it. It costs. After saying all of that, my attorney sent a message to me stating 'Freedom isn't free,' along with his invoice for his services for my divorce settlement. I had to pay him. Nonetheless I was free when I got back home from Afghanistan, but I paid for it, it wasn't free." Mark shared that he does not suffer from Post-Traumatic Stress (PTSD) but he had a few family issues upon his return to the United States.

Summary

The narratives in this chapter highlighted several of the real world experiences in the combat zone, as they were recalled and shared by the participants of this study. These stories were a very critical and important factor in the overall process of this study. They also served as a baseline and major element of the research. It was not always an easy task for some of the participants to open up and share these experiences with me, but in most cases it presented them with the opportunity to reflect on the past, even though these experiences may not have been the best in the world for them. Some even said that they found the personal in-depth interview process to be helpful and a positive form of therapy.

CHAPTER 5

Findings

Introduction

This study involved in-depth research of the adjustment processes experienced by combat veterans transitioning from military to civilian life, post deployment to Iraq and Afghanistan. As a part of the study, five veterans were asked to discuss their thoughts, perceptions, and feelings related to this process in one-on-one personal interviews. Several other sources were also used to obtain data for this study which resulted in eight important themes emerging from all the sources used in the data collection process. These data sources included: analyzing the one-on-one personal interviews; reviewing media and literature relative to the research; different forms of creative expression used to help the veterans in the transformation process; observations by individuals close to the veterans; and my own personal experiences and observations as a combat veteran.

The analysis complements and supports the theoretical framework of this study, highlighting the relationship between resilience and transformational learning. The participants were not only resilient and able to bounce back from their experiences, they were also able to initiate their own critical reflection process to make individual and personal transformations as a result of those experiences.

Posttraumatic growth is a common experience for most veterans of war. For some individuals it meant viewing themselves as more self-reliant

and capable and for others it meant appreciating friends and family more than ever before. In most cases the posttraumatic growth involved change. First changing the way they see themselves and their experiences in the war zone, then incorporating those changes into their daily life.

In this chapter I discuss and analyze the results of my in-depth interviews with the participants through the recurring and common themes that emerged from my review of the recorded and written transcripts. One or more of the ten transformation variations, described by Mezirow above, are addressed in each of the themes. The chapter also takes into consideration the information obtained from the other sources used in the data collection process.

Themes

Five major themes developed from the data analysis process:

Theme one - The Fight Response

Theme two - Readapting to the New Culture of Civilian Life

Theme three - PTSD Myths and Realities

Theme four - Rebuilding a New Support System Outside of the Military

Theme five - Finding Meaning, Perspective and Purpose in a New Life

These five themes appeared to be the most important, based on the data collection sources used.

The “Fight” Response

The desire to continue the fight and return to the combat zone was prevalent in most of the veterans. The feeling of guilt and not being able to return to fight side-by-side with their fellow brothers in arms, in spite of the injuries they had sustained, created great

stress and difficulty in making the transition of leaving combat and returning to civil society.

James shared his feelings after he was injured. *“I’ve been hit, I lost my leg, and so be it. I still had a mission to do. My unit was still over there and it wasn’t right for me to be home. So I wanted to be back with them and I didn’t care how that happened. That’s just what I wanted to happen. It’s probably just a kind of unrealistic side of me looking at troop welfare and just wanting to be with my guys, you know, that brotherhood thing. It’s not right for me to be here and safe in a hospital and for them still to be out in the combat zone. What I really had was the desire to want to be back with my guys and the sadness over losing those I was in charge of was always on my mind, especially later on down the road.”*

Tom’s desire to continue the fight was apparent as he shared similarities in his feelings. *“I came back and I got hit by that IED in February of ‘08. I opted to stay in country, spent about three weeks off missions and I just had enough of sitting around, so I put my body armor back on, got back in the truck and went back out.”*

I have also had that desire to return to the fight, after leaving my troops in the combat zone on two different occasions. I was not wounded but had to return stateside to attend the funeral of my mother who died in April 2003, and again for the funeral of my father who died in January 2005. It was difficult for me to accept the loss of both of my parents; at the same time I struggled with the thought of not being with my troops to make sure that they all returned home safely.

PTSD continued to be a problem for me even during hours of sleeping. My experience of predisposing factors was low prior to engagement in the combat zone.

During the second deployment, my mother died and I returned to the combat zone days after the funeral. It was very hard for me to refocus, but I returned to fully engage with my assignment as a dedicated serviceman. During the third deployment to the combat zone, my father died. The predisposing factor for trauma had begun to show in my personality and in my emotions.

Getting to my father's funeral was most difficult, as I was in an undisclosed site. It was difficult for family members to understand that I was not myself. I was attending the funeral of my father physically, but in my mind I was still connected to my mission in the combat zone. When I had last talked to my father a month before his passing away, I explained to him that the third deployment was difficult for me, but I wanted him to take care until I was able to return stateside within the next six months. My father passed away unexpectedly, one month after I spoke to him. I was indeed a changed person when I returned stateside. My unit did not send me back overseas to complete the last six months because they said that I had been through a lot with deaths of my parents. Nonetheless every day I yearned to be back in the combat zone with my fellow servicemen. I felt that I had let them down. I was their team leader and I wanted to be there to support them.

Several of the media sources reviewed during the data collection and data analysis process, such as military and veterans' organizations newspapers, magazine articles, and television news stories and film documentaries, also highlighted that many severely wounded military members returned to combat on active duty, after they completed the rehabilitation process and were approved by the appropriate medical officials.

I had the honor of meeting one of the most well-known individuals, a leader and an advocate of wounded warriors returning to active duty after they experienced traumatic injuries. This individual is Colonel Gregory D. Gadson. He has survived the worst of war, but this highly-decorated soldier has not been defeated by unfortunate circumstance. His biggest challenge happened in Iraq when an improvised explosive device (IED) attack led to both of his legs being amputated above the knees. In spite of his condition, Colonel Gadson successfully petitioned the military leadership to remain on active duty after being fitted for two prosthetic legs. He went on to star in the movie *Battle Ship* and has also received the 2008 Hero of the Year Award from Reader's Digest, the 2010 NCAA Inspirational Award, and the 2011 American Legion Patriot Award.

Summary

Many veterans expressed the strong desire to stay in the fight with their fellow warriors even after they had been seriously injured. These feelings are common among several veterans of combat, especially when they have deployed with a team and they are responsible for leading them through combat situations. The plan and desire to bring everyone back home safely is always one of the top priorities for the leaders in the military. However the ability to make this a reality is potentially diminished if they can't return to the fight. There always seems to be guilt associated with having survived and the terrible feeling of living or being away from the action, while your comrades and fellow brothers and sisters in arms are still fighting the war or may have died on the battlefield. These factors may be true and honorable in the military and in combat situations, but they can become restricting factors for combat veterans making the transition to a new and different civilian lifestyle. Always being vigilant, alert, aware of their surroundings, and

feeling the need to be in the action and protect those close to them, usually will carry over and continue into their life as a civilian.

Readapting to the “New Culture” of Civilian Life

Integration into the civilian lifestyle was not always an easy task for some returning combat veterans. Dealing with sometimes ignorant questions about their tour of duty in the combat zone by civilians, co-workers, and even some family members was not pleasant and became an uncomfortable experience. The lack of help and understanding by their employers was also very difficult to deal with after returning to civilian life.

Returning to work after a deployment can be an extremely stressful experience for some combat veterans. While some can make a smooth transition to their previous employment, others find this experience very challenging.

Jasmine shared one of her issues in readapting to the civilian lifestyle. *“I guess the relationships with people, you know, talking to people because everybody wants to know what it was like. Surprisingly the most frequent question was how many people did you shoot? Or did you shoot anybody? And it was like really, that's what you want to know? Just a lot of people asking questions and you just have to filter what you tell them, you know, because they just won't understand.”*

The process of readapting to the civilian life also had an effect on Jasmine's family relationships. *“I think my family tried to support me as much as they could, as far as showing me that they were happy I was back and that they cared about me. But I think that it was easier to block more things out because there were friends and family that I knew were there, but I still didn't think that they would understand. It was a comfort, but*

it was something that I kept at arm's length, just because I didn't think that there were any true understanding of what I was going through and in fact I just felt embarrassed to talk about things that were bothering me.”

Rob shared similar feelings and experiences when he returned to work. *“I came back and immediately I knew something was not right. I couldn't concentrate on my work or I was hypervigilant. I wasn't sleeping and there were a lot of things going on. Once I was diagnosed with PTSD and depression and I told my command, they put me in a corner and just didn't know what to do with me. They didn't know how to deal with me. I think that spiraled the depression because I didn't know who to talk to, I didn't know what was going on, and the command that I wanted to be a vital contributor to like I was in theater just wanted to keep me away because they didn't know how to deal with me. So it was very difficult and I think the way the initial reception occurred with the command I returned to really affected my coping skills, number one and, number two, I think it also accelerated my depression because I just had returned and it was a waste being treated like an outcast.”*

Tom explained how he deals with work-related issues since he returned to a civilian lifestyle. *“A lot of people get all fired up at work because people will try and stab them in the back, or throw them under the bus. I just work and I do my job, I could care less what people think. How they're doing doesn't really matter to me, nothing really gets to me. I think one of my excellent qualities is when I leave here to go home I'll leave work here at work. I don't take anything from work home.”*

James said that *“There are a lot of people who don't fully understand what the term “service” means. When people say thank you for your service, I don't want to say*

it's a surprise to everybody - it's kind of on a case-by-case scenario - but I think at first, and especially since I came back compared to before I was first hit, thank you for your service meant a lot more than it does today. I'm not saying that they don't mean it, but I think it's also become a perfunctory saying. And I don't know what terms to use correctly as far as it goes. It almost at times feels like they think that they're obligated to say it. Just like if I hold the door open for you, you feel obligated to say thank you, and if you see that I'm wounded, you feel obligated to say thank you for your service.”

James shared this story of an encounter his wife had with a former friend of hers. “My wife use to say she had a friend, but now she says she used to know a girl. When we were first dating she went back down to North Carolina for a while and was talking to this girl. This girl asked her how can you be with somebody with only one leg? Then my wife, after dealing with the shock and thinking how can you ask something so stupid and ignorant, responded to her and told her that she didn't know what she was missing because Jimmy does more on one leg than most guys do with two. Yeah, and at the time I was actually pretty decent on my prosthetic and I had a couple prosthetics. I had one or two computerized legs and one or two mechanical legs and was doing rather well on them. And she said, one, he's actually got six legs altogether if you want to get technical about it. And, two, that's when she said, even when he's not wearing his prosthetic he does more on one leg than most guys do with two. This girl was also a person who, when asked why a vacuum cleaner has a light, said it was in case the power goes out.”

Bridging Gaps between the Military and Civilian Lifestyles

A major factor associated with this theme is the veteran's ability to make the transition from the military to a civilian lifestyle. Some noticeable differences between life

in the military and the civilian lifestyle created major concerns for some of the participants. These concerns included affordable medical and dental care, housing, security, steady income and employment. Taking care of the family with a solid sense of security was never a great concern in the military community; however, this was not always true in the civilian world.

Rob said, *“I think it was the best reassurance that I could have, knowing that if I didn't make it back, my family was prepared financially and in all the other areas that were essential to their continued existence and survival, and I had done the best I could do to provide for them.”*

Employment opportunities and identifying equivalent skill levels between military and civilian careers were a great concern for James. *“As far as the transition going from military and/or wounded vet to civilian lifestyles, there are a couple of different things that have been difficult for me. One is employment, and everybody who talks about wanting to hire veterans, especially government. When you look at all the job announcements or job requirements and everybody wants a degree, but they all want to talk about hiring wounded vets. That's a conflict of interest in my opinion, because most of your wounded vets are enlisted. If you just look at percentages, if you're a wounded vet you're probably looking at ninety percent that are enlisted. Out of that ninety percent enlisted, I would say seventy percent or more are probably on their first enlistment, which means they're going to be E-5 or lower and don't have college degrees.”*

James goes on to say that there is a difference between rank in the military and civilian billets and, if the hiring officials don't understand the difference between these two, they're missing an important concept in the transition process. He says that the

military ranks structure, along with combined years of service, allows the military member to develop the same or equivalent skill sets as many civilians who professionally train or go to college to obtain project management skills. *“But they don't realize this, because they don't understand the structure that's put in place and the discipline that goes into it. Yet they want to say that they're hiring veterans. Are they only hiring officers? Just because I don't have a college degree doesn't mean that I'm not experienced. And that's the way it's made us to feel, whether it be from the government or from the private sector.”*

The military offers steady employment with medical and dental provisions for its members and their families. Life insurance coverage is also affordable and substantial for these individuals. However these essentials of everyday life do not always apply during the transition to a civilian lifestyle. Understanding how military training and experience apply to equivalent civilian careers is not always understood or accepted by civilian employers, when the military member is applying for their positions. This creates major problems in the transition process when the veteran is trying to maintain stability and security for their family.

