

EXPERIENCE OF TRANSITION FROM ACTIVE DUTY TO CIVILIAN LIFE FOR
POST 9/11 COMBAT VETERANS

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DEDICATION

This dissertation is dedicated to my husband, Marcus, to my brothers and sisters in arms, and in memory of all of those who have gone before.

ACKNOWLEDGEMENTS

The completion of this dissertation would not have been possible without Dr. Francie Baxter who has mentored and inspired me since I started my occupational therapy journey in 2007. I would also like to thank my dissertation chair Dr. Pei Fen Chang for helping me keep perspective. Thanks also to Dr. Sabrenda Littles for adding dimension. I would also like to acknowledge my Navy mentor Captain Lepore who showed me what it means to represent the fighting spirit of the Navy and to lead with honor, courage and commitment. Finally, and most importantly I want to thank the participants in this dissertation study for trusting me with their stories.

ABSTRACT

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MAY 2023

BACKGROUND: The suicide rate for veterans who served after 9/11 is 21% greater than that of the general United States population. Most of them commit suicide within the first 3 years of transition from active duty. Combat veterans report more difficult transitions from the military than non-combat veterans. High levels of stress during transition from the military has been associated with decreased well-being, occupational dysfunction, and suicidal ideation. The purpose of this study was to provide an understanding of the experience of transition from active duty to civilian life for combat veterans who served after 9/11.

METHOD: A phenomenological research method was chosen to describe the lived experience of transition from active duty to civilian life for combat veterans who served after 9/11. In-depth interviews were recorded and used to collect data virtually via Zoom or in a location convenient to the participant. The transcripts were coded line by line until data saturation was met and themes developed.

RESULTS: Five main themes and 12 subthemes emerged from the data that illustrate these combat veterans' experience of transition from active duty life to the civilian world. Main themes include: 1) *Having Expectations*; 2) *Confronting Barriers*; 3) *Crisis of Identity*; (4) *Employing Coping Mechanisms*; and (5) *Filling a Void*.

CONCLUSION: Findings from this study add depth to the understanding of occupational identity as it relates to social and psychosocial identity and the important interaction roles,

context, and meaningful occupations have on a veteran's occupational adaptation in the civilian context.

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CHAPTER I

INTRODUCTION

Veterans who served after the terrorist attacks on September 11, 2001 (9/11) during Operation Enduring Freedom (OEF) and/or Operation Iraqi Freedom (OIF) represent the fastest growing veteran group in the United States population. Currently, the suicide rate among this group is significantly higher than other veteran groups and roughly 21% greater than that of the general US population of the same age range (U.S. Department of Veterans Affairs, 2022a). Of this group of veterans, the majority are likely to commit suicide within the first 1 to 3 years of transition from active duty (Mobbs & Bonanno, 2018; U.S. Department of Veterans Affairs, 2022a). Eighty-two percent of returned veterans who served after 9/11 do not seek out health care services from the U.S. Department of Veterans Affairs (VA) because of concerns about stigmatization, beliefs that they may not qualify for treatment, and because their treatment preference is not offered (Harding, 2017; Mobbs & Bonanno, 2018). Of the veterans who do participate in treatment, the majority will drop out and/or continue to experience elevated symptoms (Kashiwa et al., 2017; Mobbs & Bonanno, 2018).

Although this veteran population is more likely to suffer from posttraumatic stress disorder (PTSD) than other veteran groups (Kashiwa et al., 2017; Pew Research Center, 2019), research studies consistently find that less than 10% of veterans who served after 9/11 have a diagnosis of PTSD (Mobbs & Bonanno, 2018). Likewise, the majority of these veterans do not respond to VA mandated treatments for PTSD. Yet, the bulk of political funding, research, and clinical interventions for veterans continues to focus almost exclusively on PTSD (McNally & Frueh, 2013; Mobbs & Bonanno, 2018).

Unlike PTSD, unusually high levels of stress during transition is estimated to be experienced by 44% to 72% of veterans who served after 9/11 (Mobbs & Bonanno, 2018). This transitional stress is linked to physical and mental health issues as well as suicidal ideation (Interian et al., 2014; Mobbs & Bonanno, 2018). Transitional stress is manifested as a disruption to engagement in occupations of daily living that can result in dysfunction (Kashiwa et al., 2017; Mobbs & Bonanno, 2018; Plach & Sells, 2013). In spite of this, limited research exists examining the experience of transition from active duty for this veteran group. Further, a deficiency of valid empirical data and theoretical frameworks that inform the transition process have led to limited success of veteran reintegration programs and initiatives (Geraci et al., 2020).

Lack of efficacy for current programs to mitigate veteran suicide might be accounted for by lack of veteran involvement in the research process (Geraci et al., 2020). Understanding a person's experiences of a phenomenon in their own words has been determined to be indispensable for effective behavioral health interventions (Warren & Smithkors, 2020). Still, policy related to suicide prevention has become increasingly reductionistic, causing the voice of the veteran to be lost (Warren & Smithkors, 2020).

Occupational therapists frequently work with people during all kinds of life transitions. Occupational therapy is a discipline uniquely qualified to address veteran transitional issues because it focuses on therapeutic interventions aimed at improving or enabling participation in roles, habits, routines, and rituals in a given context (American Occupational Therapy Association [AOTA], 2020). In 2017, the *American Journal of Occupational Therapy* published a call to action in which the occupational therapy community was asked to fill in literature gaps as it relates to veteran suicide prevention (Kashiwa et al., 2017). To date, the majority of occupational therapy research has focused on PTSD, mild traumatic brain injury (TBI), and

leisure-based interventions among this population. In spite of the fact that less than half of all veterans attend college (U.S. Bureau of Labor Statistics, 2017), the majority of occupational therapy research addressing veteran transition has focused almost entirely on the university setting. Specifically, only one article has been published evaluating occupational performance needs of young veterans during transition (Tomar & Stoffel, 2014), and two articles have been published examining the lived experience of student veterans transitioning into the university context (Gregg et al., 2016; Plach & Sells, 2013). Most recently, another occupational therapy research study sought to understand social participation for student veterans (Dobson et al., 2022). While these research studies help identify specific areas of occupational performance deficits and transitional issues in the university context, no study exists in the occupational therapy literature describing the experience of transition to the general civilian context as told by combat veterans.

Statement of Problem

Although transitional stress has been linked to suicidal ideation and occupational dysfunction for veterans who served after 9/11 (Interian et al., 2014; Kashiwa et al., 2017; Mobbs & Bonanno, 2018; Plach & Sells, 2013), not enough is known about the experience of transition from the military to provide a basis for occupational therapy intervention during transition from active duty to civilian life. An understanding of the lived experience of transition from the military for combat veterans who served after 9/11 is needed to guide occupational therapy interventions and to provide further insight for development of programs and policies for this veteran group.

Purpose Statement

The purpose of this phenomenological qualitative study was to describe the experience of transition from active duty to civilian life for combat veterans who served after 9/11. By interviewing veterans from this group, the phenomenon of the transition experience from active duty to civilian life for combat veterans who served after 9/11 during OEF and/or OIF was described. As a result of this study, the intent is that occupational therapists, healthcare providers, and policy-makers will better understand the veteran experience of transition from active duty, potentially highlighting occupational needs and informing programs and policy for this veteran population. The question, “what are the lived experiences of transition from active duty to civilian life for combat veterans who served after 9/11?” was the focus of this research study.

CHAPTER II

LITERATURE REVIEW

The focus of phenomenology as a type of qualitative research tradition is to understand the essence of a lived experience, or phenomenon, that is common to a group of people. The researcher does this by exploration of the phenomenon via interviews and other data, which are interpreted by the researcher (Creswell & Poth, 2018). This dissertation study follows the hermeneutic type of phenomenology that espouses the concept of *Dasein*, or the understanding that the researcher cannot be fully separated from the research process (Creswell & Poth, 2018; Peoples, 2020). Thus, the literature review chapter of this dissertation study elaborates on my own preconceived knowledge about the phenomenon being studied, as well as the theoretical lens through which I have interpreted the lived experience of transition from the military to civilian life for combat veterans who served after 9/11.

Researcher's Experience

I served as a Medical Service Corps Officer in the United States Navy after 9/11. I do not consider myself a combat veteran, but I worked as an active duty occupational therapist with combat and non-combat service members from the United States Marine Corps, United States Navy, United States Air Force, and United States Army during OEF and OIF. I currently work as an occupational therapist in one of the nation's largest VA systems with veterans from all eras of war, including those who served after 9/11. While this dissertation study was not completed through the Department of Defense or the VA system, it is inspired by concerns I found working with combat veterans in both contexts. It is important to also note that I have experienced my own transition from the military and have also experienced the suicide of friends that I served with as well as service members and veterans I have treated.

Definition of Concepts

Transition

The idea that a disequilibrium exists when people shift from one stage in life to another was first written about by Carl Jung in the early 20th century (Blair, 2000). But, it was not until Erikson (1968) expounded on the unconscious and conscious emotional struggles that exist during times of change from one life stage to another that social science researchers began to explore transition as a phenomenon and construct (Blair, 2000). Since that time, several theories and frameworks of transition have been developed to describe this important developmental construct. For the purposes of this dissertation study, transition will be broadly understood as any event or non-event resulting in life changes that impact relationships, routines, roles, habits, assumptions, and occupations (Anderson et al., 2012; Blair, 2000; Schlossberg, 1981). Types of transition include anticipated transitions that occur predictably or unanticipated transitions that are unscheduled (Anderson et al., 2012; Schlossberg, 1981).

Identity

Erikson (1968) proposed that the development of identity is a continuous process occurring throughout a person's lifetime. Identity provides a person with an understanding of who they are and how they fit in the world and is conceptualized as a person's sense of self, including their roles, beliefs, values, and experiences (Mitchell et al., 2020; Syed & McLean, 2016). Identity encompasses psychological aspects unique to the person and socially directed aspects that come from engagement with society. According to social and psychological theorists, a behavior is enacted when a person's social and personal identity merge with the contextual demands of a situation (Flack & Kite, 2021; Hansson et al., 2022; Hogg et al., 1995). This suggests that there is a link between identity and behavioral action.

It is generally understood that under normal circumstances a person's identity is stable during adulthood. However, recent studies suggests that identity disruption can occur in adulthood during major life transitions (Mitchell et al., 2020). Disruptions to a person's constructed identity can result in diminished health and well-being (Adams et al., 2019).

Occupation

It has been proposed that occupations are the behavioral action discussed by social and psychological identity theorists because occupations are all that people do to occupy time (Christiansen, 1999; Hansson et al., 2022). Occupation includes anything a person needs to, wants to, or is expected to do as an individual, in families, and in communities. Occupations are thought to be an expression of one's identity because engagement in occupation brings purpose and meaning to a person's life (AOTA, 2020; Christiansen, 1999). As such, engagement in occupation is central to a person's health and well-being (AOTA, 2020).

Occupational Identity

Occupational identity (OI) explains the link between human action and identity and is a central concept in the field of occupational therapy (AOTA, 2020; Hansson et al., 2022). The concept of OI comes from the interaction of a person's physical, affective, cognitive, and spiritual dimensions with the social cultural, institutional, and political elements of their environment (Unruh et al., 2002). In a recent analysis of the concept of OI, Hansson et al. (2022) identified three distinct categories of OI that are relevant to this study. These categories are defined by Hansson et al. (2022) as follows.

OI Construction

OI construction is understood as the development of self by means of doing over time. This includes a perception of oneself as successful, unsuccessful, competent, or incompetent

based on prior experiences with occupation. In OI construction, a person's sense of self is related to compatibility with and fulfillment of meaningful roles and requires the ability to engage in meaningful occupations in various contexts; including a space for doing in broader society.

OI Discrepancy

OI discrepancy emerges when there is a conflict or disconnect between the self or any other established connections in OI. Specifically, OI discrepancy occurs when a person has a strong desire to engage in occupations but does not have the capacity to engage in meaningful occupations. This can be due to decreased physical, emotional, or cognitive capacity, other's perceptions of a person's abilities, and a person's incompatibility with performance of previous occupations in a new context.

OI Disruption

OI disruption occurs when there is a full disconnect in a person's ability to engage in meaningful occupations in a context that results in a significant disruption to a person's sense of self. Importantly, OI disruption impacts meaningful roles in context and is connected to stigmatization and dissociation.

Context

On September 11, 2001, four coordinated terrorist attacks were carried out on US soil. On September 12, 2001, President George W. Bush declared a "War on Terror" and within 1 month the US and its allies were at war in Afghanistan (OEF), followed by Iraq (OIF) 2 years later. It is important to understand contextually that these wars were the first in US history comprised of an all-volunteer fighting force. OEF is the longest running war in US history, longer than World War I, World War II, and Vietnam combined. This meant that service members experienced longer and more frequent deployments during OEF and OIF than those

that served during previous eras (Pew Research Center, 2019). Further, technological advances on the battlefield have marked this generation of war fighters with higher rates of injury survival and trauma exposure than those prior to 9/11 (Pew Research Center, 2019; Plach & Sells, 2013).

One out of every five veterans in the US population served in the military after 9/11 and over two million veterans who were deployed during OEF and/or OIF have transitioned to civilian life (Mobbs & Bonanno, 2018; Pew Research Center, 2019). One quarter of the veterans who served after 9/11 say their transition from the military to civilian life was difficult. Of these, veterans who experienced combat are significantly more likely to report difficulties with transition than veterans who did not serve in combat (Pew Research Center, 2019). Decreased well-being, occupational dysfunction, and suicidality have all been associated with difficult transitions from the military for veterans who served after 9/11 (Interian et al., 2014; Kashiwa et al., 2017; Mobbs & Bonanno, 2017; Plach & Sells, 2013).

High suicide rates remain one of the most alarming trends associated with this veteran group. In spite of the 2018 national priority and institution of the “comprehensive public health approach” to reducing veteran suicide, the suicide rate for veterans remains 57% higher than that of non-veterans (VA, 2022a; The White House, 2021). The most recent data from the VA indicates that there has been a slight reduction in the number of veteran suicides since 2019, with the exception of veterans age 18-34 years. This group of veterans who served after 9/11 saw an increase in the number of suicides since 2019 (VA, 2022a).

Because most of the funding and policy for veterans who served after 9/11 has focused almost exclusively on the treatment of PTSD, the transitional challenges that the vast majority of this veteran group face have been neglected (Mobbs & Bonanno, 2018). Mobbs & Bonanno (2018) recently pointed out that only about 10% of veterans who served after 9/11 have been

diagnosed with PTSD, while 75% of the same veteran group report experiencing high levels of stress during their transition from the military. This is of particular concern because the majority of veteran suicides occur during the first year to 3 years of transition from the military (Mobbs & Bonanno, 2018; Pew Research Center, 2019).