Summary

War changes not only views one may have about their own worth but also how one thinks and feels about being around other people, including family, close friends, and coworkers. Upon their return from war some combat veterans experience feelings of being extremely out of place, alienated and strange, even in their own home. Feelings of

loneliness within society are common with the belief that no one can understand them unless they have served with them or had similar experiences.

After returning from the war zone, understanding what one's shortcomings may be and still being able to view oneself as a whole, valuable individual with a bright future - even if it may not be the one that was planned and anticipated - is a key factor in implementing and sustaining a successful resilience and transformative learning process.

PTSD Myths and Realities

This theme offers insight about the myths and realities of PTSD, which include: false assumptions about military members with PTSD; military members' fear of the consequences of being diagnosed with PTSD; employers not properly trained to identify and deal with employees who have PTSD; various stereotypes associated with having PTSD; the effects and impact of the invisible wounds of PTSD; and concerns that military members have if they ask for help or seek treatment for PTSD.

Myth 1: Assumptions The most common and disturbing stereotype is that all veterans return from combat with Post Traumatic Stress Disorder (PTSD) or with some type of a psychologically disorder after returning from the war-zone. All the participants in this study indicated that they may have come back changed in some way, but these changes were not necessarily negative.

Jasmine and Rob were the only two of the five participants who admitted that they were diagnosed with PTSD, after returning from their deployments. They indicated that there were some issues with the transformation and readjustment processes associated with returning to civil society, and these issues were being treated by a professional therapist. Although it may have had a slight impact on their personal lives, it was not

serious enough to have a negative impact on their professional careers. James, Tom and Mark, all indicated that they did not have PTSD and were not experiencing any of the symptoms associated with PTSD, even though James and Tom both had visible physical injuries.

In many cases false assumptions and phobias, by some of the civilian population, have made it even more difficult for the veterans returning from combat to obtain employment within the civilian workforce. The obvious lack of education, training and exposure of civilians to our returning combat veterans continue to make this a major problem.

Myth 2: Fear of Consequences Unfortunately many veterans carry some false attitudes, in reference to mental illness, with them into civilian life. Some participants in the study emphasized the perception that, in the military culture, mental illness is associated with “being weak” and is not acceptable. Military members are taught to be strong, deal with the situation and “suck it up.” The concern about being labeled or diagnosed with PTSD may also have an impact on their current and future careers with the military, as well as with obtaining civilian employment in areas such as law enforcement, security, counter-terrorism, information systems and cyber technology.

This is a valid concern that I can verify from my experience as a senior leader in the military. Most positions, with the rare exception, require at least a secret clearance in order to perform the required duties of that job description. If these functions cannot be performed, due to the lack of the ability to obtain and maintain a security clearance, the military member could be discharged from active duty. A valid clearance is also required in order to gain access and use the government computers and their relevant networks. A

great deal of the recurring ancillary training is also conducted on these government networks, and some jobs may require clearances higher than a secret clearance. The loss of these clearances and access to the computer systems and their networks by a military member could threaten their current positions, cause them to lose rank or potentially be discharged from active duty.

Jasmine shared her feelings about being labeled as an individual who is diagnosed with PTSD. *“Those are big concerns, once you have a security clearance you can't lose it. It affects your whole job, and your ability to be retained in the military.”*

Rob agreed. *“If you admit anything you're possibly jeopardizing your assignment, you're possibly jeopardizing your clearance.”*

James currently works in a security position and has always been interested in continuing his career with a position in law enforcement. He added to Jasmine's and Rob's comments. *“It's just like if you got charged with domestic violence. You can kiss being a law enforcement officer job goodbye. A lot of guys won't step forward or look for help because they're scared that they're going to have that stigma placed on them.”*

These attitudes about admitting to problems and seeking professional help, that could lead to a diagnosis of PTSD and ultimately have an impact on current and future career opportunities, were more obvious in returning veterans during the earlier years of the wars in Iraq and Afghanistan. During this time fewer efforts were generated towards identifying and treating psychological disorders and symptoms of PTSD. Returning military members were concerned that admitting to having these types of problems could potentially delay reunions with family members and possibly have a negative impact on the future of their military or civilian careers. In recent years there have been more

resources directed to identifying and treating these disorders, and more of the returning combat veterans are taking advantage of these resources without feeling guilty or threatened.

Reality 1: Untrained Employers The average person in today's society has heard of PTSD and its relationship to veterans returning from the combat zone. They may have read or personally experienced the various effects of PTSD, from the violent side to the more reserved and quiet side. However not all employers are familiar with PTSD or know how to interact with an employee who has PTSD.

Employers are not properly trained to know how to approach and accommodate combat veterans with PTSD. Jasmine experienced this with her supervisors and coworkers after she returned to work. *“I think it created a barrier between us where they didn't know what was going on. They didn't know what to say to me or didn't understand and they thought that I should reconnect back to the way things were before. That was really tough, a big time challenge for me, because I wasn't able to communicate with the people that I had known three years prior and gotten along with as a tight working group, and there was no one there that I could really talk to.”*

Employers and coworkers don't always know the right questions to ask or what to say to these employees. Jasmine went on. *“Just getting into the habit of being back to work and focusing on the things that I needed to do was very difficult and I ended up having a very strained relationship with my supervisors and coworkers. I honestly think as a result of that, I actually lost my job two years after I got back.”*

In most situations, returning veterans with PTSD were assigned tasks that were not meaningful or did not have regular exposure to coworkers or senior level

management officials. These conditions and assignments caused the veterans to feel alienated from the rest of the workforce. Rob explained what he experienced when he returned to work after being diagnosed with PTSD. *“When I returned nobody ever asked, how are things going? They let me go to my appointments and whatever else I needed to do. It was kind of just like being on your own, like walking in a dark room feeling around. That's what it felt like. Once I was diagnosed with PTSD and depression and I told my command, they kind of put me in a corner and just didn't know what to do with me. They didn't know how to deal with me. They just kind of want to keep you away because they don't know how to deal with you. It was like you're an outcast now.”*

Rob shared the information in Table 2 from a presentation he gives to the leadership in his organization. It is a quick guide for the managers and supervisors to help them learn how to deal with an employee who has PTSD.

Do	Don't
Realize There is No Cure – Just Intervention	Play Physician or “Understand”
Expect and Accept Challenges	Treat Yesterday as Today
Listen	Pry/Force the Situation
Communicate	Single Out or Isolate
Be Honest	Presume – Just Ask
Let Employee Set the Pace	Be the Problem Solver
Be Positive	Be the “Promise Maker”
Know the Signs, Observe and Offer Assistance	Learn About Issues Via Third Party
Respect Boundaries – Professional/Private	Violate the Circle of Trust

Table 2

Myth 3: Stereotypes The research confirms confusion and misunderstanding by the general public about the effects of PTSD on our veterans who have returned from combat. In most cases when people hear that a veteran has PTSD they automatically

assume that person is crazy or psychotic. They assume the worst of that person by thinking they are going to hurt somebody or hurt themselves. Jasmine had this thought about the media coverage on PTSD: *“I don't see them overly involved or interested in understanding some of the issues that veterans are facing. And now more than anytime within the last few years, it's in the news all the time about the stress and some of the carryover conditions from being exposed to combat environments like Afghanistan. Those terms are being used more but I still don't think people know and understand what it means when you come back.”*

The public also assumes that all veterans have PTSD, which was not found to be a true fact during the research. This is also one of the stereotypes associated with wounded veterans. I found myself falling into this category during my interviews with two participants, because I assumed that James and Tom, the two Purple Heart recipients who had visible wounds and injuries, had been diagnosed with PTSD. However they informed me that they were not having any problems related to PTSD and, though they did have a professional evaluation, they were not diagnosed with PTSD.

Two of the other three participants in this study, who did not have any physical injuries, did have a professional evaluation and were diagnosed with PTSD. I also did not experience any visible physical injuries while I was in the combat zone. However I was evaluated by a professional and diagnosed with PTSD. These factors could possibly be due to the small sample of participants in this study, or it may be a common phenomenon among the physically wounded warriors not to experience symptoms of PTSD because they don't remember much after being wounded. It is possible that combat veterans not physically injured were experiencing symptoms of PTSD or being diagnosed with PTSD

more, because they actually experienced the trauma of watching their fellow brothers and sisters – in - arms wounded. Then they had to provide first aid on them so they would survive. This could be a topic for further research in the future.

Reality 2: The Invisible Wounds You cannot always see the scars of combat. The psychological scars of combat, also known as “Invisible Wounds,” are some of the most common wounds for returning combat veterans. In many cases the combat scars are psychological rather than physical. Fortunately these wounds are treatable but have caused some major problems when they were not addressed in a timely manner. The biggest challenge mental health professionals have often faced was convincing the service member to seek out the treatment available. Jasmine said: *“I realize that my relationships with other people were difficult and so I tried to find counseling, but early on in my career I didn't want to have treatment for a psychological disorder to be on my military medical record.”*

Some returning combat veterans realized that something was different about them when they returned. Their interest in socialization changed - they had no desire to participate in activities of interest to them in the past; they became angry more easily than before; they had trouble focusing and concentrating. However they never felt as though they had a problem which could not be resolved without professional help.

I experienced all of these symptoms and more, including being very jumpy and paranoid, problems sleeping and having nightmares, nervousness about being in crowds, and about driving, especially at night and when there are objects or pot holes in the road. My wife says that I changed after I returned from my first deployment in 2003 and have not made much improvement between then, and since I returned from the second and

third deployments in 2004 and 2005. She says that I jump in my sleep quite often and wrap myself up tightly in the covers while sleeping in a fetal position. I always thought I had my life under control and was able to handle these changes on my own. My wife finally convinced me to seek professional help for this condition, but it was not until ten years later in 2013, when I sought professional help and treatment and realized that I had been suffering with PTSD the entire time.

Jasmine said that she delayed seeking help. *“It took me nine months and then things started breaking down with the relationships at work and it really stressed me out. I had been in my job for two and a half years and I knew I was still the least senior person there, and so they let me go. It wasn’t until early in 2008, four years after the fact, when I finally decided that I was going to try do something and seek professional help. I stopped again for several years and then started back up again in 2012.”*

When these symptoms continue to go untreated they can escalate into deadly circumstances such as murder, attempted murder and sometimes suicide. Unfortunately some individuals who were not able to deal with the loss of a fellow combat veteran, or with the transition of coming back home from combat, or dealing with things that they've seen and done while in combat, eventually committed suicide.

Reality 3: Concerns about Asking for Help and Seeking Treatment Asking for help or seeking treatment for potential problems has been found to be frustrating for veterans. Some might actually have PTSD, or may just have some minor symptoms of PTSD, and they may have problems dealing with issues such as managing their money, parenting and raising children, or minor relationship issues, but don't want to come forward and ask for help. They may not be experiencing major issues nor considering

hurting themselves, but they are just having a bit of trouble figuring out how to sort out their feelings when they return home. They want help but they are afraid to ask for it, because they believe that if they are diagnosed with PTSD and it becomes a part of their records, it will have a negative impact on their security clearance and future employment opportunities. However, in recent years, this attitude is slowly changing since there is more awareness, education, training and treatment for combat veterans with PTSD.

Tom shared this thought:

“I think it's gotten better. I think there is help available, but it's still up to the individual to go out and seek that help. I guess one of the biggest problems is that people sometimes think these guys are serving in combat units. I'm not talking about just being deployed to a combat zone, but actually serve in infantry and scout units and their sole mission is to go out to seek the enemy and destroy them. Tom said that from his personal experiences and observances of the individuals he has served with in combat, most of them have issues seeking help, even when the help is available.

Summary

Military members are trained to be strong, not just physically but also mentally, and therefore most of them do not want to be identified as having PTSD. They have the fear of asking for help or seeking treatment, and the possible consequences of being diagnosed with PTSD, which could negatively impact their employment opportunities and security clearance. The invisible wounds continue to be hidden or disguised, because of their strong mental training and the notion that they are fully capable of dealing with the mental issues without professional help. These three areas are relevant to the resilience theory used in this study, because the military member is capable of recovering

from the traumatic experiences of combat, but not always willing or able to incorporate any of the ten processes associated with transformative learning.

The myths, assumptions, and stereotypes are due to the lack of information and resources on PTSD available to the public and these three areas are more closely associated with having the public identify and adapt any or all the ten-phase process as defined by Mezirow (2009) for transformative learning (Literature Review, Chapter 2).

Rebuilding a New Support System Outside of the Military

The majority of the participants' perception of civilians was that "they do not understand." There was a greater sense of trust, understanding and bonding with other veterans, which served as a secure resource if needed. Most combat veterans try to deal with the difficulties of making the transition alone and keep to themselves. However they did also consider utilizing available resources by trying to establish connections with support networks of other veterans, such as veteran clubs and professional organizations, and military reserve units, or just staying in touch with others who served with them or during the same time, to help with making the transition back into civilian life.

Jasmine said *"Being around other veterans that have been overseas, had similar experiences, and have been deployed, it's actually comforting. I joined DAV and Wounded Warriors and started going to events that they would endorse or hold and it was reassuring to be around other people, although I didn't share too much with them, but it was just comforting to be around them. I didn't form any lifelong friendships or bonds or anything like that, but it's comforting to have those outlets because we find some*

comfort in being around one another. I figure if anybody was going to be as paranoid about security as me, that's probably the group to be with."

Rob had similar feelings. *"I think being able to talk to other people that were there is good therapy. I have remained in contact with a good friend of mine. He and I became really good friends and we were able to bond because we went through a lot of things together and that seems to be the best therapy you can have. Because you don't feel like such an outsider or an outcast, because you realize that somebody was there with you and it really did happen. Just being able to connect with people that have had similar experiences removes the sense of isolation."*

The Family Support System was the primary support system outside of the military. Thoughts of spending more time with family in the future and how valuable and important they are, were a key factor in helping deal with the stress and difficulty in making the transition to civilian life.

Jasmine explained how family support was helpful to her during her transition. *"My relationship with my family and friends, even when they were strained, was still extremely important to me, and I think they knew I was struggling but they didn't know how to help me or how to fix life for me, other than to reassure me, which was very helpful. It didn't help me understand better, but just having that reassurance of those relationships with my family and friends was really important."*

Tom commented. *"My parents were always supportive of me and my two brothers no matter what we wanted to do."*

Mark explained how important the family support system was in his situation: *"I did miss my family and I had a good support group from people -- individuals being a*

village and watching out for my house and watching my daughter, and frankly a good social network of people helping me out during that time frame. Maybe because I am a National Guardsman and this is home for me and it is so important being around family members who are at home, versus some active duty members that have actually left their spouse or children behind in an area where they don't have the family support they had at home, strictly relying on the military support network. Whereas for me, I had my mother helping me out, my father helping me out, neighbors helping me out, aunts, and uncles. It worked out so well that we had no need for the military network when I left for my deployments. Although they were contacting my daughter during the time I was gone, she never did get involved with the military, because she was surrounded by family. She didn't have the need for the military support at all.”

The Social Support was the secondary system outside of the military system, also a key factor in this theme. Social support refers to the psychological and material resources provided to an individual by his or her social network, which can include family members, romantic partners, friends, and coworkers (Cohen, 2004; Cohen & Wills, 1985; Thoits, 1995). Cohen and Wills (1985) proposed that social support can protect individuals from the negative psychological consequences of stressful events and environments by “buffering” the impact stressors. Specifically, the buffering hypothesis states that social support “eliminates or reduces effects of stressful experiences by promoting less threatening interpretations of adverse events and effective coping strategies” (Cohen, 2004, p. 677).

Importantly, Cohen and Wills (1985) explained that the buffering mechanisms of social support can play a role at two different points in the causal chain linking stress to

illness. First, social support may intervene between the stressor (or expectation of the stressor) and a stress reaction by attenuating or preventing a stress appraisal response. The perception that significant others can and will provide necessary resources may redefine the potential for harm posed by an event and/or bolster one's perceived ability to cope with imposed demands. This prevents the individual from appraising a particular event as highly stressful. Second, adequate social support may intervene between the experience of stress and the onset of negative psychological symptoms by reducing or eliminating the stress reaction or by directly influencing physiological processes. In doing so, social support may diminish the impact of stress by providing a solution to the problem, reducing the perceived importance of the stressor, or facilitating healthy behaviors (Phillips, 2013, pp. 54-55).

Additional social support and buffering mechanisms are identified in Appendixes 1 and 2, through the Wounded Warriors Adaptive Adventures and Transcendental Meditation, available through the Operation War Fighters program. These programs include indoor and outdoor programs, events, and activities designed for veterans, their spouses, and their children to help make their physical, mental, and social transition into civilian life less complex.

Summary

The family and social support structure played a significant role for the veterans in all phases of their transitions pre, during, and post deployment. The thought that all was well on home front during deployments was always a comforting factor for veterans, and knowing that this continuing support would be there once they returned also offered a great sense of relief.

The results of war on returning combat veterans have caused them to feel different and like loners or outcast within the civilian world. They feel that civilians cannot possibly understand their experiences in the combat zone and usually withdraw from participating in outside activities with civilians or they just stay at home. However their participation in veterans' organizations, and social, political, professional and volunteer activities, allowed them to connect with fellow veterans, as well as with other civilians within their community. Their involvement and participation with these organizations were also instrumental in making the transition and readjustment to civilian life much easier. A list some of the organizations that have assisted in these transitions are found in Appendix 1.

Finding Meaning, Perspective and Purpose in a New Life

Some of the veterans explained that they had developed a higher level of appreciation for life, specifically after returning from their deployment(s) in combat zones. They now had a broader and more serious perspective on life without taking things for granted or "sweating the small stuff." Some realized how important the things that the average person in the free world normally take for granted became to them, such as clean running water, electricity, shelter,

comfort, safety and security. A few veterans indicated how much more they appreciated the relationships they now have with their family members. Their individual growth, personal characteristics, maturity, confidence, and self-discipline were also identified to be the results of their overall experience.

Rob's stated his new perspective. *"I think the whole experience has changed my priorities to a tune. In Iraq I thought about the circle of life, because there were children being born and then there were people being killed. My son was born, a few days after we got hit by rocket fire and several people died. And so, you know, you learn to appreciate things a little more from a life perspective. You realize that life is more fragile and I have learned to appreciate life and realize it is more fragile than I believed it once was. I'm no longer invincible no matter how much armor and everything else I've got on. I have my Christian faith, which means I have to look at people as an individual and at the same time cherish their life. At the same time if they do something that makes me mad, I want to go and rip their head off.*

I believed more in institution, believing and trusting more in my abilities and in people than in trusting in God. I think my deployment allowed me to see that there was a need for me to reassess what I had determined at some point in time in my life - that it was a priority. I'm still in the process of doing that and it's tough. Yes, it has definitely changed my perception."

James explained that his aunt works for a medical company and she apparently found these photos online and had them forwarded to him via email. *"To me it just goes to show where a lot of military veteran's mindsets are. Some people might say that it's a*

sick joke and to an extent all military in some way, shape, or form has a slightly twisted sense of humor, compared to a lot of civilians.

“IM WITH STUMPY” “ONE FOOT IN THE GRAVE”



“Just to show where some of our veterans mindsets are I thought these were great. I think they're great myself. I love them, because it shows that if you can't laugh at yourself, you can't laugh at anybody else and I liked to laugh at other people when I get a chance. Not that I try to or do it all the time, or look for the ability to so, but if someone does something moronic, I want to be able to laugh at them. So if I can't laugh at myself for whatever reason, then I can't laugh at other people.

To me those are both funny and it just goes to show where a lot of veterans are -- you know, we may have lost a leg, but it's not going to stop us. An amputee is what I am, not who I am, if you know what I mean. It's just a fact of life, it's not a life-altering situation or a mental mind set.”

James shared this belief about his experience: “I'll jokingly tell someone that being blown up was the worst physical thing that ever happened to me, but it was also the best, because if I wouldn't have been blown up I wouldn't have

been at Walter Reed. If I wouldn't have been at Walter Reed, I wouldn't have met my wife, who was a USO volunteer. If I wouldn't have met my wife, I wouldn't have my six-year-old son and two-year-old daughter -- almost seven and three now. But everything happened for a reason. Sometimes you just have to wait and see what it is."

James realized that some things may happen in life which will create balance from what may initially seem to be a bad situation, turning it around into something positive. Several of the transformative processes identified by Mezirow (2000) took place for James. He was able to explore his options for new roles, relationships, and actions while planning a course of action. He built competence and self-confidence in his new roles and relationships, and he began to reintegrate his life based upon the conditions which were dictated by his new perspective.

Spirituality/Faith - Spirituality, faith and hope all seem to have a connection in some form. Categories mentioned during the research, they were major factors in helping the combat veterans deal with the stress levels associated with making adjustments, inside the combat zones and when transitioning back to civilian life. The dilemma between faith, Christianity and survival also became an issue in this theme. Although everyone did not directly address spirituality and faith in this study, they referred to this category in a different but related manner such as in reference to hope, beliefs, and cultural values.

Concerns and questions about faith, its relevance and how it applies during combat situations were identified during this study. Rob shared these thoughts about his faith during his experience in the combat zone. *"I think*

there's always an attempt to prepare you mentally, physically and spiritually and I tried to do that. But it didn't prepare me for what I expected. I'm a Christian so I think my faith was what helped me deal with it most of the time, because a lot of our experience would be in the direct line of fire and the odds were that maybe you would get hit or maybe you won't get hit.”

Trying to understand their religious beliefs, and its application during combat situations, encouraged the military member to search deeper into their previous views on how they perceived themselves as religious individuals in the past. Rob continues to share this new philosophy since his experience and exposure to combat. *“I think going over as a Christian reinforced my understanding and belief and comprehension of the Bible to a point, where growing up I wasn't a Christian and so I blamed God for a lot of things. But then I think as I became a Christian, I slowly would see that as we take advantage of the free will that we're offered by God and, as we turn our back on God, God kind of steps out of the picture. It helped put things in perspective. It also helped put things in perspective from a spiritual standpoint that I need to be more solid in my faith. And there needs to be less of Rob-ish in Iraq and in the world and there needs to be more of Jesus living through Rob in the world.”*

Conflicting views and questions about religion developed as a result of these veterans' combat exposure. Rob had conflicting thoughts about his spirituality and religious beliefs. *“Coming back has also caused me to have a conflict with my internal struggle of my faith versus what my survival instinct is. So sure, you know, you put a new emphasis on life, but at the same time I now*

have that internal struggle that was never there before that's caused a lot of internal questioning. I'm not questioning my faith, but kind of understanding man, mankind, and the barbaric nature of what man can do to man."

Rob gave this example about one situation during his combat experience: *"I hate to say this and this really sounds bad from a Christian perspective, but when the shit hit the fan, I went into reaction mode. And the first thing I think I probably should have done was start praying. But instead I was coming from my tent and hit the deck and then continued doing the self-assessment to check for injuries while trying to report my status back to the command post. We never got into direct contact during this attack, but if we did, instead of praying, I'm sure we would have started putting some rounds downrange."*

As a result of their experiences in the combat zone these veterans were able to take a closer look at how they perceived themselves pre and post combat. They realized the importance and the value of specific issues associated with making a positive transition from combat back into civil society.

The self-examination process was one of the key factors in their transformative learning. This required them to understand how they had changed as a result of their experiences and decide to make personal adjustments to adapt and accept their new roles and relationships. Reintegrating into their new life with different perspectives than they had prior to entering the combat zone was also a transformative learning experience for them. They learned "not to sweat the small stuff" and how to appreciate their new life with all the people who are close to them.

Upon return from deployment my unit immediately engaged my spouse and myself in reconnection groups designed for service members returning from combat zones. The reconnection groups offered service members the opportunity to rediscover themselves and find new meaning in their lives. Additionally, the group offered my spouse and me the opportunity to understand that I was a changed person upon my return from combat deployment.