The dearth of research related to the phenomenon of transition from the military for veterans serving after 9/11 has led to absent, inappropriate, and ineffective programming to address veteran needs during transition. As a result, there are few resources to address the emotional, behavioral, cognitive, and psychological needs of transitioning veterans (Mobbs & Bonanno, 2018). This concern is further exacerbated by the overly-empirical approach being taken towards addressing the issue of veteran suicide. Warren and Smithkors (2020) asserted that this reductionistic approach has led to policy decisions that are incompatible with clinical realities in behavioral health. They call for changes that protect and preserve the voice of the veteran.

Role of Occupational Therapy

Occupational therapy is concerned with enhancing or enabling participation in meaningful occupations for people, groups, and populations (AOTA, 2020). Occupational therapists do this through a transactional use of therapeutic occupations in context, and with the client. Occupational therapy services are typically provided for rehabilitation, habilitation, and disability and non-disability needs (AOTA, 2020). Importantly, an occupational therapist will provide services that will include attaining and preserving OI for clients who are at risk for or already have an illness, disease, disorder, injury, condition, disability, impairment, participation restriction, or activity limitation (AOTA, 2020). Significant life transitions cause a disruption in

occupations, context, and within a client's OI resulting in decreased health and well-being (Blair, 2000). Therefore, occupational therapists frequently work with people during times of transition.

In 2017, the AOTA published a call to action for occupational therapy to address veteran suicide (Kashiwa et al., 2017). The US government has likewise put forth a call to action for all stakeholders, not just including the Department of Defense (DOD) and VA, to prioritize suicide prevention programs for this population (The White House, 2021). As a result of recent federal policy, an increased number of veterans are being seen in the private sector (The White House, 2021). Thus, it is critical that occupational therapists make informed treatment decisions for the veterans within their care.

Occupational therapy research on the needs of veterans from OEF/OIF is no different from other disciplines in that it has largely focused on research and intervention programs for PTSD. In spite of the increasing understanding that high suicide rates are related to transitional issues, very few occupational therapy research studies address transitional needs of veterans who served after 9/11. Nearly all of these research studies were completed in a university setting, in spite of the fact that less than half of the veterans who served after 9/11 go to college after they leave the military (Pew Research Center, 2019). Likewise, significantly more combat veterans report difficulties associated with transition from the military than non-combat veterans (Pew Research Center, 2019). Yet, all of the occupational therapy and other relevant literature reviewed largely includes the experience of non-combat veterans.

Occupational Adaptation

Occupational adaptation (OA) is the theoretical lens through which this dissertation study is viewed. OA is a complex theory within occupational therapy that involves multiple processes and subprocesses; therefore, this section is meant only as an overview of OA theory.

In OA theory, OA is a process that is experienced by every human being (Schkade & Schultz, 1992). It is based on the assumptions that occupation is the means by which people adapt to changing needs and that a person's internal desire to participate in occupation is the motivational force that leads to adaptation (Schkade & Schultz, 1992). OA is a process that is normative and most pronounced during times of transition (Schkade & McClung, 2001; Schkade & Schultz, 1992). The OA process is more important during periods of significant transition because these transitional periods can cause the most disruption in the occupational adaptation process (Schkade & Schultz, 1992).

Person-Occupational Environment Interaction

The OA model is composed of three main elements: the person, the occupational environment, and the interaction of the person and environment (Schkade & McClung, 2001; Schkade & Schultz, 1992). One of the assumptions of the OA model is that the person has an intrinsic desire for mastery of an occupational challenge in an environment. Changes in the occupational environment yield a demand for mastery that interacts with that person's intrinsic desire for mastery, producing a press for mastery of their chosen, meaningful, occupational challenge (Schkade & McClung, 2001).

Occupational Challenge, Role Expectations, Occupational Environment

According to Schkade and McClung (2001), a press for mastery can become an occupational challenge when occupational roles and the internal (person-generated) and external (environment-generated) expectations associated with those roles interact. Internal expectations stem from genetic, environmental, and phenomenological/experiential subsystems that influence a person's sensorimotor, cognitive, and psychosocial systems and predispose a person to a specific role expectation (Schkade & McClung 2001). External expectations stem from physical,

social, and cultural subsystems that influence the role expectations for occupations performed in work, play/leisure, and self-care environments (Schkade & McClung, 2001; Schkade & Schultz, 1992).

Occupational Response

Once a person perceives an occupational challenge in light of role expectations, an occupational response is generated (Schkade & Schultz, 1992). The adaptive response generation subprocesses must first be identified and understood prior to the occupational response being produced. These adaptive response generation subprocesses are defined in OA as the adaptive response mechanism (energy, modes, and behaviors) and the adaptive gestalt (sensorimotor, cognitive, and psychosocial; Schkade & McClung, 2001; Schkade & Schultz, 1992).

According to Schkade and Schultz (1992), energy is understood in terms of primary energy (intentional and focused--usually used when performing something new) and secondary energy ("subconscious" and produced at a lower level). Modes include existing, modified, and new response patterns. Behaviors are understood in terms of primitive behaviors (hyperstable, structured, rigid, usually displayed during times of stress), transitional behaviors (more fluid, highly variable), and mature behaviors (stable and mobile). The adaptation gestalt is seen as the blend of sensorimotor, cognitive, and psychosocial aspects of the person that are involved in the adaptive response generation. These systems may be present at different levels when a person approaches and engages in an occupational challenge. It is through the adaptive response mechanism and adaptive gestalt that the occupational response is generated.

Effects of Occupational Dysadaptation

After an adaptive response is executed, the person evaluates that response in terms of relative mastery. Relative mastery includes elements of efficiency (how time, energy, and

resources were used), effectiveness (did the response achieve the desired goals), and satisfaction to self/society (how the person feels about the response and how the person interprets how others view the response; Schkade & McClung, 2001; Schkade & Schultz, 1992). Importantly, relative mastery can only be evaluated by the person, as it is a unique reflection of the individual's own occupational response to a challenge.

Significance of Study

The US federal government and the AOTA have made veteran suicide prevention a priority. Most suicides occur among veterans who served after 9/11. It has been established that most of these suicides occur during the first 3 years of transition from the military. The majority of these veterans report stress during their transitions from the military, with more combat veterans reporting very difficult transition compared to non-combat veterans. In spite of this, very little research exists exploring the experience of transition from the military for combat veterans who served after 9/11. This research study will add to the understanding of this phenomenon and ultimately provide insight to guide policy and occupational therapy intervention for this population.

CHAPTER III

METHODOLOGY

A phenomenological method was employed for this research study because it focuses on rich descriptions and personal meanings of lived experiences of a specific phenomenon. The use of phenomenology ensured veteran participation in the research process and preserved the voice of the veteran because phenomenology allowed for a description of how the veteran participants experienced the particular phenomenon of transition from the military (Creswell & Poth, 2018). As a type of phenomenology study, hermeneutic phenomenology was used because it addressed researcher bias in interpretation of the participant's lived experience and guided methodological techniques in interpreting data (Creswell & Poth, 2018).

Central Research Question

What are the lived experiences of transition to civilian life for combat veterans who served after 9/11?

Research Subquestions

- 1). What does it mean to be an active duty member of the military?
- 2). What does it mean to be a combat veteran who served after 9/11?
- 3). How do combat veterans who served after 9/11 describe successful or unsuccessful 4).
transitions to civilian life?
- 5). What is challenging or easy about transitioning from active duty to civilian life for veterans who served after 9/11?

Participants

Inclusion Criteria

The inclusion criteria for study participants were in line with ethical standards and established in order to ensure that the significance of combat was similar. Inclusion criteria for this dissertation study was as follows:

- 1). male or female veteran who served after 9/11
- 2). at least 18 years of age.
- 3). served in combat at some time during OEF and/or OIF from September 11, 2001-December 31, 2014
- 4). English speaking
- 5). access to Zoom technology for participants outside Houston, TX area

Exclusion Criteria

Participants were required to be cognitively and emotionally able to utilize technology as well as to participate in complex interviews. Therefore, participants who reported a diagnosis of moderate to severe TBI, personality disorder, or other severe uncontrolled psychopathology were excluded from this study.

Informed Consent

Institutional Review Board (IRB) approval was given through Texas Woman's University (see Appendix A). The participants were provided with informed consent in order to ensure ethical research. The participants were informed verbally and in writing that they were participating in research, provided with the purpose of the research, procedures of the research, risks and benefits, voluntary nature of participation in the research, and that specific procedures were being employed to protect confidentiality (Bailey, 1996).

Veterans receive compensation through the VA for service-related disabilities and the researcher is employed by the VA. In order to prevent against unnecessary bias in participant response and researcher analysis, recruiting did not occur in the VA context. Participants were specifically informed that this research study was not a VA sponsored study and that responses would have no effect on their disability status with the VA.

The researcher was awarded the Texas Woman's University Jean A. Spencer Occupational Therapy Research Grant to complete this study. Participants were provided with this information during the informed consent process and issued a \$50 gift card as compensation for their time.

Data Collection Procedures

Purposive sampling is considered the most important type of non-probability sampling because it targets participants based on their experiences (Creswell & Poth, 2018). Creswell and Poth (2018) also recommended using gatekeepers who hold access to sites and to members of a community when conducting ethical qualitative research. Therefore, once IRB approval was obtained, gatekeepers were purposively identified from the researcher's personal contacts in the veteran community. Gatekeeper participants then posted IRB approved scripts on their social media pages (see Appendix B) and identified combat veterans from their relative spheres that met the inclusion criteria. This snowball sampling technique continued until data saturation was met. Creswell and Poth (2018) recommend between eight and 15 participants for phenomenological research. Data saturation was met with nine participants in this study.

Participants were offered an option to complete the interview portion of this study in person or online via Zoom. Three participants requested to meet in person. These participants chose to meet in the researcher's private office where they gave written and informed consent to

participate and to be recorded. The three participants who were interviewed in-person completed a paper and pencil demographic form, followed by the interview. These interviews were recorded on the researcher's smartphone and then immediately uploaded to Sonix transcription software platform, which is encrypted and held under a password known only to the researcher. Once interviews were uploaded, they were deleted from the researcher's smartphone. Informed consent forms and demographic questionnaires were locked in the researcher's filing cabinet and will be destroyed in 3 years.

All other participants requested to meet via Zoom with the interviewer. This allowed for broader participation in the research study, to include participants from Texas, Colorado, Iowa, and Massachusetts. Veterans who chose to participate via Zoom gave informed consent via PsychData survey. They also completed a demographic questionnaire through PsychData once informed consent was given. The interview portion was completed via Zoom, one on one with the interviewer. All participants gave permission for the interviews to be recorded on Zoom. These interviews were immediately uploaded to Sonix and then deleted from the Zoom cloud.

Combat was defined prior to receiving IRB approval as "being deployed to a combat zone, firing upon, and being fired upon." This was verified by review of the veteran's DD-214 form, which includes the veteran's career as a military transcript. The DD-214 form was presented to the researcher at the time of the interview and only viewed by the researcher in front of the participant. The researcher verified date of service and combat by award. All veteran participants had at least one Purple Heart, Combat Action Ribbon, Bronze Star, or Silver Star recorded on their DD-214. This form was not stored or recorded in order to protect against release of identifiable information.

All interviews took from 40 minutes to 1 hour and 39 minutes to complete. The specific phenomena being studied is transition from the military to civilian life. Because phenomenology requires the researcher to allow for data to emerge from the rich descriptions of the participants, a semi-structured interview was used for the initial individual participant interviews (Creswell & Poth, 2018). In order to maintain authenticity in phenomenological research design, interview questions focused only on the experience of the participant during transition from the military as follows:

- 1). Describe what it is like to be an active duty member of the military.
- 2). How do you describe your transition experience from active duty to civilian life?
- 3). What are some of the experiences you had during your transition from the military?
- 4). Describe some of the challenges you experienced during your transition to civilian life.
- 5). Describe some of the experiences that were easy for you during your transition to civilian life.
- 6). What does a successful transition to civilian life look like?
- 7). What does an unsuccessful transition to civilian life look like?
- 8). Discuss your experiences using programs, services, and/or supports during your transition from the military.

In hermeneutic phenomenology, questions can change as a researcher employs the hermeneutic circle to interpret and revise during the analytic process (Creswell & Poth, 2018). In line with this philosophy, the researcher added the question, “how do you define a combat veteran?” after the first three interviews were completed.

Data Analysis Process

In order to adhere to ethical considerations, participant names were masked by attaching a participant number (i.e., P1, P2, etc) in lieu of names and interview recordings were digitally locked with a password only the researcher knows to unlock. After the interviews were completed, they were transcribed by the interviewer using Sonix transcription software. All transcriptions were read and checked for accuracy by the researcher. Interview transcriptions, informed consent, and demographic questionnaires are kept in a locked filing cabinet in the researcher's office and will be destroyed 3 years after this study.

To ensure trustworthiness, the researcher bracketed her own preconceptions about the experience of transition for combat veterans in order to understand the phenomena of transition in the participants own terms (Creswell & Poth, 2018). In accordance with Creswell and Poth's (2018) validation strategies, the researcher kept a reflective journal, spent time in the field, and triangulated the data. Reflective journals are recommended for use particularly in hermeneutic phenomenology to understand personal biases prior to analyzing data. As much as possible, time was spent observing participants in the field in order to build rapport and to check for any distortion between interview report and behavioral observation. In order to triangulate data, member checking of preliminary findings was offered to all participants and to non-participant gatekeepers. Five of the nine participants met with the researcher to review the preliminary findings and two gatekeepers who were combat veterans from OEF/OIF and did not participate in this study met with the researcher to review preliminary findings. An external audit was also completed by the dissertation committee as well as an occupational therapy doctoral student who is a non-combat veteran (Creswell & Poth, 2018). Finally, audit trails were kept throughout the data collection and data analysis portions of this dissertation study to increase trustworthiness.

The data analysis audit trail included all notes, diagrams, and tables that led to the development of a timeline and themes depicted in Chapter 4 of this dissertation.