During one of the reconnection group sessions, my spouse expressed: *“It has been difficult to reconnect with my spouse at times because of his refusal to express emotions. I can tell when he has flashbacks to the combat zone...because he jumps at the sound of balloons bursting and twice he tried to take cover under a table in restaurants. He wakes up startled in the middle of the night, and sleeps with his weapon close by, it’s very frightening!”*

On reflection- upon hearing such comments from my spouse, it made me realize that I needed professional guidance -- and fast. I could no longer tolerate being around people. I was jumpy and always felt on the edge. I sought guidance through various military entities and continue to involve myself with support groups.

Summary

The experience of war has changed many veterans once they return to civil society, not just physically but also mentally. These experiences have caused them to revisit their thoughts, actions, and values about the way they live and view others in the world and within their community. They began to think more about their own views on life and how these changes have become a part of who they are now. It is important for them to have a sense of humor at times

about their new self-image and to make every effort to educate the civilian community about their abilities whenever possible.

Belief, faith, hope, spirituality, and prayer have helped many veterans of combat make it through some difficult situations. However war has also created a challenge for some individuals' spiritual beliefs as they may begin to question why their higher power allows the terrible events associated with war to exist. Questioning right and wrong and the relevance of individual divine protection, considering the acts of violence and destruction the military member has been involved in as a participant in the war, also becomes a critical issue as they take a closer look at their religious values and beliefs.

This theme clearly highlighted several of the transformational learning processes discussed by Mezirow (2000), expressed through the individual one-on-one interviews with the participants, as well as in the other sources of data used in this study. Although all participants did not share as much as others in this category, it was a key factor identified by many of the combat veterans in this research. Their learning processes involved undergoing self-examination and conducting critical assessments of internal assumptions, trying new roles, and taking action by integrating into their new lives these new roles and changed attitudes.

Chapter Summary

Some of the participants stated that their experiences in the military became major turning points in their lives in a positive sense, in spite of the highs or lows, positive or negative experiences, or even having to see people die. Several positive experiences were

cited such as being exposed to new people and cultures, being able to travel, having leadership roles and responsibilities, and developing an overall different and new perspective on life, in the military as well as in civilian life. This new perspective contributed to individual self-growth and development.

The data collection process, in the methodology chapter three of this study, highlighted some major challenges that veterans of the most recent wars in Iraq and Afghanistan faced during their efforts to reintegrate into civilian life. A few of the participants indicated that these challenges became unexpected stressors, which brought about a high level of anxiety connected with making the transition process.

The recent wars in Iraq and Afghanistan are different from the wars of the past for several reasons. The length of the tours or deployments of the Iraq and Afghanistan wars covered a span of between three to fifteen months, much longer than in past wars. This was the case for the participants of this study. Some also served multiple tours of duty.

Several veterans and participants of these recent wars were also called to active duty from the Reserve Forces or the National Guard, and were not full-time active duty personnel prior to being mobilized. Even though these individuals were aware of the fact that there was a strong chance for them to be sent into a combat zone, their initial expectation was that they would be serving stateside, as backfills for the active duty personnel who were sent into the combat zone.

Experiences dealing with post-war growth and development are not uncommon for veterans of war. In some cases it meant viewing themselves as

being more self-reliant or capable, and for others it meant appreciating friends and family more than before. Some said that dealing with physical, emotional, or psychological problems after returning home from war, made them take a serious look at their priorities and values. In most cases, post-war growth involved change - first by changing the way they viewed themselves and their war experiences, then by incorporating those changes into their daily life. All of these changes are relevant to the theoretical framework of resilience and transformational learning, which was applied in this study.

CHAPTER 6

Summary, Discussion, Recommendations and Final Thoughts

The Research Questions Revisited

This study provides a variety of rich data detailing the authentic lived experiences of combat veterans as they make the transition from the combat zone to civil society. During the course of this study the research questions were answered through the voices of the participants as well as from supporting data of the other sources used in the data collection process, which were the personal one-on-one interviews, several sources of media, creative expression, observances, and personal experiences. The following section specifies the answers to the original research questions.

1. What are the most significant challenges faced by military service members when they return from combat in Iraq and Afghanistan?

The information obtained from the participant interviews informed me that the overall transition process from combat back to civil society presented several challenges for most of them. Some of these challenges included: fear of the unknown and unexpected with high levels of anxiety; dealing with the change in culture; feelings of loneliness, fear, anger, guilt, shame, and disconnection; isolation; uncertainty about the future; and problems with work and personal relationships.

2. What were their transformative experiences?

Most veterans studied in this research all experienced some form of transformational learning during their reintegration process. These experiences included such things as: undergoing self-examination and conducting a critical assessment of their internal assumptions; exploring options for new roles and relationships; developing new

courses of action and acquiring the knowledge and skills to implement these new courses of action; building or re-building competence and self-confidence for their new roles and relationships; and reintegrating into their new lives with the new perspectives.

3. What common factors apply to resilience and transformational learning?

One of the most common factors found through this research that applies to both resilience and transformational learning is the desire to continue and move forward. Hence the “disorienting dilemma” comes into perspective for most combat veterans returning to civil society. They were successful in bouncing back from combat to civil society and then realized that the world they were now assimilating into would require some personal and individual changes. The choice was there for them to accept or deny based on how they wanted to adjust to their new environment. Most of them chose to accept the challenge of making those personal and individual changes.

4. What are the most important resources that contribute to the transformational process of the military service member?

The family, community, and organizational support structures were the main resources that contributed to making the transformational process easier for the military members, based on the review of all the data used in this study. The individual desire to follow through with the transformational process was also a key factor in the success of their transition and transformation.

5. What external support has been most helpful during the transformational process?

The research shows that several of the creative expression alternatives, listed in Appendixes 1 and 2, were most widely used by many of the veterans to assist in making

the transition process. They continue to use these services to maintain a higher and valued quality of life for themselves as well as for their family members.

The Significance and Contributing Factor to Adult Education

As we learn more about this population's challenges of integration back into a civilian society, it is important to be aware of the psychological health issues affecting service members. Strategies for promoting resilience, interventions to help reduce dysfunctional behavior, and assistance in guiding service members through the recovery process are new and important elements to consider in the field of adult education.

This study will be useful in assisting military and civilian communities in understanding the factors and methodologies used by social and psychological research that may be useful in promoting psychological resilience and transformational learning in service members as well as in adult citizens in general.

Recommendations

The following are just a few recommendations and areas to be considered for further research on this topic:

PTSD Awareness and Training - There should be more information, training, awareness, and resources available to the public about PTSD in military members. Civilian human resource departments should incorporate this type of training and information in their managerial/supervisory training programs, as well as in their new employee orientation briefings. Information and available resources should also be readily accessible to military members in the workforce, with the assurance that there will not be any penalties or adverse actions taken against them for seeking treatment

and assistance. These options and reassurances should also be implemented for military members returning to their home bases after returning from deployments.

Combat Exposure Studies - Additional studies on combat exposure, distinguishing the relevance between “passive” exposures and “active” involvement, would be valuable to aid in further psychological evaluation and treatment programs for military members. In many cases during combat exposure, military members are forced to act or react in order to survive or for the protection of self and others. These actions often may lead to harm or destruction to self or others. An in-depth examination or discussion on the moral and psychological construct of killing or injuring others, would offer a better understanding of, and possibly additional causes for, PTSD and other difficulties such as a loss of meaning, depression, or suicidal traits in military members returning from combat.

Additional Research on Moral and Psychological Dynamics of Combat - There also needs to be more research on the moral and psychological implications and significance of a veteran’s role in being the direct or indirect cause of harm, which may often be against one’s personal values and moral convictions. To better address the complex treatment needs of veterans with PTSD, it is imperative that the moral and psychological dynamics involved in combat duties be examined and understood in more depth (Huang, 2010, p. 11).

Further Studies on Invisible Wounds – It is important to continue to focus on the wounds of combat that we cannot always see, most commonly referred to as invisible wounds. More resources and opportunities for combat veterans to have the ability and encouragement to share their experiences should be made widely publicized

and available. This will help to make these common factors among combat veterans more than an internal individual experience and more of a shared and familiar experience, which can be a very important part of the transition and recovery process.

Political and General Public Consideration – It is important for the political and general public leaders to keep in mind that the issues associated with veterans returning from combat to civil society is still a critical factor within our communities. These factors and concerns will require the political and community leaders to take a closer look at the current policies and consider making revisions to address them appropriately. In some cases, the returning veterans may already be beyond reach, due to the current policies in place. Therefore some of these individuals may not be included in the statistical reports of combat veterans needing help.

Resilience in Combat – According to Frieldi (2009) resiliency is “concerned with positive adaptation and protective factors that reduce the impact on outcomes.” Similar studies that explore identification of predisposing factors in military service members can be helpful to reducing PTSD in service members. PTSD elements of concern from predisposing factors can consist of the lower ranks of military members, individual service member socioeconomic status, lower education attainment, and prior history of trauma (LeadrMann et.al, 2009, Nelson Goff & Smith, 2005).

The study of resilience, with a very fine-tuned understanding of its relationship to combat exposure and the effects of being able to recover from traumatic experiences in the combat zone, should also be studied more carefully. It is important to remember that the extreme struggles of war do not end when the combat veteran returns home,

because the constant struggles continue as they transition into a new world of everyday civilian life.

This research will be useful to assist military and civilian communities to understand and support service members in overcoming factors limiting military resilience and transformational learning, thereby having an effect on reintegration and social development projects for military members in civilian communities nationwide. The reintegration process of these individuals into the civilian workforce will also contribute to the creation of economic and political changes throughout the United States.

Reflections and Final Thoughts

The following statements are things to consider when we think about service members returning home from combat. Even though these thoughts are a constant reminder of the changed lifestyle resulting from their combat experiences, service members continue to fight the battle on the home front as they make adjustments physically and psychologically.

The reality of war is a serious matter!

When I left to serve my country, I was a whole person, and now that I'm back I want to run to greet you, but my legs are no longer there.

I want to reach out to hug you or shake your hand, but I have no arms to touch you with.

I can hear your voice, but I can't see you because my eyes are no longer with me.

I can see you, but I can't hear what you're saying because my hearing is gone now.

I don't look the same anymore and I hope you are not afraid because my body and face are deformed.

I don't sleep well, because I have nightmares and flashbacks from my combat experiences.

I am nervous and paranoid whenever I'm in large crowds, because I always feel the threat of being under attack.

This is my world now and it will be this way forever since I have returned home as a military combat veteran, who has made the sacrifice to serve and protect my country for the freedom you can enjoy every day.

This research was an attempt to have the real stories told. This short poem, with excerpts from the U. S. Air Force Airman's Creed, briefly describes the pride, honor, and commitment instilled in our service men and women.

I am an American Warrior!

I have answered my Nation's call.

My mission is to Fight and Win.

I am Faithful to a Proud Heritage, A Tradition of Honor, and a Legacy of Valor.

I am a Guardian of Freedom and Justice, my Nation's Sentry and Avenger.

I will never leave a fellow Warrior behind.

I will defend my Country with my Life.

I am an American Warrior!

These words hold true and have meaning to most members of the United States Armed Forces. Think about them the next time you greet a member of the U. S. Military with the words 'Thank you for your Service.' Is it just a common greeting without any true meaning? Do you really understand what 'Service' means and the sacrifices that go along with that Service?

Who am I Becoming?

This research has allowed me to dig deep into some very personal experiences of individuals, who normally would not share their stories with anyone. I feel privileged and honored that these individuals decided to open up and share a very private part of their lived experiences with me. Even though I have also been a participant of this study, the connection with these individuals has allowed me to learn more about the major challenges that our military combat veterans experience once they return home.

I feel like I am the voice of those who have shared these stories with me and also for the many who still choose to remain silent about their experiences. I believe that it is now my duty and responsibility to continue to make the public aware of the many challenges that our combat veterans face when they return home.

I plan to continue my research and focus on this topic by following through with existing programs designed to help returning combat veterans, to see if they are successful and making progress in their efforts. I also plan to become an advocate for all veterans who need assistance, by becoming an active member of several veteran organizations and by continuing to push employers to hire veterans, particularly wounded warriors and disabled veterans.

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Appendix 1

Wounded Warriors Adaptive Adventures

Adaptive Adventures

<http://adaptiveadventures.org/>

The mission of *Adaptive Adventures* is to provide progressive outdoor sports opportunities to improve quality of life for children, adults and veterans with physical disabilities and their families.

Alaska Healing Hearts

<http://alaskashealinghearts.com/>

Alaska's Healing Hearts year-round nationwide outdoor programs include hunting, fishing, and other outdoor recreational programs for our nation's brave wounded warriors; these activities are termed "social reintegration" by therapists. Not just the clinical rehabilitation programs which injured military personnel usually participate in, they also provide disabled Veterans with hope that they can live active and productive lives. Based on our own experiences these programs help bolster confidence and self-esteem, while serving as a venue to assimilate into public culture.

American Wanderer Summer Camp - RV Camp for Kids

www.rvcampforkids.com

The next generation of a traditional summer camp for boys and girls ages 11-17. Our Cabins roll and our Camp moves. Our Campers and Guides explore some of the most magnificent parks in the world - all right here in America. We offer four distinct two-week sessions exploring over thirty-four parks in Arizona, Colorado, Idaho, Montana, New Mexico, South Dakota, Utah and Wyoming.

Scholarships - Children of Active Duty, Reserve, National Guard, Retired and Former Service members are all eligible to apply. Children of Wounded Warriors must annotate their applications as such due to multiple categories of funding sources. National Guard, Military Reserve and Wounded Warriors should also see www.ourmilitarykids.org for additional funding.

BAADS Veteran Sunday Sailing Program (San Francisco, CA)

www.baads.org

The *Veterans Sunday Sailing Program* with the *Bay Area Association of Disabled Sailors (BAADS)* provides veterans the opportunity to sail in Access 303 and Access Liberty boats with other veterans every Sunday.

BAADS is offering this program to ALL veterans, not just disabled. This is intended as a thank you for service. Feel free to come this week and each week following with no obligations besides RSVP'ing to keep accurate count of our resources.

Blum's Landing (Millersburg, MI)

www.blumslanding.org

Blum's Landing is a place for military personnel who have endured physical and/or mental wounds from serving the country.

We are a non-profit bed and breakfast for military personnel and their families to relax, recoup, and re-energize from the stress of their current rehab and duties.

Boulder Crest Retreat for Wounded Warriors (Bluemont, VA)

<http://bouldercrestretreat.org/>

Boulder Crest Retreat intends to offer the following facilities and services to wounded warriors and their families who come to rest and heal:

- ADA handicap accessible “greentech” cabins, available for two-seven days for approx. 250-500 families per annum.
- An ADA handicap accessible “greentech” barn/meeting house with organic farm-to-table meals.
- A walled organic Victorian garden, plus a field of organic produce.
- A bird sanctuary and fishing pond.
- Nature walks, foraging, photography, bird and wildlife watching, as well as therapeutic dogs, archery and other onsite adaptive sporting activities.
- Off-site activities including swimming, canoeing, kayaking, tubing and fishing in the Shenandoah River; hiking the Appalachian Trail; trail rides; biking; antiquing; winery tours; golf; tennis; a therapeutic horse farm; and a country farm and petting farm.

Camp C.O.P.E.

www.campcope.org

Our camp is designed to help our young heroes to better cope with the effects of war, deployments and the sacrifices they are asked to make every day.

Children of deployed and injured service members are more likely to struggle emotionally. Some common reactions observed in children in these circumstances include, but are not limited to: depression, anxiety, withdrawal, anger, hyper-vigilance and somatic illness.

At *Camp C.O.P.E.* children are provided age-appropriate therapeutic interventions in small groups of their peers, who have had similar experiences. The interventions are both direct and indirect, according to their comfort level, and are tailored to help them cope better emotionally.

Camp Corral

www.campcorral.org

Camp Corral is an amazing week of non-stop fun and excitement in the great outdoors for children (ages 8 to 15) of our military heroes. It's for the children of brave soldiers who have been injured or fallen protecting our freedom, our way of life. *Camp Corral* is a wonderful chance for kids to share amazing adventures through boating, swimming, hiking, archery and doing just about everything you can do enjoying fresh air and nature.

Camp Corral kids tell us they have made friendships and memories that will last a lifetime!

The folks at *Golden Corral* restaurants are proud to continue their tradition of supporting our veterans and military families by making *Camp Corral* possible. *Golden Corral* wanted to find a way to support the families of disabled veterans and those injured in the line of duty and *Camp Corral* was the perfect opportunity.

Camp Hope (Farmington, MO)

www.chrisnealfarm.com

Camp Hope is dedicated to honoring the fallen by helping the wounded. Created by Gold Star parents, William "Mike" and Galia White, the 170-acre farm located seventy miles southeast of Lambert-St. Louis Airport in Missouri, was created to honor the memory of their son. Pfc. Christopher Neal White, a 23-year-old Marine tragically killed in action in Al Anbar, Iraq on June 20, 2006.

Camp Hope provides FREE outdoor adventures to combat wounded veterans of the War on Terror and active-duty combat-wounded Soldiers, Marines, Airmen and Sailors.

The mission of *Camp Hope* is to allow wounded warriors the opportunity to participate in outdoor activities with dignity - to not think about what they "can't" do, only to think what they want to do. Soldiers can shoot skeet, hunt turkey and deer, fish, hike, explore the country, or relax around the ever-burning fire pit.

Camp Patriot (Libby, MT)

www.camppatriot.org

Camp Patriot empowers disabled U.S. veterans through Christian values and relationships created by way of our unique outdoor programs. Our programs challenge veterans to learn new ways to overcome their wounds in order to accomplish amazing goals. These challenges represent a crucible of change that proves to each participant that they can overcome any obstacle. *Camp Patriot Alumni* have gone on to become great leaders in their communities.

Today there are over 2.3 million disabled veterans in the U.S. and the number grows each day as the war on terror continues. These brave veterans have made great sacrifices in order to ensure our safety and freedom. All of these veterans had dreams about the future, many felt that their dreams were lost due to injuries suffered in the line of duty. We thank

veterans by showing them that with the right relationships and support they can accomplish anything.

Champion Kids Camp (Houston, TX)

<http://championskidscamp.org/>

Champions Kids Camp is dedicated to the nurturing of children who have survived a traumatic injury, illness, or personal loss, such as the loss of a parent or sibling. This also includes separation from a parent who is serving abroad in the military or who has now returned home. Through a week-long camp, children between the ages of 8 and 12 are able to heal from the “emotional scarring” they have experienced in their young lives.

Camp consists of music, art, sports, recreation and special guests. Children are nurtured physically, mentally and emotionally. We teach them at camp that they are over-comers. Camp is free of charge to those who are accepted; we do fill up by our deadline so apply soon.

Chappy's Outdoors

www.chappysoutdoorendeavors.com

The mission of *Chappy's Outdoors* is to conduct hunting and fishing trips for our nation's wounded veterans by providing training, equipment and excursions across America in order to facilitate physical, emotional and spiritual healing by sharing in God's natural creation and faithfully proclaiming the Good News of Jesus Christ through word and deed.

We have connected land owners, ranchers, outdoor guides and organizations, charter/commercial fishermen, and professional fishermen with wounded veterans to provide a chance to enjoy hunting and fishing opportunities.

We have edited and recorded these trips in order to allow our veterans to commemorate their trip forever...recent upgrades allow us to now record in HD quality with wireless microphones on vets.

Disabled Veterans Rest Camp (Washington County, MN)

www.vetscampmn.org

The *Disabled Veterans Rest Camp* provides facilities and opportunities for recreation, rest, and well-being for all women and men who have served or are serving in the Armed Forces of the United States, along with their families. The campground is open to all military personnel in good standing: Active duty, Reservists/Guard, veterans, disabled, retirees, families and friends.

Divide Camp (Oregon)

<http://www.dividecamp.org/index.htm>

Divide Camp honors the service of our combat veterans by giving back through outdoor adventures including hunting, fishing and other sporting and recreational activities. We seek to aid healing and build hope for our service members wounded in action.

Eagle Summit Ranch (Roever Foundation)

<http://www.roeverfoundation.org/projects.php>

Conducts motivational retreats and seminars for wounded warriors in wilderness setting.

English River Outfitters

(Washington County, IA, adjacent Sockum Ridge)

www.englishriveroutfitters.org

English River Outfitters, is a non-profit charitable organization. We offer our veterans a variety of activities where we help our veterans adjust after a deployment. We provide a peer on peer approach (Veterans Helping Veterans). We were established in 2008 to enrich the lives of all of America's returning war veterans.

The average stay for a recovering veteran at a Recovery Medical Center is two years. That is a long time to be bedridden or confined to a hospital facility, especially for the athletic, adventurous, and outgoing individuals, such as those who serve in the military. We are helping veterans by getting them outside with nature.

English River Outfitters (ERO) honors all of our veterans, past, present and future, with our priorities on our veterans with physical disabilities as well as invisible injuries. *ERO* provides programs through a Life Skills Program and Peer on Peer Mentorship that help foster a healthy readjustment back to civilian life through a positive outdoor experience, fishing, hunting, hiking and a campfire.

ERO provides the family a place where they can reintegrate after a separation and the soldier can realize their strengths and their independence.

Fly Fishing for Vets

www.flyfishingforvets.com

Fly-Fishing for Vets has joined with *Project Healing Waters Fly Fishing* a non-profit organization created to provide wounded warriors and their families with a bit of relief from the many stressful aspects of recovering from an injury or being permanently disabled.

For the vets, the foundation teaches the basics of fly fishing to include fly tying, casting, and rod building. We offer one or two-day trips with guided fly-fishing instruction and excursions as a means to get away from it all. The trips are therapeutic, in that they can restore confidence, feelings of independence and self-esteem for the wounded warrior. Trip options include the lakes at Callaway Gardens in Pine Mountain, Ga, the "Hooch" in Atlanta, the Toccoa River and any other locations the Wounded Warrior feels comfortable fishing.

Spouses and children of the veterans are also provided with activities to help them relax, enjoy themselves and get away from the hectic pace often associated with recovery and being at times the main caregiver.

Naturally, if spouses and older children would like to fish too, they are more than welcome to.

Freedom Hunters

www.freedomhunters.org

Saluting the noble work of our courageous men and women of the Armed Forces is our mission. *Freedom Hunters* reflects the outdoor community's appreciation to the troops by taking select active duty and combat veterans on outdoor adventures. With help from conservation groups, outfitters, corporations, state agencies and land owners, *Freedom Hunters* will honor individuals from all branches of the military. It is with immense pride and enthusiasm that *Freedom Hunters* will carry on the American tradition of hunting and fishing with active military personnel across the United States.

We are proud to show our gratitude to Purple Heart recipients. Many may not have the same physical abilities as when they joined the service, but heart and determination is something that still drives these men forward.

Hearts of Valor Retreats

<http://www.heartsofvalor.org/Retreats>

Those close to service members are all too familiar with both the invisible and visible wounds that come with war. With those injuries come a host of circumstances that may feel unbearable. At our *Hearts of Valor TM Retreats*, you don't have to feel that burden alone.

At the *HOV* retreats, you will be able to share your story with other people that have found themselves in similar situations as you and learn how to cope in your role as a caregiver, learn more about:

- Invisible wounds such as PTSD and TBI
- How to cope with your role as a caregiver
- Deep relaxation techniques
- Solutions unique to your needs

The retreats are within driving distance and are of no cost to you. The registration fees, meals, and hotel room are all free.

Helping Hands for Wounded Veterans (Latrobe, PA)

www.hhwv.org

Helping Hands for Wounded Veterans was approved in December 2007 by the IRS as a non-profit. The purpose of the organization is to give disabled soldiers that have sacrificed so much to keep our country free a chance to enjoy the sport of hunting and fishing once again. Hence, the program called "All-American Dream Hunts" was established by the non-profit.

Heroes on the Water

www.heroesonthewater.org

Heroes on the Water helps wounded warriors relax, rehabilitate, and reintegrate through kayak fishing and the outdoors.

For thousands of wounded warriors, kayak fishing has become a powerful and liberating source of rehabilitation. It shatters the perceived limits of their injuries and creates an openness to interact, learn new skills, and focus on the bright future ahead.

We offer injured military personnel and veterans an outdoor recreational experience where they are taught kayaking and kayak fishing basics and participate in kayak fishing excursions – a new sport despite their injuries that provides camaraderie and a lifetime of enjoyment that they can do with family and friends.