Data Analysis Method

Colaizzi's (1978) method of data analysis provides clear, logical, and sequential steps that increases reliability and dependability in phenomenological research. Therefore, Colaizzi's (1978) seven steps of data analysis were employed to explicate the meaning of this phenomenon through the voice of the participants:

- 1). *Reading and rereading the transcripts*—the researcher read and reread transcripts to ensure veterans' statements remained the focus of analysis.
- 2). *Extracting significant statements that pertain to the phenomenon*—significant statements were identified when a veteran spoke directly about their experience of transition from the military. The researcher ensured the context of each statement was preserved by attaching the participant number, page number of the transcript, and number of the paragraph where the statement was made in the transcript.
- 3). *Formulating meanings from significant statements*—in this initial step of coding, the researcher created preliminary units of meaning from significant statements made by the veterans concentrating on the topic of their experience of transition from the military.
- 4). *Creation of theme clusters and themes*—significant statements with similar meanings were grouped together to create theme clusters. These clusters of themes were then combined together to form themes. Themes were validated against the original transcripts to meet standards of rigor (Colaizzi, 1978).

5). *Exhaustive description of the phenomenon*—all findings were integrated by re-examination of the transcripts to ensure that there was an exhaustive and thorough interpretation of the transcripts.

6). *Description of the fundamental structure of the phenomenon*—this step was completed in order to eliminate redundancy or misuse of a description. During this step of analysis, a timeline began to emerge.

7). *Participant validation*—in this final step, the researcher used member-checking (Creswell & Poth, 2018) to confirm that the timeline and subsequent developed themes accurately depicted combat veteran experience of transition from the military. The researcher revised themes based on member checking results.

Since the purpose of phenomenology is to determine the essence, or meaning of a phenomenon, all interviews were hand coded by the researcher to preserve the context and voice of the participant. In keeping with the philosophical basis of this phenomenological study, the researcher ensured the hermeneutic circle was used throughout the data analysis process. The researcher did this by journaling personal biases that emerged through the data analysis process. The researcher used this method to reflect on any preconceptions of meaning and replaced those preconceptions with clear agreement of meaning (Hycner, 1999). To complete the hermeneutic circle, the researcher ensured that participant interviews were conducted early in the data analysis process to accurately interpret the meaning of what was stated by the participant in context as well as member-checking once themes were fully developed (Hycner, 1999).

CHAPTER IV

FINDINGS

The purpose of this qualitative study was to describe the experience of transition from active duty to civilian life for combat veterans who served after 9/11. The central research question for this phenomenological study was, “what are the lived experiences of transition from active duty to civilian life for combat veterans who served after 9/11?”

Participants

This dissertation study consisted of three in-person and six online interviews via Zoom with a total of nine combat veterans who served during OEF/OIF. All participants in this dissertation study identified themselves as combat veterans because they engaged the enemy and were engaged by the enemy in a combat zone. All veteran participants enlisted in the military after 9/11 and all branches of the military were represented in this dissertation study. Veterans’ rank at the time they left the military was from E-5 to E-7. All veteran participants identified as male and ages ranged from 30 years to 56 years old. Participants lived in Texas, Iowa, Massachusetts, and Colorado at the time of their interviews. Annual income for participants ranged from \$60,000-\$110,000 per year. Table 1 provides more pertinent demographic data for the participants. Refer to Appendix C for other demographic information. In order to protect participant identity, veteran participants will be referred to by “P” and an assigned number throughout this dissertation study.

Table 1*Pertinent Demographic Information*

Participant	MOS	Military Branch	Ethnicity	Religion	Type of Military Separation
P1	Infantry	USMC	White	Agnostic	EAS
P2	Artillery	USMC	Hispanic	Catholic	MEDSEP
P3	Infantry/Medoc	USMC/USAF	White	Christian	EAS
P4	Tanker	ARMY	White	Christian	MEDSEP
P5	Special Investigations	USAF	Black/White	Christian	EAS
P6	SEAL/Corpsman	USN	Black/White	LDS	MEDSEP
P7	Infantry	ARMY	White	Buddhist	EAS
P8	Combat Engineer	USMC	White	N/A	MEDSEP
P9	Machine Gunner	USMC	White	N/A	EAS

Note. MOS = Military Occupational Specialty; USMC = United States Marine Corps; USAF = United States Air Force; USN = United States Navy; EAS = (voluntary) End of Active Service; MEDSEP = Medically Separated

Timeline

During the initial coding process, a clear and common timeline emerged in narrative form (see Figure 1). Understanding this timeline is important to understanding the experience of transition from the military for combat veterans who served after 9/11. All veterans discussed their experience as an active duty member of the military in terms of combat, service, training, loss/death, purpose, and meaning (see Table 2).

Table 2*Active Duty Experience*

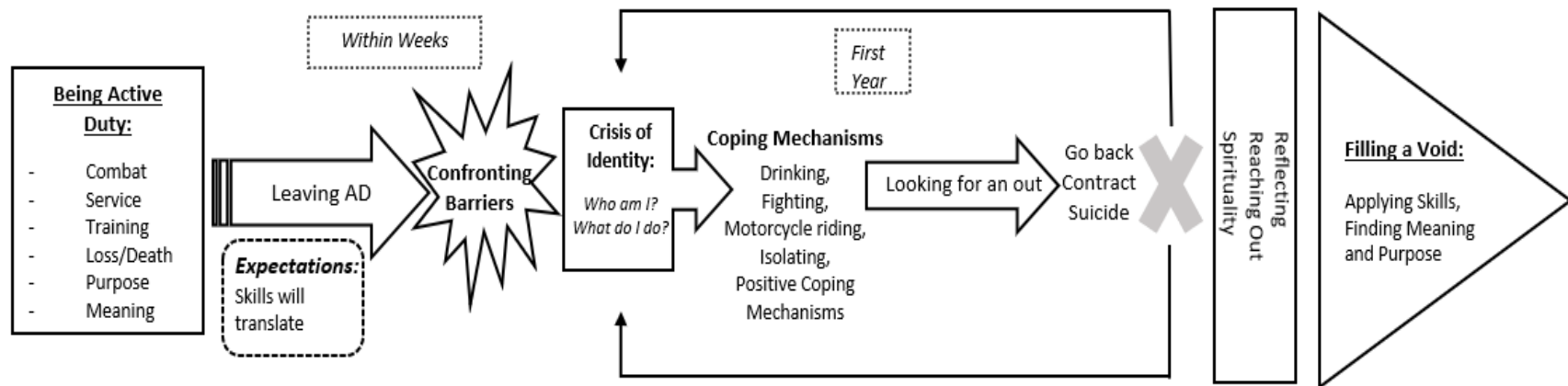
Example	Quote
Combat	<p>(P1) So like when you're in there and like, one of us got shot, he was alright. But it over the radio, you don't know. So it was like "Marine shot beep beep beep!" And then we were all over like tanks knew about it. They were just unloading and then the Cobras were cool, but they're like up doing figure 8's shooting missiles. The Hueys were doing gun runs and that was like the coolest thing ever to sit there and see a Huey just like fly right in front of you, just like laying down ammo.</p> <p>(P3) I mean, I got blown up, but that wasn't a big deal. It's just the earth decided to make a hole for us.</p> <p>(P4) I got blown up, shot at, whatever.</p> <p>(P6) You're in a different mindset when you've been downrange, been shot at and had to do what you had to do to come home.</p>
Service	<p>(P1) going in the military and fighting for your country was just something that you did. So, the entire time I just looked at it as service.</p> <p>(P3) You weren't working for yourself. You were doing something for somebody else.</p> <p>(P9) There was a significant amount of sacrifice that I wasn't prepared for.</p>
Training	<p>(P1) You're either training, getting deployed, or resting and drinking.</p> <p>(P2) I was overall in charge of the safe firing of the M triple 7, alpha2 medium twin Howitzer and fired over 20,000 rounds safely in combat and in training.</p> <p>(P3) I did training in boot camp...training to become an infantryman, then training on the sixties and mortars...then two years of training to be a medic.</p>

Example	Quote
Camaraderie	<p>(P1) In the Marine Corps, you're connected to everybody.</p> <p>(P2) The camaraderie there and the brotherhood was just phenomenal...I loved being with my Marines every day.</p> <p>(P4) It is a love and a brotherhood. And if one of my guys dies. I got to answer for it. I got to live with it.</p> <p>(P6) I loved the camaraderie, it was like nothing I've ever experienced before...somebody else in the military, you respect them, even if you don't know them, you have their back.</p> <p>(P8) You don't make brothers or sisters like that. I mean, it's something you'll never find anywhere.</p>
Loss/Death	<p>(P1) Caring about who lives and dies. We had a lot of guys and a lot of vehicles. I didn't want anyone to die...my only job was just no more death.</p> <p>(P4) Seeing people, dead people, and the things I had to do to get me and my soldiers home alive.</p> <p>(P6) ...and see your friends that you've grown with the last months, years, die right next to you.</p> <p>(P8) They don't understand what it's like running into raining bullets because you think one of your buddies got shot.</p>
Purpose/Meaning	<p>(P3) I was an active duty Marine. I deployed. I'm defending my country. I mean something.</p> <p>(P7) I used to go and find bad guys and take them off the face of the earth. To me that was helping everybody. What can touch a job like that?</p> <p>(P6) You did it for the guy on your left and the guy on your right. You had a purpose and a cause.</p> <p>(P8) It wasn't a job. You don't get hurt for your job. It was my life.</p>

When veterans left active duty, they had expectations that their skills from the military would translate to the civilian world. All veterans confronted barriers to their application of skills in the civilian world. At the time of his interview, P5 had been off of active duty service for 1 month. He is the only participant in this study that did not report experiencing a crisis of identity during his transition. All of the other participants experienced a crisis of identity after confronting barriers in the civilian world. This crisis of identity caused them to ask, “who am I?” and/or “what do I do?” In response, the veterans employed positive and negative coping mechanisms including drinking, fighting, motorcycle riding, isolating, and looking for an out. This crisis of identity and subsequent employment of coping mechanisms was ingrained within a year of discharge from active duty. After reflecting, reaching out, and implementing spiritual practices to their lives, the veterans experienced filling a void by finding ways to apply their skills in the civilian world with occupations that gave them meaning and purpose. The amount of time it took for veterans in this dissertation study to reach this point varied from 1 to 12 years. In spite of this, some veterans stated that they were still transitioning from the military and all except two of the participant veterans stated that their transition was not successful.

Figure 1

Timeline: Transition From the Military



Themes

Five specific themes and 12 subthemes emerged through the veteran participants' narrative. These themes and subthemes are provided in Table 3 with the occurrence of each theme or subtheme as described by each veteran participant.

Table 3

Occurrence of Themes by Participant

Theme	P1	P2	P3	P4	P5	P6	P7	P8	P9
Having Expectations	X	X	X	X	X	X	X	X	X
Confronting Barriers	X	X	X	X	X	X	X	X	X
Using vocational skills		X	X	X		X	X	X	X
Using social skills	X	X		X	X	X	X	X	X
Disability		X		X		X		X	
Lack of support	X	X	X	X	X	X	X	X	
Crisis of Identity	X	X	X	X		X	X	X	X
Employing Coping Mechanisms	X	X	X	X	X	X	X	X	X
Drinking	X			X		X	X	X	
Isolating	X	X	X	X		X	X	X	X
Antisocial behavior				X		X	X	X	
Looking for an out	X	X	X	X		X	X	X	X
Reflection	X	X	X	X		X	X	X	X
Spirituality	X	X	X	X	X	X	X	X	X
Reaching Out	X	X	X	X		X	X	X	
Acceptance	X	X	X	X		X	X		X
Filling a Void	X	X	X	X	X	X	X	X	X

Theme 1: Having Expectations

All participants reported having expectations about how their life would be in the civilian world. They expected that their social and vocational skills learned in the military would translate to the civilian context and be valued. They also expected to be accepted by their communities and be supported by them. All veterans mentioned that their participation in the DOD required transition assistance program (TAP) led them to believe that these expectations would be met.

In discussing his experience leaving the military after a medical separation, P2 reported having a great feeling about leaving Camp Pendleton because he was “coming home to Texas” and would be back with friends and family while he rehabilitated after an upper extremity amputation. P4 had plans to apply his skills in the military working with the Sheriff’s Department while P6 expected that his skills as a special operations corpsman would allow him to work as a physician’s assistant (PA) in the civilian world. P8 had plans to catch up with friends and family before starting school to pursue a degree in construction management. P9 anticipated getting a great job, dating, and making lots of friends.

Theme 2: Confronting Barriers

Within weeks of separating from the military, all participants confronted barriers that interfered with meeting their expectations in the civilian world. These barriers came in the form of lack of transferrable vocational and social skills, policies that did not allow veterans to use the vocational skills they learned in the military, disability status, and perceived lack of support from their community, the VA, and within the veteran culture itself.

Barriers to Using Vocational Skills

In describing barriers to using vocational skills learned in the military, P3, a marine infantryman, stated that after returning home to live with his parents, he quickly realized he “didn’t have skills to translate to the civilian world.” About this he said:

Because being in infantry, when you try to go get a job. What skills do you have? I can drop a 10 pound bomb in a tube and call in rounds...put me in the middle of the woods, I can get you home. Doesn’t mean anything in the middle of the freaking city when everybody knows where they’re going. I mean, that’s my job. That’s what I know how to do.

P6 began interviewing for PA positions when he first transitioned to the civilian world. He stated that the interviewers would request to see his license to which he would offer his military transcripts as evidence of his ability to practice. The interviewers would then inform him that the transcripts were not equivalent to licensure and therefore he did not qualify for the positions. About this experience, P6 stated, “everything I was doing in the field and on casualties in other countries...and now they’re telling me I’m a highly trained medical assistant and they’ll give me a job scrubbing bedpans?” Likewise, P8, a combat engineer, described being fired from his construction job after applying his skills learned in the military as follows:

I remember my first job. They're like, “we want you to tear down this wall.” I'm like, “okay, I'll tear down this wall, but when do you want me to stop?” And they're like, “Oh, no, just keep tearing it down. You won't get to the endpoint.” They come back in 2 hours. I tore down the whole block wall and the engineer starts freaking out. “What did you do?” And I'm like, “you said, tear down the wall. I tore down the wall.”

Barriers to Using Social Skills

Some veterans describe barriers to applying skills they learned while in the military in social terms. For example, P5, who owns his own business described difficulty applying his social skills in terms of expectations he had for his employees. He stated, “I mean it’s just a different realm...some of the stuff my employees call me for, it’s like ‘do you think for yourself?’ I mean, I don’t understand [why they are calling me for little things].” P7 described his experience in a civilian management position as follows:

No one gets you. Your discipline isn’t understood, your mind state, your work ethic, your integrity...you go from an area where everyone thinks like you to where nobody thinks like you...you get real amped up because that’s what you do in the military to get stuff done, then they look at you like you’re crazy and try to file HR complaints on you.