As a national organization based in Allen, TX, we have chapters across the country led by volunteers that take wounded veterans out kayak fishing on an ongoing basis, at no cost to them or their families.

Higher Ground Sun Valley (Ketchum, ID)

www.highergroundsv.org

Higher Ground Military uses therapeutic recreation to facilitate a change in perspective, giving injured service members the physical skills, confidence, and coping strategies necessary for a successful reintegration into their families and home communities. *Higher Ground* is recognized as one of the premier rehabilitation programs in the country by the *Department of Defense*, military medical centers, and veteran service organizations. We serve military personnel and veterans with Traumatic Brain Injuries (TBIs), Post Traumatic Stress Disorder (PTSD) and other polytrauma.

Higher Ground hosts eight week-long sports camps annually, each completely free of charge to veterans and their supporters. Our camps serve 8-10 participants and are designed for specific populations—couples, men, and women. We create an intimate atmosphere where participants connect and share struggles related to battle trauma and injuries, while supporters share challenges about health care, parenting, and their role as caregivers.

Our highly trained staff of certified recreational therapists strategically implements activities that highlight individual abilities, leading to an overall improvement in quality of life.

Higher Ground commits to three years of follow-up care for each participant, helping to connect participants to their local resources and dedicating a reintegration budget for each participant to help them achieve their individual goals.

Hunts for Healing Foundation

www.huntsforhealing.org

The *Hunts for Healing Foundation* is a non-profit organization dedicated to the emotion, physical and spiritual healing of wounded warriors.

Our purpose in creating this fund is to establish ongoing opportunities for our wounded veterans to experience authentic upland hunting in the beautiful Endless Mountains of northeastern Pennsylvania. Our mission is to create an atmosphere that promotes challenge in the outdoors and healing from within. We offer clay bird shooting, hunting safety, and the experience and excitement of pheasant hunting with guides, mentors and dogs. This experience aids in their physical, emotional and spiritual recovery, as well as, providing social interaction that allows the warriors to transition back into their daily lives.

Hunters for Warriors (Warriors for Freedom Foundation)

<http://warriorsforfreedom.org/events/hunting/warriors-hunt-2013/>

Every year in November, *Warriors for Freedom Foundation* hosts a Quail Hunt near El Reno, OK for service men and women. Guns, ammo, safety equipment for eyes and ears, transportation in the field (if needed), food and a great time is provided for both our local hunters and our local heroes!

Hunters Helping Soldiers

www.huntershelpingsoldiers.org

The mission of *Hunters Helping Soldiers* is simple...to assist our U.S. veterans (combat and combat wounded) by providing high quality hunting and fishing experiences in the great outdoors. This serves two purposes...as a means of rehabilitation and also as a way of showing our sincere thanks for all they have done for us.

As you will see, *Hunters Helping Soldiers* is diverse through our various programs. Both nationally and locally through our many chapters, *HHS* serves the outdoor community as well as our Veterans. Furthermore, in order to maintain and continue our hunting heritage, *HHS* also has an "Open" children's program called "Camo Kids."

LEEK Hunting and Mountain Preserve (Oswayo, PA)

<http://leekpreserve.org/#>

LEEK Hunting, and Mountain Preserve is dedicated to providing outdoor experiences to our disabled veterans through hunting, fishing and other outdoor recreation activities.

LEEK Hunting and Mountain Preserve offers disabled veterans opportunities to participate in outdoor recreational activities in a completely accessible and supportive environment.

Hunting and fishing facilities located on this 140-acre property are designed for wheelchair and vehicle access. Lodging and trail vehicles provide our veterans maximum comfort and enjoyment. During their stay, visitors of *LEEK Hunting and Mountain Preserve* are pampered with home-cooked meals and partnered with experienced local outdoorsmen, many of whom are also veterans.

Located in scenic north central Pennsylvania, *LEEK Hunting and Mountain Preserve* is part of a community that recognizes and values the sacrifices of our disabled service members.

Lima Foxtrot Programs for Injured Military (Birmingham, AL)

<http://www.lakeshore.org/lima-foxtrot/>

“*Lima Foxtrot*” is the brand name adopted by *Lakeshore* to describe what has become one of this country’s premier, comprehensive, year round, sport, fitness, and recreation programs for severely injured members of our Armed Forces who were injured post 9/11. Initiated in 2006 in response to the significant numbers of injuries from conflicts in Iraq and Afghanistan, *Lima Foxtrot* has served over 1,800 injured servicemen and women and their families, from thirty-six states and territories. Through *Lima Foxtrot* these young men and women use lessons from sport and recreation to learn how to pursue life after injury.

Mount Olivet Rolling Acres (Victoria, MN)

http://www.mtolivetrollingacres.org/news_events/whats_new.html

Mt. Olivet Vacations for Wounded Warriors ~ Mount Olivet Rolling Acres is honoring wounded Service members by reserving blocks of time at their McGregor cabins in northern Minnesota for their free use.

Moonlight Fund (Bandera, TX)

www.moonlightfund.org

Retreats for burn survivors and their spouses - Our spring and fall retreats are held at Bridlegate Ranch in Beautiful Bandera, nestled in the Texas Hill Country. Offering an opportunity for those with recent injuries to spend the weekend with fellow long term survivors. The retreat provides educational information regarding ongoing care, emotional support to the patient and their caregiver, including guest speakers who have overcome their accidents and have gone on to lead productive lives. The weekend is low key and a relaxed get away from the medical world. The retreat is open to all who have suffered a burn injury, or an amputation due to a burn or blast accident.

Operation Black Hills Cabin (Custer, SD)

www.operationblackhillscabin.org

Founded in 2011 by a retired military couple, *Operation Black Hills Cabin* is located just outside of Custer, SD, in the beautiful Black Hills. Its purpose is to offer a week’s vacation to qualifying wounded veterans and their families, from the Iraq/Afghanistan campaign, at little or no expense to them, with the exception of transportation.

It is to provide a therapeutic environment in assisting qualifying veterans who were combat injured, in their rehabilitation from their traumatic and stressful experiences while serving the interest of our nation. And also to provide a constructive opportunity to the disabled veterans to reacquaint themselves with their family in a quiet and leisurely environment.

Operation Down Home (Birmingham, AL)

<http://www.lakeshore.org/lima-foxtrot/operation-down-home/>

Operation Down Home is designed to introduce severely injured military personnel and their families to recreational sports opportunities. This camp is open to servicemen and women, and their family members, who have been severely injured in recent conflicts and have suffered an injury such as spinal cord injury, traumatic brain injury, amputation or visual impairment. There is no cost to military personnel with severe service-related injuries and up to three family members. The weekend includes all meals, lodging, air and ground transportation, and all sports and recreation activities.

Operation Endurance (Birmingham, AL)

<http://www.lakeshore.org/lima-foxtrot/operation-endurance/>

Operation Endurance enables local servicemen and women who have sustained a severe injury during active duty ongoing access to *Lakeshore's* membership programs at no cost. This *Lima Foxtrot* program is available for all injured who have sustained a service-related injury, regardless of when they served.

Operation Heal Our Patriots

<http://www.samaritanpurse.org/what-we-do/about-operation-heal-our-patriots/>

Operation Heal Our Patriots, a ministry project of *Samaritan's Purse*, focuses on bringing spiritual refreshment, physical renewal, and marriage enrichment to wounded and injured U.S. military service members and their spouses. To thank these brave men and women for their service and sacrifice, we offer programs uniquely developed to strengthen the marriage relationship and build hope for the future through the transforming power of God's Word.

Samaritan Lodge Alaska stands peacefully within the great wilderness of America's last frontier. It is here, among mountains, glaciers, waterfalls, and wildlife that we minister to the needs of America's own victims of war. Military service members and their spouses have the opportunity to stay for one week, including travel time.

Each day, our on-site staff chaplain leads devotions and our Marriage Resiliency Workshop. This weeklong course offers couples time away from daily pressures and distractions to study the primary dynamics that have the greatest impact on a marriage. The workshop concludes with a worship service, which affirms and celebrates couples' relationship with God and one another, amid the marvels of His creation.

Operation Injured Soldiers

www.injuredsoldiers.org

The goal of *Operation Injured Soldiers* is to help our wounded heroes get back to doing the sports and hobbies they enjoyed before being deployed. The funds we raise provide hunting, fishing, and camping trips, along with many other outdoor recreational activities, to our disabled heroes to help with their physical and mental rehabilitation. Through corporate sponsorships and individual donations, these trips are provided at no cost to our injured heroes.

Operation Night Vision (Birmingham, AL)

<http://www.lakeshore.org/lima-foxtrot/operation-night-vision/>

Operation Night Vision brings sport and recreation to servicemen and women who have suffered significant eye injuries or blindness while recently serving our country.

Activities will include water skiing, rock climbing, paddling lessons for canoeing and kayaking, cycling, track & field, judo, goal ball and scuba diving.

Operation Night Vision will be held at the *Lakeshore Foundation* facility and at locations around the greater Birmingham community. There is no cost to military personnel with severe service-related injuries and one guest. The weekend includes all meals, lodging, air and ground transportation, and all sports and recreation activities.

Operation Proper Exit

www.troopsfirstfoundation.org

For those wounded warriors who are thriving in recovery and are capable of returning to theater, this program itinerary stages a meet-and-greet tour to forward operating bases with a group of recovered soldiers. Four specific objectives have been identified:

- The sense of brotherhood inherent in today's military leaves a number of injured soldiers with the desire to return to theater after injury. By having a chance to visit, not only is their desire addressed but they can bring stories from home to deployed troops when they arrive.
- Soldiers who have witnessed the injuring of a battle buddy are often times left wondering how the situation turned out both short and long term. Upon the return of fully recovered soldiers, the minds of deployed troops are put at ease when they witness the results firsthand and hear about the journey and outstanding care being afforded to our wounded warriors.
- The wounded warriors will have a most important as well as unique opportunity to see the progress in Iraq that they, through their tremendous sacrifice, helped bring about.
- For troops that have been injured in battle, this initiative provides them the opportunity to make a "proper exit" on their own terms as they walk to the aircraft and climb the ramp rather than being medically evacuated. This component has a positively resounding effect in offering closure to that chapter of their lives.

Operation Purple Healing Adventures (NMFA)

www.nmfa.org

Due to the popularity of our *Operation Purple Family Retreat* program, we've tailored a special retreat program that is designed to support wounded service members and their families. The *Operation Purple Healing Adventures* program celebrates rediscovering family-fun and togetherness after an injury. We combine family-focused activities with outdoor exploration to encourage each family's growth. Specially adapted communication activities developed by *FOCUS (Families Over Coming Under*

*Stress*TM), ensure families return home stronger. Families are able to enjoy a ‘purple’ environment that brings families from all ranks and services, to include National Guard and Reserve components, together. We are climbing, hiking, canoeing, bonding, eating s’mores, and more!

Operation Rise and Conquer (Lake Martin, AL)

<http://www.lakeshore.org/lima-foxtrot/operation-rise-conquer/>

Operation Rise & Conquer is an extended outdoor adventure weekend that involves service members and their families in a variety of challenging activities that include team and individual competitive sports, water skiing, scuba diving, canoeing and kayaking, ropes course and zip line, bass fishing and shooting sports.

This camp is open to men and women who have been severely injured in the global war on terror and have suffered an injury such as spinal cord injury, traumatic brain injury, amputation or visual impairment. There is no cost to military personnel with severe service related injuries and one guest. The weekend includes all meals, lodging, air and ground transportation, and all sports and recreation activities.

Operation Seas the Day (Bethany Beach, DE) - September 2-7, 2014

www.operationseastheday.org

Our mission is to organize and facilitate a "beach week" event for our wounded soldiers and their families as a means of showing appreciation for their service and sacrifice. It is our hope that such a community-based gesture of support will be comforting and help ease their transition back into civilian life.

We are working with the *USO Metropolitan Washington* to select twenty-five wounded veterans who are currently recovering from injuries, both visible and non-visible, sustained while serving our country, and their families, who would be interested in vacationing to Bethany Beach, Delaware from September 2-7.

Outdoor Adventures Program (Hope for the Warriors)

<http://www.hopeforthewarriors.org/story/18727106/outdoor-adventures>

Hope For The Warriors® *Outdoor Adventures Program* provides adaptive opportunities for wounded heroes to participate in sporting activities in the great outdoors. Service members who previously embraced an outdoorsman lifestyle, as well as those new to wilderness sports, are introduced to recreational opportunities on the road to recovery.