All four veterans who went to college soon after leaving the military described significant social barriers during their university experiences. The most common issue in the university setting discussed by veterans was in terms of age and experience gaps. P6 stated that “it was annoying because I was doing stuff I had already done. I wasn’t learning anything...and it was humiliating being ten years older than everybody else with real world experiences, with real world issues.” Likewise, P9 said, “I was going to college classes as a 22-year-old veteran, like *combat* veteran. And a lot of my classmates are 18-year-old kids right out of high school. It was just this clear barrier.”

Stigma was another social barrier described by veterans. Some veterans, like P2, reported being asked “a bunch of dumb questions” about his injuries. He stated, “I didn’t fit in. People would just stare at me and my deformed arm.” Veterans reported experiencing stigma associated with their combat veteran status. A few veterans described experiences where civilians would

ask them how many people they had killed. They also described feeling as though civilians assumed that if you were a combat veteran, you had PTSD, and if you had PTSD you were crazy. Like P8 stated, “the thing is you hear PTSD and the only thing you think of is a military veteran. That's it. You think of a vet.” The stigma associated with this was further elaborated by P7 who stated, “it was a lot of stigma back then. If you had PTSD you were crazy.” Importantly, this experience of stigma in the civilian context could reach the point of personal attacks. P8 described experiencing a public forum at his university where he was accused of being a “third world rapist and baby killer” by another student. He stated, “he could just get away with it and I had to sit there and take it.”

Disability

Veterans who had been medically separated from the military experienced their disability status as a barrier in the civilian world. P2 stated, “I didn’t know what to do with myself or with my family...I felt useless, honestly. I was just spending my time in either rehab or surgeries.” P4 was informed of his disability status when he was turned down for a position with the Sheriff’s Department. He stated, “both the VA and the Army told me I was one hundred percent disabled and unemployable. They were saying, ‘he’s done.’” P6 was medically separated from the Navy when injuries sustained in combat interfered with his ability to perform special operations tasks. After he was medically separated from the military, P6 was informed by the VA that he was unemployable because of his injuries. He stated, “I had to work hard to prove to the VA that I could still work. I mean, I can’t jump out of airplanes, but I’m not disabled. I can still do things.”

Lack of Support

Another barrier to the veteran’s transition experience came in the form of perceived lack of support from the civilian community, among the veteran population, and from the VA itself.

Some combat veterans interviewed in this dissertation study acknowledged that they were not in “the right mindset” to participate in the required transition courses provided by the DOD at the time they were mandated to attend. Others like P5, P7, and P9 admitted that the DOD and VA were providing useful information in these courses, but that the classes were not relevant to them. Almost all veterans in this dissertation study described feeling as though these transition courses were not useful and that in the end, they found a lack of support in the civilian world.

For example, P3 reported missing out on support opportunities in spite of participating in the required DOD transition courses. He stated, “I think for a lot of people, the awareness of what’s available for them out there is lacking. Nobody knows what’s out there.” P7 described what he feels was a bit of an easier transition from active duty because he immediately went into government contracting where he was surrounded by other combat veterans and “like minded individuals.” However, when he left government contracting and “a lot of good relationships behind,” he ended up believing his transition was more stressful because he did not have support systems in place. He said, “I had to screw up terribly and have my entire life collapse before these resources were available to me.”

While all veterans interviewed reported feeling most supported by their own veteran community rather than by the civilian community, most also reported a distinct barrier to their transition from within the veteran community itself. This barrier was met specifically in the form of combat versus non-combat experience and disability status. For example, P1 reported that being grouped with veterans who did not experience combat interfered with his treatment after a suicide attempt. He stated:

you’d go to these group meetings and there’s a guy that legitimately saw his best friend die in an IED attack...and then another guy who would hear him speak and then he acts

like he's a Medal of Honor winner and I'm like, 'that didn't happen.'...so the guy who's actually dealing with something feels this small and doesn't want to talk.

All veterans interviewed stated that they valued the service provided by non-combat veterans, but many of the combat veterans in this dissertation study reported that perceived inequality with disability ratings awarded to non-combat veterans limited their treatment provided by the VA. P1, P4, P6, and P8 expressed the opinion that many non-combat veterans sought out medical attention while in the military to increase their disability rating, while many combat veterans minimized injuries from medical officers while in the military to maintain deployability. P8 stated:

it seems like people like me are ignorant because, yes they served and everything but they didn't have to go to combat and have their heads messed with... but in the end they are in the front of the line at the VA...while the guys who never asked for help...it's not there for them and they have to fight to find it.

Most of the veterans interviewed reported experiencing a perceived lack of support by the VA as a barrier during their transition from the military. P5, who had been out of the military for 1 month at the time of his interview stated that he did not intend on using the VA for care because "they tell you that you can go to the VA and get this and that, but when you go to the VA you can't actually get help." P6 acknowledged that the VA is overworked and understaffed. But he also said, "prisoners get better care than we do at the VA. You're just a number in the system." A few veterans, like P8 and P3 elaborated on barriers to accessing VA benefits due to disability rating. P3 reported being angry when he was discharged from the military and so did not apply for compensation until much later in his transition process. P8 described not being able to receive compensation for a knee injury through the VA because he was told that there was no

documentation that his injury occurred in the military. His response was, “when are you supposed to be at medical when you’re trying to be a stellar Marine?”

Some veterans specifically stated that they did not receive the mental health care they felt they needed through the VA. P4 believes he was prescribed medication by the VA rather than receiving other, more conservative treatments. He believes combat veterans do not participate in VA treatment because of this issue. He stated, “they want to keep us medicated in the clouds, in a fog because of war.” P8 further elaborated on his experience seeking VA mental health treatment. He stated that if you go to the VA for help they will just prescribe medications. He said, “I have pictures next to my bed frame where I have 27 pill bottles.”

Theme 3: Crisis of Identity

All combat veterans interviewed in this study experienced a crisis of identity after confronting barriers during their transition from the military. This crisis was manifest through two different existential questions, “Who am I?” and “What do I do?”

Most veterans experienced a crisis of identity in response to lost roles in their new civilian context. In describing his experience with his crisis of identity after leaving the Marine Corps, P1 directly stated, “I literally didn’t know who I was.” P7 stated that when his leadership skills and military experience were not valued or accepted by the civilian community, he asked himself, “if I’m not sergeant first class, then who am I?” P3 described his experience with this existential crisis in terms of a loss of identity after a divorce and having to move back home. He said, “I was up here. I was living on my own. I was in charge of the guys. I was doing my own thing and now I’m living back home with mom and dad. I just felt like a failure.” Similarly, P6 said, “I was trying to keep going. I didn’t have that title anymore. They can’t take away what we did. At the same time what we did means absolutely nothing.”

For most veterans interviewed, crises related to identity occurred after confronting barriers during their transition that resulted in an inability to use their skills in a civilian vocation. These veterans were left with the question, “what do I do?” This crisis was voiced by P2 who reported going from being a sergeant of Marines to getting out of the Marine Corps, not being able to work due to significant injuries, and then asking himself, “what do I do now?” After P4 was informed that he was deemed 100% disabled and unemployable by the Army and VA, he asked himself, “what am I going to do? I’m no longer a soldier.” He stated, “By this time I felt hopeless. I felt like less of a man.” After a particularly difficult day applying his skills in school, P8 described walking home determined to drop out of school. His self-talk included the statement, “I don’t need a college degree. I don’t know what I’ll do, but...somebody will want my knowledge.”

Theme 4: Employing Coping Mechanisms

All veterans implemented coping mechanisms when faced with their crises of identity. Coping mechanisms were both positive and negative and implemented at varying points of time in the transition experience.

Drinking

All veterans except P2, P3, and P5 reported increased drinking during their transition from the military. P9 stated that his increased drinking was not excessive and was not used as a coping mechanism. All other veteran participants reported using alcohol to cope with their relative crises of identity. P1 stated:

I wanted to not focus on it...so I would just sit and drink in front of my TV and then pee in a gallon jug so I didn’t have to go to the bathroom because if I went to the bathroom, I would have to think about something and that was bad.

P4 stated that his drinking started out slowly because he “was bored and didn’t know what to do.” He said, “I started self-medicating drinking...before you know it the drinking was spiraling out of control.” P7 said that he was drinking heavily while doing his contracting work, but that the drinking worsened after moving to a civilian job to the point that he was “drinking his problems away.” P8 reported increased alcohol consumption in response to boredom and crisis of identity during his transition from the military. He stated, “the drinking got worse when I got out. But, I mean a lot of it was, what the hell else do you do? You know, you just lose that sense of everything.”

Isolating

All veterans, except P5 who had been out of the military for 1 month at the time of this interview, reported using social isolation as a coping mechanism when faced with barriers and crises of identity. P9 reported avoiding study groups and other social engagements in his classes at school, because “it was really kind of awkward and I just didn’t want to talk to anybody.” P2 stated that he did not have a desire to do anything and described pushing his family away and keeping to himself like a “hermit crab.” After P6 learned that the apartment he wanted to live in burned in a fire, he elaborated on his choice to remain homeless and live in the woods. He stated, “I stayed out there. It was quieter. I didn’t have to worry about anything. I liked it. It was peaceful.” P1 understood that he was using isolation as a coping strategy after his first enrollment in the psychiatric ward at the VA hospital. He said, “once that happened, this wave of shame came over me, which made me want to go further into isolation. Because, no one wants to say they went to the psych ward.”

Antisocial Behavior

Several veterans reported engaging in antisocial behaviors in order to cope with their crises of identity. P7 alluded to this when he reported that he was “always going to extremes on things to prove to myself that I was still unkillable because I survived all these things.” The most common form of antisocial behavior reported by veteran participants was fighting. P4 stated, “people would look at me crosswise and I’d blow up...I went out looking for fights.” P6 and P8 also went “looking for fights” with P6 reporting that he was expelled from two different schools for fighting, and P8 stating that he continues to go to bars and get into fistfights. A few veterans sought out motorcycle riding at dangerous speeds. Like P8 said, “The reason I ride a motorcycle is because I can do 130 down the highway, be two feet away from death and be perfectly calm. That’s where I feel safe and normal.”

Looking for an Out

All veterans except P5, reported looking to escape from their crises of identity via re-enlistment, going into government contracting, and/or by suicide. With the exception of those veterans who had been medically retired from the military, all veterans interviewed tried to go back into the military. P1, P3, and P7 went into the reserves after leaving active duty while P8 and P9 attempted to return to active duty. P8 stated, “I even tried to go army. They wouldn’t take me.” When P9 went to an Air Force recruiter, he was told that he really was not needed. Some veterans reported seeking out employment in government contracting. After a particularly difficult day in school, P8 said to himself, “I’m not going back there. I don’t know what I’ll do, but I’ll go work for Triple Canopy...become a private contractor. I have demolition experience. Someone will want my knowledge.” P7 and P9 did become employed as government contractors after they left active duty. Both reported that this might have made their transitions from the

military a little bit easier due to the fact that they were working with other veterans and “like-minded individuals.” It is important to note that with the exception of P9, all veterans that used escape into the reserves or government contracting immediately after active duty reported ultimately meeting barriers in the civilian world that led to crisis of identity after they completed their reserve commitment or government contracts. For example, P1 stated, “the difference with the second time is I didn’t have an outlet. The war was going on the first time I got out so I could always go back and go to war. There was always an out.”

Another out discussed by all veterans interviewed was suicide. While some veterans did not state that they had experienced their own suicidal ideation, they were constantly experiencing the effects of suicide from people they served with. P9 said, “it’s not spoken about a lot...but three or four guys in my first platoon have committed suicide...theirs were all in transition which is scary.” P1 who reported at least two suicide attempts stated that his drinking worsened because every 6 months one of his friends that he hung out with/served with committed suicide. Many veterans discussed their own experiences of suicidal ideation in response to experiences with barriers and identity crises during their transition from the military. P6 stated, “for a while I got really suicidal. I didn’t have a plan to kill myself, but I wanted to die. Then when I kept going from job to job to job, then I had a plan.” P8 said, “depression was a real thing. You know, the thought of your life’s over with, like, it’s worthless...I mean there’s definitely nights where I thought of just swallowing a bullet.”

Positive Coping Mechanisms

Veterans also employed positive coping mechanisms when confronting barriers to their transition and experiencing crises of identity. These mechanisms include reflection, reaching out, engaging in treatment programs, and spirituality.

During their interviews, all veterans used phrases like, “looking back on it” to indicate that they did take time to reflect on their behavioral responses to the barriers and crises of identity they experienced during their transition. Acceptance occurred after reflection, when veterans changed their behavior in a positive way. In some instances, reflection and acceptance took place immediately in response to a barrier in the civilian world. For example, after learning that their skills were not being accepted in the civilian world, P3, P6, and P9 went back to school. In other instances it took considerable time for reflection and acceptance to occur. P2 reported “just lingering around” from 2013 when he got out of the military to 2020 when he decided to go back to school. He stated, “I look back at it now and I’m like, why did I wait this long to do something with my life?” For P4 and P7 reflection and acceptance occurred after their maladaptive responses caused them to end up in jail. P4 reported re-evaluating his life choices before deciding to stop drinking while P7 stated he realized he needed to make changes in his life after he spent 2 days in jail.

Most veterans in this dissertation study described reaching out to their combat veteran peers or healthcare professionals as positive coping mechanisms during their transition process. A few also reported reaching out to law enforcement professionals for assistance. In considering his experience of transition from active duty, P2 described the importance of reaching out to fellow veterans during his transition as “life saving.” Of this he stated, “when you’re feeling down you can just reach out to one of your peers. Because you’re not the only that got out...even just to hear their voice and just reminisce on old times, that helps out so much.” P6 said,

the biggest success I had was when I reached out. I don’t remember the day or who it was, but when I was feeling pissed off and wanted to kill myself and go do risky

behavior, they told me before I do anything to write a poem...next thing I know, I didn't want to kill myself anymore.

P1, P6, P4, and P7 experienced reaching out and receiving help from law enforcement. For example, P4 said that his probation officer was instrumental in helping him realize he needed to stop abusing alcohol. P6 and P7 both reported that police and other law enforcement officials helped them find resources from the community and VA to help them with their transitions from active duty. Although most of the veterans in this dissertation study reported a lack of trust with VA mental health providers, a few of the same veterans also stated that it was after they reached out to the VA and were enrolled in mental health care that their transition experiences improved. About his experience with a mental health provider P7 said, "she was important to me rebuilding everything." Similarly, P4 described appreciating working with his VA mental health team in spite of his admission that he felt that they were prescribing too many medications.

Most veterans reported using some form of spirituality in order to cope with their crises of identity. The most common way in which veterans used spirituality as a coping mechanism during their transition was to provide service in their community. It was through service that veterans were able to find a sense of purpose and meaning during their transitions. For example, P8 created two community-level charity organizations during his transition from the military. Additionally, he developed a student outreach program that educated students and faculty on the mental health concerns of students, first responders, and veterans at his university. About these activities P8 stated, "I love my charity work. But that's just it, you're doing everything for everyone else." Some veterans explicitly discussed religion as being a helpful coping mechanism in dealing with their crises of identity. P4 stated that it was not until he accepted God in his life that things started to get better. He reported that his activities in his Christian ministry, Bible

studies, and prayer have given him meaning and purpose in his life. P7 became a Buddhist after applying Buddhist teachings to his life during transition from the military. He stated

it's a way of life that I've been able to adopt for the most part...in the last two or three years it's really helped me find some happiness and some joy in my life because I changed the way I thought.

During member checking, P1 reported that although he was agnostic during the majority of his transition process, his experience working through his suicidal ideation has led him to believe in the Christian tradition of God.

Theme 5: Filling a Void

When the veterans interviewed in this dissertation study learned how to apply some of the skills they learned in the military through meaningful and purposeful occupations, they reported increased fulfillment within the civilian context. Without exception, these meaningful and purposeful occupations included an element of “doing for others.” This combination of engagement in meaningful and purposeful occupations according to their new civilian roles led them to describe increased satisfaction with their lives in terms of “filling a void.”

P3 reported that he was making good money working in construction, but that it was not fulfilling. He stated, “when I became a firefighter, that's when I started working for other people, to help somebody. It felt like it filled that void.” P8 said that when he applied his leadership skills in the military to his student role, he was able to build a PTSD education program out of a negative experience at school. In describing his experience with this he said, “it gave us purpose is what it did.” At the time of his interview, P2 was going to school to become a chef. He said that he loves going to school because it is fast paced and requires organization skills. He stated, “it feels like I have a purpose again.” P4 reported that he started to feel like his life had a purpose

again when he applied his skills learned from the military as a group leader and part of the security team at his church. About this, he stated, “I’m good now. I’m content.”

All veterans defined a successful transition from the military in terms of belonging (finding fulfillment, purpose, and meaningful work) in the civilian world. Most also described a successful transition as including an intact, happy family and home ownership. Unsuccessful transitions included suicide and not achieving the definitions of success. It is important to note that all veterans, with the exception of P5 and P9 reported that their transitions have not been successful, in spite of many of them achieving home ownership and learning to apply their skills learned from the military. Table 4 provides a summary of how participants defined a successful and unsuccessful transition. Refer to Appendix D through Appendix H for more detailed participant quotes for each theme.

Table 4*Defining a Successful Transition*

Example	Quote
Successful Transition	<p>(P1) Just to be a productive member back in society. You're giving back in society... in the sense of, you know, paying taxes, doing something to make the next generation better.</p> <p>(P3) Getting set up before you get out...the biggest thing for me was finding something that was meaningful work.</p> <p>(P4) There is no successful transition. Us as individuals, and I'm going to only speak on me...every transition, for whatever branch, male or female, all of them are going to be different.</p> <p>(P5) First and foremost, you're going to have to find good employment and somewhere that you feel like you belong and you can fit in.</p> <p>(P6) How long is the transition period? Is it 50 years? Is it 10 months?... I think it's until you're happy where you're at. When you're at peace with your situation. When it makes sense to you, you know what you're doing.</p> <p>(P7) I want to call it emotional health and stability. Security. Emotional health looks like real happiness. Not just faking it, trying to convince everybody else I'm happy, and on the inside I'm just dying. So successful transition would be for me to be wearing that smile genuinely.</p> <p>(P8) I don't think there is one... I guess a successful transition would be you get out, you have some backing from your military life, you go to college or you go into a job. You work that job. You get a family, raise kids, whatever. And the whole white picket fence if you want. But not only do you come back into civilian life, but you do well and have a purpose. Like you feel like you have a purpose again.</p>

Example	Quote
Unsuccessful Transition	<p>(P1) Suicide. It's almost like I don't know what's worse. The suicide or just someone giving up on life.</p> <p>(P2) An unsuccessful transition would probably be those veterans that get out and they turn to alcohol or drugs and just ruin their life. They don't try to look for that support to help them out when all these tools are out there for us.</p> <p>(P3) Bounding from job to job.</p> <p>(P4) It's like the ultimate sacrifice. Death.</p> <p>(P5) To me it was just feeling like you don't have anywhere, you don't belong anywhere. Like you don't know what to do with your life, what route you're going in.</p> <p>(P6) The way most of us have done it. Just keep going, keep going, keep going [without a purpose].</p> <p>(P7) This guy right here [points to self]... an unsuccessful transition is everything else. You know, just, just going out there thinking you know stuff when you don't. Being emotionally unhealthy. Going into a job that you just hate. Not dealing with your family well. Not dealing with stress well.</p> <p>(P8) I don't think you can. Especially with Marines. I don't think you can pull them out of the life and be like, "here you go, transition." They're going to do something unhealthy. No matter what.</p> <p>(P9) As long as you don't end up in jail or get anyone hurt or killed. You know, that at the baseline would be an unsuccessful transition and not becoming a debt to society.</p>

CHAPTER V

DISCUSSION

Recent literature suggests the high rates of suicide and other health issues among veterans who served during OEF/OIF conflicts can be attributed to difficult transitions from the military to civilian life. Therefore, the purpose of this dissertation study was to explore the phenomenon of transition from active duty to civilian life for combat veterans who served after 9/11. A total of nine combat veterans who served during OEF/OIF were individually interviewed with member checking and other data triangulation methods being employed after primary data analysis. Data analysis using a hermeneutic approach (Creswell & Poth, 2018; Peoples, 2020) yielded five major themes and 12 subthemes. Major themes found in this dissertation study include *having expectations*, *confronting barriers*, *crisis of identity*, *employing coping mechanisms*, and *filling a void*. The following chapter provides an interpretation of these findings as it relates to the central research question, subquestions, current literature, and the field of occupational therapy. How these findings are framed through the model of OA is also provided.

Central Research Question: What Are the Lived Experiences of Transition to Civilian Life for Combat Veterans Who Served After 9/11?

The lived experience each participant told of their transition from the military to the civilian world developed into one common narrative in timeline form (see Figure 1). Each participant talked about *having expectations* of how their life would be in the civilian world upon immediate discharge from the military. All veteran participants reported having expectations that the skills they learned in the military would be accepted and valued in the civilian world. They all discussed their experiences *confronting barriers* including application of their vocational and

social skills, disability, and lack of social support within weeks of their entry into the civilian context. This was followed quickly by a *crisis of identity* that caused the veterans to ask themselves, “who am I?” and/or “what do I do?” In response to their relative crises of identity, the veterans *employed coping mechanisms* that included drinking, isolating, other antisocial behaviors, looking for an out, and other more positive coping mechanisms. In most cases, veterans had integrated these behaviors within 1 year of transition from the military. In the final phase of their transition experience, the veterans reported *filling a void* by finding ways to use their skills learned from the military through purposeful and meaningful occupations in their civilian context.

Subquestion 1: What Does It Mean to Be an Active Duty Member of the Military?

Veterans in this dissertation study described their active duty experience in terms of combat, service, training, camaraderie, loss/death, purpose, and meaning. These descriptions are congruent with the wealth of literature that exists examining the unique experience of military service. In their comparison of the journey of modern warriors to that of ancient Greek warriors, Geraci et al. (2020) suggested that one reason modern warriors are drawn to the military is to achieve a sense of purpose. They further state that like ancient warriors, modern warriors are put through a crucible during their initiation into the military that erases their civilian identities and replaces them with a warrior ethos. This warrior ethos enables them to meet their relative military missions. For combat veterans, this mission is facing combat exposure and possibly death. Geraci et al. (2020, p. 5) noted that combat serves as an added rite of passage for modern warriors, one from which “there is no return.”

Combat, camaraderie, training, and loss have all been attributed to the integration of a service member’s identity (Smith & True, 2014). This identity is what gives the service member

purpose and meaning in their military roles. This warrior identity remains with the veteran when they are discharged from the military (Geraci et al., 2020; Gordon et al., 2020; Smith & True, 2014). When veterans transition from the military and their warrior identity is threatened in the civilian context, it can have catastrophic effects on their self-concept and well-being (Smith & True, 2014).

Subquestion 2: What Does It Mean to Be a Combat Veteran Who Served After 9/11?

Most of the existing literature that addresses the topic of transition from the military for veterans who served after 9/11 includes non-combat veterans in their respective samples. This dissertation study is one of the first to explore the phenomenon of transition from the military for only combat veterans. Thus, the findings of this dissertation study provide insight to the meaning this group places on their combat veteran status.

“Combat” was defined in this dissertation proposal, IRB approval, and informed consent as not only being deployed to a combat zone, but firing upon and being fired upon by enemy combatants. After three interviews, it was noted that the participants had strong ideas of what it meant to be a combat veteran. Therefore, congruent to the method of phenomenology the interview question, “how do you define combat veteran?” was added for participants 4-9 (Creswell & Poth, 2018). All veterans validated this definition similar to P9 who said, “a combat veteran was not just deployed to a combat zone, they engaged the enemy and were engaged by enemy forces. You have to have both.”

In contrast, the US legally defines a combat veteran as any service member that was deployed to a theater of combat operations (VA, 2011). This is significant because it points to a novel finding in this dissertation study, that combat veterans who served after 9/11 apply great meaning to their own defined identity as a combat veteran. This identity is distinct from a

veteran who was deployed, but did not engage in combat. The latest Pew Research Center (2019) survey found that 77% of veterans who served after 9/11 reported being deployed. This would mean, by the VA definition that three quarters of all veterans who served after 9/11 are combat veterans. This distinction provides some contextual background as to why the veteran group represented in this dissertation study might experience perceived barriers from within the veteran community itself during their transitions to the civilian context. For example, the reason most of the veterans in this dissertation study chose not to participate in group and leisure treatment programs during their transitions was partly due to the risk of being in groups with other veterans who were not “vetted” for their combat experience.

This finding is juxtaposed to the well-established assertion that veterans feel more supported by other people who have served in the military during their transitions to civilian life (Geraci et al., 2020; Gordon et al., 2020). Not only did the combat veterans in this dissertation study prefer not to engage with other veterans who “claimed to be combat veterans,” but they experienced a feeling of betrayal from that group of veterans during their transition from active duty to civilian life. Specifically, the combat veterans in this dissertation study believe those veterans who did not experience “firing upon and being fired upon” act as barriers to their ability to access VA supports and services because the VA uses the legal definition of combat cited above to assign disability and other benefits. This finding is noteworthy given the low satisfaction rate for VA utilizers and largely unsuccessful VA programs meant to support treatment and transition for combat veterans (Geraci et al., 2020; Mobbs & Bonanno, 2018; Pew Research Center, 2019).

Subquestion 3: How Do Combat Veterans Who Served After 9/11 Describe Successful or Unsuccessful Transitions to Civilian Life?

This question appears to have been externally delineated in the literature and measured as reintegration to civilian society via employment, stable housing, community engagement, occupational performance, a sense of belonging, and lack of disease (Geraci et al., 2020; Markowitz et al., 2023; Plach & Sells; 2013; Stern, 2017). These externally derived definitions of success are evidenced by the mandated TAP course from the VA. The TAP course includes modules that provide instruction to transitioning service members on supporting self and family, finding a place to live, maintaining health, and connecting with the community (VA, 2022b). This research study may be the first to ask veterans to define the terms for a successful transition themselves.

The above definition was both validated and added upon by this group of combat veterans. The first way veterans in this study described a successful transition was in terms of living the so-called American Dream. Many veterans alluded to times on deployment when they would think about life after the military. During member checking P1 said, “when you’re out there in the desert getting shot at for months at a time, all you think about is getting out and having the American Dream that you defended and fought for at 20 years old.” The veterans in this research study described their vision of the American Dream as being financially independent, having a family, and owning a home. Although the American Dream has evolved from the time America was first colonized to the technologically advanced society of today, the concept has always been understood as being self-determined and economically successful (Hauhart, 2016). The ideal of the American Dream is important because it sets up a veteran for the expectations he/she has for their lives in the civilian world when they leave active duty.

The veterans in this research study were also quick to state that a successful transition to the civilian context was not just living the American Dream, but also “giving back,” “having a purpose,” and “doing something meaningful.” All of the veterans interviewed reported meeting these self-designated requirements when they were able to fill a void that was missing when they left the military. They filled the void by finding ways to apply their skills learned from the military through meaningful and purposeful occupation. These meaningful and purposeful occupations all included service to others. Standing alone, the theme of filling a void is new to the literature. However, if a good proportion of veterans in this research study report that finding meaningful occupations and being able to apply their military skills to the civilian world is a major obstacle during their transition (Bond et al., 2022; Dexter, 2020; Geraci et al., 2020; Gordon et al., 2020), it stands to reason that they might find more meaning and purpose when they are able to find ways to apply those skills through meaningful occupation.

All veterans in this study described an unsuccessful transition in terms of suicide. The concern and need to understand the experience of transition from the military for veterans who have served after 9/11 was largely driven by the understanding that suicide rates are significantly higher for this population than any other, and that the majority of suicides among this group occur during the first 1 to 3 years of transition from the military (Mobbs & Bonanno, 2018; VA 2022a). Therefore, the finding that four of the veterans in this dissertation study considered ending their own life as a way to cope with their crises of identity, is consistent with these data. Most of the research studies that exist exploring the transition from the military for veterans who served after 9/11 do not elaborate on the experience of combat veterans only. Further, these research studies remain largely focused on the experience of Soldiers and neglect the experiences of Marines, Sailors, and Airmen. This is of concern because the most recent data from the VA

(2022a) finds that the suicide rate for Marines is higher than the other branches. This study includes the experience of transition from all major branches, the majority being represented by the Marine Corps. It is noteworthy that of the four participants in this dissertation study that admitted to suicidal ideation and attempts during their transition, three were Marines and one was a Navy Corpsman who spent the first few years of his career with Marines in combat. These results highlight the need to further explore how different veterans from different branches might experience the same phenomenon.