Hope For The Warriors® created the *Outdoor Adventures Program* in 2010 to provide adaptive opportunities for wounded heroes to participate in sporting activities in the great outdoors. In 2012, the organization recognized the therapeutic benefits for the family members and expanded the program to include spouses and children of wounded and fallen service members.

Patriots and Heroes Outdoors

www.patriotsandheroesoutdoors.com

Patriots and Heroes Outdoors (formerly *Hunts for Heroes*)

- will promote morale by providing hunting, fishing, and other outdoor recreational activities with a primary focus on military with service-related injuries and their families.
- will help to accommodate the needs of service families by networking with other like-minded organizations and individuals.
- will offer educational support to service families by pursuing grants, endowments, scholarships, and other financial contributions.
- will help with the emotional needs of service families in whatever way possible through our professional contacts and personal relationships.

Patriot Warrior Foundation (Weatherford, TX)

www.patriot-warrior-foundation.org

The *Patriot Warrior Foundation* is a non-profit organization which provides morale boosting events for America's wounded and injured veterans and their families.

The *Patriot Warrior Foundation* honors those who served by organizing outdoor activities, such as hunting, fishing, and target shooting events. The *PWF* provides all food and lodging for these events to participating military personnel and their families.

Purple Heart Anglers (California)

www.purpleheartanglers.org

Purple Heart Anglers is committed to providing safe, fun, hunting, fishing and other outdoor opportunities to disabled Veterans.

The *Purple Heart Anglers* have one purpose, to serve the needs of the community and by serving those needs produce a program that aids in the healing of the wounded warriors of the United States military and their families. It is our intention that their service and performance of their commitment be honored for what it is: placing the well-being and security of this nation before themselves, even their own lives. It is truly beyond words and is deserving of all that we can give in return.

We are connecting individuals, private companies, non-profit organizations and government agencies so there is a community in place to serve the past, present and future wounded warriors. It is our goal they have mental, emotional and physical access to the community they served and are honored for their commitment and service to our country. We are producing safe, fun outdoor experiences. There are numerous events planned in California at this time.

Reel American Heroes

www.reelamericanheroes.org

The *Reel American Heroes Foundation* is a non-profit organization that provides recreational therapy for wounded Soldiers, Sailors, Airmen, Marines and disabled Veterans as well as active duty servicemen and servicewomen. Our organization works with military bases and military hospitals to host bass fishing tournaments throughout the

year. We provide each service member with an event t-shirt, free fishing equipment and tackle, that they get to keep to further pursue fishing as a recreational outlet. All service members are paired up with volunteer anglers and taken out to fish an actual bass tournament. During the day, games, food, drinks and entertainment are all provided free of charge from launch to weigh-in. After the weigh-in, trophies and prizes are awarded to the top five teams.

Reel Thanx (Midland, TX)

www.reelthanx.org

Reel Thanx was created in 2007 to honor and show thanks and support to service members who have been injured in the line of duty. Through the combined efforts of nationally recognized sponsors and generous private and corporate donors, *Reel Thanx* is able to give back to the heroes of "Operation Enduring Freedom" and "Operation Iraqi Freedom" by taking these selfless individuals on an amazing fishing getaway.

Reel Wives (Midland, TX)

www.reelwives.org

Reel Wives is an expansion of the *Reel Thanx* program which reaches out to the wives and children of the men that come into the *Reel Thanx* program. We believe these wives are true heroes too.

Reel Wives began in 2010 as a way to reach out to the *Reel Thanx* soldier's wife and family. While he was away for the weekend on his fishing trip, *Reel Wives* would send a gift basket loaded with goodies to his wife back home. Those involved with *Reel Wives* dreamed of the day that enough support could be generated to bring those women in for their own weekend retreat.

With the gracious help and support from the great people of West Texas and surrounding areas, those who were already involved and those who began to hear about *Reel Wives* helped make that dream a reality. In October 2011, *Reel Wives* brought their first group of wives in for an all expense paid weekend of pampering and fun. We also strive to provide them with love and nurturing, and emotional support as we share their laughter and their tears. We recognize that it is not only their husbands who are wounded by the effects of war. It takes time for wounds to heal, especially those that can't be seen on the outside. We want these wives to have a weekend where they can focus just on themselves: a little down time that they rarely get at home. Along with their husbands, they have sacrificed much for our country and this is our way of trying to give a little back to them.

Rivers of Recovery (Jackson, WY)

www.riversofrecovery.org

Rivers of Recovery is dedicated to providing rehabilitation to physically and psychologically injured combat veterans through innovative, outdoor-based therapies and pioneering research. We strive to provide our participants with therapeutic programs which result in measurable and sustainable improvement.

Our programs are designed to re-enable and reenergize participants and provide the support and self-confidence necessary to maximize long-term recovery.

Road to Recovery Conference (Salute America's Heroes)

<http://saluteheroes.org/get-help/r2r-conference/>

The *Road to Recovery (R2R) Conference and Tribute* is a four-day educational and motivational event for wounded veterans and their families designed to prepare them for the challenges in their lives that lie ahead.

This all-expense paid event features seminars, workshops, and panel discussions with experts from government, the private sector and other veterans service organizations providing advice and guidance on topics such as career counseling, housing, VA benefits, healthcare and personal development.

Salmon for Soldiers

<http://www.theoutdoorline.com/blog/2013/04/08/salmon-for-soldiers-fishing-event/>

The *Outdoor Line* on 710 ESPN Seattle and the *Take a Warrior Fishing* foundation are presenting the 1st Annual "Salmon for Soldiers" fishing event in Everett, Washington on Saturday, August 10th, 2013. What better way to say THANK YOU to our young wounded veterans than to spend a great day fishing with them on the Puget Sound.

Salute America's Heroes

www.saluteheroes.org

Disabled American veterans of the War on Terror must struggle every day to overcome life-changing sacrifices such as the loss of a limb, significant burns, and the reality of being in a wheel chair.

The *Coalition to Salute America's Heroes* was created to provide a way for individuals, corporations and others to support our troops by helping severely wounded and disabled Operation Enduring Freedom and Operation Iraqi Freedom veterans and their families rebuild their lives.

The mission of The *Coalition to Salute America's Heroes* is to help the people who have given so much on our behalf overcome these obstacles and resume a productive and fulfilling life through programs targeted to their specific needs.

One of their programs: *Road to Recovery Conference* - An all-expense paid educational and service event for wounded heroes and their families

Show of Support, Military Hunt, Inc. (Midland, TX)

www.showofsupport.org

The purpose of *Show of Support* is to demonstrate public support for the men and women of our military by providing outdoor opportunities to those injured in service to our country.

Started by Terry Johnson in 2004, the program also seeks to bring public awareness to the outdoor sports of hunting and fishing, respect for our resources and the care and preservation of those assets in addition to simply saying thanks.

In an effort to show support to the men and women of our military forces a reception is held. Each year, U.S. Service Men and Women from different branches of our armed forces will be honored for their service to this country. The banquet will be held prior to their departure to participate in an all-expense-paid whitetail deer hunt. This is our way of saying "Thanks" West Texas style!

Men and women from any branch of service who were injured and are discharged or will be discharged prior the scheduled hunt, are eligible for consideration to participate in the outdoor adventures that we offer.

These individuals have selflessly given their service to our nation to guarantee our safety and to protect our freedoms. There is not a more noble cause than what these individuals have taken upon themselves to do. Their sense of honor, dignity, pride and sacrifice is what allows us to live in a nation where others come to our borders and clamor to be part of. They have volunteered to put their lives on the line for their beliefs, a free America. Free from the threat of a segment of those who would want to see us living in fear. This mighty nation will and is standing up to this terror threat thanks to these individuals.

Skills 4 Life (Military Warriors Support Foundation)

<http://militarywarriors.org/skills4lifend>

Military Warriors Support Foundation (MWSF) provides recreational outings and family mentoring in the *Skills 4 Life* program with hunting, fishing, golf, sporting events, family outings & vacations. The goal is to provide combat wounded military and their families with the opportunity to enjoy the outdoors and thank them for their service with these opportunities. We want our wounded heroes enjoying the activities they did before their injuries.

Sling & Stone Outfitters (Glenmont, OH)

www.slingandstone.org

Sling & Stone Outfitters is a non-profit organization that is dedicated to helping disabled veterans experience the outdoors. They help provide hunting gear, fishing tackle, and other equipment to disabled vets. Additionally they assist them in acquiring guided hunts and fishing trips.

Special Operations Bayside (Solomon's Island, MD)

www.specopnsbayside.org

Bayside Operations was created in 2012 as a non-profit organization located on the waterfront on Solomon's Island, Maryland. It is a safe place for wounded warriors from the military, other federal agencies, and first responders to get away from the chaos of everyday life.

Sportsmen's Foundation for Military Families (Lorida, FL)

<http://www.huntforvets.com/activities/>

The *Sportsmen's Foundation* helps our military veterans, many of them disabled, improve their stress coping skills, and regain the confidence necessary to live full productive successful lives. Veterans are invited to participate in outdoor and hunting activities, activities proven to be extremely therapeutic, beneficial, and long lasting.

The *Sportsmen's Foundation for Military Families (SFMF)*, a charitable organization, is established to provide combat veterans a chance to participate in the hunting sports. Any combat veteran of the United States Armed Forces, or an immediate family member of a veteran killed in combat, is eligible to apply. Our hunts have proven to be extremely therapeutic to those in need. However, participation is not limited to those who have been wounded in battle or are suffering, any combat veteran may apply. All hunts are professionally guided. It is our way of saying thank you for your service.

Tails-A-Waggin' Acres Hunting Preserve - Annual Free Pheasant Hunt (Marion, MI) - Last weekend in September

www.preservehunt.com

This is an annual, free Disabled Veterans Hunt which takes place at the *Tails-A-Waggin' Acres Hunting Preserve*.

Take a Soldier Fishing

www.takeasoldierfishing.org

We assist communities at large, by offering them the ability to show their support for the troops by sponsoring our *Take A Soldier Fishing* program. This allows service members to see just how much they are appreciated. For those that serve to support our fishing program, it gives the individual the ability to see how their support makes a profound difference in a service member or veteran's life by providing a safe and positive outdoor experience.

We strive to show that there are people out there that care, and want to help. By providing these events, we have found they give the soldiers something to look forward to. We have also found that soldiers have changed their outlook on life - the way they feel about wearing their uniform and a new sense of hope.

Take a Warrior Fishing (Cast for Kids)

<http://www.castforkids.org/programs/take-a-warrior-fishing/>

The *Take a Warrior Fishing* program was established in 2011 and events are designed to support military personnel and their families, specifically targeting persons assigned to *Warrior Transition Commands*, by creating an adaptive, community-based outdoor recreation experience through the sport of fishing. Numerous studies have shown that traumatic events not only affect the psychological structures of the self, but also the attachment and meaning that link individuals and community. This program seeks to restore those disconnects. Each event will have the capacity to accommodate up to 150 families and brings in numerous community partners.

The Link Up

<http://thelink-up.ning.com/>

A non-profit organization connecting injured veterans with various donors willing to offer assistance participating in outdoor activities. Our mission is to empower a Warrior-in-Transition with self-reliance to choose and enjoy the outdoor sport of their interest. Our vision is to create a network which links veterans wounded in action or while serving our country, with hunting and fishing partners and opportunities through an online community.

- That all wounded warriors become self-sufficient to enjoy hunting and fishing through a network of outdoor enthusiasts willing to share their time and/or resources.
- To build on the camaraderie that service members enjoy by creating a 'net' for wounded veterans to connect with other patriotic persons: retired, former military, active/reserve soldiers, or the dedicated citizen.

The Welcome Home Initiative Retreat

<http://byhiswoundsministry.org/outreach/welcome-home/welcome-home-history/>

A free 3-5 day retreat for members of the Armed Forces and their families

- Talks by veterans and trauma specialists
- Discussion groups
- Opportunities for reflection and healing prayer
- 600 beautiful acres for recreation and relaxation
- Handicapped-accessible facilities
- Optional marriage and family counseling

Our goal is to minister practically and prayerfully to members of the Armed Forces and their families, providing support and resources to help them heal and thrive.