Another way veterans in this research study defined an unsuccessful transition was in terms of the application of negative strategies to cope with stressful situations. These strategies included drinking to excess, isolation, and antisocial behaviors. Most of the veterans from this study reported increased levels of drinking to cope with the stress they experienced during their transition from the military and subsequent identity crises. The literature is mixed on whether or not drinking and abuse of other substances is a significant problem among this population. For example, the latest population data found that only one out of every five US veterans say they abuse alcohol or other substances (Pew Research Center, 2019). Other research studies suggest veterans who served after 9/11 experience high rates of substance use disorder (Geraci et al., 2020). At the same time, the same Pew Research Center (2019) survey found that veterans who experienced trauma during their military service were more likely to report struggles with substance or alcohol abuse. This finding can be considered consistent with the results of this research study as long as trauma during military services is correlated with combat.

In spite of their acknowledgement that isolation was an indication of an unsuccessful transition, all veterans in this research study reported isolating to a certain extent during their transition from active duty. Isolation is one of the more commonly found coping mechanisms

veterans who served after 9/11 employ during their transition (Blackburn, 2017; Flack & Kite, 2021). Importantly, these researchers suggest that avoidant behavior can worsen transitional stress and decrease overall well-being. This research study supports this idea and lends further support to the understanding that combat veterans isolate in order to avoid stresses encountered after confronting barriers in the civilian context and subsequent crises of identity.

Similarly, veterans in this research study stated that unsuccessful transitions included the use of other antisocial behaviors as coping mechanisms for crises of identity. Antisocial behaviors are sociologically defined in that they are dysfunctional behaviors people engage in that have negative interpersonal and societal consequences (Hashmani & Jonason, 2017; Markowitz et al., 2023). Antisocial behaviors include reckless driving, fighting, excessive gambling, excessive drinking, risky sexual practices, and use of illegal substances (Markowitz et al., 2023). Veterans in this research study defined antisocial behaviors as ultimately resulting in “trouble with the law.” Throughout modern history, the association of antisocial behaviors to veterans is mixed as it has been largely driven by stigma and not well studied (Mobbs & Bonanno, 2018). However, recent literature suggests that veterans engage in antisocial behaviors as a result of unmet discharge needs. According to Markowitz et al. (2023), unmet transition needs (i.e., housing, employment, healthcare) in combination with loss of military identity can lead to increased transition stress and depression. Depression is then manifest in the form of anger and resentment towards civilians that can result in adoption of maladaptive risky behaviors to cope. All of the veterans in this research study reported experiencing difficulty relating to civilians, while a few also reported engaging in fist-fights, reckless motorcycle riding, and jail during their transition from the military, lending some support to the idea that engagement in these antisocial behaviors could be in response to identity loss and anger or resentment towards

civilians. However, the findings of this research study also point to the idea that combat veterans who served during OEF/OIF might engage in antisocial behaviors to cope with survivor's guilt during their transition from the military. These results support Mobbs and Bonanno's (2018) proposal that grief and bereavement play a critical role in transitional issues among this population suggesting an area of inquiry that deserves further attention.

The final way veterans from this research study defined an unsuccessful transition was by not meeting the definition of success (i.e., the American Dream, finding meaning and purpose) provided earlier in this discussion. Reintegration, by definition suggests that transition is finite. But, when the veterans in this study defined lack of success they alluded to the idea that transition from the military may not ever be complete. Importantly, seven out of the nine veteran participants in this research study stated that their transition from the military was not successful. This might be largely due to their acknowledgement that they implemented negative coping strategies during their transition. But during the time of their interviews, most of the veteran participants had achieved their prescribed success of home ownership and financial stability. The veterans who stated that their transitions were not successful alluded to their need to continue working to find meaning and purpose in their civilian lives. This supports the understanding that veterans believe what they were doing in the military had a higher purpose. So, when they return to civilian roles they are left feeling empty, unfulfilled, and without purpose (Geraci et al., 2020).

Subquestion 4: What Is Challenging or Easy About Transitioning From Active Duty to Civilian Life for Combat Veterans Who Served After 9/11?

Veterans in this research study reported experiencing challenges in the form of barriers to using vocational and social skills learned from the military. They also discussed challenges in the form of crises of identity during their transitions from active duty to civilian life. Some veterans

stated that nothing was easy about their transition from active duty. The few veterans that reported easy aspects of their transitions stated that it was easy to find employment. This is consistent with population data that indicates that most veterans find a job within one year of transition from the military (Pew Research Center, 2019). But, eight of the nine veterans in this research study reported difficulty finding meaningful employment that utilized their training and skills when they first left the military.

This is consistent with recent population level data that found that a significant portion of OEF/OIF veterans believe their military skills and training made them overqualified for their first post-military job (Pew Research Center, 2019). Similarly, recent studies describing the experience of transition for United Kingdom veterans from all eras and US veterans who served after 9/11 found that only a few of their participants were able to transfer the vocational skills they learned in the military to the civilian sector (Geraci et al., 2020; Gordon et al., 2020). According to vocational rehabilitation studies, US veterans who served after 9/11 report that their greatest challenge during their transition from the military was finding a job that matched their interests, aptitudes, military training and work experience (Bond et al., 2022; Dexter, 2020). For obvious reasons combat military occupational specialties (MOS) like infantry do not transfer directly to the civilian sector. Therefore, it is not uncommon for veterans with combat MOSs to report difficulty applying their infantry skills to the civilian world (Gordon et al., 2020). On the other hand, P8 had a military job equivalent to a civilian nurse practitioner or PA but was unable to transfer his skills to the civilian environment because he did not have a civilian license to practice. As a result, he experienced suicidal ideation and “chose” to be homeless. This is of particular interest given the high suicide rates among this population. But, also important due to the fact that veterans make up 9% of the US homeless population (Geraci et al., 2020). Thus,

highlighting the need to further investigate the effect such policy limitations have on veteran transitional issues, suicide, and homelessness.

Disability was another challenge veterans in this study experienced during their transitions from the military. These challenges were presented through experiences with self-stigma and societal stigma in the civilian context. Recent studies suggest that veterans perceive disability as weakness (Stern, 2017). So, when veterans like P2, P4, P6, and P8 are designated as disabled by the VA, the stigmas they hold of disability are internalized. P2 elaborated on this challenge when he stated, “I felt like I wasn’t good for anything.” Societal stigma of veteran disability is another challenge veterans face in the civilian context. A recent review of the literature found that veterans who served after 9/11 with both mental and physical service-related disabilities confront pervasive stigmas in the workplace, whether or not they have a disability (Mobbs & Bonanno, 2018; Stern, 2017). Disabled veterans have been specifically stereotyped as having fewer skills that can be applied in the private-sector and having comorbid mental health disabilities (Stern, 2017). Like P4 stated, society is telling them they are “done.”

Crisis of identity was perhaps the biggest challenge veterans from this research study experienced. This crisis was manifest through two different existential questions, “Who am I?” and “What do I do?” According to Erik Erikson (1968), identity development occurs throughout the human lifespan, cannot be separated from the socio-cultural context, and allows a person to know who he or she is. A person’s identity is existential in nature (Smith & True, 2014). It is linked to vocation and roles and provides a sense of direction in life (Erikson, 1968). Therefore, when a person is experiencing a crisis of identity, they are searching for the answer to the question “Who am I?” (Smith & True, 2014). Because much of a person’s identity is constructed in terms of doing, occupational scientists include the concept of doing to the definition of

occupational identity (Hansson et al., 2022). Therefore, “What do I do?” might also be a question a person asks while experiencing this existential crisis.

Erikson was the first to identify and develop the theory of identity crisis while working with World War II veterans, yet its application to the veteran population has remained largely understudied until recent years (Orazem et al., 2017). The majority of identity research focusing on transition from active duty to civilian life for veterans who served after 9/11 consistently finds that veterans struggle with identity adjustments during reintegration (Orazem et al., 2017; Smith & True, 2014). These studies have been criticized for sampling procedures that were limited and may not accurately reflect differences among veterans (Orazem et al., 2017). As this research study is the first to explore the experience of transition from active duty for combat veterans who served after 9/11 through an occupational therapy lens, the theme of identity crisis adds credibility to the role identity adjustments play in combat veterans’ experience of transition from the military.

Interpretation of Findings According to OA

The theory of OA assumes that occupational adaptation is present in all people and particularly pronounced during times of transition (Schkade & Schultz, 1992). According to OA, there are three factors that are constantly present in the process of OA (Schkade & McClung, 2001; Schkade & Schultz, 1992):

- 1). People have a desire to function masterfully and adaptively
- 2). Mastery is demanded by the occupational environment
- 3). A press for mastery is produced when a person’s desire for mastery interacts with the demand for mastery from the environment

The first main theme found in this research study was *having expectations*. This theme supports the assumption that combat veterans have a desire to function masterfully and adaptively in the civilian environment. Their expectations further describe how this group of veterans define their occupational role expectations. In OA, occupational role expectations are central to a person's adaptive process during times of transition (Schkade & McClung, 2001; Schkade & Shultz, 1992). These occupational role expectations are generated by the person and by the environment. Expectations internal to the person are derived from the person's sensorimotor, cognitive, and psychosocial systems as well as their own genetic, environmental, and phenomenological subsystems. External expectations come from a person's work, play/leisure and self-care environments as well as the environment's physical, social, and cultural subsystems (Schkade & Shultz, 1992).

The internal occupational role expectations veterans from this study had were that they would be able to apply the skills they learned in the military to the civilian world and be able to support themselves and their families in the civilian context. The external occupational role expectations are more nuanced. The data from this research study supports the idea that combat veterans who served after 9/11 experience both social and cultural role expectations to be able to provide for themselves and their families in areas of self-care, work, and leisure (Plach & Sells, 2013). Social and cultural influences of the military on occupational role expectations include curriculum taught in mandated TAP classes, "living the American Dream," and socio-cultural definitions of successful transition (i.e., housing, employment, education, and healthcare).

Both internal role expectations and external role expectations can be derived from stereotyping and stigma for combat veterans who served after 9/11. P8 described his experience confronting these external role expectations when he said, "as soon as they find out you're a

Marine they think you're a white, republican, gun-loving male." His response that none of his ideals are anything like that further illustrates how his internal role expectations did not align with what he experienced from the environment.

Confronting barriers was the second main theme in this dissertation study. According to the theory of OA, a person's occupational adaptation process requires that the person evaluate their occupational response to their own role expectations *and* that of the environment (Schkade & McClung, 2001; Schkade & Schultz, 1992). Thus, the physical, social, and cultural environmental subsystems provide external feedback to the person in terms of how masterful their response was to an occupational challenge.

The results of this research study illustrate how external role expectations from the social and cultural subsystems affect combat veterans experience of relative mastery. Specifically, veterans in this study experienced negative feedback from the social environment when they applied existing response mechanisms in the form of communication and vocational skills learned in the military to their new work and school environments. Negative feedback from the social environment was also evident in terms of disability, stigma, and within the veteran community itself. Negative feedback after occupational responses also occurred in the cultural environment in terms of public policy related to application of vocational skills learned in the military, stigma, disability, and VA treatment.

When considered through an OA lens, the results of this dissertation study add further insight to how veterans experience a *crisis of identity* in their relative mastery of their response to an occupational challenge. For the veterans in this study, a crisis of occupational identity was not experienced until they had already responded to their occupational challenge and evaluated their adaptive response to be unsuccessful.

The theory of OA assumes that a person intends to produce an adaptive response to an occupational challenge that will lead to mastery (Schkade & Schultz, 1992). In order to do this, the person uses the adaptive response generation subprocess, adaptive response evaluation subprocess, and the adaptive response integration subprocess (Schkade & Schultz, 1992). When the veterans in this study met barriers to their initial occupational responses, they then accessed their relative adaptive response mechanisms in the form of *coping mechanisms*. The adaptive response mechanism includes use of different adaptive energy levels, methods, and behaviors that are expressed through the sensorimotor, cognitive, and psychosocial adaptation gestalt (Schkade & Schultz, 1992).

The OA concepts of modes and behaviors are most relevant to this discussion in that adaptive response modes to occupational challenges develop over the course of a person's life and adaptive response behaviors are the ways in which the adaptive response is acted out (Schkade & Schultz, 1992; Schkade & McClung, 2001). Adaptive response modes are classified as existing, modified, and new. Existing adaptive response modes are those already in use, modified adaptive response modes are existing response modes that have been changed, and new adaptive response modes develop after existing and modified response modes do not work (Schkade & Schultz, 1992; Schkade & McClung, 2001). Adaptive response behaviors are either primitive, transitional, or mature. Primitive response behaviors are seen as unvaried and with no adaptive movement. Transitional response behaviors are hypermobile, random, not well modulated, and in some cases can result in adaptive movement. Mature response behaviors are well modulated, logical, and solution oriented (Schkade & Schultz, 1992; Schkade & McClung, 2001).

The coping mechanisms described above provide examples of how veterans in this study utilized existing response modes from their time in the military to respond to occupational challenges during their transition to the civilian world. All veterans described how application of many of their existing response modes were not successful in the civilian world and therefore had to modify or change their response modes to address their occupational challenges. Their subsequent response behaviors were manifest through their coping mechanisms with drinking, antisocial behavior, and isolating reflecting primitive and transitional response behaviors. While reaching out, reflection, and employing spiritual coping mechanisms represent more mature response behaviors.

The theme, *filling a void* can be understood in terms of the OA concept of relative mastery. According to OA, the adaptive response evaluation subprocess culminates in a person's evaluation of their relative mastery of an occupational challenge. Relative mastery requires that the person evaluates their efficiency, effectiveness, and satisfaction of their occupational response to self and society (Schkade & Schultz, 1992; Schkade & McClung, 2001). In this research study, combat veterans who served during OEF/OIF reached some level of relative mastery when they reported having purpose and meaning after they found ways to apply their skills from the military through meaningful occupation in the civilian context. It is important to note however, that the majority of veterans interviewed in this dissertation study stated that they did not view their transitions from the military as successful. This suggests that they continue to experience dissonance with their adaptive responses and their internal expectations and/or external expectations from the physical, social, and cultural environments.

Implications

On March 4, 1865, President Abraham Lincoln framed a speech in which he provided his prescription for recovery from the Civil War (VA, n.d.):

With malice toward none, with charity for all, with firmness in the right as God gives us to see the right, let us strive on to finish the work we are in, to bind up the nation's wounds, to care for him who shall have borne the battle and for his widow, and his orphan, to do all which may achieve and cherish a just and lasting peace among ourselves and with all nations.

The VA has since adopted President Lincoln's words to their mission to "care for him who shall have borne the battle and for his widow, and his orphan" (VA, n.d.). Current legislation meant to address the continued high rates of suicide among the most recent generation of war fighters indicates that this mission doesn't only apply to the VA, but to society in general. The results of this research study suggest that combat veterans who served after 9/11 experience perceived barriers from the community, the VA, and within the veteran culture itself. This finding gives credibility to the policy put forth by White House (2021) to mitigate veteran suicide through a comprehensive public health approach. Occupational therapy can play an integral role in this public health approach. This research study identifies several areas that occupational therapy can address during a service member's active duty time as well as throughout the entire transition process.

Addressing veteran suicide requires a multi-disciplinary approach. Therefore, occupational therapists should work with other disciplines to provide programs during the transition process. At any stage during the transition process, occupational therapists working with combat veterans who served after 9/11 should be aware of the many programs, policies, and

services that exist to aid this group of veterans during their transition from the military. These programs and policies include, but are not limited to: educational benefits, disability compensation, housing, healthcare, vocational resources, and grants provided by government and non-profit organizations. The results of this research study highlight the importance of perceived barriers that exist because of differing definitions of “combat” among this population. Therefore, consideration of this definition as it applies to specific veteran clients should be considered when recommending these resources.

Next, the results of this dissertation study lend support to existing literature from other behavioral healthcare fields of the impact stress has on successful transition from the military. Specifically, this study highlights the role identity crises plays in maladaptive transitions from the military. The timeline narrative delineated during this research study adds further insight to existing theories of veteran transition by highlighting the importance of expectations, combat versus non-combat status, and engagement in purposeful and meaningful occupations during the experience of transition from active duty for combat veterans who served after 9/11. Because the data from this dissertation study were analyzed through an occupational therapy and OA lens, the finding that occupational identity is just as important as psychosocial identity for veterans during times of transition should be added to a general understanding of this phenomenon. In other words, the question “what do I do?” is just as important as the question, “who am I?”

Finally, this dissertation study answers the AOTA’s call to action to address veteran suicide (Kashiwa et al., 2017) by providing insight into the occupational challenges experienced by combat veterans during transition from the military when they are most at risk for suicide (Mobbs & Bonanno, 2018). Occupational therapists working with combat veterans from

OEF/OIF in the DOD, VA, and civilian contexts should be aware of the specific occupational needs of this group when working with them during times of transition.

Specific Occupational Therapy Recommendations

The main goal of occupational therapy is to enhance or enable people to participation in meaningful occupations within a given context. The domain of occupational therapy includes the following (AOTA, 2020):

- *Occupations*—activities of daily living, instrumental activities of daily living, health management, rest/sleep, education, work, play, leisure, and social participation
- *Contexts*—environmental factors, personal factors
- *Performance patterns*—roles, habits, routines, rituals
- *Performance skills*—motor skills, process skills, social interaction skills
- *Client factors*—values, beliefs, spirituality, body functions, body structures

Therefore, any specific occupational therapy intervention should address any issue within the domain of occupational therapy. Careful attention should be given to roles, context, spirituality, beliefs surrounding stigma, and the use of meaningful occupations that facilitate occupational identity in the civilian context. Based on the timeline and themes developed in this dissertation study (see Figure 1), occupational therapy interventions for combat veterans who served after 9/11 might include the following:

- *While on active duty*—developing curriculum and interventions that involve career planning and other life skill needs for all service members
- *Just prior to separation*—occupational therapy assessment and intervention based on the occupational therapy domain including roles, expectations, and meaningful occupations

- *Within weeks of separation*—communication between active duty and civilian occupational therapists in the civilian context to ensure continuity of care into the civilian world
- *During transition*—intervention focused on developing occupational identity through use of meaningful occupations and addressing any area within the occupational therapy domain needed

Suggestions for Future Research

Suggestions for future research studies should include qualitative, quantitative, and mixed-methods studies that address the following:

- the role disability plays on adaptation for combat veterans during transition from the military
- cultural differences within veteran groups and among different military branches
- development of an occupation-based theory for veteran transition
- development of appropriate outcome measures (i.e., well-being, adaptation, relative mastery) for a successful transition for combat and non-combat veterans
- operationalizing *meaningful and purposeful* occupations for combat veterans
- operationalizing *occupational identity* during life transitions

Limitations

There are several limitations to this research study. The first limitation is that the results of this dissertation study are not generalizable to a larger population due to the small sample size ($n = 9$). All participants in this dissertation study were male and the majority reside in Texas. Hence, the experience of female combat veterans and combat veterans who live elsewhere in the US are not expressed. The majority of the participants were Caucasian ($n = 5$), one was Hispanic

and two were mixed race. Therefore, the experience of transition from the military for Asian and African American combat veterans was not included. Risk for bias might have been increased in this dissertation study because one of the participants was known to the researcher and three of the participants served in combat together. Further, the majority of the participants in this dissertation study separated from the military over 10 years ago. Therefore, the experience of combat veterans who recently transitioned from the military is lacking. Although every effort was made to address *dasein* bias through the hermeneutic circle as demanded by hermeneutic phenomenology (Creswell & Poth, 2018; Peoples, 2020), researcher bias remains a limitation to this research study. Finally, all participants were available for brief follow-up communications regarding their interviews. However, six out nine of the participants in this dissertation study declined full follow-up interviews after the first one. Therefore, a pure hermeneutic circle was not completed after the first interview.

Conclusion

The purpose of this phenomenological qualitative study was to describe the lived experience of transition from active duty to civilian life for combat veterans who served after 9/11. The results of this dissertation study suggest that this group of veterans have expectations that they will be able to use their skills in the military through meaningful occupations in the civilian context. Upon initial discharge from the military these expectations are quickly met by barriers to application of skills in the civilian context that causes a crisis of identity. Veterans cope with relative crises of identity by employing positive and negative coping mechanisms, including drinking, isolation, and suicidal ideation. Veterans define successful transitions similar to societal definitions of monetary success, but also include finding meaning and purpose in their civilian roles as successful. This research study responds to the White House call to action for a

public health approach to veteran suicide. It also responds to the AOTA call to action for occupational therapists to address veteran suicide. The results of this research study highlight the important role occupational therapy has in mitigating veteran suicide during the transition process by addressing roles, context, meaningful and purposeful occupations and OI that is affected during the transition process for combat veterans who served after 9/11.

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APPENDIX A

TEXAS WOMAN'S UNIVERSITY CONSENT TO PARTICIPATE IN RESEARCH

TEXAS WOMAN'S UNIVERSITY (TWU) CONSENT TO PARTICIPATE IN RESEARCH

Title: Experience of Transition from Active Duty to Civilian Life for Combat Veterans who Served After 9/11

Principal Investigator: Christine Haines, MOT, OTR.....haines_c@aol.com
Faculty Advisor: Pei-Fen Chang, PhD.....pchang@twu.edu 713-794-2132
Texas Woman's University IRB: 940-898-3378

Summary and Key Information about the Study

You are being asked to participate in a research study conducted by Christine Haines, a PhD student from the School of Occupational Therapy at Texas Woman's University, as a part of her dissertation. The purpose of this research is to describe the experience of transition from active duty to civilian life for combat veterans who served after 9/11. You have been invited to participate in this study because you are a combat veteran who served after 9/11 (during 2002 to 2014) and have transitioned from active duty. As a participant you will be asked to take part in a virtual/or in person interview regarding your experience of transition from active duty to civilian life. This interview will be video or audio recorded, and we will use a code name to protect your confidentiality. The total time commitment for this study will be up to two hours and 30 minutes. Following the completion of the study you will receive a \$50 gift card for your participation. The greatest risks of this study include potential loss of confidentiality and emotional discomfort. We will discuss these risks and the rest of the study procedures in greater detail below.

Your participation in this study is completely voluntary. If you are interested in learning more about this study, please review this consent form carefully and take your time deciding whether or not you want to participate. Please feel free to ask the researcher any questions you have about the study at any time.

Description of Procedures

As a participant in this study you will be asked to spend one hour of your time in a face-to-face interview with the researcher. An additional time of approximately 30 minutes may be needed to complete a demographic questionnaire prior to the interview. Additionally, you may be asked to participate in a 60 minute focus group after all interviews are conducted to validate findings. The researcher will ask you questions about your experience of transition from active duty. You and the researcher will decide whether to use Zoom technology for the interview, or decide together on a private location where and when the interview will happen. You and the researcher will decide on a code name for you to use during the interview. The interview will be audio recorded and then written down so that the researcher can be accurate when studying what you have said. In order to be a participant in this study, you must be at least 18 years of age or older, served in combat, and have transitioned from active duty. It is also important that you do not have a diagnosis of moderate to severe traumatic brain injury and are not experiencing any untreated mental health condition to participate in this study. You will be asked to verify combat status by presenting your DD-214 form to the researcher. There will be no recording of your DD-214.

Potential Risks

The researcher will ask you questions about your transition from active duty to civilian life. A possible risk in this study is discomfort with the questions you are asked. If you become tired or upset you may take breaks as needed. You may also stop answering questions at any time and end the interview. If you



Initials
Page 1 of 2

feel you need to talk to a professional about your discomfort, the researcher has provided you with a list of resources.

Another risk in this study is loss of confidentiality. Confidentiality will be protected to the extent that is allowed by law. The researcher will ensure that interviews conducted on Zoom are conducted privately in her office. Or, if you are in the Houston area and prefer a face to face interview, the interview will be held at a private location that you and the researcher have agreed upon. A code name, not your real name, will be used during the interview. No one but the researcher will know your real name.

You will be asked to spend up to 2 hours and 30 minutes total for participation in the research study. Therefore, loss of time is another risk. You will be provided with a \$50 gift card at the completion of your participation time to offset this risk.

The zoom recordings or audio recordings will be digitally locked on a computer accessible only by the researcher. The written interview will be stored in a locked cabinet in the researcher's home office. Only the researcher, her advisor, and the person who transcribes the interview will hear the audio recording or read the written interview. The audio recording and the written interview will be destroyed three years after the study is finished. The signed consent form will be stored separately from all collected information and will be destroyed three years after the study is closed. The results of the study may be reported in scientific magazines, journals, or conferences but your name or any other identifying information will not be included. There is a potential risk of loss of confidentiality in all email, downloading, electronic meetings and internet transactions.

Your audio recording and/or any personal information collected for this study will not be used or distributed for future research even after the researchers remove your personal or identifiable information (e.g. your name, date of birth, contact information).

The researchers will try to prevent any problem that could happen because of this research. You should let the researchers know at once if there is a problem and they will try to help you. However, TWU does not provide medical services or financial assistance for injuries that might happen because you are taking part in this research.

Participation and Benefits

Your involvement in this study is completely voluntary and you may withdraw from the study at any time. Following the completion of the study you will receive a \$50 gift card for your participation. If you would like to know the results of this study we will email or mail them to you.*

Questions Regarding the Study

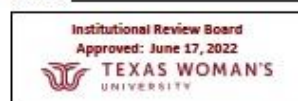
You will be given a copy of this signed and dated consent form to keep. If you have any questions about the research study you should ask the researchers; their contact information is at the top of this form. If you have questions about your rights as a participant in this research or the way this study has been conducted, you may contact the TWU Office of Research and Sponsored Programs at 940-898-3378 or via e-mail at IRB@twu.edu.

Signature of Participant

Date

*If you would like to know the results of this study tell us where you want them to be sent:

Email: _____ or Address: _____



APPENDIX B

FACEBOOK RECRUITING POST

FaceBook Recruiting Post

The following is in accordance with FaceBook Advertising text length, headline, and link description requirements.

TEXAS WOMAN'S UNIVERSITY RESEARCH STUDY:

Seeking combat veterans age 18 and older willing to discuss their experience of transitioning from active duty to civilian life for PhD dissertation research study. Participation is voluntary. There is potential risk of loss of confidentiality in all email, downloading, electronic meetings, and internet transactions.

Click here for more information (link to principal investigator email)

APPENDIX C

OTHER DEMOGRAPHIC INFORMATION

Other Demographic Information

Participant	Branch	Highest Education	Current Employment Status	Marital Status in the Military	Current Marital Status	Number of Children	Child Custody Status
P1	USMC	Bachelor's Degree	Retired/Disabled	Single	Married	0	N/A
P2	USMC	Associates in Process	Retired/Disabled	Married	Divorced	3	60% Mother; 40% Father
P3	USMC	Paramedic Cert	Full-Time	Divorced	Married	1	N/A
P4	ARMY	Associates Degree	Retired/Disabled	Married	Divorced	2	N/A (Adults)
P5	USAF	Bachelor's Degree	Full-Time	Married	Married	1	N/A
P6	USN	Bachelor's Degree	Retired/Disabled	Single	Married	1	51% Mother; 49% Father
P7	ARMY	Some College	Full-Time	Married	Divorced	2	1 with Father, 1 with Mother
P8	USMC	Bachelor's Degree	Full-Time	Single	Single	0	N/A
P9	USMC	Master's Degree in Progress	Full-Time	Single	Married	1	N/A

APPENDIX D

PARTICIPANT QUOTES THEME 1: HAVING EXPECTATIONS

Theme 1: Having Expectations

Theme	Quote
Having Expectations	(P2) Initially leaving Camp Pendleton, it was a great feeling. Because I knew I was coming home to Texas. (P4) I was going to go to work for the Sheriff's Department...I was going to become a TAC unit and I was, hey, look, I ain't out there running traffic...I said, I'm going to be chasing turds, busting in doors. (P6) I thought it was going to be great. I thought I was going to be set up as a PA. (P8) I went around and thought I'd see people, catch up. (P9) I was like, Oh, I'm a Marine. Anybody will hire me, I'm going to get all the girls. I'm going to make lots of friends.