Our mission: To show our appreciation for the men, women, and families serving in the Armed Forces. To help those who have suffered trauma in combat, be it physical, psychological, or spiritual, by providing ministry and resources for health and healing. To preserve the confidentiality of every person. To connect combat veterans with appropriate specialist agencies and resources including:

- Combat stress and trauma experts
- Critical incident debrief specialists

- Marriage and family life counselors
- Suicide prevention counselors
- Prayer teams

Tight Lines for Troops (Manistee, MI) - May 16-17, 2014

www.tightlinesfortroops.com

5th Annual Tight Lines for Troops Charity Fishing Tournament for Michigan's Veterans. This free event helps disabled veterans have fun, and thanks them for their outstanding service to our country.

Trinity Oaks (San Antonio, TX)

<http://trinityoaks.org>

Our organization provides hunting, fishing, and outdoor experiences to our nation's war heroes.

For our heroes, our valiant men and women who have served in the military, *Trinity Oaks* hosts an experience of a lifetime! The events are just as much about the hunting and fishing as it is about showing our humble appreciation and immense respect for these brave men and women.

Through adaptive methods, such as *Trinity Oaks'* Action Trackchair (a customized, all-terrain wheelchair on tracks), veterans can move beyond physical limitations to enjoy hunting and fishing with increased mobility and independence. *Trinity Oaks* understands that not all injuries are physical and often host veterans who are dealing with PTSD and other mental traumas.

For most warriors, simply being outdoors and participating in the great sports of hunting and fishing is the best form of therapy. At the end of each trip the harvested fish and game is processed and given to the participants or distributed to others who are in need of a nutritious meal.

Vacations for Veterans

www.vacationsforveterans.org

Vacations For Veterans is a nonprofit organization created to provide recently wounded veterans of the United States Armed Forces with a week of free lodgings donated by a vacation homeowner. Each wounded veteran faces new challenges: readjusting, rebuilding their lives, and reconnecting with their families. For many of our wounded veterans, time away to rejuvenate is a luxury that is often unattainable and unaffordable.

When you make a donation of time at your vacation home, or a donation of money to sponsor a veteran, you give our wounded veterans a brief respite when they need it most. You make entire families feel better through your generosity.

Vail Veterans Program (Vail, CO)

www.vailveteransprogram.com

Since 2004, the *Vail Veterans Program* has been transforming military injured and their families through individualized world-class outdoor programs building confidence and life-long relationships. Through rehabilitative sports and recreation activities the *Vail Veterans Program* is helping to build confidence and give hope for the future.

Veterans Outdoor World Inc.

www.vowusa.org

Whether you are a disabled veteran, non-disabled veteran, or a non-veteran who loves the outdoors and is willing to help our disabled veterans enjoy the outdoors, we want to welcome you to the organization.

Our goal is to help as many disabled veterans, who love hunting and fishing, continue to enjoy their love for the outdoors as much as possible. Keeping in mind, not all disabilities are physical. To accomplish this, we hope to make personal connections between our veterans and volunteers to allow as many opportunities as possible to stay active in their desired activity.

Walleyes for Warriors (Bay City, MI) - June 14-15, 2014

www.walleyesforwarriors.com

Honoring and thanking Michigan veterans for their service with an enjoyable day on Saginaw Bay.

Walleyes for Warriors is an organization, working with *Operation Injured Soldiers*, conducting the 3rd annual Walleyes for Warriors fishing tournament free to all veterans and active-duty service members.

As a sincere thank you for sacrificing to serve our country, we would like to welcome you to the 3rd annual *Walleyes for Warriors* veterans' charity recreational event. It is our pleasure to spend the day fishing with you and learning the names and faces of the individuals who have protected our country and provided us with safety and freedom.

Again, ALL veterans of the U.S. Armed Forces are encouraged to participate, especially those who served in overseas conflicts, have service-connected disabilities, Purple Hearts, or were POWs. We expect to have an excellent turnout again!

Warrior Beach Retreat (Panama City Beach, FL) - April and Sept. 2014

<http://warriorbeachretreat.org/>

There are so many heroes in this great nation and so many families we can encourage. Our vision is to bring wounded warriors and their spouse or caregiver to Panama City Beach for an extended weekend of rest and relaxation. This retreat will be a time that can give them hope to carry on ... a feeling that their sacrifice was not in vain... and a knowing that we as a nation are truly grateful for their service and sacrifice.

Our desire is for the Bay County to be a role model for the nation. Our community has donated condos/ hotel rooms, restaurant meals, gift baskets, fishing trips, movies, tours, attraction tickets, car rentals, money and much more to show honor and appreciation for the sacrifices these soldiers have made... for us.

Warriors and Quiet Waters Foundation (Bozeman, MT)

www.warriorsandquietwaters.org

Our mission is to provide traumatically injured U.S. servicemen and women from Iraq and Afghanistan with a high-quality restorative program, utilizing the therapeutic experience of fly fishing on Montana waters.

WQW brings wounded warriors to Montana for a six day program of fly fishing and recreation. Most warriors who come are still in rehab in the military hospital system. Once here, they have the opportunity to relax and to learn to fly fish in the quiet and beautiful surroundings of Montana and neighboring Yellowstone Park.

Warriors on Cataract

<http://www.warriorsoncataract.org/wp/>

Warriors On Cataract sponsors four-day whitewater trips on the Colorado River through Canyonlands National Park from Moab to Lake Powell for our disabled veterans. We accommodate veterans with very significant levels of disability, such as severe PTSD, traumatic brain injury, orthopedic injuries, multiple amputations, burns, depression, substance abuse, and those with wheel chairs and service dogs.

Warrior Weekend

www.warriorweekend.com

The *Warrior Weekend Program* provides weekends of rest and relaxation for America's Heroes who have been wounded in Iraq and Afghanistan and who are undergoing recovery at our Military Medical Centers. Our focus is on small groups of between eight to twelve personnel and provides them optional events to participate in at various destination cities. The idea behind the program is to take these heroes and their family members out of the hospital environment for a weekend.

Wounded Warrior and Disabled Individuals Weekend Turkey Hunt (Stewartville, MN)

<http://www.ironwoodsprings.com/woundedwarriorweekend.aspx>

This Wild Turkey Hunt retreat is for soldiers who have been wounded in combat. It is an inspiring weekend to give hope, encouragement, and the promise of a bright future.

Wounded Warrior Anglers of America (9 chapters across the U.S.)

<http://www.woundedwarrioranglers.org/>

The mission of *Wounded Warrior Anglers of America, Inc.* is to help rehabilitate the mind, body, and soul of all service members who have been injured, wounded or disabled in the line of duty no matter what their era of service.

The mission is carried out by actively mentoring warriors while fishing. The fishing trips actively promote a friendly and peaceful environment and helps warriors heal by being around other veterans and caregivers who understand their mental and physical issues.

We hope to bring inspiration and confidence to our wounded warrior anglers through teaching fishing techniques and the development of new friendships that can be sustained for a lifetime.

Wounded Warrior Outdoors

www.woundedwarrioroutdoors.com

Wounded Warrior Outdoors, Inc. is a non-profit organization exclusively founded to provide wounded servicemen and women with therapeutic outdoor adventures across North America. *WWO* gives deserving active duty warriors in transition the opportunity of a lifetime in the wilderness location of their choice. We call them “Adventures Enabled.” Their adventure could take them bear hunting in the mountains of British Columbia, Canada, on alligator hunts or fishing excursions in the Gulf Coast region of Florida or deer hunting in Texas. During their experience, they will participate in therapeutic activities such as backpacking, trail expeditions and numerous social interactions.

Wounded Warrior Outdoors provides this all-inclusive adventure at absolutely no cost to the servicemen and women, their families or the government. Transportation, lodging, meals and documentation of the adventure is provided free of charge. It is because of this arrangement that *Wounded Warrior Outdoors* relies entirely on private donations. Administration, general offices and personnel services are donated.

Fifty wounded, but active, members of the military are selected to participate each year. Our host facilities are of the highest quality and offer all the comforts of home. *WWO* also provides complete outfitting including gear, clothing and field transport. Even taxidermy services are provided at no charge.

Most important to the program, active duty warriors in transition are provided with all the accessibility and equipment necessary to make it an adventure that is truly memorable and one in which they can participate fully. No matter the individual’s disability, our focus is on ability and making sure their adventure becomes the memory of a lifetime.

All military branches have participated in our program and we have many relationships with military hospitals that help us facilitate our programs.

Wounded Warriors Family Support's Family Programs

<http://www.woundedwarriorsfamilysupport.org/index.php/wounded-warriors-family-support/information/family-programs>

The families of our combat wounded suffer greatly — emotionally, psychologically and financially. The overwhelming stress of the recovery process can threaten to tear a family apart.

Wounded Warriors Family Support's Family Programs provide retreats to wounded veterans and their families free of charge. The family retreats are a chance for wounded veterans to heal and reconnect with their loved ones in a peaceful, non-stress environment.

Our family retreats give wounded veterans and their families a break from the pressures of everyday life to take time to become stronger as individuals and families. Wounded veterans are given the opportunity to decompress and share in positive experiences with their spouses and children, strengthening the bonds of their families and making lasting memories.

Wounded Warriors Guide Service

www.woundedwarriorsguide.com

Wounded Warriors Guide Service is a cost-free guide service founded by veterans for veterans. We provide waterfowl hunting opportunities for our vets that have been wounded serving our great nation. We are always preparing for the waterfowl season and decided that we want to share our great experiences with those who have sacrificed greatly for our country.

Vacation, recreation opportunities, retreats and conferences for wounded warriors, disabled veterans and their families

- Camps for military children and teens
- Marriage conferences and retreats
- Recreational opportunities for military personnel and their families
- Recreational opportunities for military personnel and their families impacted by PTSD, TBI
- Recreational opportunities for Loved Ones of Fallen Warriors and their families
- Sports, hunting, fishing, scuba diving, golf, outdoor opportunities and more for Wounded Warriors

APPENDIX 2

Transcendental Meditation®



TM for Veterans

THE NEED

A safe and effective method to bring relief from the adverse effects of post traumatic stress in the lives of soldiers and veterans.

THE SOLUTION

The Transcendental Meditation (TM) technique has been found by scientific research to significantly reduce anxiety, depression, and other symptoms of PTSD. It has been found effective in restoring resilience both for soldiers on active duty and for veterans returning home.

WHAT IS TM?

The TM technique is a simple, natural, effortless method of meditation practiced for 20 minutes twice a day. During the practice, the mind settles down to a quieter and peaceful level, and the brain begins to function in a more relaxed, orderly, and focused way. At the same time, the body gains a deep level of rest, allowing it to release accumulated stress, strain, and fatigue.

The TM technique is easy to learn. Anyone can do it successfully and enjoy the benefits. It involves no concentration, no focusing the mind, and no "mindful" monitoring of

thoughts. Many people remark on how easy TM is to practice, and how quickly they begin to notice the results in daily life.

RESEARCH FINDINGS

Over the past 40 years, more than 350 published [research studies](#) have documented the positive effects of the TM technique. Research findings include:

- 40-55% reduction in symptoms of PTSD and depression
- 42% decrease in insomnia
- 30% improvement in satisfaction with the quality of life
- 25% reduction in levels of plasma cortisol, the stress hormone

Other documented benefits of the TM technique include:

- Decreased high blood pressure
- 47% reduced risk of cardiovascular-related mortality
- Decreased smoking and alcohol use
- Faster recovery from stress
- More positive self-concept

<http://www.tm.org/tm4vets>

APPENDIX 3

Definition of Acronyms

Acronyms	Definitions
A -10	Military Combat Aircraft
B-1	Military Bomber Aircraft
C-4	Explosives
C-5	Military Cargo Carrying Aircraft
C-17	Military Cargo Carrying Aircraft
C-130	Military Troop & Cargo Carrying Aircraft
DAV	Disabled American Veterans
DOD	Department of Defense
EOD	Explosive Ordnance Disposal
F-16	Military Fighter Aircraft
IA	Individual Augmented
IED	Improvised Explosive Devise
IO	Information Observation
OEF	Operation Enduring Freedom
OIF	Operation Iraqi Freedom
PT	Physical Training
PTSD	Post Traumatic Stress Disorder
QRF	Quick Response Force
RPG	Rocket Propelled Grenade
TBI	Traumatic Brain Injury
UAE	United Arab Emirates
VA	Veterans Administration