APPENDIX E

PARTICIPANT QUOTES THEME 2: CONFRONTING BARRIERS

Theme 2: Confronting Barriers

Subtheme	Quote
Barriers to Using Vocational Skills	<p>(P3) I just didn't have skills to translate to the civilian world.</p> <p>(P6) I thought I was going to be set up as a PA, but it was a kick in the nuts to find out that I wasn't. Everything I had worked for and been doing overseas without supervision...to find out that everything you had known and done for the last ten years was useless. It was a low blow.</p> <p>(P8) I got a job, worked construction for a while because there's nothing else to do. Because what skills do you have? Well, I blew stuff up and shot at people. What you want me to do?... I led people in combat. That's totally different than coming to an office and being like, type those numbers and run those accounts. Like, you don't have that training.</p>
Barriers to Using Social Skills	<p>(P2) I really never felt like I fit in. You know, people would always stare at me and stuff like that when they see my injuries and ask if it hurt...I would get asked a bunch of dumb questions.</p> <p>(P8) You know, people actually ask questions that weren't like, how many people you killed? Stupidest question ever.</p> <p>(P2) It was hard for me. You know, I'd catch myself yelling at people in the grocery store to get their hands out of their pockets and just simple little things.</p> <p>(P6) Then you try to go back to school and you're in there with a bunch of kids, and that's. That was one of the hardest parts, being stuck in class with a bunch of frickin kids.</p>

Subtheme	Quote
Barriers to Using Social Skills (continued)	<p>(P9) I was going to college classes as a 22-year-old veteran like combat veteran. And a lot of my classmates are like 18-year-old kids right out of high school. And it was just like this kind of clear barrier.</p> <p>(P7) I just came out of this job where I've had authority, you know, and authority figures that I could lean on for years and now civilian side, there's just no power to do anything. So, it's just super frustrating as far as that goes.</p>
Disability	<p>(P2) I don't have that what I used to have. And so, you know, that really put me in a depressant mood for a long time. And it was hard for me to overcome that.</p> <p>(P4) That was a new one on me. I knew I was well over 100% [disabled], but then [the VA and the Army] say you're unemployable...It's like he's unemployable. He's done.</p>
Lack of Support from Community	<p>(P2) I didn't like being a civilian...I didn't have anybody. I felt like I couldn't turn to anybody other than my wife at the time for guidance or for any help.</p> <p>(P3) But I think for a lot of people, like the awareness of what's available out there, for them, it's lacking. Like nobody knows what's out there.</p> <p>(P4) The cop walked to the front of the truck and I saw my Purple Heart plates. He said, "Oh, you're a veteran? You think you're a badass?" Let's just say that escalated downhill quite fast...I didn't get shot, but I was about to get tased.</p> <p>(P5) I just think [the outboard process] is mismanaged personally. I mean, you got guys troops here that are sitting here for months and months at a time, you're just up in limbo. Like, what's going to happen to me?</p>

Subtheme	Quote
Lack of Support from Community (continued)	<p>(P7) I had to screw up terribly and have my entire life collapse before these resources were available to me. You know, and it seems like that's coming up real, real short, because I know I'm not alone with the stuff that I've been through.</p> <p>(P7) Most people didn't care. And you find a couple of veterans or a couple of people who have an uncle that served, you know, and they're always, you know, nice to you about it. But by and large, it's just a bunch of people that could give a care less, you know?</p> <p>(P8) The teacher automatically starts hating on the military and says how much money we make and that we're a paid militia and everything. And I called him out right there...I got pushed out of that class. Had to go see the Dean. The Dean and I became friends.</p>
Lack of Support from within Veteran Community	<p>(P1) The only thing I think, it's really important is vetting people because when I first went [for treatment], you don't know who these people are. There's a lot of people making up stuff and I just I'm like, that didn't happen... So to me it's just like we're not dealing with the same things.</p> <p>(P3) Like I look at these guys...and they're veterans going because they go on a deployment for nothing. They just go someplace and they're like, Oh, I'm veteran now. I'm like, I had to bust my ass for that freaking title. That sucks a little bit. Like seeing them not going through the stuff...they don't come back with the stuff that we did.</p> <p>(P6) Non-combat, they didn't. What are they struggling over?... they got to have fun and pick up rank and just sit in the rear with the gear. Which, everybody does their part. Nothing against them. I wish I didn't go to combat. But, you're at a different mindset until you've been downrange and been shot at and had to do what you had to do to come back home. And see your friends that you've grown with the last months, years, die right next to you.</p>

Subtheme	Quote
Lack of Support from the VA	<p>(P4) And the VA, their big answer was I was taking like 12 medications...because they want to keep us medicated in the clouds, in a fog because of war. They think that's where we need to be. Keep making us dumb.</p> <p>(P5) They tell you, hey, you can go to the VA and do this and that and you go to the VA and you can't get that help. Then you're like, Well, why am I even coming here? You know? I think a lot of people, that's where frustration comes up.</p> <p>(P8) Then you get out there's no background, no support for you. Like the military has no support. Like, "Oh, yeah. Reach out to the VA." Well, Okay, everyone's reaching out to the VA. And it seems like if you don't know how to utilize the VA right, you totally get screwed.</p>

APPENDIX F

PARTICIPANT QUOTES THEME 3: CRISIS OF IDENTITY

Theme 3: Crisis of Identity

Subtheme	Quote
Who am I?	<p>(P1) The first time I transitioned out of active duty...like I felt lost.</p> <p>(P1) And who am I? I would see those stupid Facebook tests. Like "I'm trying to discover who I am." But, like literally I didn't know who I was.</p> <p>(P3) I was up here, I was in charge of the guys. I was doing my own thing, and now I'm living back home with mom and dad. Like, I just felt like I failed at life for a while.</p> <p>(P6) I was pissed. I spent all those years training to be great at my job. Now to be nothing.</p> <p>(P7) I think I had like an identity crisis, you know. Because Sergeant First Class gets things done...like, I'm the guy that handles stuff. Then I get to the civilian world, and they're just like, I don't care who you are. You know, like all my credibility, all my hard work, everything you know, is just like, it doesn't mean anything out here.</p>
What do I do?	<p>(P2) Going from being a sergeant in the Marines and everything, and then you get out and then it's like, "well, what do I do now?"</p> <p>(P2) But then I get to Texas and it's like there's I don't know what to do. I didn't know what to do with myself or to do with my family.</p> <p>(P3) So I was in limbo. I went on unemployment and I really didn't know what I was going to do.</p>

Subtheme	Quote
What do I do? (continued)	<p>(P4) I said, okay, well, I'm no longer in the army. I can't be a cop. I can't. I was like, what am I going to do? What I'm going to do? I've got to provide for my family. I mean, because I fulfill that role.</p> <p>(P8) I went around and thought I'd see people, catch up. Everyone's moved on in their lives, so there's nothing like it's just what do you do with yourself?</p> <p>(P8) I got restless, like I had to do something. There's always something you needed to do. But, like there's no purpose to it anymore. So it's like, why do we even do anything?</p>

APPENDIX G

PARTICIPANT QUOTES THEME 4: EMPLOYING COPING MECHANISMS

Theme 4: Employing Coping Mechanisms

Subtheme	Quote
Drinking	<p>(P1) Every six months one of your friends that you hung out with committed suicide. So that just led to more drinking.</p> <p>(P1) To say because you exist that others do not... to go to bed every day and think about that. And then all the little things start like... This is why I would stay drinking. Because like once you think about one thought, then it goes into all these other thoughts.</p> <p>(P4) I started self-medicating drinking. It started out slowly, very slowly. Hey, man, this works. It's better than pills. I don't feel like a zombie. Well drinking one day out of the week led to two, before you know it 3. And then it..started spiraling out of control.</p> <p>(P6) I was trying to deal with my own demons and anger and depression issues that I was doing the typical drinking. Never did drugs, but did the typical drinking thing. To help you sleep and ended up drinking so much that you were drunk the next day.</p> <p>(P7) Most people are just going to go home and do what I did to start drowning themselves in a fifth of whiskey.</p> <p>(P8) Drinking was always not great. It got worse right after I got out. But I mean, a lot of it was just because, What the hell else do you do? You know, you kind of just lose that sense of everything.</p>

Subtheme	Quote
Isolating	<p>(P1) And then once that happened, there's just, like, this wave of shame that comes over you, which wants you to go further into isolation. Because, like, no one wanted to say they went to a psych ward. Like, I didn't tell anybody I was having... Because that shame. Like, "oh, I fought in two wars and I'm in the psych ward?"</p> <p>(P2) I started pushing my family away a little bit and, you know, just keeping to myself. I became a hermit crab pretty much. I didn't want to do anything.</p> <p>(P6) I was homeless, which I didn't mind...I chose to be homeless and live in the woods... I stayed out there. It was quieter I didn't have to worry about anything. I liked it. It's peaceful.</p> <p>(P8) I could sit in a room and not talk to anyone for weeks on end and be content with my life.</p> <p>(P9) At one point I got really antisocial. Like, I just didn't want to talk to anybody. And it was really kind of an awkward time.</p>
Antisocial Behavior	<p>(P4) People look at me crosswise and I'd blow up. Fighting. I went out looking for fights.</p> <p>(P6) I get to school and I'm doing the program. I'm getting good grades, getting everything done and turned in and dealing with idiotic kids, you know, 18, 19-year-olds and end up getting in a fight with one. And I got expelled. And so I tried another school and ended up getting into an altercation and just left the program because I was so tired of it.</p> <p>(P7) I was happy or I was pissed, you know, just no way to properly deal with my anger. Drinking my problems away. Always going to extremes on things to prove to myself that I was still unkillable because I survived all these things.</p>

Subtheme	Quote
Looking for an Out	(P8) The reason I ride a motorcycle is because I can do 130 down the highway, be two foot away from death and be perfectly calm. That's where I feel safe and normal. I mean, I still go to bars and get in fistfights because people want to talk and think they can do whatever the hell they want.
	(P1) When stuff started getting hard, I was like, "Oh, I'm just going to go run to war." Like, life is so hard with the drinking and being away, I would rather go to Afghanistan and fight than live another day in my apartment when I was just like peeing in bottles. It was bad.
	(P3) So my friend and I went to a sandwich shop and there was a master sergeant that was in front of us, heard me talking about possibly going back in and all that stuff.
	(P4) I was sitting there sulking, What am I going to do? What am I going to do? You know, I was thinking, you know, f*** this. I want to go back to Iraq. That was all in my mind. I just want to go. All I have to do is worry about living and dying over there. Nothing else.
	(P7) I was already edgy when I came home, you know, and I was like, Oh, I'm really good at this stuff, you know, let me try the government side, same job, more money.
	(P8) I tried to get back in. I even tried to go army. They wouldn't take me.
	(P9) I actually went back to the Air Force recruiting office and I was interested in going through like the PJ pipeline...things had really been winding down and the recruiter was like, well, you know, it's bad news and bad news. One, you're going to get dropped a rank. And then two, like, we just don't need you.
	(P1) there'd be like times like I'm playing with guns and then I'd think about killing myself and then whatever.

Subtheme	Quote
Looking for an Out (continued)	<p>(P8) Depression was a real thing. You know, the thought of, like, your life's over with. Like, it's worthless. Like, why are you even doing this? I mean, there's definitely nights where I thought of just swallowing a bullet.</p> <p>(P8) So obviously we have support systems to reach out to each other. But like you tell someone that you put a gun in your mouth and they think you're insane and they don't get it. Why does that make sense? You know. Where you talk to some of us and it's like that thought is like every other day.</p>
Positive Coping Mechanisms	<p>(P2) But once I did asked for help and once I got out there, it really turned my life around.</p> <p>(P4) That's when I took a little evaluation of myself. I said, "self, we'll just go get a half a pint. We'll think about it and we'll call that your last drink."...that was my last drink.</p> <p>(P4) Something like that I could not do on my own...I went to my VA mental health team...I was in AA. I found me a good sponsor and a co-sponsor. Both of them are veterans. So, I put in the work...I am actually waking up and saying, Hey, man I couldn't have done it on my own. I did praise God over it.</p> <p>(P6) I decided I'm going to go back to school. So I can get this licensing behind my name and do whatever it takes.</p> <p>(P6) I sat down, I was like, Alright, before I kill myself, I'm going to write a poem. So I did. By the time I was done with that poem, I was in tears and I felt better. Wasn't angry, but I was able to think more clearly. And I was still angry and pissed or sad or whatever was going on at the time. But I didn't want to kill myself at the time.</p> <p>(P7) I had to accept the fact that I had PTSD, go through the legal battles, go through veterans therapy and treatment court, you know, and get all these group therapies and individual therapies, get on some</p>

Subtheme	Quote
Positive Coping	medication, you know, like all these things were semi forced on me. But, I accepted them at the same time
Mechanisms (continued)	<p>because obviously I had made a mistake and I needed help.</p> <p>(P7) I adopted Buddhism. I'm not a die-hard or anything...It's just a way of life that with effort I've been able to adopt for the most part, you know, I always have work to do, but in the last two or three years, that's really helped me find some happiness and some joy in my life, you know, because I just changed the way I thought.</p> <p>(P9) I just really struggled financially and I was like, I've got to use my GI Bill. I've got to start using the lessons I've learned and the assets I have and start putting them to good use. So that's when I started doing pre-rec's for paramedic school.</p> <p>(P9) There are healthy outlets. Like, I looked at buying a motorcycle. I went into the shop and sat on one and was thinking about it like a road bike. And then I was like, oh, no, motocross sounds like more fun. So I mean, I got hurt doing it, but I would still go do it again. It was just a healthy, a healthy way to scratch that itch.</p>

APPENDIX H

PARTICIPANT QUOTES THEME 5: FILLING A VOID

Theme 5: Filling a Void

Theme	Quote
Filling a Void	<p>(P1) That's why I want to be a teacher, because...I've been on the sidelines of life for a while.</p> <p>(P2) I started school again after 17 years...I've got one more quarter to get my associates for culinary arts and a chef, so that's a lot of fun. Yeah, I love doing that... You've got to be organized, fast paced and you got to get your food out and organized and it feels like I have a purpose again.</p> <p>(P3) It was when I became a firefighter. That's when I started working for other people. Like I'm doing a job to go and help somebody. And it felt like it filled that void of, here I am an active duty Marine. I deployed. I'm defending my country. Now I'm nobody. I'm doing nothing. And it's just finding that job that, hey, I'm helping people. I'm doing something. It made it a lot more fulfilled and just filled that gap of, yeah, no, I actually mean something. Like I'm actually doing something to help instead of just for me.</p> <p>(P4) I am a disciple of God. I'm still a warrior now. I got purpose in life. I got structure. Yes, I'm OCD-ish and everything in the military. But you know what? I'm the best as healed up, the best I can and I can live with myself. I'm happy with me. I love me.</p> <p>(P8) I love my charity work, but that's just it. You do everything for everyone else. We built ramps, cleaned up houses, fixed sewers, helped a guy on the side of the road... so yeah, I do the charities and stuff like I have a purpose.</p>